These Policy Briefings are produced by the Community & Health Improvement Planning Team within the Planning and Performance Directorate. They are intended to update staff on significant national policy developments and issues which will impact on the work of NHS Highland. The idea is to have a vehicle for sharing detail on significant policy issues.

This briefing focuses on Health and Homelessness. Any general comments on this policy briefing should be sent to: Margaret Brown, Policy Development Manager, (01463 704913; email: Margaret.brown@hhb.scot.nhs.uk)

**Health and Homelessness**

**Health and Homelessness—The National Standards**

In March 2005, the Scottish Executive issued national *Health and Homelessness Standards* which build on guidance issued to NHS Boards in 2001. The Standards apply across all groups of homeless people and, in addressing the Standards’ performance requirements, NHS Boards should ensure they take account of differing needs: this requires excellent strategic links. The Standards also relate to the Scottish Executive’s equality and diversity approach. There are six Standards which aim to ensure that NHS Boards:

- have governance systems within which improved health outcomes for homeless people are planned, delivered and sustained
- play an active role in partnership with relevant partner agencies
- demonstrate an understanding of the profile and health needs of homeless people
- act to ensure homeless people have equitable access to the full range of health services
- respond positively to the health needs of homeless people
- are effectively implementing the Health and Homelessness Action Plan.

Each standard has a set of detailed performance requirements for NHS Boards.

**‘Homelessness’ - what is it?**

The definition is broad and includes:

- Being ‘roofless’: without any accommodation
- Staying in institutions only because there is no other place to live
- Living in unreasonable accommodation (e.g. overcrowded, a danger to health, with a threat of domestic violence)
- Living in insecure accommodation (e.g. at risk of eviction, no longer able to stay in family home, with short-term permission to stay with family or friends)
- Living in emergency or temporary accommodation (e.g. hostels, B&Bs)
- Living in emergency or temporary accommodation (e.g. hostels, B&Bs)
Who is affected by homelessness?

Homelessness is not just a housing problem: people become homeless for a variety of reasons -

- A breakdown in relationship
- Change in personal circumstances resulting in need to change accommodation
- Lack of supply of affordable housing
- Inability to sustain a tenancy unaided, coupled with a lack of local support or advice
- Personal crisis or chaotic life history, including mental illness, substance misuse or offending.

Homelessness therefore affects a wide diversity of households with a wide variety of needs. It can affect:

- Families with children
- Childless couples
- Same sex couples
- Single people (both men and women)
- Single parents
- All ethnic groups
- All age groups
- People who have suffered a disaster (such as fire, flood)
- People with debt problems
- People with unresolved health or addiction problems
- Those who have experienced abuse, family or relationship breakdown

All these groups will have specific needs, both in terms of their homelessness and in their access to health services. The policies and practices which NHS Boards adopt in developing their equality and diversity approach will need to take account of the needs of homeless people.

NHS Highland - Health and Homelessness Action Plan

... working in partnership to reduce health inequalities and improve access to NHS services

One objective of the national Health and Homelessness Standards is for NHS Boards to use the Health and Homelessness Action Plan as the main planning tool for local health and homelessness activity. NHS Highland’s Action Plan was developed by a multi-agency working group replaces the previous action plan.

Survey of staff in NHS Highland and our partner agencies

Between January and March 2006, staff across NHS Highland received a questionnaire (NB at this time, Argyll & Bute was not yet integrated into NHS Highland and were not, therefore included in the survey). The responses were used to help inform the Action Plan. Staff were asked to identify: challenges and issues for homeless people accessing health care in their area; any training needs around health and homelessness; services which are working well for homeless people and possible areas for improvement.

Between 2001/2 and 2005/6 there has been a 148% increase in the number of homeless applications in the Highland Council area.
Poor health is not only a consequence of homelessness but can also help to cause it. More generally there is a greater risk of premature death and morbidity amongst the homeless population than amongst the population at large.

Findings from the survey:

- Many respondents felt that homeless people in Highland can still face challenges in accessing health care (including dental services, GP services, appointment systems)
- Stigmatisation of, and negative attitudes towards, homeless people need to be addressed
- Joint working: need to improve referral mechanisms and ensure front-line health and housing staff are aware of each others’ services and how to signpost clients to them
- The services provided by the Health Team at the Inverness Homeless Day Centre are valued by staff in the area
- Knowing the extent of homelessness is a challenge
- Staff need relevant information and training (including housing issues, mental health, substance misuse, working with people who have personality disorder)
- Need for homeless people to be able to access health services across all areas of Highland

The Action Plan:

NHS Highland’s Health and Homelessness Action Plan has four main objectives, each with a range of associated actions. The objectives are:

- Identify and break down barriers which prevent homeless people accessing healthcare services, support, advice and information
- Ensure that NHS Highland works in partnership with service users and relevant agencies to prevent and alleviate homelessness
- NHS Highland understands the profile and health needs of homeless people and uses this knowledge to ensure its services are responsive
- Ensure that NHS Highland has governance systems to support the planning, implementation and delivery of the Board’s health and homelessness Action Plan in order to improve health outcomes and access to healthcare services for homeless and potentially homeless people.

The Action Plan is relevant to all areas of NHS Highland’s work - primary care, acute hospital settings, public health and health promotion. It is available on the intranet under Publications.

There are misconceptions that this is a ‘big city’ problem
NHS Highland: working with homeless people - what is happening?

Inverness Homeless Day Centre:

The Day Centre staff provide a range of practical services and help. These include: benefits/welfare advice, routes to employment, care and needs assessor, resettlement officer, budget meals, showers and laundry. The Health Team based at the Day Centre specialises in providing primary healthcare to people experiencing homelessness or who are at risk of becoming homeless. The team is made up of: General Practitioner, General Nurse, Addictions/Harm Reduction Nurse and Community Psychiatric Nurse. The services they provide include:

- GP surgeries
- Treatment room nursing
- General and mental health nursing assessment and support
- Substance misuse support and harm reduction
- Needle Exchange
- Outreach nursing service—including work with people who are sleeping rough, living in hostels or B&Bs
- Referral to secondary health care, dental and podiatry clinics and voluntary organisations
- Sexual health, contraception, health and hygiene advice and assistance

In November 2006, the Day Centre won a Highland Quality Award for its street outreach work.

Argyll & Bute - Health and Homeless Pilot Project

This project, which is funded by the Scottish Executive for 18 months, began in January 2006. It aims to improve the health of homeless people - mainly by improving access to health services. The project employs 2.5 nurses in the Argyll & Bute area; they work closely with colleagues in the local authority housing service and also with other statutory and voluntary agencies. In its first 10 months, the project received approximately 200 referrals. The nurses pro-actively seek contact with homeless people, many of whom have multiple health and social problems; advocate for them and liaise with addiction, mental health, maternal and child health and primary care services. They are also involved in multi-agency training.

Argyll & Bute - Public Health Nurse for Homeless People and Rough Sleepers

This post, which is based at the drop-in centre in Oban, provides health screening and advice and assists clients to gain access to health and social services. The post is attached to (though not part of) the above project.

Some background documents: