Making it matter: improving the health of young homeless people

Putting it into practice: help and guidance for commissioners, health and wellbeing boards and providers

AstraZeneca
Young Health Programme

DEPAUL UK

Introduction

As part of our Young Health Programme partnership, AstraZeneca and Depaul UK carried out a comprehensive study into the physical and mental health needs of young homeless people in the UK. The research, launched in April 2012, highlighted a number of challenges for policy makers and commissioners which were summarised in the report 'Making it Matter: improving the health of young homeless people'.

In November 2012, we established an implementation group chaired by Dr Jessica Allen, Deputy Director of the UCL Institute of Health Equity. The group was made up of clinicians, directors of public health, local authority representatives, NHS managers and policy makers. They were asked to help develop the recommendations from 'Making it Matter' with a view to providing practical guidance that would help local commissioners take them forward.

This report is the outcome of the joint work of the implementation group and focuses on the three recommendations they judged likely to have the most impact on health outcomes for young homeless people. These were:

- Direct recognition in Joint Health and Wellbeing Strategies of the complex needs of young homeless people, including strategies to ensure the provision of joined-up services for this group
- Locating health services for young homeless people in easily accessible places such as drop-in centres
- Provision of better information for commissioners on ways of improving integration of housing, health, social care and other public services

We would like to thank Jessica Allen and the group for their contribution and hard work. If we can design services around the needs of young homeless people, we have the opportunity to help this group achieve better health, turn their lives around and fulfil their potential. We can also reduce the unnecessary cost and resource burden on the NHS and social care.

Making It Matter Implementation Group:

Dr Jessica Allen, Implementation Group Chair and Deputy Director, UCL Institute of Health Equity

Cllr Karen Bellamy, Junior Lead Member, Child and Family Poverty, Waltham Forest Council

Cllr Michael Cooke, Chair of the Health and Community Involvement Scrutiny Commission, Leicester City Council

Dr Kay Eilbert, Acting Joint Director of Public Health, NHS North East London and the City/NHS Waltham Forest

Martin Gibbs, Health Inequalities and Inclusion Health, Department of Health

Dr Fu-Meng Khaw, Joint Director of Public Health, Newcastle City Council and Newcastle PCT

Ellie Lewis, Senior Development Officer, National Children's Bureau

Dr Hannah Maiden, Member, Health Inequalities Standing Group, RCGP

Jacqui McCluskey, Director of Policy & Communications, Homeless Link

Zoe Renton, Head of Policy, National Children's Bureau

Lorna Scarlett, Assistant Director for Integrated Services, Birmingham City Council

Eustace de Sousa, Associate Director, NHS Northwest

Dr Vimal Tiwari, CYP Lead for Commissioning, RCGP

Dan Evans, AstraZeneca

Lynn Prime, AstraZeneca

Una Barry MBE, Depaul UK

Val Keen, Depaul UK

Dr Sharon Milne, Depaul UK

Who the guidance is for:

- Health and Wellbeing Boards
- Directors of Public Health
- NHS Commissioning Board
- Clinical Commissioning Groups
- Voluntary organisations
- Patient groups
- Service providers
- Councillors

Foreword: Jessica Allen, Chair, Making it Matter Implementation Group

Over the past 20 years a picture has emerged of a growing divide between the health of rich and poor communities in England, with the most vulnerable groups often left behind.

Young homeless people are a stark example of this; a group with complex and overlapping needs: who are more likely to suffer from a disability, visit A&E, stay in hospital, have a mental health condition, smoke, and eat fewer than two meals a day. These issues mean that young homeless people access health services differently and more frequently than other young people.

It is never easy to overturn entrenched inequalities. However, by focusing on the design of services for excluded groups we can help improve the way they access services and, ultimately, start to improve health outcomes. Therefore I was very pleased to be asked to chair the Making it Matter Implementation Group on the health of young homeless people. This guidance, alongside the research on which it is based, will be extremely useful to those people who are involved in commissioning and delivering services in their local communities.

This guidance represents an attempt to bring together the expertise of a group of individuals from different parts of the country, with many years of experience coordinating local strategies, to address the health problems of excluded groups. Everything you will find in this document is mindful of the practical constraints on public sector budgets in the current economic climate. It focuses on solutions which can be delivered at low cost, or through system redesign. As we have seen from innovations across health and social care, significant progress can be made in this way.

I hope that members of Health and Wellbeing Boards, local commissioners and service providers will find this a useful resource in planning to address the health outcomes of young homeless people in their area.

Dr Jessica Allen
Deputy Director
UCL Institute of Health Equity

Young Health Programme Research

The context
An estimated 80,000 young people experience homelessness in the UK each year.

These are some of the key findings from Depaul UK and AstraZeneca's research into the health of young homeless people, which was carried out between May and October 2011. **http://bit.ly/K9PvPd**

80% of young homeless people are registered with a GP compared to 92% of the control group

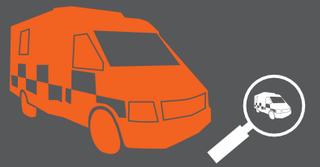
40% of young homeless people are likely to be suffering from depression compared to 21% of the control group

27% of young homeless people have been diagnosed with a mental health condition compared to 7% of the control group

In the last 12 months, 37% of young homeless people had visited A&E, compared to 14% of the control group

A visit to A&E costs £100

GP appointment costs £36
Nurse appointment costs £21



... 24% of young homeless people had been in an ambulance compared to 3% of the control group

Ambulance call out costs £253

... 27% of young homeless people had been admitted to hospital compared to 6% of the control group

Average cost of unplanned hospital admittance is £1,400

RECOMMENDATION: 1

Direct recognition in Joint Health and Wellbeing Strategies of the complex needs of young homeless people, including strategies to ensure the provision of joined-up services for this group

It is clear that Health and Wellbeing Boards will have an important role ensuring that services for young homeless people are integrated. In particular joining up areas such as social care, transport, leisure, planning and housing. The Joint Health and Wellbeing Strategy in particular will be an opportunity to highlight the needs of young homeless people, bring together commissioners, ensure whole service design, and look at where budgets can be pooled.

The relationship between public health, adult social care and NHS services

Health and Wellbeing Boards should focus on the areas where public health, social care and NHS services overlap to ensure action is coordinated and joined up.

Things to consider when designing services:

We understand that decisions about commissioning priorities will need to be made locally, and that solutions to these issues will need to vary from area to area. We support that vision. However, the following are the issues we believe boards could consider as they develop their Joint Health and Wellbeing Strategies.

These ideas could be used as a checklist when drafting your Joint Health and Wellbeing Strategy:

Evaluating existing need and provision in your area

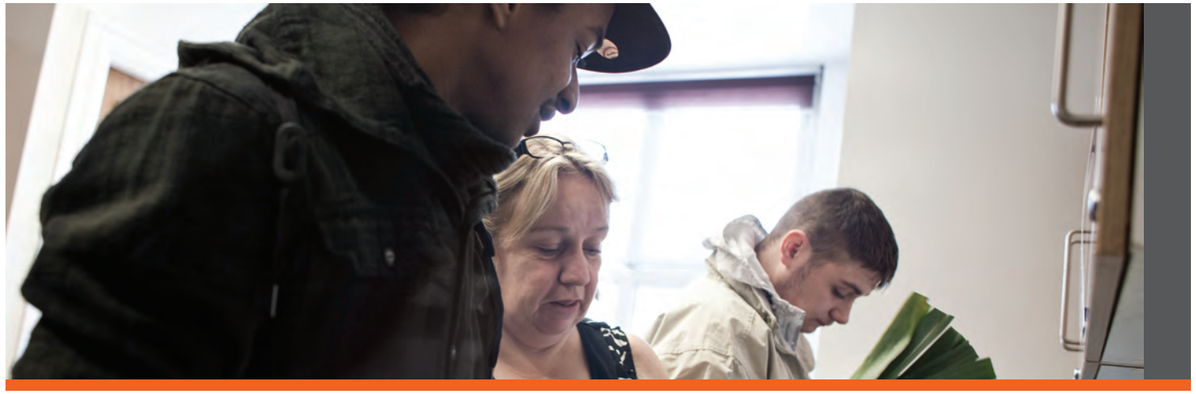
Have you looked at ways to implement the guidance provided in the briefing by Homeless Link and St Mungo's, "Improving the health of the poorest, fastest: Including single homeless people in your Joint Strategic Needs Assessment (JSNA)"?

What action have you taken to map existing housing, health and support services for young homeless people in your area to identify gaps as well as the current and potential strengths within local communities?

When assessing need through your JSNA, how can you ensure that you are not focusing on demand for existing services or on identifying demand through specific conditions, but instead look at individual populations which tend to be excluded? For example, have you carried out a specific needs assessment of young homeless people locally?

People

Have you invited local housing, homelessness, education, wider children and youth services, criminal justice agencies and voluntary sector organisations to present details of the work they are doing around health and wellbeing to the board? The board can then identify areas for collaboration.



Could you set up an 'Inclusion Health' subgroup, which involves the voluntary and community sector and aims to address the needs of socially excluded groups, including young homeless people?

Engagement and Participation

How can you work with the board's local Healthwatch member to ensure the voices of young homeless people are represented and establish how young people's views are being fed into your work?

How can you work with health professionals and education providers to encourage healthy lifestyles amongst young homeless people?

What action can you take to engage housing associations, homelessness services and other independent providers who have considerable experience in integrating health, housing and care and support for vulnerable groups, who may experience worse health outcomes?

Integration

Look at other relevant strategies focusing on vulnerable groups in your area; for example, the local area's homelessness strategy, children and young people's strategy and the police and crime commissioner's strategy. How can you work with others to ensure strategies are joined up?

How can you create local partnerships to bring together agencies and set joint objectives to improve young people's health and enhance their life chances?

LINKS TO BEST PRACTICE EXAMPLES

St Mungo's and Homeless Link report:

"Improving the health of the poorest, fastest: Including single homeless people in your JSNA"
http://bit.ly/OsQbFK

RECOMMENDATION:
Locating health services for young homeless people in easily accessible places such as drop-in centres

2

The AstraZeneca and Depaul UK Young Health Programme research has highlighted a number of reasons why young homeless people have difficulty accessing the healthcare they need. This includes problems individuals have understanding the services available and deciding what level of care is appropriate to their needs. Often practitioners are not experienced in communicating effectively with young people. In addition, this group has particular difficulties registering with a GP and services are not often designed for this group, their chaotic lifestyles and multiple needs.

The Health and Social Care Act 2012 introduced legal duties on the NHS Commissioning Board and Clinical Commissioning Groups (CCGs) to have regard to the need to reduce health inequalities in access to health services. This is an important requirement and the actions set out below could contribute to organisations meeting their legal duty.

How can local commissioners and healthcare providers ensure the services they provide for this group are as accessible as possible?

Things to consider when designing services:

People

How can you ensure all healthcare and public health managers, in collaboration with the local education and training board, use annual staff appraisals and personal development plans to reinforce training and education to ensure interactions with young homeless people are improved?

What measures are in place to ensure health visitors are effective in improving access to health services – visiting people in their accommodation, assessing health needs, improving access to all services and promoting healthier lifestyles?

What help, for example, can link workers provide that will help fill the gap between primary and secondary care, housing and social care services?

What advocates are available to young people in your area to help them access the information they need, or go with them to meetings or interviews in a supportive role? Peer advocates – individuals who share common experiences of youth homelessness and exclusion – are particularly helpful. What schemes are in place in your area?

Can health advisers be appointed to help young people understand the health services available and ensure they are registered locally? Can these services be provided to young people in schools?

Service features

Have you implemented the Department of Health "You're Welcome" (**http://bit.ly/jsC1Mv**) good practice guidance, which sets out principles to help commissioners and service providers to improve the suitability of NHS and non-NHS health services for young people?

Though it is often a popular move to establish specialist primary care services for homeless patients' key needs, it sometimes means mainstream services feel justified in not catering for this patient group. How can you plan a combination approach of specialist provision which is accessible to young homeless people; such as outreach clinics in hostels or a specialist liaison worker in A&E, alongside general measures across all services, such as advocates from the voluntary sector coming to appointments, or allowing drop-in sessions for limited periods within normal surgeries?

Are primary care services provided at a range of times, and at places young people use regularly in your area?

Can you provide opportunities for young people to speak to healthcare professionals outside of GP surgeries and other institutional settings?

Accessing a range of services at the same time – for example, counselling, physical health, mental health and drug and alcohol misuse – is important for young homeless people who often have multiple needs. Do you ensure that you bring together a range of services in one place?

Are you providing services that are easily accessible to young people on a "walk in" basis and which do not require a referral or appointment?

What possibilities are there in your area for outreach services and mobile clinics?

Signposting services

Have you considered the issues and recommendations in the Ministerial Working Group on Homelessness Report, "Making every contact count: A joint approach to preventing homelessness", (**http://tinyurl.com/a3l53zv**) to help you explore how to make every contact with a health professional count to reduce health inequalities and prevent homelessness?

Young homeless people tend to access health services through emergency care. How can processes be put in place to ensure this point of contact is used to triage, signpost and help integrate homeless people into other services?

Do accident and emergency teams have the right information and contacts about local services?

Have you set up discharge protocols between your hospitals and local homelessness health teams? Providing better signposting of primary care services in this way can reduce unnecessary emergency care use by this patient group.

Communication

How do you engage with young homeless people in your area to find out their views on local health services and make them accessible?

Local Healthwatch will begin work in April 2013 to take the experiences people have of local care and use them to help shape local services. How can these groups involve young homeless people and better understand their needs?

Have you tried different methods of communication such as Facebook, Twitter and texts to communicate with young homeless people and let them know about the services available to them?

How could you create a database of mobile numbers for young people so you can text them times of health services?

Can you help young homeless people take care of their own health? Are there ways to help organisations that have contact with this group (housing, probation services) put in place policies to encourage healthy lifestyles, through training, education and information?

Are there ways to improve the youth friendliness of GP practices? Can you make this work explicit and communicate it to young homeless people so they can see they are being considered?

LINKS TO BEST PRACTICE EXAMPLES

Ministerial Working Group on Homelessness Report

"Making every contact count: A joint approach to preventing homelessness" **http://tinyurl.com/a3l53zv**

RECOMMENDATION: Provision of better information for commissioners on ways of improving integration of housing, health, social care and other public services

3

We feel strongly that better integration of health, social care, housing and other services is fundamental if we are to improve the health of young homeless people with complex health needs and chaotic lifestyles. Without better coordination and cooperation between the agencies involved in delivering services – public, private and voluntary sector – we will continue to miss vital opportunities to improve health outcomes in this group.

Young people often feel that services are fragmented and that every time they come across a service, they are repeatedly asked the same questions. What they want is a single entity to work with them without having to be referred on to different organisations.

As a group we frequently observe the barriers to the development of integrated care for young homeless people. The main issues include:

Cultural barriers: Differences in organisational culture between health, social services and housing are well documented. Our view is that too often these can create barriers to integration as a result of differences in training, values and language. We find that communication between teams is a particular barrier where there are language differences, especially around classification of needs.

Vertical as well as horizontal divide: Young homeless people are particularly affected by the divide between primary and secondary care in the NHS, as well as that across different agencies. Little multidisciplinary teamwork happens and referral between different healthcare providers is often problematic.

Transition between child and adult health services: During the transition between child and adult health services, young people can sometimes fall between the cracks. This often means that they are unable to access health services.

Perverse incentives: Incentives within the system often discourage joint working. For example, the tariff incentivises hospitals to increase admissions and prevents other providers from coming together to create new forms of integrated care. Too often locally set incentive and performance management arrangements are aimed at specific providers, rather than services across a population's needs.

Budgets: Separate budgets mean separate approaches and priorities. In addition, we recognise there is a difficult issue around long-term cost savings occurring outside of the organisation where investment is made. For example, if social services invest in public health measures, then savings are enjoyed by the NHS.

Fragmented data: Different agencies have largely fragmented and separate data systems, which means it can be hard to compare information. This makes it difficult for commissioners to get a full picture of need and provision in their area. In addition, maintaining and sharing patient records is particularly difficult in groups that access services in ad hoc ways.

What practical steps can we all take towards greater integration?

We believe that pooled budgets can be an important part of achieving greater integration. However, much can be achieved without them. For example, through agreement of common priorities and outcomes across agencies, so each organisation's separate budgets are very clearly aligned to the same goals.

There is a need for a clear articulation of the local benefits of better integration to patients, service users and carers. However, we feel that this will not be enough in itself. The efficiency case also needs to be heard including the high cost to the public purse of not integrating services.

Our feeling is that health services, particularly primary care, are going to be the driver of integrated care, but have least experience when it comes to working with the voluntary sector and local authorities and balancing competing priorities. How can this issue be addressed in your area?

Client held records have been used successfully in some areas. Young homeless people may benefit from this approach as a group who access many different health providers, and sometimes find it difficult to gain permanent registration.

Guidance should be provided by commissioners about how providers record data locally. This requires a common vision and leadership from commissioners about what they expect from data about young homeless people. We feel that money should follow performance when it comes to data collection, and that providers should only get paid if the data they submit meets locally set standards.

Systematic sharing of best practice is needed and we would encourage commissioners and providers to make links with demographically and geographically similar places to overcome common barriers, challenges and explore solutions.

LINKS TO BEST PRACTICE EXAMPLES

Case Study: Brighton and Hove Council and use of the Common Assessment Framework (CAF)

When a young person seeks housing assistance from Hove YMCA Housing Services, an initial assessment is completed to assess what type of housing support they require and whether they would benefit from more specialist services, such as Housing Options or Housing Advice. If necessary, the options or advice workers complete a comprehensive assessment and support form through which the young person can be referred to a variety of services depending on their needs.

This approach ensures that services work together in order to address the young person's needs in the round. As part of the work with young people who need housing assistance, the CAF form is being developed so that when a young person is identified as being at risk of homelessness, additional questions can be asked in order to assess what services can be delivered to support the young person. This will also encourage services to work together to ensure that issues are resolved at the most appropriate point, whether that is with targeted support or more generalised services.
http://bit.ly/XqT7TG

The Department of Health 'Quality criteria for young people friendly health services'

Referred to as 'You're Welcome', this sets out principles to help commissioners and service providers to improve the suitability of NHS and non-NHS services for young people. **http://bit.ly/jsC1Mv**

Depaul UK

Depaul UK is the nationwide youth homelessness charity helping over 50,000 people since it was founded in 1989. Depaul UK works with more than 5,000 young people a year through its own services and those by run its accredited Nightstop emergency accommodation schemes. In the context of rising youth homelessness, Depaul UK's current strategic objectives are to prevent, protect and progress. It has six key areas of work to meet these objectives: accommodation and resettlement; training and employment; family mediation; prison and resettlement; volunteering and mentoring; and work in the community.

AstraZeneca

AstraZeneca is a global, innovation-driven biopharmaceutical business with a primary focus on the discovery, development and commercialisation of prescription medicines. As a leader in gastrointestinal, cardiovascular, neuroscience, respiratory and inflammation, oncology and infectious disease medicines, we invest around £3.4 billion in research and development each year.

AstraZeneca Young Health Programme

AstraZeneca is committed to a long term global community investment programme to improve the health of young disadvantaged people. This programme aims to reach one million young people aged 10 to 24 by 2015.

In the UK, AstraZeneca is partnering with Depaul UK to improve the mental and physical health of young homeless people. The two organisations have been working together to identify and help remove common barriers to quality care and to develop and implement interventions to improve the health practices of young homeless people.

The 'Making It Matter: improving the health of young homeless people' summary and full reports are available at:
www.younghealthprogrammeyhp.com
www.depauluk.org

AstraZeneca is funding and developing the Young Health Programme with Depaul UK (Charity Number 802384)

Date of preparation: February 2013


DEPAUL
UK
AstraZeneca
Young Health Programme