



THE HOMELESS MATTER TOO

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A STRATEGIC VIEW



- At any one time, hundreds of people sleep rough in the capital
- The homeless population has a life expectancy of only 43-47 years, that is 40 lost years compared to the general population
- The homeless are more afflicted by mental ill health than any other population
- Homeless people and rough sleepers are transitory, meaning that homelessness is necessarily a London-wide issue

It therefore demands a pan-London approach

THE HEALTHY LONDON PARTNERSHIP



- The London Health Commission's, Better Health for London report – Recommendation 31, published October 2013
 - *"Health and care commissioners should develop a pan-London, multi-agency approach to healthcare for the homeless and rough sleepers, with dedicated integrated care teams, and commissioned across the capital by a single lead commissioner"*
- The 32 London CCGs and NHS England (London) devised 13 work programmes to take Better Health for London forward via the Healthy London Partnership, Homelessness one of 6 clinical programmes
- The Healthy London Partnership has joint governance between the CCGs and NHS England (London)
- Funding for the 13 programmes has been approved for the next two years, and equates to 0.15% of CCGs' budgets

THE COMPLEXITY OF DOING THIS



- Homelessness is both a cause and a consequence of physical and mental health problems.
- Vulnerability is another key issue in homeless services both for service users themselves (such as being victims of violence and/or the lack of engagement with, and understanding from, mainstream services) and the often short-term funding for service providers.
- Collecting data is especially difficult due to the lack of continuity, e.g. the homeless using multiple identities, or simply refusing to offer information when presenting at A&E.
- DH analysis estimates that homeless individuals each consume 8x more hospital inpatient services than the average, and are 40x more likely not to be registered with a GP.

WHAT HAS LONDON DONE SO FAR



- Case for change produced
- Lead commissioners appointed
 - Central London CCG
 - Lambeth CCG
- Pan-London project team in place
 - Working across both CCGs and with stakeholders
- Economic modelling
- Engagement with stakeholders and expert groups
 - Mental health
 - Health in the justice system
 - Primary care
 - Secondary care
- Integration with other HLP programmes
 - Urgent and Emergency Care
 - London's Digital programme

THE STRATEGIC AMBITIONS COMMISSIONERS MIGHT AIM TO MEET



Patient benefits

- Increased equity of provision across London
- Improved access to services
- Improved health outcomes
- Improved patient experience

System benefits

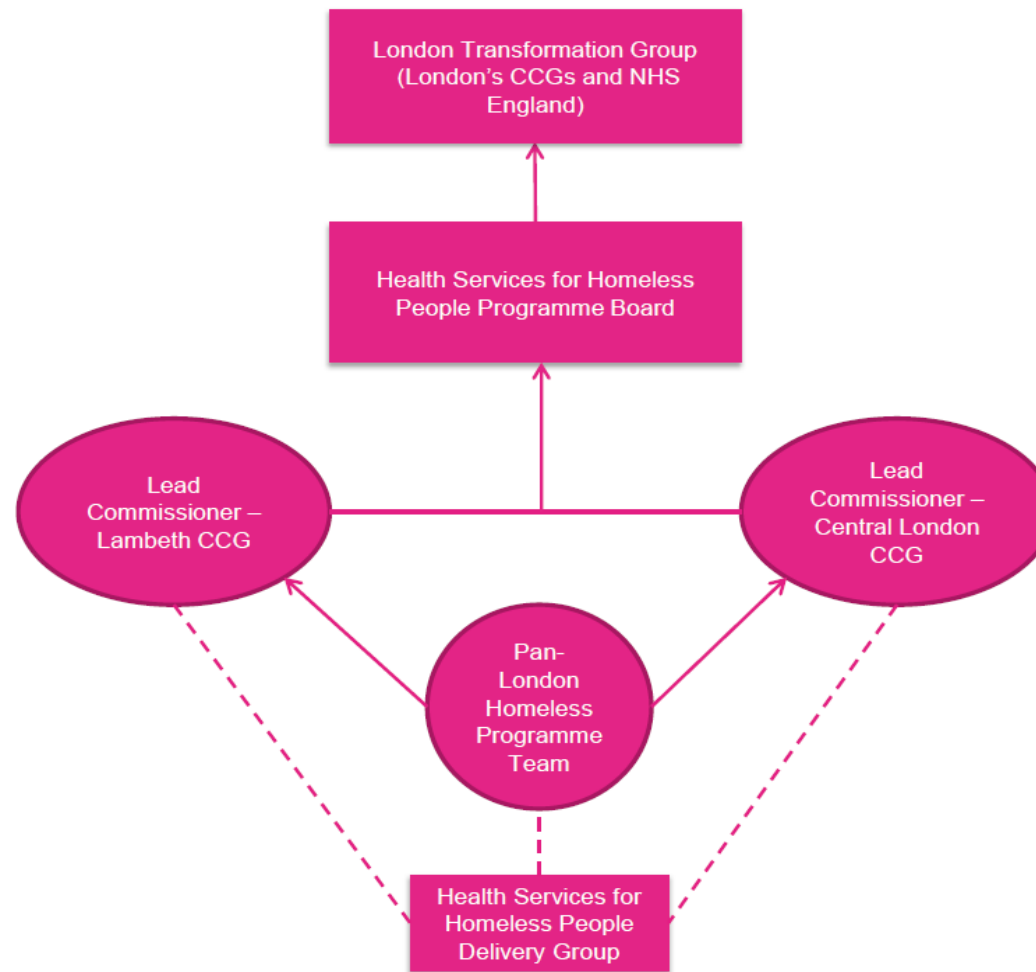
- Improved health outcomes
- Financial benefits achieved particularly in secondary care
- More preventative / early interventions rather than crisis care in secondary care settings

DELIVERABLES FOR HEALTHY LONDON PARTNERSHIP



- The implementation of a Pan-London, multi-agency commissioning model leading to equity of access to services
- The appointment of lead commissioners to ensure that commissioned services are located where they are needed and that equity of access to services is universal across London
- Agreement of commissioning outcomes that all CCGs and providers recognise and are signed up to
- Modelling and engagement to ascertain the true impact of homelessness and the benefits to be gained by commissioning at a pan-London level
- Better recording and sharing of information to enable more co-ordinated delivery of services, and improved measurement of both needs and outcomes

THE LONDON TEAM – WHO'S WHO & GOVERNANCE



CONTACTS



For more information on the programme please contact

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