



Hammersmith and Fulham Clinical Commissioning Group

15 Marylebone Road

London NW1 5JD

Tel: 020 3350 4514

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Harley Collins
Health and Wellbeing Manager
Adult Social Care and Health
Hammersmith Town Hall,
King Street,
London,
W6 9JU

Dear Harley,

Re: Hammersmith and Fulham Rough Sleeping Commission Report

Thank you for providing the CCG with an opportunity to respond to the council's Rough Sleeping Commission Report. The report addresses a number of key priority areas across the system. The CCG has identified improving the health outcomes for our Homeless population as a key priority. We know that homeless people often find it difficult to manage their own health conditions due to their chaotic lives, low literacy, poor access and, regrettably, hostility from health professionals. The impact of this is clear with the average member of the homeless population expected to live for 43-47 years, compared to 80-84 for the general population. As such homeless people are significant users of NHS unplanned services such as ambulances, A&E and non-elective admissions. Outlined below is the CCG's response to key health issues outlined within the report.

Involve the public in tackling rough sleeping.

There are numerous places that people go when they are sleeping rough or are at risk of sleeping rough, but are not currently able to access housing advice. These might include places of worship, libraries and GP practices. The Council may wish to hold a 'Rough Sleeping Hackathon' involving community and voluntary organisations to engage the public around raising awareness of rough sleeping and involving them in generating and implementing solutions. This would also help ensure these organisations and individuals across the borough are better able to sign post people to the appropriate advice and services. The H&F Homelessness Forum could be used as the vehicle to engage the community, voluntary and faith sector.

H&F CCG agree that increased awareness and understanding of the needs of the homeless population is crucial to enabling them to access the appropriate advice and services. We have an Out of Hospital Homeless Service delivered by the GP Federation to support our

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strategic commissioning intentions to reduce health inequalities by improving the health, health care and social inclusion of homeless populations. The service aims to do this by:

- Increasing access to GP registration
- Reducing inappropriate A&E attendances
- Reducing unplanned admissions
- Ensuring patient access to the appropriate services
- Increasing the proportion of homeless people in drug treatment programmes where appropriate
- Increasing the proportion of homeless people successfully sustaining or completing treatment
- Recording reductions in alcohol intake
- Increasing use of mental health services by the people on the register
- Increasing vaccination coverage for the homeless for TB, Hep B, influenza and pneumococcus where clinically indicated.
- Improving rates of childhood immunisations in homeless families
- Carrying out health checks when clinically indicated
- Providing a local community Outreach health care service

We supported the roll out of the “My right to access healthcare” cards that supports homeless people register and receive treatment at our GP practices and widely promoted the free online training course for GP receptionists and practice managers which covers specific issues faced by patients who are homeless.

We commission a pilot peripatetic nurse service. This service delivers a range of nurse-led early interventions such as holistic assessments, care planning, health checks, screening, immunisations, nurse led prescribing and wound management. In addition the service also delivers a number of non-clinical interventions such as leading and facilitating monthly pilot steering group meetings, developing links with hostel staff, onward referrals, developing pathways, partnership working with other local health and care services such as primary care and community health services, and introducing other healthcare initiatives for homeless people such as healthy lunch and hostel fruit bowls.

We look forward to participating in a Hackathon when planned, with a view to co-producing innovative solutions to the problem, and to promote this opportunity to local healthcare providers.

Emergency Response

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Enable and empower the voluntary sector to organise and design day services around the experience of people who sleep rough. *H&F should take a greater role in working with the voluntary sector to help better coordinate the provision of day services for people sleeping rough to ensure that the complexity of need is sufficiently met. Crucially the design and coordination of services should be centred around the experience of rough sleepers, particularly with regards to opening times and the nature of the support provided.*

H&F CCG support LBHF to work closer with the voluntary sector to improve day service provision for people sleeping rough.

Ensure that there are a sufficient number of outreach workers and that they are empowered to support people off the street immediately. *H&F should commission a greater number of outreach staff and ensure that they are sufficiently empowered to support people who are sleeping rough off the streets, even if they do not necessarily qualify for a No Second Night Out (NSNO) offer. Future specification for the commission of outreach teams should ensure that health, drug and alcohol services are commissioned and funded to dovetail with outreach provision. These outreach teams should not only be commissioned to deliver services for people who are new to the streets, but also to undertake potentially more intensive work with people who have entrenched needs. Mental health and substance misuse trained outreach workers should be specifically commissioned to provide emergency specialist support on the streets. Improved partnership working with the H&F Clinical Commissioning Group should lead to better health outcomes for rough sleepers. As will ensuring that rough sleeping is considered by the Health & Wellbeing Board.*

We recognise the complex health needs of the homeless population, including mental health and substance misuse problems. NHS mental health services are designed to be flexible and responsive to the needs of all individuals. For example the introduction of the Single Point of Access (SPA) means referrals can be made 24 hours a day, and they accept self-referrals as well as referrals from many other sources including support workers, police and council workers. Mental health teams work collaboratively with other providers such as EASL, and Groundswell, to support homeless people to engage in accessing services. Barons Court provides support to homeless people with mental health problems. The Out of Hospitals Mental Health provision and Primary Care Mental Health Service means that support is available for common mental health conditions through GPs and Primary Care Mental Health Workers.

Housing First and Housing Led Approaches

Ensure that health structures within the local authority are involved in commissioning Housing First. *Housing First is not only a solution to rough sleeping and homelessness, but also addresses a range of other support needs including mental health and substance misuse. The Commission therefore recommends that services are not purely commissioned and funded by H&F housing and homelessness teams, but in collaboration with Health and Wellbeing Boards and Clinical Commissioning Groups.*

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The CCG supports the assertion that homelessness and health are closely interlinked and as such we recognise that there is further work to be done across this area within available resources which we believe would benefit from a multi-agency approach.

For action by the Government

The NHS and Public Health should allocate budgets on a pan-London basis for homelessness interventions, including Housing First and housing led services. *The NHS is a major point of contact for rough sleepers. Housing First not just about tenancy sustainment but also focuses on tackling drug, alcohol and mental health issues.*

The CCG agrees that, if a significant change is going to be made to the services we commission for Homeless Health, this would benefit from a pan-London approach. However, as was set out in the Five Year Forward View the NHS is facing significant challenges to the system through various factors including a growing & ageing population; people now living longer with more complex health needs. In NW London there remains significant pressure on the whole system. Both the NHS and our partners in local government need to find ways of providing care for our ageing population and managing increasing demand within the constraints of the challenging financial climate.

H&F CCG look forward to working with our local authority partners in progressing the Rough Sleeper Commission Report recommendations.

Yours faithfully



Helen Lipinski
Project Manager, H&F CCG



Vanessa Andrae
Vice-Chair, H&F CCG