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'Opening Doors' – Improving the Commissioning of Services for Homeless People

Learning from the QNI Homeless Health Initiative

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Aims

- Review HHI aims and achievements
- Summarise HHI guidance on commissioning services for homeless people
- Consider influencing commissioners post-*Liberating the NHS*
- Link to Inclusion Health agenda and opportunities

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QNI Homeless Health Initiative

- Funded by Big Lottery Fund 2007-10 (England only)
- Responding to need identified by CPHVA SIG and Homeless Families network
- Membership of nurses working with homeless/vulnerably housed people, built on original networks

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Launch Survey

Initial survey of members found:

- 64% had no training to work with homeless
- Amongst non-HHS specialist nurses, 92% had no specific training
- Services patchy, uncoordinated and locally vulnerable
- 74% lone workers sometimes/often
- Members isolated and unsure how to influence

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What HHI Did Next

- Held regular network meetings around country
- Published guidance documents
- Took members to policy and Parliamentary meetings to influence
- Gave out service user involvement grants
- Contributed to research for and content of ‘Inclusion Health’, joint Cabinet Office/DH programme

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Impact on Members

- Active network of 650+ members (more than 600% of target)
- 533 members attended network meetings
- ‘Opening Doors’ conference attended by 200+ people (more than 200% of target)
- HHI resources downloaded 68,000 times

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“I feel I am part of a much bigger initiative belonging to the HHI and not just a little fish in a big pond.”

It is very difficult to do it on your own. I want to go to meetings then I can say ‘They do it in X, why not here?

Impact on Homeless People

- 93% of members felt HHI had enabled them to improve care for patients
- 86% felt it had improved ability to assess people’s needs
- 71% felt it had improved ability to involve service users
- 90% felt it had improved advocacy skills

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Service Users' booklet

Next Steps for HHI

- Launch of HHI on-line learning package
- Distribution of resource packs
- Free 'Nursing Vulnerable People' conference, Manchester 10 Nov
- 'Opening Doors' – new project for homeless people with drug & alcohol problems, & homeless children in London
- Work with DH/RCGP on Inclusion Health

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Commissioning for Homeless People

Key elements:

- Understanding need, and statutory context & responsibilities
- Understanding commissioning
- Influencing commissioners to meet local needs

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Understanding the Need

- 380,000 single homeless in Eng.
- 116,000 homeless children
- ‘homeless’ includes vulnerably housed
- Mental health problems leading cause: 8 x as high as gen population in hostel dwellers, 11 x as high in rough sleepers
- rough sleepers 35 x more likely to commit suicide
- Average life expectancy of rough sleeper is 42
- Homeless children 4 x more likely to have MH problems
- More likely to have delayed development, lower stature, poorer diet

Understanding the Need

- Homeless people 40 x less likely to be registered with a GP
- 4 x more likely to use A&E
- Access barriers:
  - Administrative hoops
  - Inflexibility of services
  - Attitudes

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Statutory Context & Responsibilities

- Homeless Persons Act 1977, Housing Act 2004 and Homelessness Act 2002 define who is entitled to receive permanent housing by/on behalf of LA
- Main duty to 'priority' groups (households with children, pregnant women, vulnerable people through age or disability) rather than those intentionally homeless
- Homelessness Code of Guidance for LAs

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Understanding Commissioning

'Commissioning is the means whereby the best value is secured for local citizens, and the process of translating aspirations and need into reality is fulfilled, and it involves specifying and procuring services for the local population'

Dept of Health

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Understanding Commissioning

'The connections between commissioning activity and equality and human rights is implicit, as properly designed and executed commissioning both reduces health inequalities and can act to promote equality of access and health outcomes'

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Effective Commissioning

(Kate Tansley and Jane Cook with London Network for N&Ms Homelessness and Nursing Group)

- People-centred: based on local engagement
- Services tailored to where people live
- Based on joint needs assessment
- High-quality providers for all services
- Recognises inter-dependence between work, health and well-being

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Effective Commissioning

(Kate Tansley and Jane Cook with London Network for N&Ms Homelessness and Nursing Group)

- Tackles inequalities and promotes equity and social justice
- Integrates health and social care
- Effective use of resources, VFM
- Has accountability, capability and leadership

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‘*Liberating the NHS*’

- GP-led Consortia to be commissioners
- Local Authorities have responsibility for improving health & well-being
- New public health service with ring-fenced funding: ‘health premium’ for action to reduce inequalities
- NHS Commissioning Board with duty to promote equity and tackle inequalities

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Key Actions to Influence Commissioners

(Tansley and J Cook)

- Develop database that identifies:
  - Local homeless people, with age, ethnicity, health needs, LTCs
  - Access issues for local homeless people
  - Gaps in service provision
  - Your interventions and outcomes
  - Benefits and cost-effectiveness of your work

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Key Actions

(Tansley and Cook)

- Develop reports, briefing papers or an annual report, to disseminate this information to commissioners and others

- Consult and involve service users (duty s242 of NHS Act 2006)

- Find out if PCT/commissioners carries out health equality assessment, race impact assessments, social audits

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Key Actions

(Tansley and Cook)

- **Build partnerships:** homelessness forum, housing service, MH and substance misuse teams, social services, environmental health, CAB, police
- **Find local homelessness strategy:** every local housing authority has duty to have one
- Find out if homelessness in Local Area Agreement
- Brief Local Strategic Partnership re needs of homeless people
- Contact PCT homelessness lead
- Invite commissioners to visit services/offer presentation or briefing

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Resources

'Framework for planning and commissioning of services related to health needs of homeless people', DCLG

'Homelessness and Primary Care', RCGP

'Guidance on Joint Strategic Needs Assessment', Dept of Health

And many more at www.qni.org.uk

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Inclusion Health

Launched March 2009: evolving for new Government, covers challenges re:

- Clients, practitioners, providers, commissioners and leaders
- Recognises practitioners' needs for skills, training and support

QNI involved with RCGP and DH in developing this work

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Summary

- Improving commissioning requires persistent, informed, proactive input from practitioners
- New relationships and partnerships to be built re *Liberating the NHS*
- HHI guidance, resources and learning package available to all
- New ‘Opening Doors’ project starting soon!

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