Progress on Pan London Homeless Health Commissioning

- Adrian McLachlan
- London Network of Nurses and Midwives Conference

20th May 2016
Background - Homelessness

- **Homelessness in London**
  - Homelessness in the UK is **rising**, with a quarter of people sleeping rough now in London (26%).
  - 7,581 people slept rough at some point in London during 2014/15, a 16% rise on the previous year, and more than **double** the figure of 3,673 in 2009/10.
  - There are other types of homelessness which are also **increasing** but difficult to measure – e.g. hostel dwellers, ‘sofa surfers’ and people in chronically insecure housing

- **Homelessness & Health**
  - Homelessness is both a **cause and a consequence** of physical and mental health problems.
  - The **average age of death** for a rough sleeping homeless person is just 47, half that of the general population.
  - Many homeless people are **very high users of acute NHS services** – i.e. Homeless people attend A&E 5x as much, stay 3x as long, and cost up to 8x as much as the general population. Many are discharged onto the streets.
  - The homeless are **40x more likely not to be registered with a GP**, with many facing barriers to access
  - Up to **80% of homeless people have mental health problems**, including complex personality disorders. The rates and complexity are increasing
  - Rates of drug and alcohol dependence are very high, and almost all markers for health outcomes are **significantly worse** than the general population
Recommendation 31

Health and care commissioners should develop a pan-London, multi-agency approach to healthcare for the homeless and rough sleepers, with dedicated integrated care teams, and commissioned across the capital by a single lead commissioner.
Programme Overview

Programme Mandate

Better Health For London report (2014):
“Health and care commissioners should develop a pan-London, multi-agency approach to health care for the homeless and rough sleepers, with dedicated integrated care teams and commissioned across the capital by a single lead commissioner.”

Programme Scope

- Specific definitions of ‘homelessness’ – rough sleepers, hostel dwellers, sofa surfers and the chronically insecurely housed (currently excluding gypsies, travellers, and the population in temporary accommodation / bed & breakfasts due to their different needs)
- Focus upon sphere of influence for CCGs (improving health services)

Three Programme Outcomes:

- **Improve homeless health services** so that they meet the needs of homeless people
- **Improve access** to these services and address the **fragmentation** across services
- **Improve data** collection and sharing

Five Key Deliverables:

- Create pan-London CCG Commissioning Intentions for homeless health (with Year 1 worked up in detail – e.g. with any required business cases)
- Make recommendations to NHS England following a review of the 9 specialist homelessness GP Practices in London
- Development of a simple **CCG Toolkit** to brief commissioners on their local homelessness needs and services
- Produce a simple ‘**Best Practice Guide**’ for CCGs on ‘what works’ in improving health services for the homeless
- **Co-produce a report with London’s homeless population** to inform and underpin the other key deliverables
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Produce a simple ‘Best Practice Guide’ for CCGs on ‘what works’ in improving health services for the homeless

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Programme Stakeholders

- NHS England
- CCGs
- London Homeless Health Programme (LHHP)
- Local Authorities
- NHS Trusts & Foundation Trusts
- GP Practices
- Experts by Experience
- Greater London Authority
- NHS England CCGs
- Public Health England
- Association of Directors of Public Health
- Healthy London Partnership
- Shelter
- Centrepoint
- DEPAUL
- ThamesReach
- Wandsworth
- St Mungo’s Broadway
- Pathway
- London Councils
- St Mungo’s
- Groundswell
- ADASS
- Crisis
- Londonwide LMCs
- SHP
- QNI
- The London Network For Nurses and Midwives
- Delyth
- The Queen’s Nursing Institute
- Healthwatch
- New Horizon Youth Centre
- Evolve Housing + Support
- London Ambulance Service NHS Trust
- EASL
- SPEAR
London Homeless Health Programme (LHHP)

Programme Plan

**April**
- Programme Board completes short-listing of Commissioning Intentions

**May**
- Data Collection template issued to Practices
- Practices complete data collection templates
- Programme team & NHSE review completed templates
- Programme Board completes short-listing of Commissioning Intentions

**June**
- Development of draft CCG Commissioning Intentions in further detail, particularly for Year 1
- Development of draft CCG Commissioning Intentions
- Practices complete data collection templates
- Programme team & NHSE review completed templates
- Submission of proposal from Homeless Link

**July**
- Refinement and completion of final CCG Commissioning Intentions
- Refinement and completion of final CCG Commissioning Intentions
- Refinement and completion of final recommendations
- Programme team & NHSE review completed templates
- Development of draft recommendations

**August**
- Final proposal agreed
- Refinement and completion of final recommendations
- Refinement and completion of final recommendations
- Development of draft recommendations to NHS England
- Final CCG Toolkit
- Development of draft CCG Best Practice Guide
- Refinement and completion of final CCG Best Practice Guide

**September**
- Final experts by Experience Report
- Final Programme Deliverables given to CCGs
- Strategic engagement with CCGs and NHSE
- Final Programme Deliverables given to CCGs
- First Partnership Board with wider stakeholders
- Final experts by Experience Report
LHHP Key Deliverables & Outcomes

• **Better Health For London report (2014):** “Health and care commissioners should develop a pan-London, multi-agency approach to health care for the homeless and rough sleepers, with dedicated integrated care teams and commissioned across the capital by a single lead commissioner.”

• **Case for Action (May 2015):** “The programme will adopt a staged approach, firstly focusing on the sphere of influence for CCGs (improving health services)... The priorities to be taken forward for this first stage will be:
  • Establishing a pan-London commissioning model
  • Improving data collection and use”

• The **2016/17 Programme Charter** for the London Homeless Health Programme sets out how the Lead Commissioner model should support London to:
  • Improve homeless health services so that they meet the needs of homeless people
  • Improve access to these services and address the fragmentation across services
  • Improve data collection and sharing for clinical purposes
Stage 1: Considering wider context

NHS

- NHS Five Year Forward View (2014)
- NHS Mandate (2016/17)
- NHS Constitution (2015)
- NHS planning guidance 2016/17 – 2020/21
- NHS Outcomes Framework (2016/17)
- CCG Assurance Framework (2016/17)
- CCG Outcomes Indicator Set (2016/17)
- Specific Strategies – e.g. FYFV Mental Health Taskforce, Keogh Review

Wider Policy

- Adult Social Care Outcomes Framework (2016/17)

Legislation

- Care Act 2014
- Immigration Act 2014
- Health & Social Care Act 2012
- Localism Act 2011
- Mental Health Act 1983 (as amended by MHA 2007)
- Mental Capacity Act 2005
- Homelessness Act 2002
- Human Rights Act 1998
‘Due Diligence’

• Stage 2: Systematic review of strategies, policies, reports and plans from the NHS, Local Authorities, Central Government and the Third Sector

The implementation of a Pan-London, multi-agency commissioning model leading to equity of access to services

Empowerment and peer advocacy

Enhancing quality of life for people with Long Term Conditions - e.g. diabetes and COPD

Co-Production and strengthening voice of those with 'lived experience'

Better recording and sharing of information and needs

Helping people to recover from ill health or injury - e.g. admissions associated with mental health and alcohol

Early intervention

Modelling and engagement to ascertain the true impact of homelessness and the benefits to be gained by commissioning at a pan-London level

Supporting and providing guidance to CCGs

Improved recording and sharing of data

Support for training and workforce development

Reducing health inequalities

Reducing hospital admissions

Reduction in avoidable secondary care

Better recording and sharing of data

Employee and peer advocacy

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Reduction in avoidable secondary care

Better hospital discharge and intermediate care

**NB – Please see appendices for further detail on lines of enquiry emerging from this review**
# LHHP Key Deliverables & Outcomes

But also many additional and specific outcomes...

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Long term outcomes 5+ years</th>
<th>Medium term outcomes 2-5 years</th>
<th>Short term outcomes 1-2 year</th>
<th>Deliverables for HLP</th>
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| • Increased equity of provision across London  
• Improved access to services  
• Improved health outcomes  
• Improved patient experience | Patient health outcomes and experience continue to improve through the model. | Patient needs and expectations are met, patient experience improves through: Improved quality & accessibility of better integrated and responsive services, a preventative/early intervention/ holistic focus to treat tri-morbidity, greater focus on mental health, and empathetic staff, case managers | Patients have improved access to mainstream services (e.g. mainstream GPs)  
Patients are supported to use and navigate the system (e.g. through GPs/ peer advocacy) | Pan-London, multi-agency commissioning model |
| Patient | | | | |
| Staff | More confident/empowered staff  
More efficient ways of working (facilitated by data sharing and multidisciplinary working / cross referrals etc.) | Increase in multi-disciplinary working  
Adoption of case management model with nominate lead/case manager to coordinate care and build trusting relationship with patient | Staff feel more confident/empowered to assess and treat homeless patients (through training)  
More effective ways of working and stronger working relationships built across organisational boundaries | Improved ways of working (incl. across organisational boundaries) and more responsive care through availability/interoperability of clinical data and multi-agency approach | Pan-London, multi-agency commissioning model – including data interoperability |
| System | Improved health outcomes  
Financial benefits achieved particularly in secondary care  
More preventative/early interventions rather than crisis care in secondary care settings | Increased use of mainstream services  
Increased use of primary care  
More focus on prevention and early interventions  
Reduced use of A&E and preventable readmissions | Interoperability of data systems – streamlined, integrated approach and reduction in duplication of effort, facilitating a more holistic approach to treatment  
Better cross organisational working/relationships | Engagement and commitment to the model, commissioning outcomes and overarching goals.  
Building relationships across services and organisations – shared learning | • Pan-London, multi-agency commissioning model/  
• Financial modelling  
• Interoperability of data systems |
| Measures | Outcomes to be monitored and evaluated through the commissioning cycle and Lead Commissioner | Outcomes to be monitored and evaluated through the commissioning cycle and Lead Commissioner | Outcomes to be monitored and evaluated through the commissioning cycle and Lead Commissioner | Quality of services/health outcomes to be monitored through the commissioning cycle but early indicators may include: increased registration with mainstream GPs and service user feedback/rates of attendance Vs DNA rate. Financial modelling - tracking against baseline (mapping over 5 years) | • Completion of key deliverables  
• Appointment of lead commissioner  
• Agreement of commissioning outcomes  
• Implementation of Commissioning Model |
Stakeholder Engagement

• Since the beginning of February the team has engaged with:
Stakeholder Engagement

- **Key Themes from CCG engagement:**
  - CCGs are sympathetic to the homelessness agenda, but it is rarely a core part of a manager’s role
  - CCGs are keen for someone to help them understand:
    - the ‘size of the problem’ in their area – especially in Outer London
    - what services exist in their area for the homeless, including hostels and day centres
  - CCGs are confused as to the nature of the ‘chronically insecurely housed’ and are unsure how you could measure or target them or ‘sofa surfers’ specifically
  - CCGs want to see evidence of ‘what works’ and that this forms part of the rationale for the commissioning intentions – e.g. what data should be captured, what has worked elsewhere
  - There is currently a mixed view amongst CCGs as to the value of pan-London commissioning – driven partly by experience and partly by a case needing to be made. There is also limited awareness of bodies such as the Greater London Authority

- **Key Themes from other Stakeholders:**
  - Local Authorities work closely with CCGs on many areas, but rarely on homelessness.
  - Third Sector organisations remain concerned about short-term funding and lack of joined-up commissioning
Stakeholder Engagement

- Engagement from April onwards is also either already being planned or will be arranged with:

  - London Homeless Health Programme (LHHP)
  - Imperial College Healthcare
  - Chelsea and Westminster Hospital
  - Guy’s and St Thomas’
  - Homerton University Hospital
  - King’s College Hospital
  - University College London Hospitals
  - Royal Free London
  - Barts Health
  - London North West Healthcare
  - The Hillingdon Hospitals
  - Barking, Havering and Redbridge University Hospitals
  - Lewisham and Greenwich
  - North Middlesex University Hospital
  - Epsom and St Helier University Hospitals
  - Whittington Health
  - St George’s University Hospitals
  - Brent
  - Bromley
  - Ealing
  - Croydon Council
  - Islington
  - Newham
  - Redbridge
  - h&f
  - Waterloo Health Centre
  - Newham Transitional Practice
  - Amersham Vale Practice
  - Camden Health Improvement Practice (CHIP)
  - Health E1
  - The Greenhouse
  - The Rushey Green Group Practice
  - City London
  - Kingston Upon Thames
  - Thames
  - Waltham Forest
  - CRISIS
  - Experts by Experience
  - North London
  - NHS
  - Clinical Commissioning Group

*NB – Some organisations will be engaged in groups rather than individually*
Commissioning Intention Options

• What options has our work led us to consider?**

- Improve homeless health services so that they meet the needs of homeless people
  - Commission a pan-London homeless end of care service (with partners)
  - Establishing a pan-London Homeless Health Clinical Network
  - Re-commission specialist GP Practices across London based on new service specifications – including consideration of mobile services
  - Commission a pilot with partners to target support for patients who are both entrenched rough sleepers and “frequent fliers” in secondary care
  - Develop a London Homeless enhance service for mainstream General Practice (commissioned centrally or locally)

- Improve access to these services and address the fragmentation across services
  - Commission a pan-London Care Navigation/Peer Advocacy Service (including Partnership options)
  - Co-produce an e-learning package for key organisations and staff groups within and outside the NHS
  - Commission a pan-London/sub-regional pilot for a medical respite tariff +/- intermediate care service/network of beds (with partners)
  - Commission a pan-London/sub-regional homeless health rapid response team (with partners)
  - Commission a pan-London Homeless Brokerage Service for complex cases with tri-morbidity issues and high support needs (with partners)
  - Re-Issue Registration guidance for General Practice with support from other agencies (with option of possible online training module)

- Improve data collection and sharing for clinical purposes
  - Development of a common dataset for health providers to record at first contact, review and discharge
  - Commission a pan-London/sub-regional Enabling Service/s (with partners)
  - Establishing or commissioning a pan-London fora for CCGs to engage with experts by experience, and with the homelessness sector
  - Develop a template Hospital discharge protocol CCGs can implement with Providers, LAs, Third Sector etc.
  - Development of alerts between agencies for high risk patients

** Options not considered for pan-London commissioning will be covered by the guide for CCGs on ‘what works’ to be produced to accompany the Commissioning Intentions – e.g. services in hostels/day centres, models of delivery, outcomes measures, homeless health ‘champions’, JSNA, amending Hospital access policies, inter-agency and inter-professional pathways, personal health budgets etc.
What to do next – choosing and prioritising

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<tr>
<th>Impact</th>
<th>Ease of Implementation</th>
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<tbody>
<tr>
<td>Low Impact</td>
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Quick Actions

Quick Wins

Leave Alone!

Longer-Term Solutions

London Homeless Health Programme (LHHP)
Better Population Health Outcomes

Improved Patient Experience

Delivered at a Lower Cost Per Person

Improved Experience of Providing Care
For more information on the programme please contact:

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