

# **System collaboration Homelessness prevention**

**Health update..... working with key partners**

February 2021

# Health, Housing and Partners– evolution and transformation through Covid Wave 1

Pre Covid	Now	Outputs
Data poor	Since April increased understanding of where people are located and their needs: we now know following the Government directive 'Everyone In' that there are 1700 people (as at May 2020) housed in temporary accommodation; of which 678 were previously not housed; starting to use data to inform decisions; development of risk assurance framework	<ul style="list-style-type: none"> <li>• Driving the use of data -eg prevention and discharge scheme at QA, operational from 18/1/21, being able to quantify (as well as qualitative ) impact of interventions; costing interventions. Platform for intermediate care across HIOW?</li> <li>• Looking to triangulate MHCLG data with health data on a system footprint</li> <li>• Financials: +£38m to keep people homeless across HIOW</li> </ul>
Silo working	Multi disciplinary team approach; number of task and finish groups set up – primary care, intermediate care	<ul style="list-style-type: none"> <li>• Using multi-disciplinary approach to how we do business to become 'the norm'</li> <li>• Primary care service specification – named clinicians in hostels – funding stream being actively pursued</li> <li>• Linking with HIOW LA CEOs, now have a named CEO as a link</li> <li>• Continuing to strengthen links with SHOG and Healthy Homes</li> </ul>
Organisationally focussed	<ul style="list-style-type: none"> <li>• Working in partnership style</li> <li>• 'It's been good working this close to health'</li> <li>• Learning about how we fit together as a system (partial/whole) for people experiencing multiple disadvantage – recognising that some aspects need a local focus, others recognising the benefits of system working</li> <li>• Clearer escalation process (or more awareness of them) and strategic input into issues</li> <li>• Great collaboration between services from all parties; informality of new working structures – allow the system as a whole to be more responsive to someone's needs/demands</li> </ul>	<ul style="list-style-type: none"> <li>• Making strategic and operational connections with health/housing; looking to broaden this</li> <li>• Strengthening relationships with health and housing</li> <li>• Connecting health with MHCLG</li> <li>• Raising colleagues awareness of the 'bigger prize' eg MFFD patients, not just for people with no fixed abode but for those in social housing and may be in hospital longer term impacting on tenancy agreements; similar to the 'Let's get you home' approach in Sussex</li> </ul>
Cultural barriers	Language – overcoming the need to speak fluent in 'housing' and 'health', stepping in to this space to begin to radically change the design of locally accessed community services	<ul style="list-style-type: none"> <li>• Commission of homeless health care offer</li> <li>• Actively being part of the conversation that 'things can be different and things can improve'</li> <li>• Facilitating discussions and organisations to 'step into one another's shoes'</li> </ul>
Vision and principles	Coming together to develop common purpose – particularly seen with the development of the Expression of Interest re the MHCLG £46m over 15 sites. This continues to build on system working – identify areas of good practice/gaps. And include partners from Ministry of Justice/Police	<ul style="list-style-type: none"> <li>• Conversations and discussions with wider system partners</li> <li>• Expression of Interest – Changing Futures – joining up partners</li> </ul>

# Health, Housing and Partners – accelerated evolution and transformation

Pre Covid	Now	Growing appetite
<p>Structural barriers to community MH services</p>	<p>The development of a new Community MH Framework for Adults and Older Adults</p> <ul style="list-style-type: none"> <li>• To develop a place-based model of community mental health care, radically changing the design of locally accessed community services as part of the broader transformation of health care systems</li> <li>• Shifts a renewed energy and focus to support people living in their communities with a range of long term mental illness targeting those who wouldn't ordinarily meet secondary care thresholds including those with more complex MH difficulties associate with a diagnosis of personal disorders – addressing the health inequalities that exist in accessing MH support.</li> <li>• Real emphasis on local neighbourhood collaboration – strengthening relationships with public sector, housing providers and Voluntary Community Sector partners – aiming to eliminate exclusions based on complexities and avoid unnecessary repeat assessments and referrals and includes:             <ul style="list-style-type: none"> <li>• Strengthening prevention building local resilience</li> <li>• Trauma informed approach – psychologically informed work – building on strengths, choice, aspirations</li> <li>• Ensure continuity of care – no cliff edge of lost care and support by moving away from system based onward referrals, arbitrary thresholds, unsupported transitions and discharges with little of not support</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Strengthening neighbourhood mental health, support community resilience recognising widening disadvantage going forward as we emerge (live with) the epidemic particularly in terms of worsening social determinants of health:             <ul style="list-style-type: none"> <li>• rising levels of debt</li> <li>• job losses</li> <li>• housing insecurity</li> <li>• Fuel and food poverty</li> <li>• deteriorating mental ill health</li> </ul> </li> <li>• Discussions with Office of the Police and Crime Commissioner re: trauma informed MH in reach as subject of Local Leadership Innovation Fund bid (likely bid Summer 2021)</li> <li>• Hampshire Homeless workstream discussion 25 02 21 with CMHT colleagues – exploring 'as is' vs 'to be' model</li> <li>• SHOG review 01 03 21</li> <li>• Championing importance of housing to health ie the 'right door', the right home to live in</li> </ul>

## What next and areas of focus ...

**Continue to build links with Health Inequalities and Prevention Board and Equality Board – eg discussion around vaccines as a co-ordinated approach**

- **Prevention agenda**
- **Support people who are excluded**
- **Universal credit – what are the links and how to do so from a health perspective? Is there a link?**

Strategic Leadership – ICS/Place based, build on the SRO model as referenced in HIOW Strategic Delivery Plan

Maximise the expectations as set out in the NHS White Paper – integration and innovation

Land Homeless healthcare Primary Care Offer

Intermediate care – build on the pioneer work in Portsmouth/South Eastern Hampshire and Fareham and Gosport that focuses on prevention and early discharge for this client group, building on the links with the Ambulance Trust

Changing Futures Prospectus – whole system discharge/transition review

Homelessness Work Stream – continue to share good practice, bring key partners to discussions, operational ‘fixes’ as well as strategic focus

Community Mental Health Framework

Use of data to drive through change/business cases providing strategic insight of the state of homelessness across HIOW footprint