HEALTH AND HOMELESSNESS: DISCUSSION PAPER

Purpose of this paper

To highlight historical context, current work and wider landscape; and to set out proposed direction of travel to engage health and social care (and other partners) in ambition to prevent, tackle and end homelessness and rough sleeping.

Background

1. The drive to align the policy agendas of tackling homelessness and improving physical and mental health in Scotland is a longstanding one. The current climate of partnership working across these areas offers a range of opportunities for improving outcomes for some of the most vulnerable people in our society.

2. Opportunities exist both in the delivery of frontline services (as outlined in the first section of this paper) and at a more strategic level across both local authority and health board areas, as well as the development of a more cohesive, cross portfolio response to developing policy from Scottish Government.

Background

3. In 2005 national Health and Homelessness Standards for Territorial NHS Health Boards were launched across Scotland but faced challenges on the delivery, monitoring and senior accountability, eventually falling into dis-use.

4. Against the background of a focus on health inequalities and the prevention of homelessness, a national Health and Homelessness Group, facilitated by NHS Health Scotland was created to foster greater collaboration and leadership. This group was reformed and re-energised in late 2015 and currently supports the Scottish Faculty of Homelessness & Inclusion Health to share cross sector knowledge and experience and influence policy.

5. Significant developments during the course of this group's lifetime have included the appointment of a Director of Public Health as 'a homelessness champion' in the wake of a report by ScotPHN[1] (authored by public health colleagues Neil Hamlet – NHS Fife and Katy Hetherington – NHS Health Scotland) in 2015 on the challenges faced by health services in responding to people experiencing homelessness. A public health representative also began to attend the Homelessness Prevention and Strategy Group (HPSG) from late 2015.

6. Another significant development has been the linkage of health, homelessness and death data sets at first a local (Fife), and then national, level. The high incidence of those experiencing homelessness that were accessing Emergency Department, mental health, substance use and primary care services compared to the general population were identified as highly significant. These could be seen as missed opportunities to prevent homelessness and address health inequalities. The data linkage work demonstrated high levels of 'failure demand'

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[1] Scottish Public Health Network https://www.scotphn.net/

within services and when costed amounted to significant financial expenditures and burden of disease in the most excluded in society.

HARSAG and Hard Edges Scotland

7. The Homelessness and Rough Sleeping Action Group (HARSAG) recommendations and the subsequent Ending Homelessness Together Action Plan of 2018 included a number of references to health and homelessness. The recommendation for Rapid Rehousing Transition Plans (RRTPs) across all 32 local authorities also provided the context for greater joint working to achieve these plans, including prioritising prevention and recommending the provision of Housing First models as a default approach to those with multiple and complex needs, including health needs. This was backed up by a letter written jointly by the Housing Minister and the Health Cabinet Secretary urging IJBs to work together with local authorities and other partners in tackling homelessness.

8. This emphasis on those for whom current arrangements are not working was strengthened by the publication of in July 2019 of the Hard Edges Scotland study by Heriot Watt University, Lankelly Chase and the Robertson Trust providing quantitative and qualitative evidence on the extent of severe and multiple disadvantage (SMD) in Scotland. This study provided evidence of those experiencing a combination of homelessness, substance use, the justice system, mental ill health and gender based violence. Significantly the report highlights the key role of poverty and violence as drivers for routes into SMD.

9. The clear message of this study, that services need to break out of current silos to deliver joined up responses to those facing SMD, has already resulted in Scottish Government Ministers and officials across a range of policy areas working towards a more cohesive response to individuals and families in this situation. One of the first practical responses to this was the announcement in September's Programme for Government of the £10m Inclusive Scotland Fund, to be established in 2020-21 to help local areas work with people facing SMD.

Current position and proposed approach

10. The background outlined above has created unprecedented opportunities to align strategic priorities and improve delivery of services through joint working across health and homelessness. In recent developments, two Health and Social Care representatives were identified by Integration Joint Boards (IJBs) in November 2019 as potential health members for both HPSG and the RRTP Sub Group of HPSG.

11. In light of recent discussions and development, we propose to focus efforts on the following aims:
    - Strategically engage with local NHS Boards and HSCPs to deliver integrated trauma informed services for those in their local population who are experiencing homelessness; substance use; mental ill health; domestic abuse and involvement in the justice system (i.e. the Hard Edges Scotland cohort);

- Ensure that services, and partnerships operating across the healthcare and social care delivery systems recognise that experiencing housing insecurity is often an early symptom of wider needs and acts in partnership to resolve this;
- Support NHS Scotland and IJBs to test and develop effective, trauma informed service responses to ensure services are available, accessible, acceptable, non-traumatising and of the quality people need at point of care.

12. We would emphasise that this work stream must encompass not only "health and homelessness" but must include community justice, childhood poverty reduction and violence reduction alongside mental health, substance use and physical health services in order to reflect and respond to the multiple social disadvantage captured in Hard Edges Scotland.

13. Subject to the views and input of the HPSG it is proposed that the programme of work under the Action Plan commitment to **"improve the join up between local health, social care, housing and homelessness planning"** is developed to include the following action areas:-
- Identify opportunities to increase awareness of the data available on health and homelessness (Andrew Waugh's report) and the Hard Edges Scotland research with key parts of the health and social care system e.g. with IJB Chief Officers, NHS Chief Executives and the new Public Health Scotland body.
- Identify ways to support HSCPs and hospital services to plan for and respond to the "Hard Edges" cohort e.g. through use of emerging data from the NHS Information Services Division; support from Healthcare Improvement Scotland and full engagement with learning from Housing Options Hubs to identify current joint activity to learn from.
- Share health and homelessness partnership examples as identified in RRTPs, following the joint Ministerial letter to local authorities which highlighted the importance of this and provided examples of existing practice, including a focus on prevention.
- Explore ways to strengthen the use of "Housing Contribution Statements" as a vehicle to connect homelessness in to Integration Authorities Strategic Plans
- Ensure initiatives on health and homelessness are consistently linked to wider initiatives and policy areas to effectively address severe and multiple disadvantage, across justice, substance use, mental health, domestic abuse, ACEs etc.
- Active participation in the SG-led work to develop a cross portfolio response to Hard Edges Scotland, exploring how national planning, funding and policy frameworks can support an effective NHS-led response to people with severe and multiple disadvantage – including development of the Inclusive Scotland Fund from 2020-21.
- Ensure clear links between this work and the development of a national model of frontline outreach in homelessness – recognising the significant added value provided by this workforce in relation to the health and wellbeing of people facing homelessness

14. We will welcome the views of HPSG to inform the approach and next steps. Updates on this work will be provided as appropriate.