

Mental Healthcare Provision for the Homeless Task and Finish Group Report

September 2017

Contents

Note on the Text	2
Glossary	3
1. Introduction	4
2. Membership and Terms of Reference	5
3. Summary of Work	6
4. Executive Summary	9
5. Mental Health and the Homeless	13
6. Conclusions	17
7. Recommendations	19
8. Action Plan	24
9. Acknowledgements	28
10. Bibliography	29

Scrutiny – An Explanation

Note on the Text

Throughout the documentation relating to this review, the terms “the TFG” or “the Group” shall mean the “Mental Health Provision for the Homeless Task and Finish Group”.

Whenever used, the term “homeless” will be understood to include rough sleepers, sofa surfers, those in temporary accommodation or in housing need, without being specified each time.

Glossary

Not all of the terms listed below have been used in the text of this report but all of them have been used in either the notes of the meetings (see page for link) or in the supporting documents the TFG reviewed as part of its work.

- AMPS = Alternative Provider Medical Services
- ASTI = Assessment and Short Term Intervention Service
- CNWL = Central North West London NHS Foundation Trust; CNWL-MK provides Community Health Services, including mental health, in Milton Keynes
- DASS = Compass Drug & Alcohol Support Service
- EIT = Early Intervention Team
- HASC = Health and Adult Social Care Committee
- HCC = Housing and Community Committee
- IAPT = Increased Access Psychological Therapists
- JSNA = Joint Strategic Needs Assessment
- MHFA = Mental Health First Aid
- MK CCG = Milton Keynes Clinical Commissioning Group
- MKHP = Milton Keynes Homelessness Partnership
- MKUH = Milton Keynes University Hospital
- MKWNS = Milton Keynes Winter Night Shelter
- NHSE = NHS England
- P3 = Charity which provides services for socially excluded and vulnerable people to unlock their potential and open up new possibilities
- PTSD = Post-Traumatic Stress Disorder
- STP = Sustainability and Transformation Plan
- WHO = World Health Organisation

1. Introduction

Milton Keynes was created in 1967, conceived as a way of providing much needed housing and easing a growing housing shortage.

Fifty years on, Milton Keynes itself now faces a new housing shortage, with increasing numbers of its residents becoming homeless. This is at a time when the NHS is also under significant pressure, with an increasing demand for both physical and mental health services.

The link between housing and mental health is well known and the difficulties faced in both these areas present new and complex problems. Poor mental health can be a contributory factor when someone becomes homeless, while becoming homeless will often exacerbate a person's existing mental health problems.

The scrutiny work carried out by the Housing and Community Committee (HCC), has established the clear link between the issues of mental health and homelessness. In recognition of this, both the HCC and Health and Adult Social Care Committee (HASC) decided a more detailed piece of work was needed to look at the accessibility and provision of mental health services for the homeless.

Both committees recommended the establishment of a Task and Finish Group (TFG) to carry out this work, with a membership drawn from both committees and the Homelessness Partnership.

The TFG has sought to work collaboratively with partners to explore ways to improve the accessibility and provision of mental health services to homeless people in Milton Keynes, with evidence taken from a range of sources.

Meetings have been held with voluntary organisations, and professional bodies working on the frontline providing support and health services to the homeless.

This report is the end result of that work and is an attempt to lay foundations for further work to be carried out, while recognising it is not possible to come up with quick and easy solutions to what is a complex problem.

Our hope is that the publishing of this report is the beginning of a process that sees the provision of mental health services for the homeless, established as a priority in future decisions made by Milton Keynes Council and its health partners.

Cllr Paul Williams

Chair of Mental Healthcare Provision for the Homeless Task and Finish Group
October 2017

2. Membership and Terms of Reference

As the remit of the TFG cut across the work of both the Council's Health and Adult Social Care Committee and the Housing and Community Committee, it was agreed that membership would be drawn equally from both committees and that the Milton Keynes Homelessness Partnership should also be invited to appoint two of its members to the Group.

The TFG was initially composed of Councillors M Bradburn, Ferrans, Geaney, Walker, Webb and P Williams, with the Milton Keynes Homelessness Partnership being represented by Thamreen Siddiqui (Open Door) and Nicola Paton (Compass Drug and Alcohol Support Service). The Scrutiny Management Committee appointed Councillor P Williams as Chair of the Group.

Following changes to the membership of the Housing and Community Committee in May, Councillor Coventry replaced Councillor Webb as one of the Housing and Community Committee members on the group

Elizabeth Richardson served as the Overview and Scrutiny Officer.

Terms of Reference

1. To scrutinise the adequacy of the provision of Mental Health services for the homeless including rough sleepers, 'sofa surfers' and those in temporary accommodation.
2. To understand the issues relating to the provision of Mental Health Services to the homeless / rough sleepers in Milton Keynes.
3. To assess whether there are issues in identifying those in need of mental health care and once identified, encouraging them to engage fully and regularly with any treatment plans that may be put in place for them as earlier intervention would produce more positive outcomes.
4. To scrutinise services provided by Milton Keynes Council and our health partners and to make recommendations on the holistic provision and accessibility of mental health services for the homeless. This will include services that have contact with rough sleepers, sofa surfers and those living in temporary accommodation or in housing need, in order to ensure that such provision is easily accessible and meets their specific needs.
5. To work with partners on ways of improving the outcomes for those who may be discharged back onto the streets from mental healthcare facilities, hospital, prison or other institutions.

3. Summary of Work

The TFG conducted its work by taking both first-hand and written evidence from a range of individuals and organisations which either provided frontline mental health services to the homeless or provided general support services across a range of other needs.

Although invited via service providers to come and also give evidence, no-one who was homeless attended any meetings therefore the TFG was not able to hear first-hand from this group.

The TFG also collected and analysed various examples of good practice in this field, both locally and from elsewhere in the country.

The TFG met on five occasions to consider the following:

Date	Subject
<p>18 May 2017</p> <p>Witnesses:</p> <p>Written Submission:</p>	<p>Received evidence from third sector frontline support services on their perceptions of the level of mental healthcare provision for the homeless. Witnesses were asked to address the following questions:</p> <ul style="list-style-type: none"> • What do you consider to be the extent of mental illness amongst homeless persons in Milton Keynes? • What do you think is the level of mental healthcare provision being made to support the homeless in Milton Keynes? • What do you see as the issues which might be hindering the adequate provision of mental health services to the homeless? <p>S Burke (MK-Act) N Paton (Compass DASS) T Siddiqui (Open Door) J Walker (MK Winter Night Shelter)</p> <p>K Chana (British Red Cross)</p>
<p>15 June 2017</p>	<p>Received evidence from mental healthcare professionals on the current level of mental healthcare provision. Witnesses were asked to address the following questions:</p> <ul style="list-style-type: none"> • What Mental Health services/support do you provide to the homeless, including rough sleepers, sofa surfers, those in temporary accommodation and others in housing need? • If outreach services are not currently available, do you have any plans to develop such a service in the future?

<p>Witnesses:</p> <p>Written Submission: 12 July 2017</p>	<ul style="list-style-type: none"> • How do you treat those who find it difficult to engage with care services or who will not, or cannot, abstain from drugs and alcohol which could inhibit the effectiveness of their treatment? • What other factors do you see as the barriers to providing effective services to this client group? <p>A Griffiths (MKC Head of Learning Disability, Mental Health and Autism Services) L Halford (Deputy Director of Mental Health Services, CNWL-MK) J Kay (Community Psychiatric Nurse) W Lousley (Associate Director Mental Health, MK CCG) T Thompson (MKC Head of Service – Mental Health)</p> <p>C Holman (CE, Mind-BLMK)</p> <p>Group analysed data gathered so far and considered whether earlier intervention by all agencies would reduce both homelessness and mental health issues amongst those who were homeless.</p> <p>The Group also reviewed examples of best practice, particularly the work being done by the Healthy London Partnership to get the homeless registered with GPs and the Pathway organisation’s <i>Mental Health Service Interventions for Rough Sleepers – Tools and Guidance</i>.</p> <p>The Group started to consider the format of its final report and what recommendations it would like to make.</p>
<p>27 July 2017</p>	<p>Group took evidence from Connection Support MK, about their work in supporting local residents at risk of becoming homeless. Connection Support MK were specifically asked to address the following points:</p> <ul style="list-style-type: none"> • Is poor mental health an obstacle to getting housing, whilst being homeless more likely to cause mental health problems or make someone’s mental health condition worse? Where does the problem start or end? • Would earlier intervention by all agencies reduce both homelessness and mental health issues amongst those who are homeless?

Witnesses:	<ul style="list-style-type: none"> Is mental health a major factor for those struggling to maintain a tenancy? <p>M Conlon (Operations Manager, Connection Support) M Thompson (Chief Executive Officer, Connection Support)</p>
29 August 2017	TFG reviewed the draft report, discussed amendments, refined the recommendations made so far, considered whether any work was outstanding and noted the timetable for presenting the report to the various committees and other bodies who needed to receive it.
5 Sept 2017	The TFG carried out a further review of the report.
13 Sept 2017	Draft report considered by the Scrutiny Management Committee for comment before presentation to Cabinet on 3 October 2017

The agenda, reports, presentations and minutes for the above meetings are available on the Council's website at:

http://milton-keynes.cmis.uk.com/milton-keynes/Committees/tabid/170/ctl/ViewCMIS_CommitteeDetails/mid/586/id/1195/Default.aspx

4. Executive Summary

The TFG's full Terms of Reference, which are given in Section 2 can be summarised as:

- To scrutinise the provision of mental health services to those who are currently homeless, or are at risk of becoming homeless;
- To understand the impact of mental health problems on those groups;
- To assess the practical barriers to delivery of mental health services to those groups and engagement of the individuals; and
- To work with partners to formulate recommendations to improve access to and provision of mental health services.

The Committee received evidence from a wide variety of service providers to this group, both of health services and more general support services and reviewed a number of national reports.

Organisations, both locally and nationally, painted a dire picture of the impact that poor mental health could have on the homeless.

The comparative isolation and stigmatisation of the homeless from society can cause mental health problems in itself. Increasing clinical depression is a natural result of being in such a position. Psychosis is also far more common in the homeless than in other groups, indicating that it, too, can develop in this situation. Many victims of domestic violence suffer from Post-Traumatic Stress Disorder.

The TFG has established that many homeless people experience difficulty in registering with a GP. While they can be given small amounts of medication in a crisis or on discharge from hospital, this soon runs out, leaving them with no medicine, and their condition therefore gets worse. Frequently, they will not be able to register for benefits and so may have to pay for medication, which sooner, or later, they will probably be unable to do. If they miss an appointment, for whatever reason, there may be no reliable way of contacting them to make a repeat appointment, so lack of medication is, eventually, almost inevitable. If they miss more appointments, perhaps as a direct result of their worsening condition, they may be deregistered from their GP, aggravating physical, as well as mental health issues.

The physical health of the homeless is always at risk; they routinely suffer from the effects of broken sleep and the weather. They are likely to have little or no income for food, leading to erratic energy levels and the longer term impacts of malnutrition; they may have limited access to hygiene facilities and may also be subject to physical injury - a combination which can frequently lead to disease. Even without any physical disease, these conditions will increase stress on their systems, making poor mental health worse.

As a result of their poor mental health, the homeless may have difficulty in engaging with support services, including health services. This puts them

at greater risk of deregistration, or of being barred from the services that could help them. Some will be picked up by the police and may then receive some support from the custody support team. However, they will eventually be back on the streets, with the cycle starting again.

The average life expectancy of the long term homeless is as low as 47 years of age, versus 77 years for the general population.

A number of recommendations have been made which, it is hoped, will improve both access to and the provision of mental health support for the homeless:

1. Mental Health Care Inequality

- a) That through the Council's Health and Wellbeing Board, the Council's Public Health Team and local health partners are requested to carry out a Homeless Health Needs Audit, ensuring that there is sufficient emphasis on providing support for the mental health needs of the homeless, including outreach services, crisis intervention and discharge from hospital/prison.
- b) That the results of the Audit should then be used to inform commissioning decisions, be fed into the current Sustainability and Transformation Plan (STP) process and be used in the development of a revised Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy.
- c) That any revised JSNA and Health and Wellbeing Strategy contains specific policies on the provision of long lasting general and mental healthcare provision for the homeless.

2. GP Registration and Access to Primary Healthcare

- a) That the Milton Keynes Homelessness Partnership and the Milton Keynes Clinical Commissioning Group design a workable card system, similar to the Healthy London Partnership's 'Right to Healthcare' card to assist homeless people in Milton Keynes register with a GP.
- b) That once produced, the 'Right to Healthcare' card is distributed to shelters, day centres, drop in centres, healthcare facilities, council offices, parish councils and any other appropriate locations in Milton Keynes.
- c) Introduction of the card should be backed up by a positive and wide reaching publicity campaign so that the homeless are aware of their right to healthcare and service providers understand their obligations.
- d) That the Council's Health and Wellbeing Board works with the Milton Keynes Clinical Commissioning Group to develop a Code of Best Practice on the registration of new patients, particularly those who present as being homeless, by GP Practices.
- e) That any such Code of Practice should include how all GP surgery staff can continue to support and engage with the homeless once

registered; how to co-operate with other homeless support agencies to ensure consistency of approach across Milton Keynes and provide the best care possible for the homeless. (*Details of best practice as recommended by the Pathway organisation are included in Section 10: Bibliography*).

- f) That the Milton Keynes Clinical Commissioning Group is requested to appoint a Lead GP for Homeless Persons. Once appointed, the Lead GP for Homeless Persons should work with the Milton Keynes Homelessness Partnership, Milton Keynes Council and relevant partners, under an appropriate framework, to improve access to health services for the homeless.

3. Supporting the Homeless with Mental Health Needs

- a) That following the recent agreement with the Milton Keynes Development Partnership on the location for the One-Stop Shop for homelessness support services, the Milton Keynes Homelessness Partnership, together with other homelessness support organisations, develops a long-term operational model for the delivery of mental health support services to the homeless as a matter of urgency.
- b) That the Milton Keynes Homelessness Partnership continues to provide encouragement, support and a positive environment to enable both healthcare professionals and voluntary sector organisations which support homeless persons with mental health needs to work more closely together in order to improve partnership / joined up working across organisations and services.
- c) That all the funding bodies which are involved in the provision of services to the homeless from the One-Stop Shop guarantee that adequate funding is in place to ensure a proper, long-term and consistent provision of mental health support services for the homeless.

4. Reducing Homelessness

- a) That once an initial range of services has been established in the One-Stop Shop, the partners continue to work together to develop further services and support with the aim of reducing homelessness in Milton Keynes.
- b) That the Milton Keynes Homelessness Partnership explores the possibility of developing a general purpose 'business' card-style card on which someone who is homeless can enter basic information such as their name, a contact telephone number if available, and an address where they can receive correspondence. This may assist those who are less confident in dealing with 'officialdom', acting as an ice-breaker as they would have their details readily available to hand over in the form of a business card.

- c) That a directory of the services available to assist the homeless, not just those delivered from the One-Stop Shop, but across Milton Keynes, be produced and widely available (both hard copy and on-line) so that those involved in the support and care of the homeless, such as GPs, can give appropriate advice.

5. Mental Health Crisis and Outreach Support

- a) That, despite the current difficulties with the recruitment of suitably qualified staff, the Milton Keynes Clinical Commissioning Group and its partners makes the necessary arrangements to provide an effective mental health crisis support service for the homeless as a matter of urgency.
- b) That once the new, combined outreach service is fully operational the Council's Housing and Community Committee is requested to review the work of the outreach service to determine how effective the service is and whether more can be done to assist in the functioning of the service to the benefit of homeless people in Milton Keynes as long as the need continues.

6. Mental Health First Aid Provision

That the opportunity, where appropriate, is provided for homelessness support workers to undertake NHS recognised Mental Health First Aid Training so that they are equipped to carry out basic triage and speed up referrals to professional mental health services.

7. Discharge of Homeless People from Hospital

That as part of its proposed review of the discharge from hospital process (scheduled for December 2017), the Council's Health and Adult Social Care Committee is asked to include specific consideration of how the homeless are discharged from hospital, investigates why the Connection Support project was not continued and gives consideration to recommending that the necessary funding is found to reinstate and maintain this service.

8. Next Steps

That in 9-12 months' time, the Council's Overview and Scrutiny function, via the Scrutiny Management Committee, is requested to review progress against the recommendations made in this report.

5. Mental Health and the Homeless

What is Mental Health?

There does not seem to be one, agreed definition of mental health, although the World Health Organisation (WHO) defines good mental health as:

“... a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

Definitions of what constitute mental illness or mental health problems include:

“... mental illness is a clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities”.

The NHS defines mental illness as:

“The term mental ill health covers harmful levels of stress, depression, anxiety, schizophrenia, bi-polar disorder (manic depression), psychosis, obsessive compulsive disorder (OCD) and is often associated with drug and alcohol abuse and eating disorders (e.g. anorexia nervosa and bulimia nervosa).”

What is the Impact of Mental Illness on the Homeless?

Organisations, both locally and nationally, painted a dire picture of the impact that poor mental health could have on the homeless.

The comparative isolation and stigmatisation of the homeless from society can cause mental health problems in itself. Increasing clinical depression is a natural result of being in such a position. Psychosis is also far more common in the homeless than in other groups, indicating that it, too, can develop in this situation. Many victims of domestic violence suffer from Post-Traumatic Stress Disorder.

The TFG has established that many homeless people experience difficulty in registering with a GP. While they can be given small amounts of medication in a crisis or on discharge from hospital, this soon runs out leaving them with no medicine, and their condition therefore gets worse. Frequently, they will not be able to register for benefits and so may have to pay for medication, which sooner, or later, they will probably be unable to do. If they miss an appointment, for whatever reason, there may be no reliable way of contacting them to make a repeat appointment, so lack of medication is, eventually, almost inevitable. If they miss more appointments, perhaps as a direct result of their worsening condition, they may be deregistered from their GP, aggravating physical, as well as mental health issues.

The physical health of the homeless is always at risk; they routinely suffer from the effects of broken sleep and the weather. They are likely to have little or no income for food, leading to erratic energy levels and the longer term impacts of malnutrition; they may have limited access to hygiene facilities and may also be subject to physical injury - a combination which can frequently lead to disease. Even without any physical disease, these conditions will increase stress on their systems, making poor mental health worse.

As a result of their poor mental health, the homeless may have difficulty in relating to support services, including health services. This puts them at greater risk of deregistration, or of being barred from the services that could help them. Some will be picked up by the police and may then receive some support from the custody support team. However, they will eventually be back on the streets, with the cycle starting again.

The average life expectancy of the long term homeless is as low as 47 years of age, versus 77 years for the general population.

Does Homelessness Impede Recovery from Mental Health Conditions?

In its *Five Year Forward View for Mental Health* (published in February 2016) the NHS states that:

*“**Stable employment and housing** are both factors contributing to someone being able to maintain good mental health and are important outcomes for their recovery if they have developed a mental health problem. ... Common mental health problems are over twice as high among people who are **homeless** compared with the general population, and psychosis is up to 15 times as high. Children living in **poor housing** have increased chances of experiencing stress, anxiety and depression”.*

This is borne out by almost all the evidence the TFG heard over the course of its meetings, both from those who gave evidence in person and those who submitted written evidence.

Caroline Holman, Chief Executive of Mind-BLMK, in her written response to the question ‘What other factors do you see as the barriers to providing effective services to the homeless?’ stated that:

“Our experience has shown that counselling services are generally not effective to those who are homeless. The homeless issue generally needs addressing before the individual can make effective use of counselling or wellbeing intervention, although it can be effective at the point of finding temporary accommodation”.

Groundswell (an organisation which assists homeless people to take more control of their lives) in its recent survey, *More than a Statistic* (a peer-led consultation with people experiencing homelessness for the London Homeless Health Programme), notes that:

*“Mental ill health is significantly over represented in the **homeless** population as compared with the general public; with 80% of people experiencing **homelessness** reporting to have mental health issues, and 45% having a clinical diagnosis. Despite this, most participants believed that mental health support does not meet the needs of people experiencing **homelessness**. Many participants spoke of the issues that they had personally faced when trying to access support.”*

In the same document, they further observed that there was:

*“ ... a need for mental health support to be available to everyone experiencing **homelessness**, not just those with a diagnosed condition. Participants recognised both the generally high occurrence of mental ill health in the lead up to **homelessness**, and the negative impact of **homelessness** on an individual’s mental health. It was felt that a blanket approach to mental health support would mean that people don’t ‘fall through the net’ and that issues were dealt with early, thus preventing issues becoming very serious and more complex to treat.”*

Connection Support, a local organisation which supports people facing complex life challenges and helps them back to independence, stated that of their current workload (101 cases), 65 had mental health problems and were receiving treatment and of those, 61 had complex needs.

In a recent research project, *The Impact of Housing Problems on Mental Health* (February 2017), carried out by Shelter and ComRes it was noted that:

“GPs signalled confidence in speaking with their patients about their mental health conditions. However, interviews revealed that when patients presented with a mental health condition that was linked to problems with housing, the GPs self-identified a knowledge and support gap. GPs felt unsure of where to signpost patients, and lacked time to establish what was the appropriate service in the absence of an integrated point-of-call. In these instances, the mental health presentation would be addressed with the patient’s housing problem remaining unresolved – even though GPs had identified it as a contributory factor.”

This supports the evidence heard by the TFG during all of its meetings, that both healthcare and housing professionals and third sector voluntary groups, recognised the need for a holistic approach in dealing with those people who had both housing and mental health issues but that, at present, the fragmented way in which services were organised made a co-ordinated approach to resolving the linked problems of homelessness and mental health very difficult. All agreed that more partnership working was needed, together with a single point of access for those who needed such help.

Mental health problems amongst the homeless can also be exacerbated by a poor diet and insufficient nutrition. During its work the TFG learnt that in some circumstances, homeless persons were entitled to receive up to 7

days' supply of food from the foodbank. Although re-assuring, for someone who was homeless being given 7 days' worth of food was not particularly convenient, as there were issues of carrying and storing that amount of food, particularly any fresh food which might need refrigeration facilities and the lack of facilities to prepare and cook food which could not be eaten straight from the packet.

Although not included as a formal recommendation, as the TFG considered that this was outside its remit, it would like to see foodbanks give some thought to how they distribute a 7 days' supply of food to the homeless, taking into account the problems with storage and preparation outlined above. Possible solutions may include a return-voucher system so that the homeless could collect the food daily, or the establishment of a foodbank specifically for those who are homeless at the One-Stop Shop.

6. Conclusions

Having considered all the evidence it has received, the TFG has drawn the following conclusions:

- a) That the scale of the task is daunting and needs to be tackled a step at a time. Solutions need to be long term and sustainable but that achieving some more immediate results is desirable. However, the TFG is also aware that there is no 'one size fits all' solution to the problems identified in this report.
- b) That there is a willingness from all organisations to provide the necessary support to the homeless, but in order to achieve this, the current restraints of limited resources, including a lack of staff and suitable premises, as well as a lack of co-ordination or joined-up working by the various organisations involved, needs to be overcome.
- c) That the TFG welcomes the progress made by the Council and the Milton Keynes Homelessness Partnership, together with the Milton Keynes Development Partnership, in agreeing a location for the One-Stop Shop, the establishment of which had been recommended by the 2015/16 Homelessness Task and Finish Group. It is clear from the evidence taken by the TFG that the co-location of a range of services in one place is pivotal in providing a base-level of support to the homeless, including letter-drop services, access to computers for on-line applications and a safe space in which to discuss their needs with support agencies, either face to face or by telephone.
- d) That although NHSE guidance on how to register with a GP makes it clear that having a fixed address, photo ID, or proof of residency and or immigration status, are not necessary, anecdotal evidence would indicate that that this information is often requested by reception staff when someone tries to register with a GP.
- e) Getting the homeless to register with a GP for primary care services is just the first step in the process of improving both their general physical health and their mental health. An active follow-up programme is needed to encourage and assist the homeless to participate in any treatment prescribed, attend further appointments and engage with other agencies that might become involved in their care.
- f) How staff at a GP practice deal with the homeless can have a big impact on how well a homeless person engages with any course of treatment, attends follow-up appointments etc. A Code of Best Practice on how GP practices registered new patients, particularly the homeless, including how all staff could continue to support and engage with the homeless once registered to ensure consistency of approach across Milton Keynes, is desirable and would be seen as a sign of the commitment of the Primary Healthcare sector to assist those who are homeless.

- g) There needs to be an emphasis on early interventions by the appropriate agencies in order to prevent homelessness in the first place and there are 5 key points where this early intervention is crucial:
- When the risk of homelessness is first identified, whatever the reason;
 - When someone is being discharged from prison or police custody;
 - When someone is being discharged from hospital or mental health facility;
 - When effective provision of ongoing practical and medical mental health support is necessary;
 - When effective crisis, particularly mental health crisis, support is crucial.
- h) Early intervention and prevention of homelessness results in obvious benefits to those in danger of becoming homeless, but also benefits a range of public services including health services, housing and police. The TFG heard evidence that the cost of suitable prevention services is small when compared to the overall cost of homelessness on public services. It is felt the STP should give due attention to this as part of its prevention work-stream and give more consideration to the cost of homelessness on local health services.
- i) The current fragmentation of not only mental health support services, but of all support services to the homeless, means that at best services are ineffective and at worst are likely to fail.
- j) The JSNA and the Health and Wellbeing Strategy, in the passages on homelessness, focus on 'sofa surfers' and those in temporary accommodation, saying little about the connection between homelessness and mental health. This may be a reflection of the circumstances at the time these documents were written. The TFG was advised that Milton Keynes Council would soon begin reviewing the JSNA and it considers that this presents an opportunity to update the JSNA.
- k) There is a perception that the limitations of the Data Protection Act means that sharing details of clients across support organisations, even when permission to do so has been given by the client, can have an adverse effect on the provision of fully joined up services.

Finally, the TFG agreed that in the time available, it had not been possible to fully explore, comment on or make recommendations about every factor related to the provision of mental health services to the homeless and that that there was a lot more work which could be done, either by the relevant scrutiny committees or by a future Task and Finish Group. In particular, the Group would like to see more work done to review how drug and alcohol support services are provided to the homeless generally, not just those with poor mental health, and what measures need to be put in place to maintain these services, and, if at all possible, increase service provision.

7. Recommendations

Recommendation 1: Mental Health Care Inequality

People who become homeless have some of the highest and most costly health needs in a local community, but those needs are often overlooked when healthcare and social care services are planned and commissioned. All the organisations which engaged with the TFG identified as a common theme issues with a lack of resources to provide adequate outreach support, crisis support and discharge (from both hospital and prison) support.

Addressing health inequalities is a statutory requirement for the NHS, as well as local bodies such as Health and Wellbeing Boards, Public Health teams, and Clinical Commissioning Groups. Improving the evidence base around the health of homeless people and the services they use is vital to achieving this aim.

Organisations such as the Homeless Link have produced toolkits to assist local healthcare providers carry out such audits on the health needs of the homeless in their areas (see Section 10 - Bibliography).

- a) That through the Council's Health and Wellbeing Board, the Council's Public Health Team and local health partners are requested to carry out a Homeless Health Needs Audit, ensuring that there is sufficient emphasis on providing support for the mental health needs of the homeless, including outreach services, crisis intervention and discharge from hospital/prison.
- b) That the results of the Audit should then be used to inform commissioning decisions, be fed into the current Sustainability and Transformation Plan (STP) process and be used in the development of a revised Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy.
- c) That any revised JSNA and Health and Wellbeing Strategy contains specific policies on the provision of long lasting general and mental healthcare provision for the homeless.

Recommendation 2: GP Registration and Access to Primary Healthcare

The inability to register with a GP was seen, particularly by the homeless themselves, as a significant barrier to accessing health services, including mental health services. It has been established that GP receptionists often request ID and a home address before registering a homeless patient, despite NHS England guidance clearly stating that this is not necessary.

The reception and administrative staff at a GP's surgery are the 'face' of that surgery and how they deal with the homeless can have a big impact on how well a homeless person, who may well be wary of 'authority figures' engages with any course of treatment, attends follow-up appointments etc.

- a) That the Milton Keynes Homelessness Partnership and the Milton Keynes Clinical Commissioning Group design a workable card system, similar to the Healthy London Partnership's 'Right to Healthcare' card to assist homeless people in Milton Keynes register with a GP.
- b) That once produced the 'Right to Healthcare' card is distributed to shelters, day centres, drop in centres, healthcare facilities, council offices, parish councils and any other appropriate locations in Milton Keynes.
- c) Introduction of the card should be backed up by a positive publicity campaign so that the homeless are aware of their right to healthcare and service providers understand their obligations.
- d) That the Council's Health and Wellbeing Board works with the Milton Keynes Clinical Commissioning Group to develop a Code of Best Practice on the registration of new patients, particularly those who present as being homeless, by GP Practices.
- e) That any such Code of Practice should include how all GP Surgery staff can continue to support and engage with the homeless once registered; how to co-operate with other homeless support agencies to ensure consistency of approach across Milton Keynes and provide the best care possible for the homeless. *(Details of best practice as recommended by the Pathway organisation are included in Section 10: Bibliography).*
- f) That the Milton Keynes Clinical Commissioning Group is requested to appoint a Lead GP for Homeless Persons. Once appointed, the Lead GP for Homeless Persons should work with the Milton Keynes Homelessness Partnership, Milton Keynes Council and relevant partners, under an appropriate framework, to improve access to health services for the homeless.

Recommendation 3: Supporting the Homeless with Mental Health Needs

The TFG, in its deliberations, discovered that where charities worked from a fixed location, they were often better integrated with health services. The TFG welcomes the establishment of the One-Stop Shop and believes that it will provide an opportunity to better connect the homeless with mental health services in Milton Keynes.

The TFG also noted the willingness from all organisations to work together whenever possible to provide the necessary support and best outcomes for the homeless. However, in order to achieve this, current restraints of limited resources, including a lack of staff and suitable premises, as well as the present difficulties in delivering joined-up working by the various organisations involved, needed to be overcome.

Research evidence has shown that where GPs treat a mental health condition linked to problems with housing, they have self-identified a knowledge and support gap. Many GPs reported feeling unsure of where

to signpost patients, and lacked the time to establish the appropriate support service in the absence of an integrated point-of-call. In these instances, the mental health presentation is addressed but the patient's housing problem remains unresolved, even when it was a contributory factor.

- a) That following the recent agreement with the Milton Keynes Development Partnership on the location for the One-Stop Shop for homelessness support services, the Milton Keynes Homelessness Partnership, together with other homelessness support organisations, develops a long-term operational model for the delivery of mental health support services to the homeless as a matter of urgency.
- b) That the Milton Keynes Homelessness Partnership continues to provide encouragement, support and a positive environment to enable both healthcare professionals and voluntary sector organisations which support homeless persons with mental health needs to work more closely together in order to improve partnership / joined up working across organisations and services.
- c) That all the funding bodies which are involved in the provision of services to the homeless from the One-Stop Shop guarantee that adequate funding is in place to ensure a proper, long-term and consistent provision of mental health support services for the homeless.

Recommendation 4: Reducing Homelessness

Those who are homeless are often wary of authority figures and can find it difficult to engage with service providers, who generally want a lot of information which someone who is homeless is unable, or unwilling to supply. A general purpose card similar to the 'Right to Healthcare' card, with space for a person's name, a contact telephone number if available, and an agreed correspondence address could be a discreet 'door opener' for other services as it could be handed over in the manner of a standard business card and kept on a person's file for future reference.

- a) That once an initial range of services has been established in the One-Stop Shop, the partners continue to work together to develop further services and support with the aim of reducing homelessness in Milton Keynes.
- b) That the Milton Keynes Homelessness Partnership explores the possibility of developing a general purpose 'business' card-style card on which someone who is homeless can enter basic information such as their name, a contact telephone number if available, and an address where they can receive correspondence. This may assist those who are less confident in dealing with 'officialdom', acting as an ice-breaker as they would have their details readily available to hand over in the form of a business card.
- c) That a directory of the services available to assist the homeless, not just those delivered from the One-Stop Shop, but across Milton

Keynes, be produced and widely available (both hard copy and on-line) so that those involved in the support and care of the homeless, such as GPs, can give appropriate advice.

Recommendation 5: Mental Health Crisis and Outreach Support

The Group acknowledges that the Milton Keynes Clinical Commissioning Group and its partners (eg CNWL-MK) are aware of the need to provide mental health support to the homeless and that recent attempts to appoint appropriate staff have been unsuccessful, due to a nationwide shortage of mental healthcare professionals.

The TFG welcomes the progress made by the Milton Keynes Homelessness Partnership, working with Bedford Borough, Central Bedfordshire and Luton Councils, to obtain the necessary funding to establish an outreach service, which includes mental health support, across all four local authority areas.

- a) That, despite the current difficulties with the recruitment of suitably qualified staff, the Milton Keynes Clinical Commissioning Group and its partners makes the necessary arrangements to provide an effective mental health crisis support service for the homeless as a matter of urgency.
- b) That once the new, combined outreach service is fully operational the Council's Housing and Community Committee is requested to review the work of the outreach service to determine how effective the service is and whether more can be done to assist in the functioning of the service to the benefit of homeless people in Milton Keynes as long as the need continues.

Recommendation 6: Mental Health First Aid Provision

That the opportunity, where appropriate, is provided for homelessness support workers to undertake NHS recognised Mental Health First Aid Training so that they are equipped to carry out basic triage and speed up referrals to professional mental health services.

Recommendation 7: Discharge of Homeless People from Hospital

During its discussions with Connection Support, the TFG learnt of a pilot project undertaken by Connection Support during 2013/14 on the discharge of homeless persons from Milton Keynes University Hospital. Although the pilot was seen as successful, producing some very positive results, it was not continued after the initial 6 months.

That as part of its proposed review of the discharge from hospital process (scheduled for December), the Council's Health and Adult Social Care Committee is asked to include specific consideration of how the homeless are discharged from hospital, investigates why the Connection Support project was not continued and gives consideration to recommending that the necessary funding is found to reinstate and maintain this service.

Recommendation 8: Next Steps

That in 9-12 months' time, the Council's Overview and Scrutiny function, via the Scrutiny Management Committee, is requested to review progress against the recommendations made in this report.

8. Action Plan and Timetable

Action	Who	When By
1. Mental Healthcare Inequality		
a) That through the Council's Health and Wellbeing Board, the Council's Public Health Team and local health partners are requested to carry out a homeless Health Needs Audit, ensuring that there is sufficient emphasis on providing support for the mental health needs of the homeless, including outreach services, crisis intervention and discharge from hospital/prison.	Health and Wellbeing Board Public Health Team Local Health Partners	6 months
b) That the results of the Audit should then be used to inform commissioning decisions, be fed into the current Sustainability and Transformation Plan (STP) process and be used in the development of a revised Joint Strategic Needs Assessment and Health and Wellbeing Strategy.	Health Services Commissioning Teams	6 months
c) That any revised JSNA and Health and Wellbeing Strategy contains specific policies on the provision of long lasting general and mental healthcare provision for the homeless.	Health and Wellbeing Board	6 months
2. GP Registration and Access to Primary Healthcare		
a) That the Milton Keynes Homelessness Partnership and the Milton Keynes Clinical Commissioning Group design a workable card system, similar to the Healthy London Partnership's 'Right to Healthcare' card, to assist homeless people in Milton Keynes register with a GP.	MK Homelessness Partnership MK Clinical Commissioning Group	End of 2017
b) That once produced, the 'Right to Healthcare' card is distributed to shelters, day centres, drop in centres, healthcare facilities, council offices, parish councils and any other appropriate locations in Milton Keynes.	MK Homelessness Partnership and other homelessness support organisations	As soon as the card is available

<p>c) Introduction of the card should be backed up by a positive publicity campaign so that the homeless are aware of their right to healthcare and service providers understand their obligations.</p>	<p>Comms teams on behalf of MK Homelessness Partnership and other homelessness support organisations</p>	<p>As soon as the card is available</p>
<p>d) That the Council's Health and Wellbeing Board works with the Milton Keynes Clinical Commissioning Group to develop a Code of Best Practice on the registration of new patients, particularly those who present as being homeless, by GP Practices.</p>	<p>Health and Wellbeing Board MK Clinical Commissioning Group</p>	<p>End of 2017</p>
<p>e) That any such Code of Practice should include how all GP surgery staff can continue to support and engage with the homeless once registered; how to co-operate with other homeless support agencies to ensure consistency of approach across Milton Keynes to provide the best care possible for the homeless.</p>	<p>Health and Wellbeing Board MK Clinical Commissioning Group</p>	<p>End of 2017</p>
<p>f) That the Milton Keynes Clinical Commissioning Group is requested to appoint a Lead GP for Homeless Persons. Once appointed, the Lead GP for Homeless Persons should work with the Milton Keynes Homelessness Partnership, Milton Keynes Council and relevant partners, under an appropriate framework, to improve access to health services for the homeless.</p>	<p>MK Clinical Commissioning Group MK Homelessness Partnership</p>	<p>2 months</p>
<p>3. Supporting the Homeless with Mental Health Needs</p>		
<p>a) That following the recent agreement with the Milton Keynes Development Partnership on the location for the One-Stop Shop for homelessness support services, the Milton Keynes Homelessness Partnership, together with other homelessness support organisations, develops a long-term operational model for the delivery of mental health support services to the homeless as a matter of urgency.</p>	<p>MK Homelessness Partnership and other homelessness support organisations</p>	<p>6-12 months</p>
<p>b) That the Milton Keynes Homelessness Partnership continues to provide encouragement, support and a positive environment to enable both healthcare professionals and voluntary sector organisations which support</p>	<p>MK Clinical Commissioning Group</p>	<p>Homelessness Support Services scheduled to move into One-Stop Shop towards end of Nov 2017</p>

homeless persons with mental health needs to work more closely together in order to improve partnership / joined up working across organisations and services.		
c) That all funding bodies which are involved in the provision of services to the homeless from the One-stop Shop guarantee that adequate funding is in place to ensure a proper, long term and consistent provision of mental health support services for the homeless.	Funding / commissioning bodies	End of the financial year
4. Reducing Homelessness		
a) That once an initial range of services has been established in the One-Stop Shop, the partners continue to work together to develop further services and support with the aim of reducing homelessness in Milton Keynes.	MK Homelessness Partnership	6-12 months
b) That the Milton Keynes Homelessness Partnership explores the possibility of developing a general purpose 'business' card-style card on which someone who is homeless could enter basic information such as their name, a contact telephone number if available, and an address where they can receive correspondence. This may assist those who are less confident in dealing with 'officialdom', acting as an ice-breaker as they would have their details readily available to hand over in the form of a business card.	MK Homelessness Partnership	6 months
c) That a directory of the services available to assist the homeless, not just those delivered from the One-Stop Shop, but across Milton Keynes, be produced and widely available (both hard copy and on-line) so that those involved in the support and care of the homeless, such as GPs, can give appropriate advice.	MK Homelessness Partnership	As soon as practicable and then regularly updated
5. Mental Health Crisis and Outreach Support		
a) That, despite the current difficulties with the recruitment of suitably qualified staff, the Milton Keynes Clinical Commissioning Group and its partners makes the necessary arrangements to provide an effective	MK Clinical Commissioning Group and partners	Ongoing process as MKCCG and partners are aware and are trying to resolve

mental health crisis support service for the homeless as a matter of urgency.		
b) That once the new, combined outreach service is fully operational the Council's Housing and Community Committee is requested to review the work of the outreach service to determine how effective the service is and whether more can be done to assist in the functioning of the service to the benefit of homeless people in Milton Keynes as long as the need continues.	Housing and Community Committee	2018/19 Scrutiny Work Programme
6. Mental Health First Aid Provision		
That the opportunity, where appropriate, is provided for homelessness support workers to undertake NHS recognised Mental Health First Aid Training so that they are equipped to carry out basic triage and speed up referrals to professional mental health services.	Homelessness support partners	Immediately
7. Discharge of Homeless People from Hospital		
That as part of its proposed review of the Discharge from Hospital process (scheduled for December), the Council's Health and Adult Social Care Committee is asked to include specific consideration of how the homeless are discharged from hospital, investigates why the Connection Support project was not continued and give consideration to recommending that the necessary funding is found to reinstate and maintain this service.	Health and Adult Social Care Committee	December 2017
8. Next Steps		
That in 9-12 months' time, the Council's Overview and Scrutiny function, via the Scrutiny Management Committee, is requested to review progress against the recommendations made in this report.	Overview & Scrutiny Function via Scrutiny Management Committee	Summer 2018 (2018/19 Scrutiny Work Programme)

9. Acknowledgements

The TFG would like to thank all those who attended and gave evidence at its meetings, provided written evidence or relevant background information or made suggestions for additional avenues of research and in so doing helped it to develop the recommendations in this report.

The TFG received oral and written evidence from the following organisations:

Milton Keynes Winter Night Shelter
MK-ACT (Support for Victims of Domestic Abuse)
Compass Drug and Alcohol Support
Open Door
British Red Cross (Milton Keynes)
Milton Keynes Clinical Commissioning Group
CNWL-MK
Milton Keynes University Hospital
MKC Learning Disability Community Team
MKC Mental Health Service
MIND-BLMK
Connection Support

In particular, the TFG is grateful for the diligence and patience of Elizabeth Richardson in managing it through an intense workload.

10. Bibliography

During the course of its work the TFG studied a number of external publications, which either set out details of research into the impact of mental ill health on the homeless or of best practice in providing support to the homeless with such conditions, and which were used to inform the recommendations in this report:

- *Patient Registration - Standard Operating Principles for Primary Medical Care (General Practice)*
Published by NHS England (November 2015) www.england.nhs.uk
- *Working with Homelessness - Standards for GP Receptionists in Primary Care*
A best practice guide for GP receptionists on how to register and assist homeless persons to access primary healthcare services.
Published by the Faculty for Homelessness and Inclusion Health / Pathway (Healthcare for Homeless People) (March 2017)
<http://www.pathway.org.uk/wp-content/uploads/2017/02/GP-reception-standards-for-primary-care-v10.pdf>
- *Homeless Health Needs Audit Toolkit*
A step by step guide to running a homeless health needs audit
Published by Homeless Link <http://www.homeless.org.uk/our-work/resources/homeless-health-needs-audit/health-needs-audit-toolkit>
- *Working with Statutory Mental Health Services - A Guide for Housing and Homelessness Staff*
Published by Homeless Link (April 2017) www.homeless.org.uk
- *Mental Health Service Interventions for Rough Sleepers – Tools and Guidance*
Hosted by Pathway (Healthcare for Homeless People)
www.pathway.org.uk
- *More than a Statistic*
A peer-led consultation with people experiencing homelessness for the London Homeless Health Programme
Published by Groundswell (October 2016) www.groundswell.org.uk/
- *End of Pilot Report for Hospital Discharge Link Worker Project for Rough Sleepers - May 2014*
A pilot project led by the Connection Support organisation on the discharge of homeless people from Milton Keynes University Hospital (May 2014) (not available on-line: copy available on request to scrutiny@milton-keynes.gov.uk)

Scrutiny – An Explanation

All local authorities operating a Cabinet and Scrutiny model have a Cabinet made up of the Leader of the Council and up to nine other members. All executive decisions (i.e. those needed to implement the Policy Framework and Budget approved by the Council) are taken by the Cabinet.

Each local authority is required by law to establish a Scrutiny function to support and scrutinise its executive arrangements.

Scrutiny committees are not “decision making” bodies but are bodies which monitor and influence those that are. The Scrutiny role, carried out by non-Cabinet members, is designed to support the work of the Council in the following ways:

- Reviewing and scrutinising decisions taken by the Cabinet, also known as acting as a “critical friend”, challenging policy makers and decision makers;
- Considering aspects of the Council’s performance;
- Assisting in research, policy review and development and thus driving improvement in public services.
- Involving itself with external organisations operating in the Borough to ensure that the interests of local people are enhanced by collaborative working;
- Enabling the voice and concerns of the public to be heard and listened to.

Each scrutiny committee or task and finish group has its own remit as set out in its terms of reference. The scrutiny committees / task and finish groups consider issues by receiving information from, and the questioning of, both council officers and external witnesses or partners to develop an understanding of proposals or practices. As scrutiny committees have no executive powers they often present their conclusions in the form of recommendations to the Cabinet, full Council, council officers, or external partners that they believe will improve performance, or as a response to public consultations. The committee will often request a formal response and progress report on the implementation of recommendations that they have provided to various parties.

Attending Meetings of Scrutiny Committees / Task and Finish Groups

Meetings of scrutiny committees and task and finish groups are held in public and are open for everyone to attend. If you would like to attend then please just turn up. However, if you would like to make a representation to councillors on behalf of yourself or others, then let us know you are attending before the meeting so that the Chair can be advised in advance: scrutiny@milton-keynes.gov.uk

If there are specific issues that the meeting must consider in private then they will be asked to agree this at the meeting.

After the meeting the recommendations and Minutes of the meeting, as well as agendas and reports for the majority of the Council’s public meetings are available via the Council’s website at: <http://milton-keynes.cmis.uk.com/milton-keynes/Committees.aspx>

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