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# Revisit of the Homelessness & Vulnerable Reports Project



Healthwatch Blackburn with Darwen  
2018/2019



CONTENTS

About Healthwatch Blackburn with Darwen..... 3

Executive Summary ..... 4

Introduction ..... 6

Recommendations from 2016/2017 Homelessness Report.....12

Appendix .....19





### ABOUT HEALTHWATCH BLACKBURN WITH DARWEN

Healthwatch gives people a powerful voice locally and nationally. At the local level, Healthwatch BwD helps local people get the best out of their local health and social care services. Whether it's improving them today, or helping to shape them for tomorrow, Healthwatch BwD is all about local voices being able to influence the delivery and design of local services.



Healthwatch was created under the Health and Social Care Act, 2012. We are part of a network of local Healthwatch organisations which help to ensure that the views and feedback from patients and carers are an integral part of the design and delivery of local services.

Find out more at: [www.healthwatchblackburnwithdarwen.co.uk](http://www.healthwatchblackburnwithdarwen.co.uk)

#### Acknowledgements

Service users who kindly shared their views and experiences with us, often sharing deeply personal stories for which we are grateful.

The following organisations for allowing us to engage with their clientele and supporting the project:

- Nightsafe Platform 5 Day centre
- Blackburn Foyer
- Together Housing Project, James Street, Darwen
- Shelter Blackburn
- Vulnerable People's Liaison Service
- Families Health and Wellbeing Consortium
- Change Grow Live
- STEP
- Teresa Young - BwD External consultant working on the borough's Homelessness strategy



### EXECUTIVE SUMMARY

#### 2016/17 Homelessness Report

In 2016-2017 Healthwatch Blackburn with Darwen worked to find out the views and experiences of our local homeless population, which was shared with NHS, CCG and service providers. The engagement took place over a 8-month period between September 2016-April 2017, allowing us to engage with 254 individuals.

The report found:

- A lack of Mental Health provision
- Barriers to accessing services, particularly when a phone is needed to contact such services
- A lack of 1-1 support for those experiencing homelessness
- Difficulties in accessing GP's & Dentists
- A lack of a joined-up approach & services working together
- A lack of awareness of services & how to access the support on offer

To a number of the findings and recommendations, BwD CCG provided a response which named the new vulnerable people liaison service to tackle a number of these issues.

#### Aim of 2018/2019 project

In this project we have revisited the recommendations & service provider responses from the 2016/17 report to determine whether changes have been considered further and implemented. We have looked at the services commissioned to support this group of people and if the services are meeting the needs of vulnerable people within Blackburn with Darwen.

To fulfil the aim of the project, we will:

- Undertake a desktop study of services and reports to identify best practice
- Understand the service offer
- Speak to service providers to identify their role in providing a service to vulnerable people
- Identify gaps in service
- Understand impact of rise in demand
- Understand future funding
- Understand impact of possible reduction and de-commissioning of these services



### Key Findings

#### Registering at GP's

A key finding from the second phase of engagement was that a number of residents are still experiencing barriers to register at GP surgeries. They did however manage to register and access GP appointments with the support of their key worker. See Appendix

#### Joined up Working

Through this project, it was identified that services have been put in place to support vulnerable groups of people that are homeless or are in transient accommodation as well as presenting frequent admissions at A & E. With the delivery of outreach workers, Making Every Adult Matter (MEAM), STEP and drugs and alcohol services (Change Grow Live), there is wrap around support available for those that require it. There is however a concern of a lack of clear pathway for these groups to access this support i.e. best service for them and how to start their journey. There appears to be duplication of certain outreach and support services, however entrance criteria may be different.

It would also be beneficial for a borough wide strategy and buy in from all partners to enhance joint up working and sharing of resources with a clear entrance criterion- joint funding from the Clinical Commissioning Group (CCG) and Blackburn with Darwen Council would be beneficial.

#### Standards of HMO's (House of Multiple Occupancy)

A cause of concern is the lack of power for local authorities to regulate HMO's. The living conditions and the buy in from such establishments is key to the overall health and wellbeing of these groups of people. There is an urgent need to lobby government around this issue.

#### Future funding

Another concern is the uncertainty of future funding for services such as MEAM and STEP and the longevity of support available. A clear Homelessness and Offenders strategy is required for a multi-agency and unified approach with permanent delivery of services to achieve outcomes for vulnerable people.



### INTRODUCTION

In 2016-2017 Healthwatch Blackburn with Darwen worked to find out the views and experiences of the homeless population (254 individual), which was shared with NHS, CCG and service providers.

Between November 2018 and February 2019, Healthwatch Blackburn with Darwen undertook a combination of a desk top study, mapping of services and engagement work focusing on young people/adults living in transient/supported housing. The aim of the project was to revisit the previous published report to understand the impact of the recommendations.

### Research Methods and Design

#### Desk-top study

Mapping of services targeted at vulnerable groups to gather an understanding of the offer in Blackburn with Darwen (BwD) and identifying areas of best practice.

#### Second Phase of Engagement

A second phase of engagement, consisting of focus groups and interviews with residents in local supported accommodation.

#### Service Provider discussions

Talk to service providers about their role in the 'Vulnerable People's Liaison Service' highlighted by the CCG in the 2017 report. Understand the services they provide, identify gaps in the offer, the state of future funding and the impact of the rise in demand for these services.

#### What we do with our findings:

The report will be shared with the following to influence change:

- Blackburn with Darwen Clinical Commissioning Group (CCG)
- Blackburn with Darwen Public Health
- Blackburn with Darwen Housing Needs Team
- Supported Housing providers



### Background

#### What do we mean by 'vulnerable people'?

All people are entitled to health and social care, however not everyone finds it easy to access this. There are many vulnerable and marginalised people who have complex needs, and would require additional support to live a healthy, thriving life.

The definition of a 'vulnerable adult', as accepted and referred to in the 1997 Consultation Paper issued by the Lord Chancellor's Department, is a person:

“who is or may be in need of community care services by reason of mental or other disability, age or illness;” and  
“who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”  
(Department, 1997)

For the purpose of this report Healthwatch Blackburn with Darwen will be looking at the support for ex-offenders, homeless, those at risk of being homeless and those residing in supported housing and Homes of Multiple Occupancy (HMO's).



HM Inspectorate of Probation and HM Inspectorate of Prisons said the minimum requirements for resettlement were:

- a safe place to sleep, from the day of release
- access to enough money to meet basic needs including food, clothing and transport
- a sense of hope for the future
- active links to other services that can assist them with other needs, for example substance misuse and mental health services.

### Ex - Offenders and transition into the Community

The transition of ex-offenders from prison back into society can be difficult. The Government highlighted the importance of smooth transitions via the introduction and updated review of the 'Through the Gate' provision.

Many studies have established that securing adequate housing for ex-offenders reduces the risk of individuals falling back into crime. It is also crucial for ex-offenders to receive emotional, health and wellbeing support to address wider health and wellbeing issues, i.e. access to health and social care services. This would play a big part in integrating ex-offenders back into society and reducing re-offending.

Tammy Moreton (ex-offender employed by Virgin Trains explained that homelessness and a lack of self-belief are both major challenges. "Some people, if they are not that strong in themselves or do not believe in themselves, if they have been knocked down once, and they try again and get knocked down again, that's where they turn. They go back to re-offending because they know they've got the prison system to rely on. It's not a good thing, but they know that if they can't get anything out here, they've got somewhere. Especially if they've been released and have nowhere to go, they will re-offend just to make sure they've got somewhere to get their head down." (House of Commons Work and Pensions Committee, 19 December 2016)



The problem may be particularly acute for Black, Asian and Minority Ethnic (BAME) ex-offenders. A report by Baroness Lola Young found that BAME ex-offenders: “often come from communities that are concentrated in areas of crime, ill health and general deprivation”. (Improving outcomes for young black and/or Muslim men in the Criminal Justice System, 2014) This poses challenges and temptations for those who have committed crimes and wish to leave offending behaviour behind, yet are housed with other ex-offenders and in areas of high crime and substance misuse.

**If ex-offenders can successfully resettle, they are more likely to take steps that will reduce the chances of them reoffending. (House of Commons Work and Pensions Committee, 19 December 2016)**

Upon speaking to many services and members of the housing team at Blackburn with Darwen Council it was confirmed that local authorities have very little statutory power to monitor the standards of HMO's. Currently, if a prisoner is homeless on release a local authority may have a statutory duty to assist. Even if they are not entitled to assistance with accommodation, a local authority must provide advice. (House of Commons Work and Pensions Committee, 19 December 2016)

### What is Supported Housing?

**Supported housing:** is a scheme where housing, support and sometimes care services are provided as an integrated package. Some schemes are long-term, designed for people who need ongoing support to live independently. Others are short-term, designed to help people develop the emotional and practical skills needed to move into more mainstream housing. This can include support with health needs, including mental health, drug and alcohol abuse, managing benefits and debt, developing daily living skills and accessing education, training and employment. (Supported Housing Alliance, n.d.)

**Accommodation projects:** These services provide both short and long-term accommodation and generally aim to support people to prepare for independent living. Examples of accommodation projects cover foyers, supported housing schemes and hostels. The level of



support, access criteria, and target groups vary between projects. Some services offer lower level support; this is usually for those who are homeless or in housing need but otherwise fully capable of independent living. Other services offer high level support for those who have support needs in addition to their accommodation needs and often face several barriers to independent living, i.e. those with needs relating to substance use, mental health and offending.

**Day centres:** Day centres offer non-accommodation-based support for those sleeping rough and/or those who are either experiencing or at risk of other forms of homelessness. Day centres are usually provided and run by churches and other voluntary organisations and have often emerged in response to a local need. Research shows that many day centres in England have expanded beyond basic service provision to provide other services such as advice, computer and Internet access, and access to specialised support services.

### Support offer for vulnerable people in Blackburn with Darwen

Through the project, Healthwatch met with a number of services who have a role in supporting vulnerable people. Below is a list and brief description of the service they offer.

**STEP** - East Lancashire Clinical Commissioning Group and Blackburn with Darwen Clinical Commissioning group dual funded a 'vulnerable people liaison service' which was awarded to Change Grow Live (CGL). This service has been branded as STEP and work with sub contracted partners Red Rose Recovery. STEP has the aim of reducing presentations by the identified top 100 frequent and fast rising attenders at the emergency hospital departments across the Pennine footprint. This service is not limited to those at risk of offending or homelessness.

**MEAM** (Making Every Adult Matter) - an offer delivered by Child Action Northwest. The MEAM project has been commissioned by Blackburn with Darwen Council via Families Health and Wellbeing Consortium. MEAM works with some of the most vulnerable people in the community who have often experienced traumatic and chaotic lifestyles and found themselves with no home and nobody to turn to. Whether residing in a house of multiple occupancy (HMO), homeless and living on the streets, or released from the prison services, these people often come with multiple needs and complex health issues. MEAM consider



## Revisit of the Homelessness & Vulnerable People's Project

individuals' wider issues such as drugs and alcohol or mental health matters and have a responsibility to coordinate the care package to meet their needs.

This may include helping them to manage stress and anxieties, keeping appointments, signposting and working in partnership with other agencies to ensure each individual receives the right support to help them find a place of their own with the prospect of a happy, healthy and positive future, using various approaches such as outreach and supporting people in their setting of choice.

**Street Reach** - Delivered by Child Action North West commissioned by Community Safety Partnership Team at BwD Council. Funding for the project has been made available from Lancashire's Police Crime Commissioner and BWD/Burnley Community Safety Partnership. The Street Reach project aims to operate a flexible and responsive early action provision delivering, in the first instance, an assertive outreach team across an open age group.

Following a number of street-based intelligence gathering exercises, a number of specific issues were identified involving a wide age range of vulnerable young people and adults who were engaged in open alcohol and drug use - mainly cannabis and New Psychoactive Substances, street begging and/or people presenting as homeless or with unstable accommodation.

Street Reach uses two mobile vehicles, internally the vehicles environments are a comfortable and engaging space, equipped with media wall, internet gateway, informational resources, seating and bathroom facilities.

**CGL** - Main provider of the drugs and alcohol provision within the Borough. They work closely with individuals from a point of access to treatment and through their recovery journey.

CGL also provide the Wellbeing Inclusion Team (WIT) which works on an outreach basis and targets vulnerable people who are homeless, living in HMOs or are residing in Blackburn with Darwen as Asylum Seekers and Refugees. The support includes improving access to health and care services, general health assessments and assisted referrals to other services such as podiatry, TB treatment, Hepatology, Respiratory services etc.



### RECOMMENDATIONS FROM 2016/2017 HOMELESSNESS REPORT

The table below aims to review previous recommendations set out in the Homelessness report, to understand the issue identified, response from commissioners and look at the current offer for vulnerable people.

Recommendations 2016/2017	Blackburn with Darwen CCG Response (July 2017)	Update/Progress March (2019)
<p>Recommendation 5</p> <p>Individuals experiencing homelessness should have someone to talk to &amp; support them on an ongoing basis. It should be acknowledged that many individuals find it difficult to engage within groups &amp; need 1:1 support to improve their mental health &amp; wellbeing.</p>	<p>The new Vulnerable Person Service will be available to support people whilst they are in the service. Once their lives have been stabilised, the service will work with the Integrated Neighbourhood Teams to migrate them into community services where any ongoing needs can be supported.</p> <p>In addition, the Mental Health Helpline is available to the public and individuals can also self-refer themselves to the service for help and support with low level depression and anxiety.</p>	<p>STEP - identifies those presenting at A&amp;E frequently, and would require additional support. STEP work with people utilising a holistic asset-based approach, with signposting to community resources</p> <p>Street Reach - Targeting vulnerable adults i.e. homeless, ex-offenders and offenders.</p> <p>MEAM - provide wrap around support and case coordination using a whole person approach.</p> <p><b>Further Recommendation</b></p> <p>Mental Health Helpline to be better promoted as services and residents engaged with were not aware of this service.</p>
<p>Recommendation 6 All Health &amp; social care professionals should be required to receive training in</p>	<p>The CCG would support this recommendation as it would deliver positive impacts on supporting services for the homeless.</p>	<p>CGL provide training around substance misuse, dual diagnosis and preventing overdose and death.</p>



<p>homelessness, mental health &amp; substance misuse to reduce stigma &amp; encourage an empathetic approach.</p>	<p>The new Pennine Vulnerable People's Service will help to raise awareness of Substance misuse and Mental Health whilst working with partner and community organisations.</p> <p>The main Mental health provider, Lancashire Care Foundation Trust, also train other Health and Social care practitioners in Mental Health. This has been recommended in the Royal College of Psychiatrists' review of Mental Health and Acute.</p>	<p>STEP provide Connect 5 training which aims to empower non-specialist health and care staff to have conversations about mental wellbeing.</p> <p>Training is available and delivered by CGL, however there seems to be a low uptake amongst some health care professionals.</p> <p>CGL provide an ongoing package of training which includes consideration of dual diagnosis and multiple complexity - any agency can access.</p> <p><b>Further Recommendation</b> Mandatory mental health training required for health professionals.</p>
<p>Recommendation 7 It should be acknowledged how wider determinates impact an individual's mental health &amp; wellbeing. All services supporting an individual should work together holistically, offering an array of support &amp;</p>	<p>The new Vulnerable People's Services is a holistic service, which means it looks after all aspects of the person's life including social, physical and mental health needs.</p> <p>A range of services carry out reviews and assessment which cover all these</p>	<p>STEP work closely with the Mental health decision unit at East Lancs Hospital Trust. Vulnerable people are identified and assessed by the STEP team. They provide support with an exit pathway using community resources and social prescribing.</p>



<p>effectively signposting into relevant services.</p>	<p>aspects including the Community Mental Health Teams, Lancashire Women's Centre and Community Restart - which takes referrals from Lancashire Care Foundation Trust to support individuals with employment, housing, training and volunteering etc.</p>	<p><b>Further Recommendation</b> Current feedback about this working relationship suggests there are opportunities for improvement to strengthen the partnership.</p>
<p>Recommendation 10 GPs should allow individuals who are experiencing homelessness to make appointments in person. Options of a drop in to see a GP should be explored.</p>	<p>The CCG agrees with this recommendation. Patients, however, can make appointments in person at the GP practice reception. The CCG will remind all our practices of this.</p> <p>The new Vulnerable People's Service will encourage and support individuals to register with local dentists and GP's.</p>	<p>Outreach teams via CGL support vulnerable people to access health and social care services. They provide basic health assessments and access to a range of health services.</p> <p>Street Reach and MEAM also support vulnerable people to access health and social care services.</p> <p>CGL have shared they would like a list of practices that allow appointments to be made in person as they are still hitting barriers around this.</p> <p><b>Further Recommendation</b> All GP practices should allow appointments to be made in person. See response from CCG pg. 18</p>



<p>Recommendation 11 GP practices should all follow the same procedure when registering new patients. Individual practices should not be allowed to discriminate against individuals who have no fixed abode or photo ID.</p>	<p>The CCG agrees with this recommendation and will ask GP practices to look at this procedure, with a view to adopt the same process across all surgeries. Patients should not be or feel discriminated against. The CCG will remind all our practices of this.</p>	<p>Engagement with vulnerable groups identified there is still an issue to register and book appointments without a support worker present.</p> <p>This issue was highlighted across services such as the STEP team, Nightsafe and Shelter. This is impacting the 'organisational aims of empowering service users.</p> <p>See response and feedback from CCG, pg. 18</p> <p>See appendix for engagement feedback with vulnerable people and good practise example.</p>
<p>Recommendation 17 Health professionals such as GP's, dentists &amp; podiatrists should deliver outreach in places those experiencing homeless frequent, such as THOMAS &amp; Platform 5. These environments would then become 'one stop shops' for all support needs,</p>	<p>This recommendation needs to be considered further across the organisation to see how best this could be delivered/contracted.</p>	<p><b>Further Recommendation</b></p> <p>This is still a priority. However, Healthwatch have not received any update.</p>



<p>improving access &amp; reducing inequality.</p>		
<p>Recommendation Needs of those with Dual Diagnosis are not being met or there are issues around criteria when it comes to enabling access to MH services for both YP and adults. This notion of needing to be clean does not take account of wider determinants of health</p>		<p>There was a consensus amongst service providers of the importance of this. It can be difficult to manage e.g. a service user accessing therapy sessions whilst misusing can lead to ineffective sessions. Vice versa vulnerable people with mental health issues may be using drugs and alcohol as a coping mechanism. E.g. a homeless person can be dependent on alcohol to keep them warm.</p> <p>Dual diagnosis and support were fragmented previously. Improvements have been made with mental health providers working closely with CGL and the Wellbeing Inclusion Team but there is definitely more room for integration.</p> <p>CGL have worked with commissioners and LCFT MH providers to review the dual diagnosis joint working protocol and are in the process of putting forward recommendations into the wider Integrated Care System governance structures.</p>



### **Joined-up Working**

Through this project, it was identified that services have been put in place to support vulnerable groups of people. Through the delivery of outreach workers, WIT, MEAM, STEP and drugs and alcohol services (CGL), there is wrap around support available.

There has been progression in utilising multi-disciplinary approaches to health and social care. However, it is vital for a borough wide joint strategy with buy in from all partners to enhance joined-up working, sharing of resources and standardising clear entrance criteria. Joint funding from the CCG and Blackburn with Darwen Council would be ideal to support these improvements.

### **Standards of HMO's**

A cause of concern is the lack of power for local authorities to regulate HMO's. The living conditions and the buy in from such establishments is key to the overall health and wellbeing of these groups of people. There is a urgent need to lobby government around this issue.

### **Future Funding**

Another concern is the uncertainty of future funding for services such as MEAM and STEP and the longevity of support available. A clear Homelessness and Offenders Strategy is required for a multiagency and unified approach with permanent delivery of services to achieve outcomes for vulnerable people.



### RESPONSE AND FEEDBACK FROM BLACKBURN WITH DARWEN CLINICAL COMMISSIONING GROUP

The findings from the project were shared with BwD CCG who provided the following comments:

**BwD and East Lancashire CCG - Mental Health Team -** *'BWD and EL CCG's continue to commission the STEP service. As with any commission this will be subject to review in the final year of the contract.'*

**BwD CCG Primary Care Commissioning Team -** A reminder has been sent to all GP practices in response to difficulties making appointments in person and registering with a practice with no ID/fixed abode:

Reminder Notice from the CCG to all GP practices -

*"Healthwatch Blackburn with Darwen have been undertaking follow up work on their Healthwatch 2017/18 report on vulnerable and homeless people's experiences of accessing health and social care services in the borough to understand what has changed. From the feedback received, homeless people are still unable to make appointments by themselves without a support worker and also that the homeless/vulnerably housed young people are experiencing difficulties in registering with a GP due to having no fixed abode.*

*Practices are to be reminded of the NHS Guidelines which states that 'if a patient cannot produce supportive documentation but states that they reside within the practice boundary then practices should accept their registration'. A homeless patient cannot be refused registration on the basis of where they reside because they are not in settled accommodation. For safety reasons they may need to change the places where they sleep rough on a daily basis. There is no regulatory requirement to prove identity, address, immigration status or an NHS number in order to register as a patient and no contractual requirement for GPs to request this. Those who are homeless, vulnerably housed or of no fixed abode, asylum seekers, refugees and overseas visitors, whether lawfully in the UK or not, are eligible to register with a GP practice even if they have to pay for NHS services outside of the GP practice. The patient must be registered on the application unless the practice has reasonable grounds to decline. GP practices have limited grounds on which they can turn down an application and these are if the CCG has agreed that the practice can close their list to new patients or that the patient lives outside the practice boundary."*



### APPENDIX

#### GP Registration

2018/2019 - Respondents from accommodation projects and day centres generally reported that the main health and social care they require, or access is GP surgeries. However, a key finding from residents discussed in focus groups, reported that they have struggled to register at a GP surgery due to not having the appropriate ID or proof of address. As one participant explained:

I have moved from a different area and needed to register with a GP. The closest surgery to my accommodation and my college refused to register me as I did not have the correct ID and proof of address. My support worker came along with to the surgery and we managed to get myself registered.

I really struggled with getting registered, and to be honest I was not confident to stand up for myself. I just went to a different GP practice where my friend is at.

#### Good Practice Example

Healthy London Partnership has produced 'right to access health cards' to help people who are homeless to register and receive treatment at GP practices in London. 10,000 cards have been distributed to shelters across London.

The cards aim to remind GP receptionists and other practice staff of the national patient registration guidance from NHS England which states that people do not need a fixed address to register or access treatment at a GP practice.

A recent report from Healthy London Partnership, based on discussions with more than 90 homeless people in London, found that strict access regulations and a lack of responsiveness



the needs of homeless people in GP practices was a barrier to accessing care for this group of patients. All GP practices in London have been emailed details and images of the card and practices are asked to ensure receptionists and practice managers are aware of them.

### Front of card



### Back of card





### REFERENCES

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