

Gateshead Homelessness and Multiple and Complex Needs

Health Needs Assessment



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Executive Summary

Introduction

Gateshead Health and Wellbeing Board requested the undertaking of this Health Needs Assessment (HNA). A HNA is a tool for change that is used to identify the health needs of a particular population, with similar characteristics, or a population in a particular geographical area. The focus of the HNA is on vulnerable, homeless adults (18 years and over) who are enduring multiple and complex needs. This typically includes vulnerable single person households for whom the local authority does not have a statutory duty to accommodate. This encompasses those who are rough sleeping, living in supported accommodation, such as hostel or night shelter or receiving floating support to help sustain an independent accommodation option. It also includes those living in insecure accommodation, 'sofa surfing', squatting, people at risk of homelessness and those who have a history of episodic homelessness. They often have repeated experiences of homelessness or vulnerable housing as well as a wide range of other support needs which include substance misuse, physical and mental health issues, chronic poverty, social exclusion, cycles of physical and emotional abuse and involvement with the criminal justice system. They do not fit neatly into existing service compartments and frequently struggle to navigate a complex system where they either receive help late or not at all. This is not acceptable or sustainable. This HNA takes place against a backdrop of ongoing work.

Aim

The Gateshead Homelessness and Multiple and Complex Needs HNA will assess the scale, nature and impact of homelessness combined with complex and multiple needs in Gateshead in order to provide information which can be used to address the wider determinants of health and influence strategies and actions to prevent and alleviate homelessness and reduce health inequalities for this group

Objectives

- Identify the extent of the vulnerably housed and homeless population in Gateshead – specifically those not considered to be statutory homeless and for whom the local authority does not have a statutory duty to accommodate.
- Identify where and how homelessness overlaps with other issues associated with deep social exclusion and poor health and wellbeing outcomes.
- Identify the current and future health and wellbeing needs of people with lived experience of homelessness (main burdens of morbidity and mortality).
- Identify the triggers and pathways to vulnerability and protective factors across the life course and explore what successful support should look like by including the views of those with lived experience of homelessness.
- Understand the system and service response to homelessness and multiple and complex needs in Gateshead. (including access, utilisation, health outcomes, quality – identify gaps/challenges and opportunities)

Inform what might be done to ensure more comprehensive ways of working that are better able to tackle homelessness and meet people's overall needs and aspirations for recovery and well-being.

Methods

The HNA employed a range of collaborative methods to assess the scale and nature of adult homelessness in Gateshead. This involved reaching out to those with lived experience of homelessness, directly through peer research and stakeholder consultation and indirectly by seeking information from the people and services that they were in contact with. Methods included; **Epidemiological methods** to describe health need using estimates of incidence and prevalence of homelessness and to pragmatically review the literature. **Corporate methods** to undertake peer led qualitative research and a HNA Stakeholder Consultation Event; **Comparative methods**: to

consider current provision in Gateshead and compare what current understanding suggests is important to help make homelessness a rare event and to effectively support those experiencing multiple and complex needs.

Data Collected

Adequate baseline data is necessary to help understand and address health inequalities. The HNA identified a number of data gaps and data limitations in relation to quantifying and understanding the needs of homeless adults with multiple and complex needs and how they are currently using services. The HNA found variation in how homelessness is defined and understood and therefore measured and the same issues apply to multiple and complex needs. Data, at Gateshead level on homeless adults' use of primary and secondary care was unavailable, it was not retrievable for mental health service use or adult social care and attempts to obtain data from the criminal justice system were unsuccessful. Limitations were identified in the available data for supported housing. Key sources of local data that was available for the HNA is detailed in the main report. Primary data was also collected for the HNA through peer research methods and through deliberative stakeholder consultation.

Headlines

- Homelessness is not inevitable and is rarely a housing issue alone.
- This HNA has identified local and national evidence of a strong overlap between homelessness and other support needs such as substance misuse, physical and mental ill health, cycles of physical and emotional abuse and involvement with the criminal justice system.
- Homelessness is evidence of inequalities and is a late marker of exclusion and disadvantage.
- Current evidence suggests that homelessness results from the impact of structural, institutional, relationship and personal risk factors and triggers which have a cumulative impact, and are often underpinned by poverty and structural inequalities.
- The HNA highlights the difficulties in quantifying homelessness in Gateshead from the various information sources available (see Chapter 11):
 - Gateshead has seen an increase in the number presenting to the Housing Options service for advice. In 2010/11 the figure stood at 1,759. The following year, the number increased to 3,144 and since then annual numbers have remained fairly static with 3,322 presentations in 2015/16.
 - Whilst the number presenting for support has increased, the number presenting as homeless saw a step change from 756 in 2010/11 to 493 in 2011/12 followed by a progressive decline to 335 in 2015/16.
 - The level of homeless prevention activity increased year on year. In 2010/11 there were 1,437 preventions and during 2015/16 3,411 households were prevented from becoming homeless as a result of activities carried out by the local authority and partners working with those identified as vulnerably housed.
 - Those assessed as being homeless and in priority need has remained relatively stable between 2010/11 and 2015/16 with around 200 households annually.
 - Those assessed as homeless but not in priority need has seen more variation, with numbers declining from 334 in 2010/11 to 110 in 2015/16.
- We do not know the exact numbers of homeless people in Gateshead experiencing multiple and complex needs but the national Hard Edges Report (Fitzpatrick 2015) estimates that in Gateshead there are 3,325 people facing any one of three problems of homelessness, substance misuse and crime. The number of people experiencing all three problems was 245, for this group alone that equates to an annual public spending cost of £5,576,895 based on a national model (see Chapter 8).

- Spending on homelessness and multiple and complex needs is still largely reactive but preventing and rapidly resolving homelessness always costs less public money than allowing homelessness to become sustained or repeated (Pleace 2015).
- The prevalence of problematic childhood experiences among those with multiple and complex needs points to a need for more improved understanding within children and family services of routes in to multiple exclusion homelessness and more targeted work with children who are experiencing issues that may relate to later homelessness (McDonagh 2011).
- The HNA identified evidence to suggest that our current system is weakest where it needs to be strongest. The way services are funded, commissioned, monitored and measured often requires homeless, vulnerable individuals with multiple and complex needs to navigate a complex system that requires them to engage and manage relationships with numerous different agencies in order to address their needs.
- The presence of vulnerabilities such as a history of anti-social behaviour, substance misuse and criminal activity can act as a barrier to accessing a suitable and stable home. People with such vulnerabilities may be forced to seek accommodation in temporary accommodation that can be counterproductive for individuals with complex and challenging needs. Evidence suggests that 'drug taking, threatening behaviour, poor living conditions and disruptive residents often do further damage to the wellbeing of a group of people who may already have precarious lives, volatile relationships and health problems' (Rose and Davies 2014).
- The HNA Peer Research interviewed 27 people in Gateshead with lived experience of homelessness and multiple and complex needs. They identified a number of factors that contributed to their homelessness experiences these included: not being heard in childhood, childhood trauma, mental health and substance misuse, debt and job loss. Respondents raised issues of missed opportunities to intervene, particularly between the ages of 16 and 20, and they talked about the impact of being provided with accommodation and/or support that was sometimes inadequate and even detrimental to their health and wellbeing. Gaps in support were identified across housing, physical, social and mental health. Respondents highlighted a need to listen to people earlier and to listen well, to address issues around transitions and how appropriate help and support can be accessed, to remove postcode barriers and to ensure staff are appropriately trained to recognise and support multiple and complex needs (see Chapter 16).
- The HNA stakeholder consultation event engaged with 30 organisations and 83 people (including those with lived experience). Some powerful key messages emerged from the participants: these were targeted at policy makers, commissioners, service providers and front line staff. Key themes were around a need for system leadership, integration, co-production, prevention and earlier intervention, improved accessibility and workforce development (see Chapter 15).
- The HNA identified evidence locally and nationally of significant and long standing health inequalities faced by people experiencing homelessness. Gaps in our understanding of how local health services are accessed by homeless groups is a barrier to tackling health inequalities that could be addressed. Mental health as a cause and consequence of homelessness and the significant barriers faced in trying to get the right help and support, particularly for individuals with multiple needs, emerged across a number of local data sources. (see Chapter 14).
- It is essential to take the multiplicity of the needs of this population in to account because it is the co-occurrence of the individual factors which makes the way people experience them, and the solutions to them, very different to if any one factor was present as a stand-alone issue (Duncan & Corner 2012).
- To respond effectively to multiplicity of need there is a need to cut across policy areas, funding streams, geographical boundaries, organisations, departments and expertise and knowledge areas.

Key Findings and Recommendations

The following key findings and recommendations have emerged through the HNA process. They are presented with an ambition that they are translated into actions which make a genuine and enduring difference to those at risk of or experiencing homelessness and multiple and complex needs.

To make homelessness a rare event in Gateshead and effectively support people with multiple and complex needs.

Key finding 1:

The HNA had demonstrated the considerable overlap between homelessness and a wide range of other health and support needs - homelessness is not just a housing issue. Homelessness is not inevitable but the HNA shows we are still not solving it, we still have occurrences in the Borough: 3,322 presentations to Housing Options, 211 homeless in priority need, 110 homeless not in priority need, 457 referrals to Supported Housing, Fulfilling Lives: 14 rough sleepers, 50 Hidden Homeless, Basis@363: 163 rough sleepers, 578 hidden homeless, Hard Edges Report: 3,325 in multiple and severe disadvantage

Recommendation 1:

Establish system wide leadership & governance of homelessness prevention

What do we need to do differently?

Coordinate homelessness prevention and support to include preventing all domains of homelessness (statutory homeless, single homeless, rough sleepers, hidden homeless, multiple exclusion homeless, severe and multiple disadvantage) across Gateshead Council and partners.

How?

- System Leadership – Identify and implement a system wide governance system for homelessness prevention and support: Workshops to take this forward:
 - **Gateshead Council Workshop for Strategic & Service Directors and Portfolio Leads** : Care Wellbeing & Learning, Communities & Environment, Public Health, Commissioning & Quality Assurance, Adult Social Care and Independent Living, Council Housing Design & Technical, Development & Public Protection, Benefits and Financial Assessments, Learning & Schools, Economic & Housing Growth, The Gateshead Housing Company, Portfolio Lead (Health, Community Safety, Housing & Economic Development).
 - **External Stakeholder Workshop** with Gateshead Council, CCG, NTW, PHE, Housing Providers, Experts by Experience, Criminal Justice/Probation, Community and Voluntary Sector, Fulfilling Lives.
- Identify an existing forum, or convene a new group to oversee implementation of the Health Needs Assessment and review links with the Housing Intervention Work Plan
- Review the role of the Health & Wellbeing Board in this agenda.
- Visible/genuine involvement of those with lived experience of homelessness and multiple and complex needs within the governance system and policy making process.

Key finding 2:

Spending on homelessness and multiple and complex needs is still largely reactive rather than tackling the root causes (structural, institutional, relationship, personal). Gateshead recorded 3441 cases of homelessness prevention - this figure represents those helped when presenting in housing difficulty. However, we know that visible forms of homelessness are a late marker of disadvantage and often occur after hidden forms of homelessness such as sofa surfing as well as after contact with non-housing services (e.g. criminal justice system, mental health services, treatment agencies). The numbers of people facing all three problems of homelessness, substance misuse and crime in Gateshead equates to an annual cost of £5,578,895 for 245 people (chapter 8). The Peer Research (chapter 16) and review of the literature (Chapter 9) indicates that to tackle the root causes of homelessness and multiple and complex needs we need to build on and continue approaches in Gateshead which address poverty, tackle inequalities and offer help much earlier and when it is first needed (make every contact count) across the life course (many problems start in childhood) and across the wider determinants of health.

Recommendation 2:

Tackle the root causes of homelessness within all policy areas.

What do we need to do differently?

Re-orientate spending towards tackling the root causes of homeless and multiple and complex needs. Make this an explicit goal across all policy areas that contribute to the wider determinants of health in Gateshead (e.g. economic, environment, education, health, social care, housing, welfare services and criminal justice) and offer help when it is first needed across the life course.

How?

- Health and Wellbeing Board to identify how they include and engage with the Housing Sector and the wider determinants of health on the Health and Wellbeing Board. [Health and Wellbeing Board](#)
- The Gateshead Housing Strategy 2013-18, satisfies the requirement to publish a Homeless Prevention Strategy. The Housing Strategy promotes the principle of 'making every contact count' to prevent homelessness. The current strategy is due for a review. This process will involve key stakeholders and provider services and will be informed by policy (Homeless Reduction Act 2017) and evidence which will include the Homelessness and Multiple & Complex Needs HNA. It will also need to read across other policy areas, and links with wider service delivery across the Council. ([Lead: Director Development & Public Protection](#))
 - Work is already underway to review the work of the Council's multi-agency, Vulnerable Persons Housing Working Groups, VP Housing Panel, and the Vulnerable Persons Housing portal; which have been key tools in preventing homelessness.
 - Ensure that the reviewed Housing Strategy and Action Plans formally recognise the relationship between health, housing and homelessness.
 - Ensure that the Housing Strategy and Action Plans formally link to and influence other policies across the Council which address the wider determinants of health and can contribute to homelessness prevention across the lifecourse (e.g. links with Early Help) to address the root causes of homelessness, key transition points, and routes out of homelessness.
 - Ensure actions enable a shift of resources from managing homelessness and 'crisis' problems towards primary prevention of homelessness.
 - Ensure that the Housing strategy and Action Plan links to and influences policies which address the pervasive role of poverty as a root into homelessness and a barrier out of homelessness (e.g. recognition that poor financial circumstances are increasingly the reason why people are struggling to maintain tenancies/obtain tenancies supported or otherwise). We need to identify shared objectives and actions within the refresh of the Financial Inclusion Strategy 2012-15 and ongoing development of Gateshead Anti-Poverty Strategy.
 - Build an evidence base to demonstrate shared measures of success and cost effectiveness of re-orientation of resource towards prevention.

Key finding 3:

The HNA identified that there were gaps in the current approach to recording of housing status across a range of services. Identifying those who are homeless or at risk of homelessness when they first come into contact with a non-housing service, or are being reviewed is key to improving the support and health care that they receive and will enable more effective prevention and/or early intervention and support. This is not happening across all key services.

Recommendation 3:

Establish a system wide Identification of those who are homeless or at risk of homelessness to enable all services to contribute to homelessness prevention and support.

What do we need to do differently?

The Homeless Reduction Act 2017 places a new duty on public services to notify a local authority if they come into contact with someone they think may be homeless or at risk of becoming homeless. In Gateshead we need to establish a system wide approach to assess, record, respond and review the housing circumstances of those in contact with health, social care, housing, criminal justice and welfare services in a timely manner and take appropriate action to prevent homelessness or enable move-on to a suitable home.

How?

- Through the review of homeless prevention actions within the Housing Strategy Action Plan, develop and agree a consistent methodology to identify the different domains of homelessness including those with multiple and complex needs.
- To improve the identification, assessment and recording of the different domains of homelessness – and embedding the methodology across services in Gateshead via, services signing up to it and through staff training and development
- Prioritise services working with groups identified by Public Health England (2016) who are at a particular risk of inappropriate or unsuitable housing:
 - children and their families
 - people with long term conditions
 - people with mental health issues
 - people with learning disabilities
 - people recovering from ill health
 - people who spend a lot of time at home e.g. carers
 - low income households (this is widespread and implications to be reflected in Housing Strategy).
 - people who experience a number of inequalities (homeless, sex workers, vulnerable migrants, Gypsies, Travellers, Roma).
- Early identification of those who are at risk of losing suitable accommodation or the current situation is causing concern and costs.

Key finding 4:

The HNA found gaps in routine and/or comprehensive data to be able to quantify single adult homelessness and to understand their health and care needs and health inequalities. There is also a gap in how we capture multiplicity of need. Data which captured service outcomes for this group was limited. The HNA also identified circumstances where data was being collected but not in a useable format for analysis either because of poor quality information systems or capacity issues. Stakeholders during the HNA Consultation highlighted wasteful data collection as an issue.

Recommendation 4:

Establish good quality & useful data on homelessness and multiple & complex needs.

What do we need to do differently?

Address gaps in local data collection about homelessness and multiple and complex needs and remove any unnecessary and wasteful data collection requirements, and identify systems for analysis and reporting (linking with Recommendation 1, regarding governance arrangements).

How?

- Through the review of homeless prevention actions within the Housing Strategy Action Plan undertake a review of data requirements:
 - Agree what data is needed to effectively quantify homeless adults with multiple and complex needs?
 - Agree what data is required to monitor health, social and economic outcomes related to this group?
 - Aspinall (2014) identified the following as particularly important for the vulnerable homeless: use of services (primary and secondary care); mental health status and use of psychiatric services; drug/alcohol misuse and use of related treatment services; sources that capture dual or sets of co-existing medical conditions.
- Then undertake an audit of data currently being collected by the Local Authority and its partners and benchmark this against agreed data requirements.
- Address gaps in Health data (primary care, secondary care, sexual health, mental health) to ensure that health inequalities relating to homeless adults with multiple and complex needs are monitored and addressed.
- Address limitations identified in the supported housing portal database (e.g. develop a solution in Northgate and/or work sub regionally with other housing providers to develop and implement on a sub-regional basis)
- Improve retrievability of data collected by The Gateshead Housing Company on Non-statutory Homeless (e.g. develop a solution through Northgate)
- Ensure data is collected and utilised pertaining to the vulnerable persons housing panel
- Gateshead Council and its partners to agree and resource a unified data set/system for homelessness and multiple and complex needs.
- Commissioners to enable flexibility in the development of outcome measures for homeless adults with multiple and complex needs to recognise the importance of service providers co-producing outcome measures that matter to the individual and also the need to enable short, medium and long term outcomes to be captured.
- Ensure outcome data that is collected on services commissioned to provide supported accommodation is retrievable and utilised.
- Review and update the JSNA based upon the Health Needs Assessment
- Explore how mapping tools can be utilised to portray housing tenure and links to communities of interest at a population level.

Key finding 5:

Evidence from the HNA (e.g. Peer Research, Fulfilling Lives service data, HNA Stakeholder Consultation Event) indicates that the way services are currently planned commissioned and delivered is in silos which rarely address all of the issues an individual may be experiencing. Those with multiple and complex needs are required to navigate a complex system and multiple professionals are working with the same individual. For example, data used in the HNA from Fulfilling Lives showed that on average each client was referred to 5.3 different services and 10% of their clients were referred to more than 10 different services. This means that in Gateshead vulnerable individuals are expected to be able to meaningfully engage and manage relationships with multiple services and multiple staff in order to have their needs addressed. This is an unrealistic expectation, it is unlikely to be effective and it is an inefficient use of resources.

Recommendation 5:

Join up commissioning processes to address homelessness & multiplicity of need

What do we need to do differently?

Join up across the system to commission and deliver coordinated, preventative services which are designed to understand and respond to the whole person and are able to work effectively with multiplicity of need.

How?

- Build on good work in Gateshead (The HNA Stakeholder Consultation Event – chapter 15, identified many assets across people and place in Gateshead) to join up assets, budgets and resources within Gateshead to make the most of the Gateshead pound. Led by Health and Wellbeing Board.
- Build on existing good practice to Integrate and join-up commissioning processes across health, care, housing and the criminal justice system in Gateshead to jointly address homelessness and multiple and complex needs. Health and Wellbeing Board
- Build an evidence base for what works and develop a local model for working with homeless adults with multiple and complex needs (system thinking - take a cohort of homeless adults with multiple and complex needs and learn how to be effective for each individual what does this tell us about root causes, what help is needed/works, learn from this, implications for how we do things) – See recommendation 6.
- Meeting the health needs of homeless people requires a shift in performance management from accountability for results towards practice improvement ‘how do we help people to do the right job well’ (Lowe 2016).

The Stakeholder Consultation Event Told Us To:

- Ensure a single point of access and single ‘assessment’ /understanding process for those with multiple and complex needs (for example learning from CYP Common Assessment Framework)
- Ensure we address need through positive transitions (e.g. hospital discharge, children to adult services, prison release, leaving care) Mental Health Programme Board
- Develop a lead practitioner role with the ability to marshal resources and act as a bridge across health, care housing and criminal justice and support smooth transitions between services and encourage services to be flexible for those with multiple and complex needs.
- Review service thresholds and remove any barriers to support to enable prevention and early intervention.
- Senior level strategic commitment from statutory and voluntary agencies to offer flexible responses for homeless adults with multiple and complex needs.
- Ensure services are assertively accessible and available 24/7
- A fast –track single ‘assessment’/understanding process for those identified as vulnerable/multiple and complex needs.
- Ensure services are personalised and able to work with multiplicity of need
- Ensure services are equipped to address the issues that caused or put the individual at risk of homelessness (e.g. poverty, social exclusion, trauma, mental ill health) building on strengths and capabilities over the long term.
- Genuine involvement of those with experience of homelessness and multiple and complex needs.
- Access to mental health and dual diagnosis support.

Key finding 6:

The HNA Consultation Event and the Peer Research identified a need for staff from all sectors working with homeless adults with multiple and complex needs to have the appropriate skills, knowledge and attitudes to be able to support vulnerable people to achieve recovery and good health and wellbeing.

Recommendation 6:

Ensure the workforce are equipped and supported to effectively understand & support multiplicity of need.

What do we need to do differently?

Have a strategic approach across Gateshead to ensure that staff working with homeless adults with multiple and complex needs are equipped and supported to deliver person centred and inclusive care which facilitates recovery and good health and wellbeing.

How?

- Gateshead Council and Key Partners to develop a system wide workforce development strategy/action plan to ensure that the workforce has the appropriate skills, attitudes and knowledge to prevent homelessness and to support homeless adults with multiple and complex needs. To be achieved through:
 - Formation of a multi-agency (integrated) training sub group for multiple and complex needs – reporting to Gateshead Health and Wellbeing Board with agreed terms of reference, membership, aims and objectives.
 - Training sub group for multiple and complex needs to undertake a training needs analysis to enable services/professionals to identify training needs and priorities informed by those with lived experience.
 - Training sub group for multiple and complex needs to develop a system wide workforce development strategy/action plan ensuring this builds on and develops models of good practice in Gateshead and is informed by the training needs analysis.
 - Ensure links with the refresh of the Financial Inclusion Strategy and ongoing development of an Anti- Poverty Strategy around workforce development so that staff have access to financial inclusion training.
 - Staff working with homeless adults with multiple and complex needs to access brief intervention (Making Every Contact Count) training to support healthy lifestyle behaviours.

Key finding 7:

Public Health England (2016) is leading a programme of work that recognises and promotes the home as the main setting for health. In Gateshead the HNA found evidence that housing provision is often weakest where it needs to be strongest eg; drug related death no emergency couple accommodation; Overview and Scrutiny Committee no direct access accommodation; multi – occupancy hostels not conducive to health, Portal data; only 27% -33% of referrals to supported housing are accommodated with no follow up information for those vulnerable homeless who were not housed, fulfilling lives data found individuals with high numbers of moves.

Recommendation 7:

Ensure that those with multiple and complex needs have homes that are able to be 'a main setting for health'.

What do we need to do differently?

Ensure that in Gateshead we recognise and promote the home as a main setting for health by ongoing work to ensure that there is a sufficient supply and range of suitable emergency and settled accommodation for those with multiple and complex needs. This needs to be linked to appropriate and good quality support which is matched to individual needs to facilitate and sustain recovery and good health and wellbeing.

How?

- Commissioners, service users and providers to agree a definition of 'suitable' home – use Homelessness (Suitability of Accommodation) (England) Order 2012 as a minimum.
- Use the planned Housing Support Workshop (emerging from the Housing Intervention Plan, being led by the Housing Growth Unit) to map services that are in direct contact with residents and have a duty to carry out property condition inspections, mandatory and selective licensing, and immigration inspections (Private Sector Housing Team; TGHC staff).
- Need to build an evidence base to develop local solutions; for example much evidence pointing towards Housing First Approaches. (Recent paper by York University). The Council's Housing Solutions for Care & Wellbeing Meeting provides an appropriate forum to review the evidence and make recommendations.
- Ensure that we develop an integrated model of accommodation with support that is an opportunity to address the issues that caused or put the individual at risk of homelessness and is flexible and tailored to support those with short, medium and long term needs and has monitoring in place to fully understand the impact of the support on health wellbeing and recovery and enable ongoing practice improvement.
- Understand and reduce barriers to housing stability which emerge from poverty and social exclusion (e.g. Implications of welfare reform agenda - housing benefit cap, Universal Credit, Under Occupancy) through shared objectives within the refresh of the Financial Inclusion Strategy and Housing Strategy and input from the Employment & Enterprises Service in integrated models of support.
- Remove barriers to accessing suitable accommodation faced by some groups of adults with multiple and complex needs (e.g. Portal Data and feedback from Mental Health and Housing Workers indicate that for those with past history of arson, antisocial/challenging behaviour, substance misuse and high mental health needs it is difficult to find accommodation) by reviewing referral criteria and the accommodation offer.
- Ensure that we have sufficient emergency and settled accommodation for those people with mental health needs/complex problems.
- Review Council Housing Stock that is not being used.
- Build on existing evidence and Gateshead Fulfilling Lives Pilot around the value and effectiveness of Psychologically Informed Environments particularly in projects working with people with histories of complex trauma.

Key finding 8:

Homeless adults are not a homogenous group and some subgroups among homeless people may experience specific risks and needs profiles. The HNA highlighted some groups that have been identified within the literature who may have specific needs within Chapter 10. These groups included; women, ex service personnel, care leavers, those offending and leaving prison, lesbian, gay, bisexual and transgender homeless and migrant and immigrant homeless. The HNA also identified gaps in our understanding of the needs of some subgroups of homeless people in Gateshead.

Recommendation 8:

Meet specific needs within the homeless population – personalisation and equalities.

What do we need to do differently?

Need to ensure that in Gateshead we have robust ways to identify subgroups among homeless people to ensure that the prevention activity and the support and services commissioned and available to them is tailored to meet their specific needs.

How?

- Need to ensure that data collection systems are able to distinguish subgroups within the homeless population to better understand their routes into homelessness, their presenting needs and short, medium and long term outcomes. See Recommendation 4.
- Build on existing evidence and gaps in knowledge about the needs of specific subgroups within the homeless population in Gateshead to inform commissioning and service development. See Recommendation 2.
- Commissioning Processes in Gateshead need to identify and better understand the needs of vulnerable subgroups of homeless people to ensure that homelessness solutions are tailored to meet specific needs. Commissioning and Quality Team, Newcastle and Gateshead CCG
- Expedite responsibilities under the Public Sector Equalities Duty

Key finding 9:

Homelessness is evidence of health inequalities. Data was not available from primary and secondary care for those identified as homeless in Gateshead however, the HNA was able to draw on other service data sets to highlight health issues faced by local homeless adults with multiple and complex needs and consider this in light of national/international evidence. Chapter 14 of the HNA has highlighted inequalities in access to health services by homeless people (e.g. 69% of health drop users not registered with a GP), inequalities in healthy lifestyle behaviour; oral health, sexual health, substance and alcohol misuse, significant levels of expressed mental health need, dual diagnosis and undiagnosed learning difficulties.

Recommendation 9:

Demonstrate a reduction in health inequalities experienced by homeless people with multiple and complex needs.

What do we need to do differently?

Demonstrate a reduction in health inequalities experienced by homeless people with multiple and complex needs in Gateshead via a coordinated approach between health, housing and care to improve care pathways and address gaps in provision, and access to preventative and treatment services.

How?

- Agree what data (primary and secondary care) to monitor access to health service and wellbeing of this group. See recommendation 4. [Newcastle Gateshead CCG](#)
- Identify a link GP and resource nursing input to enable re-launch of NHS Health Drop-In Pilot at Basis@363 to include physical health assessment, screening for dental/oral problems, Blood Borne Viruses, smoking, drug and alcohol problems, TB screening, screening for mental health problems. Formal Evaluation [Newcastle Gateshead CCG](#).
- Identification of those not registered with a GP and promotion of GP registration – Staff (Housing Support staff/Fulfilling Lives Navigators) to continue support with GP registration and continued use of Basis@363 as address for those without permanent address.
- Navigation model to support individuals to attend appointments and engage in treatment.
- All hospitals should have protocols for discharge planning for excluded groups (guidance developed by St Mungos and Homeless Link). [Newcastle Gateshead CCG, Northumberland Tyne and Wear NHS Foundation Trust, Gateshead Health NHS Foundation Trust](#)

Reduce the Inequalities in Healthy Lifestyle Behaviours:

- Develop a plan for housing and resettlement services to become health promoting environments/settings. [Public Health and Commissioning and Quality Team](#).

Reduce nutritional health inequality of Homeless People

- Supported Housing to have a role in promoting good nutrition link to Health Promoting Environment Plan. [Public Health and Commissioning and Quality Team](#)
- Ensure homeless groups included in strategies to promote healthy eating/good nutrition. [Public Health](#)

Reduce the inequalities in smoking prevalence for homeless people by:

- 10 Year Strategy – target to reduce inequality in smoking prevalence for vulnerable groups and need to identify homeless population to enable monitoring of access and uptake of smoking cessation services. [Public Health](#)
- Staff working with vulnerable groups to be targeted to undertake Active Intervention Training. [Public Health](#)
- Substance Misuse Strategy Action Plan to include requirement for recovery and treatment service, Housing and Fulfilling Lives Navigators to undertake Active Intervention Training. [Public Health](#)

Reduce inequalities in dental health

- Audit access to dental services and identify how access to dental health services can be improved for homeless groups with local NHS/Community Dental Services– [Public Health](#)
- Dental care for excluded groups to be included in Gateshead Oral Health Strategy [Public Health](#).
- Ensure that obtaining data about the homeless population is prioritised within any future oral health needs

assessment undertaken in Gateshead – Public Health

- Self-Assessment of Gateshead arrangements for dental care for homeless/vulnerable groups against The Faculty for Homeless and Inclusion Health: Standards for commissioners and service providers (2013)
- <http://www.pathway.org.uk/wp-content/uploads/2014/01/Standards-for-commissioners-providers-v2.0-INTERACTIVE.pdf>
- Supported Housing support workers to support dentist access.
- Fulling Lives Navigators to support dentist access
- Oral Health promotion through supported housing/Basis@363. (link to plan for Health Promoting Environments/Queens Nursing Institute Guidance for promoting oral health).
- NHS Health Drop-In at Basis@363 – an opportunity to review dental health/support dental registration

Reduce Inequalities in sexual health

- Homeless groups to be identifiable within Sexual Health Provider data sets and their access and uptake of sexual health services to be monitored and reviewed. Public Health.
- Access to sexual health services/STI screening to be improved (e.g. via Homeless Service Settings, Basis@363 Health Drop-In) Public Health
- Sexual health to be included within Health Promoting Environments Plan – (e.g. free condoms n Homelessness set). Public Health & Commissioning & Quality Team

Reduce Inequalities in Mental Health

- Homeless People to be identifiable with Mental Health Service Provider data sets (primary and secondary) and their access and uptake of mental health services to be monitored and reviewed (how can this be achieved?)
- Accommodation options for homeless people to be mental health promoting (e.g. through Psychologically Informed Environments) link to Health Promoting Environment Plan.) Commissioning & Quality Team
- Housing Support Staff to have access to mental health training and supervision to support them to understand and respond to the interaction between mental health issues and behaviours leading to homelessness – See Recommendation 6.
- Review the range of mental health services available to those with multiple and complex needs (co existing mental health and substance misuse problems, experience of complex trauma, personality disorder). Do we currently have the right choice of support and treatment options for people with the most complex needs in Gateshead including crisis support? Are there any Gaps? (The Faculty for Homeless and Inclusion Health 2013 Standards for commissioners and service providers p.25 could provide a baseline to review against) <file:///C:/Users/jill/AppData/Local/Microsoft/Windows/INetCache/IE/1VUVHUA3/Standards-for-commissioners-providers-v2.0-INTERACTIVE.pdf>
- (This includes standards for community mental health services, in-patient psychiatric services, personality disorder services, psychological services, Counselling Services).
- Ensure that referral pathways and criteria for the range of services is clear and available to support staff working with this group and does not exclude those with dual diagnosis, experience of complex trauma, personality disorder and unreliable attendance and those who do not wish to engage with substance misuse services.
- Ensure that mental health support is a core part of an integrated model of support to those with multiple and complex needs (able to work with multiplicity of need) See Recommendation 5.

Reduce inequalities in substance misuse

- Use data already being captured by treatment and recovery services to review uptake and access of support and outcomes by homeless groups. Public Health
- Review Substance Misuse Action Plan against PHE Good practice prompts for planning comprehensive alcohol and drug prevention, treatment and recovery for adults 2015-2016. Public Health
- Review Substance Misuse Action Plan against The Faculty for Homeless and Inclusion Health Standards for Commissioners and Service Providers. Public Health
- Ensure that treatment and recovery support for substance misuse is a core part of an integrated model of support to those with multiple and complex needs (able to work with multiplicity of need) see recommendation 5. Public Health

