
Integration and homelessness - a joined up response

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Introduction

- Exercise
- Integrated care & Integration
- Benefits & Challenges
- Homeless and Integrated Care
- Integrated Care Examples
- Key lessons



Key Questions

- What integrated care/ integration means?
- Why focus on an integrated care or towards integration?
- How you will contribute towards an integrated care model?
- What are the challenges?

Changing demographics & health and social care delivery

Increase number of people

- With multiple co-morbidities
- High and complex interactions with health and social care
- UK about 15m people with LTC
- People with multiple LTC increasing
- LTC not restricted to older people
- LTC, disability, physical and/or mental conditions, drug & alcohol consumption
- To focus on primary prevention and well being

National Collaboration for Integrated Care & Support,
2013

Demography



Health, Social and Support Services

- To make integrated care and support happen
 - It must be person-centred, coordinated, and tailored to the needs and preferences of the individual, their carer and family.
 - Improving outcomes for individual who use health and social care services
 - It means moving away from episodic care to a more holistic approach to health, care, housing and support needs.
 - Puts the needs and experience of people at the centre of how services are organised and delivered.

(NHS England)

Health, Social and Support Services

Services often

- Do not communicate properly
- Do not work as a team
- Do not treat people as individuals
- Do not coordinate across/ between services used by the same person

Implications

- Fragmented services
- Delayed or duplicated interventions
- Missed opportunities for early intervention and to prevent needs from escalating
- Poor outcomes and experiences

Integrated Care

'Integrated care' is a term that reflects a concern

- to improve patient experience and achieve greater efficiency and value from health delivery systems.
- The aim is to address fragmentation in patient services, and enable better co-ordinated and more continuous care".

(Nuffield Trust, What is integrated care? 2011)

Integrated care means a narrative for person centred co-ordinated care.

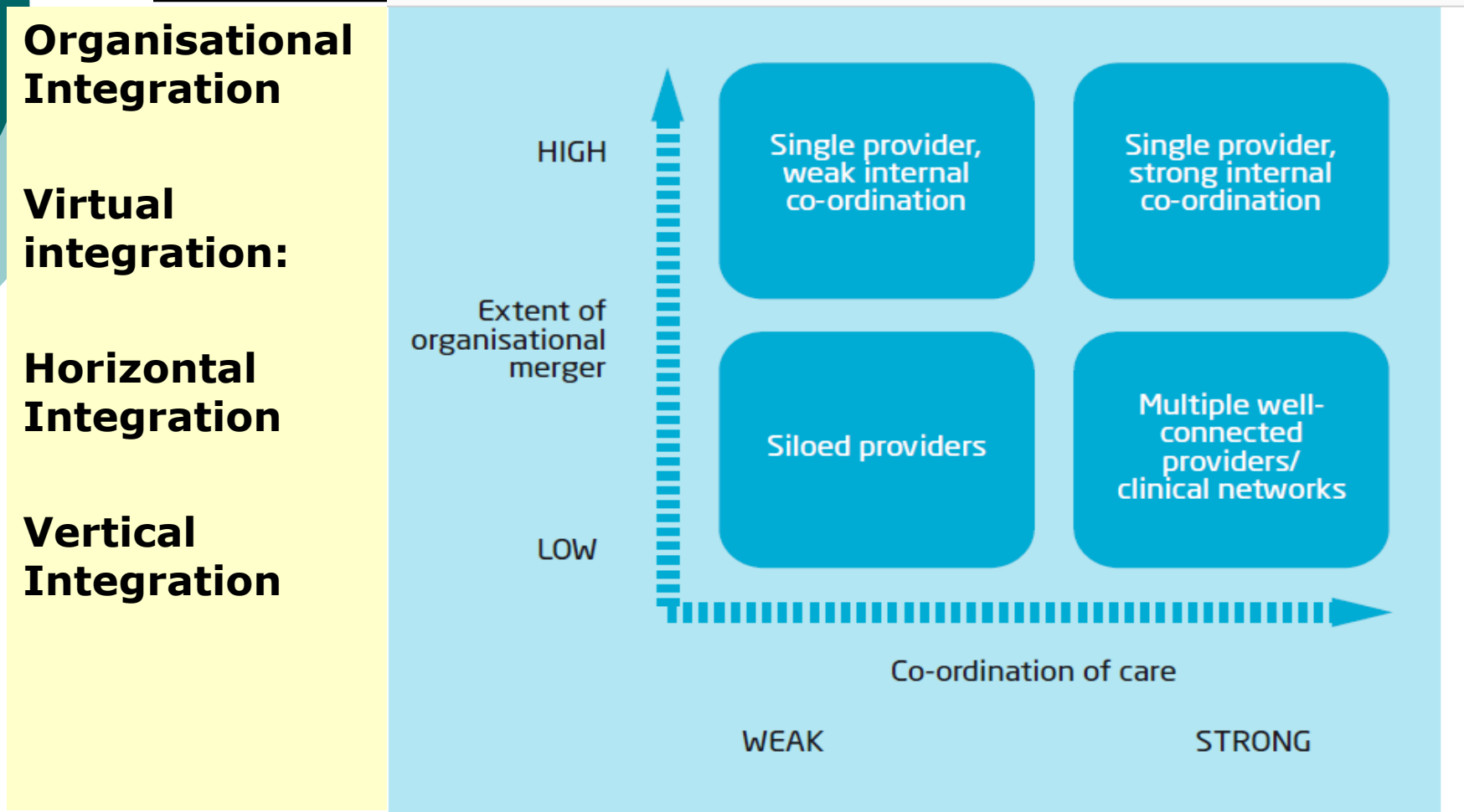
(National Voices)



Integration

- It is the processes, methods and tools of integration that facilitate integrated care.
- Integration involves connecting the health care system (acute, community and primary medical) with other service systems (such as long-term care, education or housing services)
 - (Leutz, 1999: p77-78).
- Shared health and social care electronic records
- The focus is on improving clinical, satisfaction and efficiency outcomes
- The result of integration includes a reduction in delayed transfers of care in acute hospitals, improved social services' ratings and enhanced access to intermediate care services.

Range of options available to health and social care organisations.



Integrated Care

Types of Integration

- Systematic
- Normative
- Organisational
- Administrative
- Clinical Coordination

Levels of integration

- Macro Level
- Meso Level
- Micro Level

Intensity of Integration

- Full integration
- Care coordination
- Linkage between organisations

Integrated Care

Benefits

- Person centred
- Meets complex and multiple needs
- Improved access to services
- Seamless co-ordinated care
- Improves client experience and choice
- Cost effective care
- Reduces inequalities

Challenges

- Funding issues
- Workforce issues
- Different cultures
- Resistance to change
- Different priorities and targets
- Information sharing
- Different governance & management systems
- Persisting weakness of commissioning

Homeless People

Multiple co-morbidities, LTC, Social Care, Housing and Support

7/10

○are
male

**Over
1/2**

are young
people

1 in 4

Offending
history

32%

have
mental
health
issues

28%
multiple
needs

33%
have drug
problems

Preventing homelessness to improve health and wellbeing

Good housing helps to

- Stay healthy and provides a base to sustain a job
- Aids to recovery from periods of ill-health
- Empower people to manage their health and care needs

Poor housing conditions

- Impact on physical and mental health

Public Health England, Homeless Link



- Increase in rough sleepers
- 45% diagnosed with MH compared to 25% of general population
- 77% are smoking, 39% used drugs, 27% alcohol

Homeless Pan-London Commissioning Model

10 commitments

1. Improving service quality
2. Actively included in patient and public engagement activities
3. Healthcare reaches out through inclusive and flexible delivery models
4. Improving data collection and sharing
5. Strengthening interfaces and partnership working
6. Access to mental health services
7. Never denied access to primary care
8. Not to be discharged from hospital to the street
9. Access to advocacy and signposting
10. Access to end of life care

Healthy London
Partnership



London Homeless
Health Programme



Integration – Homeless

Acute health
problems

Infectious
diseases

Lifestyle
factors

Long term physical health
problems

Mental
health
issues

Housing and social care
issues

Example 1: Housing First

Housing First

It is an approach that offers permanent affordable housing

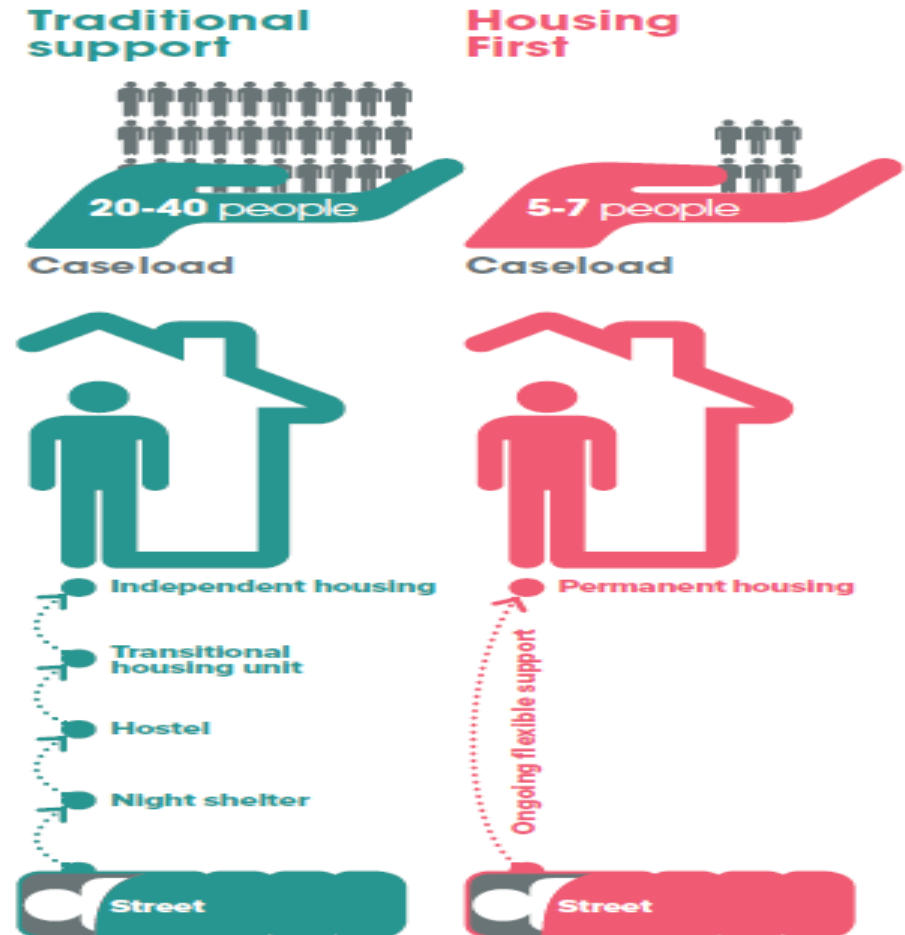
Then provides the supportive services and connections to the community-based supports to help people needs to keep their housing and avoid returning to homelessness.

Philosophy

- Housing is a human right
- Value based
- A long-term commitment
- Scattered site housing
- Separation of housing and care
- Client choice and self-determination
- Recovery orientation
- Harm reduction focus
- Rapid response

Housing First

- Very successful in America and across Europe
- Cost reductions
- Reduction in use of A & E.
- Less contact with criminal justice system
- Potential overall savings could be £15K per person per annum





Example 2: Glasgow

- City wide response to homelessness
- Previously siloed systems
- Review of needs of homeless people and service provision
- Promoting integrated care
- Housing First model implemented
- Glasgow Homeless Network

Example 3 – Common Ground / Breaking Ground, New York U.S.A.

- Vision for transformation to end homelessness
- Mobilised support – personnel, political and financial
- Permanent supportive accommodation provided
- Range of on-site services provided by partners including social services (Center for Urban Community Services)



Example 4: Torbay

- Shared commitment and vision in 2002 to provide integrated care to benefit individuals with complex and multiple needs in South Devon and Torbay
- Integrated Care Organisation established in 2015 – community health and social care provided
- H.N.A. for homeless people completed
- Homeless Strategy 2015 – 2020 produced

Common issues from examples

For Individuals

- Experiencing extreme forms of homelessness
- Present with complex and multiple needs
- Reluctant to engage
- Do not fit neatly in to service provisions
- High risk of falling through gaps

For Services:

- Siloed services
- Duplicated services
- Dislocated services
- Disempowered workers
- Disengaged workers - some statutory agencies retreat from direct work
- Reactive services

Common responses from examples

Recognition that:

- fragmented services was not working
- increase in numbers of people with complex needs
- increase in mortality and morbidity
- increased cost to the health service

Action:

- Strategic vision
- Homelessness planning and implementation group
- Reviews / audits / research
- H.N.A.
- Homelessness strategy

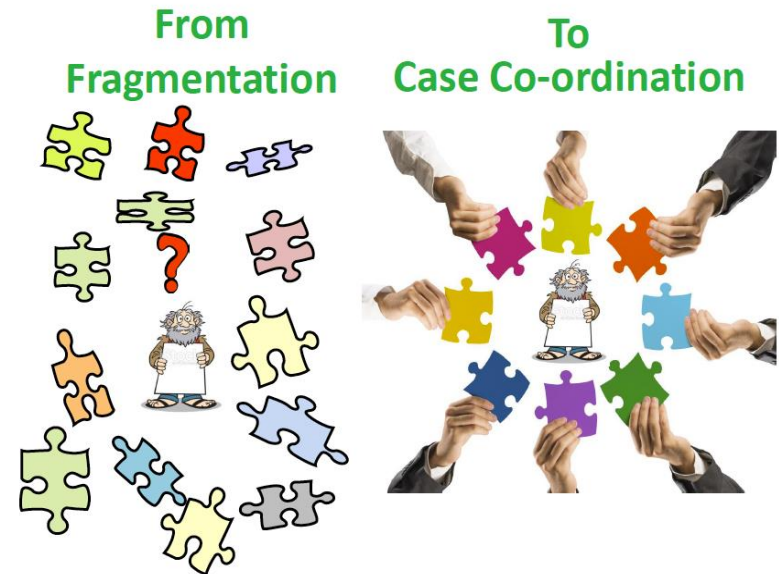


Common recommendations from examples

- Tailored and person centred approach
- Multiagency integrated approach
- Overarching governance – leadership
- Joint commissioning and shared budgets
- Multi-disciplinary teams with specialist workers
- Assertive outreach and engagement
- Specific assessment and case work
- Peer advocates and mentoring
- Shared systems and pathways
- Flexibility and innovation
- Long term commitment

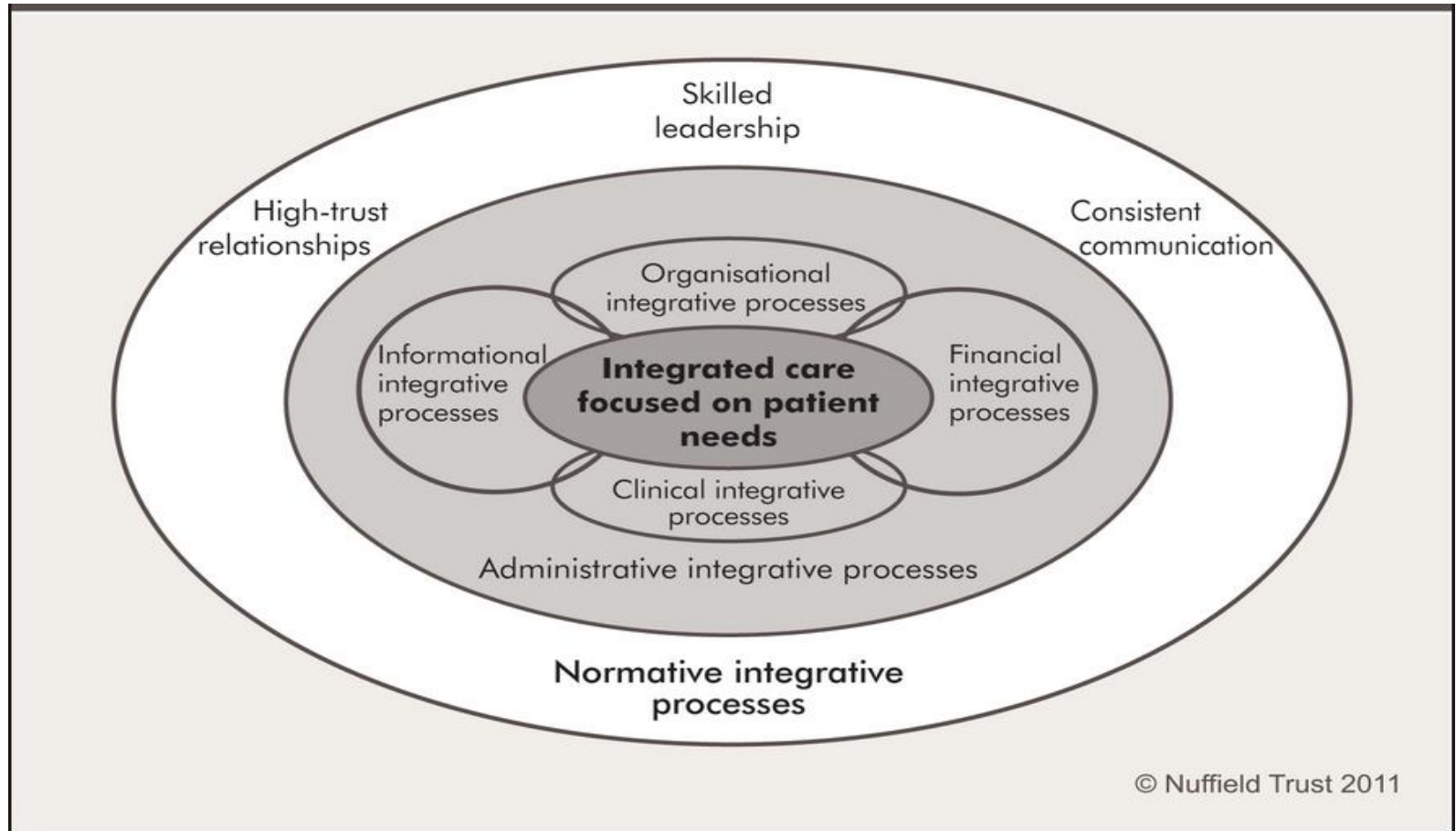
Key Lesson – Integrated Care (IC)

- IC as strategy for improving patient care
- Decision about intensity of IC is essential
- Service user is the organising principle of IC
- Shared vision
- One form of integrated care does not fit all



- It is only possible to improve what is measured

Key Lessons – Integrated Care (IC)





Thank you

Any Questions?