

Report subject	Establishing a Multi Disciplinary Team and a Homeless Health Centre
Meeting date	26 May 2021
Status	Public Report Confidential Appendices 1 and 2
Executive summary	The Council's new Homelessness and Rough Sleeping Strategy 2021-25 was approved by Cabinet in April 2021. Health provision is a key element of the strategy, with some good practice already in place locally and a good base to build upon. The proposals set out in this report will help address inherent inequalities and ensure good access to services for those who are marginalised and hard to reach. This paper outlines recommendations to continue the development of the shared care or multi-disciplinary approach in two ways and build on the great joint work already underway. Firstly, to further develop a Multi Disciplinary team (MDT) that homeless individuals can access and receive the support they need to find accommodation and have their health needs addressed. Secondly, to establish a Homeless Inclusion Health Centre (a 'Health Hub') which provides a building based homeless health and housing centre. Services will be delivered to those who are homeless or at risk of homelessness, for example in temporary hotels or hostel accommodation. A project manager will be recruited to establish these services effectively. An MDT will provide outreach for people rough sleeping and inreach to people accommodated in any of the temporary accommodation units and other temporary housing settings such as hotels. It will also operate out of the Health Hub. It is recommended to acquire the St Stephens Church Hall, Bournemouth, as the Homeless Inclusion Health Centre ('Health Hub'). The Health Hub would provide one front door where homeless individuals can attend in order to access health and housing support and advice. The building would provide office and clinic space, showers, laundry facilities, access to computers and locker space so that people can attend and receive the support and/or treatment needed.

	The acquisition of the Health Hub will be guided by the valuation by the Council's Estates team and budget will be secured to purchase the property, refurbish the property and provide for ongoing maintenance and management. The Confidential Appendices 1 and 2 detail the financial implications associated with this, including the long term financial modelling.
Recommendations	It is RECOMMENDED that Cabinet: (a) Approves the further development of an Multi Disciplinary Team (MDT) to better address the health needs of individuals who are homeless. (b) Approves the implementation of an ongoing 'Health Hub' provision at St Stephens Church Hall. (c) Approves the acquisition of St Stephens Church Hall and delegates authority to the Corporate Property Officer in consultation with the Portfolio Holder, Section 151 Officer and the Monitoring Officer to agree the specific terms of the sale (see Confidential Appendices 1 and 2). (d) Approves the associated capital and revenue budget provision relating to the acquisition and management of St Stephens Church Hall (see Confidential Appendices 1 and 2).
Reason for recommendations	To help facilitate improved joint working across health services for people who are homeless or at risk of homelessness, in turn improving their housing and life chances. To improve health outcomes for those who are marginalised and hard to reach.
Portfolio Holder(s):	Councillor Robert Lawton (Portfolio Holder for Homes)
Lead Member	Councillor Hazel Allen (Homelessness)
Corporate Director	Kate Ryan – Chief Operating Officer
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Wards	Council-wide
Classification	Decision

Background

1. The Council's new Homelessness and Rough Sleeping Strategy 2021-25 was approved by Cabinet in April 2021. Health provision is a key element of the strategy, with some good practice already in place locally and a good base to build upon.
2. Homelessness and homeless health have always been important issues. Homelessness reduces life chances and life expectancy, can involve serious mental illness and inequalities become even more stark. The pandemic afforded an opportunity for health, social care and housing professionals to work even closer together to provide a more cohesive support offer. The proposals here will help address inherent inequalities and ensure good access to services for those who are marginalised and hard to reach.
3. Across the BCP area during this pandemic period approximately 400 single people have been accommodated in temporary accommodation who would otherwise have been at risk of rough sleeping. The aim as things move forwards is to ensure that as many people as possible address their health needs, remain in accommodation and have the support they require.
4. The pandemic has attracted short term government funding opportunities for BCP Council to maximise the health offer. The most recent funding from Department of Health and Social Care has attracted support from the LGA CHIP Programme to assist BCP Council in gaining senior support from partner agencies for the Multi Disciplinary Team (MDT) approach to be extended to a whole system approach in the future. Partners are in agreement that a joint approach for commissioning needs to be enhanced to ensure the needs of people rough sleeping and vulnerably housed are met.
5. This paper outlines a recommendation to continue the development of the shared care or multi disciplinary approach in two ways and build on the great joint work already underway. Improved joining up of health services will improve health outcomes for people who are homeless, which will in turn improve their housing and life chances.
6. Firstly, to develop a Multi Disciplinary team (MDT) that homeless individuals can access and receive the support they need to find accommodation and have their health needs addressed. Secondly, to establish a Homeless Inclusion Health Centre (a 'Health Hub') which provides a building based homeless health and housing centre. Services will be delivered to those who are homeless or at risk of homelessness, for example in temporary hotel or hostel accommodation. A project manager will be recruited to establish these services effectively.

Existing services

7. Ordinarily, the Council has approaches from almost 2,000 individuals/couples each year for homelessness assistance. Health assessments for those subsequently placed in emergency accommodation or who are rough sleeping show a high prevalence of frailty and of multiple chronic conditions.
8. Across the BCP area there are a number of health services that work with the homeless population in various settings :- Drug and alcohol services, Mental health services, Blood borne virus service, Primary care, Hospital-based services, Health bus charity, Podiatry, Dentistry, and others on a peripatetic basis.

9. All these services work well together but tend to operate independently which means that customers must go to different places for different things and involves an element of duplication. This relies on the availability of the service (often one person) and the individual's motivation and capacity to travel and to attend appointments.
10. Joint work already happens at a strategic level with the Health Action Group in place as part of the BCP Homelessness Partnership, reporting to the BCP Homelessness Reduction Board. The Homelessness Reduction Board will have oversight of this work and delivery will be monitored by the Health Action Group which also forms part of the homelessness governance framework.

Multi-Disciplinary Team (MDT)

11. The key components of the MDT proposal are as follows:
 - To provide outreach for people rough sleeping and inreach to people accommodated in any of the temporary accommodation settings such as hotels and other locations across the BCP geography. It will also operate out of the Health Hub.
 - Some people will be seen by the team and their issues resolved reasonably quickly and others who have a complex range of needs will require a longer period of support.
 - To build rapport with the individual, identify support needs and work with them to access where possible mainstream services to which they are entitled regardless of accommodation status.
 - To adopt a case management approach and some people will only need one named worker. Other people may need several services to input into their care but with one person or service taking the lead and coordinating the care.
 - To allow for a housing, social care or health worker to be the named lead. This will depend on primary issues and crucially on which service the established relationship is with if any.
 - To include the partners mentioned already but will no doubt grow over time. It is not the case that the team members will always be in the same place. Most have other workplaces and commitments to their employing organisations.
 - To not require professionals to be permanently co-located initially but there will be an ambition to do so over time. The building itself will require refurbishment to bring it up to a standard that is fit for ongoing use and included in those plans will be the staff team requirements as needed.
12. In principle, the high-level outcomes for clients are:
 - To secure and stay in temporary accommodation initially.
 - To sustain their temporary accommodation whilst having support to acquire settled accommodation.
 - To build the life they want in settled accommodation and not return to the streets.
 - To access mainstream services including all health services once settled, regardless of how long that takes.
 - To help individuals build resilience which enables them to seek support when they need it and not in crisis.

13. Outcomes expected in terms of the MDT approach are:

- To enable flexible working across organisations within the team, around the person
- To ensure individuals with multiple needs and risks do not fall between the gaps in service provision or at risk of multiple exclusion from services because of set criteria
- Further development of an outreach component for people who are entrenched in their rough sleeping lifestyle and will initially be seen on the streets
- To maintain the inreach approach to every client placed in temporary accommodation
- The development of a holistic support plan that includes each area of support the person needs and is embedded into organisations own processes.
- That regardless of profession e.g. nurse or social worker or GP, they will see themselves as part of the whole offer and work towards the person's goals
- Learning will be used to inform commissioning of future services across all partner organisations and further develop the multi disciplinary approach within mainstream services

Building Based Provision – the ‘Health Hub’

14. The recommendation is to acquire the St Stephens Church Hall, Bournemouth, as a Homeless Inclusion Health Centre. There may be opportunities to develop inreach at additional locations across the wider BCP geography but the St Stephens site would be the main venue as a good, central and sensitive location.
15. There are services across the country where homeless individuals can access health care in a building based model with outreach and inreach. The building base model is found in Southampton, Bristol, Exeter, Brighton, Westminster and other areas. The model includes access to all sorts of health care and other support such as debt, housing and employment advice. There are commissioning standards all of which support the combination of a building based and outreach model.
16. The services aim to support until the individual is settled and linked into mainstream health and other services. Some people will access the service for a month and others may need it for 18 months, but the purpose is to ensure they eventually access mainstream health care once they are settled.
17. The Health Hub would provide one front door where homeless individuals can attend in order to access health and housing support and advice. The building would provide office and clinic space, showers, laundry facilities, access to computers and locker space so that people can attend and receive the support and or treatment needed.
18. A Building Based Provision has the benefits of aiding multi-agency communication, services delivered at a site already well known to the client group, facilitates greater joint working across multiple services, increases ease of access for customers and reduces duplication of appointments/visits for customers. The Council's Housing team will lead the ongoing development and management of the Hub but joint working and co-designing with partner colleagues will be essential.

Acquisition and management of the Health Hub

19. The financial implications of the acquisition and management of the Health Hub are included within confidential Appendices 1 and 2. The financial implications relate to the capital costs of acquisition, refurbishment and project management to bring the property into use. There are also additional ongoing revenue implications such as utility costs and maintenance, together with building management staffing.

Risks

20. There are many ways of delivering services for hard to reach groups. The value of ensuring joined up health services to homeless households is clear. It is worth noting the following risks which have been considered and will be monitored carefully through service design and implementation.
21. There are risks around continued buy-in from partner agencies to joint working in the ways set out in this report. Partners are already working together on the development of an MDT and good governance will need to be established in order to design, implement and manage all of the proposals presented here and ensure continued multi-agency commitment. There is a general commitment across partners to work in line with an MDT and deliver services out of the proposed Health Hub.
22. In terms of the ongoing development of the team, the first stage is to consolidate all the work between many different professionals around the client group. This will include a memorandum of understanding regarding the commitment to use the Health Hub for agreed sessions and associated legalities around occupation of the building. The second stage will be informed by an objective evaluation of the approach. This will lead to a formal commissioning proposal. This is the point at which partners will agree the ongoing approach and include a consideration of the longer term staffing resources required to manage the effective delivery of services. The longer term position will evolve and be shaped as services move forwards.
23. The following risks need to be considered when designing and implementing the MDT:-
 - IT systems are different in organisations so information sharing may require more effort to ensure that everyone in the team knows pertinent information about the individuals they support. Arrangements will need to be subject to data sharing protocols and GDPR requirements.
 - Challenges around competing policy and criteria for different agencies.
 - Reducing homelessness could mean reducing demand for such provision.
24. The following risks need to be considered when designing and implementing the Building Based Provision:-
 - Need to ensure that the health hub operates on an outreach and inreach basis as well as appointments onsite to maximise uptake of health services and help people move back into mainstream services.
 - Need to ensure customers make use of the Building Based Provision by effective and appropriate promotion and management.
 - Reducing homelessness could mean reducing demand for such provision, with low footfall and costs being disproportionate to need.
 - Need to ensure services provide assertive support and do not sustain and perpetuate people's marginalised lifestyles as an unstructured drop-in centre.

- Need to make sure that the health hub dovetails with the developing customer strategy for the Council.
25. The recommended purchase of the building would be subject to the necessary legal due diligence as part of the usual conveyancing process. This would include due diligence in terms of planning conditions, covenants etc.

Options Appraisal

26. One option could be to only implement the MDT at this point and consider an additional Building Based Provision at a later stage. Limiting activity at this stage to the MDT would not incur any capital costs and associated ongoing revenue costs as set out in the Confidential Appendices 1 and 2. The additional building based provision however will further help to instil strong joint working across services, enabling a focal point for service delivery. If the building based provision is determined at a later date then the current building opportunity is also likely to be lost if not acted upon now.
27. A lease model has been initially explored for a Building Based Provision however the inevitable need for refurbishment means that acquisition is felt more appropriate to provide better value for money in the medium and long term so that the Council can realise the increased asset value over time.
28. Other locations for the health hub have been considered but the location of the proposed site is felt appropriate in terms of the location for the majority of clients, ease of access to the site, similar services already being delivered from this site and the overall location being well suited to the proposed use. There are no other venues which have been identified that are suitable to the purpose of operating a Health Hub.
29. A further option is to do nothing. The Homelessness Strategy seeks to continually seek service improvements and better customer outcomes. A 'stand still' position would not provide these service improvements.

Summary of financial implications

30. The financial implications of the acquisition and management of the Health Hub are included within confidential Appendices 1 and 2.
31. Adult Social Care operates a number of services which will contribute to the MDT and Hub approach including addictions, safeguarding, mental health, hospital discharge and physical disability teams. Where grants or other investment is available, Adult Social Care will take advantage of this opportunity to further enhance services, but in the absence of new or sustained investment, the contribution to the MDT and Hub will be limited to that which can be maintained within the existing budget

Summary of legal implications

32. The acquisition of the building will be led by the Council's Estates team with the necessary legal considerations and due diligence. It is recommended that the acquisition of St Stephens Church Hall is delegated to the Corporate Property Officer in consultation with the Portfolio Holder, Section 151 Officer and the Monitoring Officer to agree the specific terms of the sale.

33. The Council has various statutory duties in connection with homelessness, including preventing and relieving homelessness and providing interim, temporary and long-term accommodation pursuant to the Housing Act 1996 and the Homelessness Reduction Act 2017. The Council must also have regard to the Homelessness Code of Guidance.
34. The proposals will require legal advice to be obtained at various stages of the project. In particular, legal advice will need to be sought on the acquisition of the building and the subsequent refurbishment of it. Legal advice will also need to be sought on the Memorandum of Understanding and future operating model, including any joint working agreements, commissioning contracts and disclosure of personal information proposed.

Summary of human resources implications

35. There may be staffing implications for partner agencies co-locating at the Health Hub which will be managed as appropriate if partner agencies wish to pursue this route in due course.

Summary of sustainability impact

36. None.

Summary of public health implications

37. The recommendations set out in this report are based on improving public health outcomes for those who are homeless or at risk of homelessness. The proposals are aimed to increase uptake of health services and improve the lives of those receiving services.

Summary of equality implications

38. An Equality Impact Assessment has been completed.
39. The recommendations set out in this report are aimed at improving access to services for those who are marginalised and hard to reach. Many customers may have protected characteristics and these proposals set out here will improve outcomes for those groups. The MDT and Health Hub are recommended to meet the needs of a vulnerable population in the BCP area. The single assessment process and care and support plan that all partner agencies will sign up to will be person centred and adapted to meet all their needs. The work will ensure that excluded individuals receive equitable access to primary and secondary healthcare and housing advice and support, which will contribute to improving health outcomes and reducing rough sleeping and homelessness.

Summary of risk assessment

40. The report sets out a number of risks around the proposals. There are specific risks set out in the report which will need to be considered and mitigated when setting up the MDT. There are also specific risks which will need to be considered when setting up the Building Based Provision to make sure it is fully utilised, provides good customer outcomes and dovetails with other service delivery.

Background papers

41. Homelessness and Rough Sleeping Strategy 2021-25' – BCP Cabinet April 2021.

Appendices

Appendix 1 – Health Hub Financial Implications CONFIDENTIAL

Appendix 2 – 50 Year Health Hub Financial Modelling CONFIDENTIAL