Standards for Improving the Health and Well-being of Homeless People and Specific Vulnerable Groups

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Summary

This guidance has been developed by Public Health Wales in partnership with the Welsh Government to provide a summary and update of the original *Improving the Health and Well-being of Homeless and Specific Vulnerable Groups Standards*, first issued by the Welsh Government in 2009. The document provides a template which can be used by Health Boards and their partners in demonstrating the impact of the Standards.

1 Background

It is widely recognised homeless people and other vulnerable populations experience significant ill-health, often have complex needs, and have worse health outcomes than the general population. The Welsh Government is committed to reducing health inequalities and to ensuring there is equitable access to health services for everyone. In 2009, in response to this, Welsh Government issued *Improving the health and well-being of homeless and specific vulnerable groups: Standards 2009/2014*. These standards set out the key expectations and milestones for delivery.

In recent years significant work to prevent homelessness has been undertaken across Wales by the Welsh Government and its partners, which led to an initial downward trend. However, as a consequence of recent economic changes, the overall trend in homelessness since the end of 2009 has been upwards.

Rough sleepers are the most visible aspect of homelessness. However they represent a very small number of the overall homeless population. The definition of homelessness recommended by Welsh Government is:

*Where a person lacks accommodation or where their tenure is not secure.*

This broad and inclusive definition of homelessness has implications for the on-going work of Health Boards and local authorities. It recognises that larger numbers of the population will find themselves at risk of becoming homeless, houseless or living in insecure and inadequate accommodation as a result of a number of linked factors including the economic climate, a reduction in building capital, and welfare reforms. In recognition of this, the *Homes for Wales: Better Lives and Communities* White Paper has given a high priority to the need for prevention and the importance of joint working for improving the health of the most vulnerable in our communities:

*Integrated services are particularly important for disadvantaged individuals and groups, who suffer most when services are not joined up. It is for this reason that our approach to public service reform is centred around collaboration and designing services around people not organisations. (Homes for Wales 7.5-7.6)*
The Improving the health and well-being of homeless and specific vulnerable groups: Standards 2009/2014 required each local area to produce a Homeless People and Vulnerable Groups’ Health Action Plan (HaVGHAPs), showing how it would ensure the health needs of all ages of homeless people and specific vulnerable groups are addressed.

In this context, the specific vulnerable groups are people identified as:

- homeless
- asylum seekers and refugees (for the first two years following granting of refugee status)
- Gypsies and Travellers
- Substance Misusers
- EU migrants who are homeless or living in circumstances of insecurity or who are vulnerable to homelessness.

The local response to the standards and the progress made in meeting them since they were issued in 2009 has varied across Wales. There have also been considerable changes both within organisations and across policy and strategy. The focus within Welsh Government has moved towards a population approach to health underpinned by an emphasis on outcomes based on measurable improvements in health and the quality of NHS services. This shift of focus is driven by the Welsh Government's Programme for Government, underpinned by a range of policy including:

- Together for Health: a five year vision for the NHS in Wales
- Together for Mental Health: a strategy for mental health and wellbeing in Wales
- Working Together to Reduce Harm: the substance misuse strategy for Wales
- Our Healthy Future
- Fair Health Outcomes for All
- Our Healthy Future Chief Medical Officer for Wales Annual Report 2011
- NHS Wales: Forging a better future. A report by the Bevan Commission

This is coupled with a Wales policy agenda recognising the role of housing availability and quality in maintaining good health. This increasing recognition of the complex interplay of health and wellbeing across all ages is supported by a framework of:

- Embedding health and wellbeing in all policy and strategy
- Taking a life course approach
- Prioritising early intervention
- Tackling and reducing health inequalities
- Using the current evidence base
- Moving towards an outcomes based approach

A list of other relevant Welsh Government policy is included in the appendix.
2 Context

2.1 Homelessness and health

If they are not supported and treated effectively, homeless people are one of the most costly populations for the NHS. Those responsible for planning and providing health services may not always recognise this. For example, there is clear evidence that lack of access to appropriate preventive or responsive treatment leads to increased use of services, such as ambulances and accident and emergency departments\textsuperscript{10}. It is estimated 40 per cent of homeless people will have used an accident and emergency department in the past six months and nearly one third will have had an admission to hospital\textsuperscript{12}. A report examining the costs of single homeless people to the NHS suggests that this group uses around four times more hospital services than the general population. Inpatient costs for this group may be eight times that of the general population aged 16 to 64\textsuperscript{12}. Recent research shows the average age of death in the homeless population is significantly lower than in the general population\textsuperscript{12, 13}.

It is generally accepted vulnerability to mental ill-health and substance misuse increases significantly when people are homeless. Many people who are homeless may have existing problems which have led to homelessness. For others problems may arise or worsen because of the experience of homelessness\textsuperscript{14, 15}. Homelessness can lead to increasingly complex health presentations, for example dual diagnosis (mental health and substance misuse) which can become harder for the person to overcome and for services to manage effectively.

Both human and economic costs are significant for this population and there are clear reasons why meeting the health needs of the homeless is important in addressing inequalities. Whilst there have been many positive changes made in Wales, there is still significant work to do in improving the health and wellbeing of homeless people and other vulnerable groups.

The statutory framework for health and housing supports and expects co-operation in this area, as set out in section 82 of the NHS Act 2006 which states “in exercising their functions NHS bodies and local authorities must cooperate with one another in order to secure and advance the health and welfare of the people of England and Wales”.

2.2 Purpose

This document summarises the Improving the health and well-being of homeless and specific vulnerable groups standards first issued in 2009 and sets out proposals for monitoring their implementation. These are being reissued by Welsh Government and are accompanied by two Public Health Wales briefing papers: Improving access to health interventions for young people who are homeless or at risk of homelessness and Improving access to mental health care and support for people who are homeless or insecurely/temporarily housed. These supporting documents set out evidence based and local practice examples.
The Standards set out a framework for joint-working at local level. They are designed to ensure the NHS, local authorities and other agencies with an interest work together in assessing and meeting the needs of people who are homeless and other vulnerable groups. Inevitably, the Standards focus largely on process. The nature of each local response to meeting the needs of homeless people and other vulnerable groups is likely to differ. For example, in urban areas it is likely specialist services will be appropriate; in more rural areas the focus might be on ensuring the homeless and other vulnerable groups have access to mainstream services. This has implications for monitoring the standards and the development of appropriate measures or indicators.

The implementation of the Standards is intended to:

• Provide support to the NHS planning structures and local authorities in developing the HaVGHAPs as an element of both Single Integrated Plans and regional commissioning strategies where appropriate.
• Ensure cross-reference is made with all other local strategic frameworks
• Map an understanding of the demography of the population groups
• Contribute to tackling homelessness.
• Address social determinants of health
• Address the cycle of poor health and homelessness
• Reduce barriers and promote access to general health services
• Reduce health inequalities
• Improve the health of service users through an outcome focused approach
• Promote wellbeing

3 Principles underlying The Standards

The NHS is committed to a stronger and more open emphasis on quality, intending to measure performance in terms of efficiency, effectiveness, timely access, safety, user experience and equity. These principles apply equally to vulnerable groups, and inform service development for them. Services must be:

• accessible
• effective
• acceptable
• efficient

The Standards are primarily concerned with health and improving health care service delivery, but health and wellbeing are determined by many factors. Ensuring housing needs are met is crucial to improving health and the Standards are integral to preventing homelessness. Access to quality healthcare and stable tenancies are key factors in improving the health and wellbeing of vulnerable people and should be viewed as equally important. The Standards support anti-poverty initiatives such as attaining life skills and re-entering employment through addressing health needs.
4 Standard statements and performance requirements

NHS organisations are responsible for implementing the Standards through their Health, Social Care and Well-being partnerships (or their replacement bodies) to ensure they are incorporated into local planning processes. These partnerships, comprising health boards and local authorities, will work together with the Third Sector organisations, Community Health Councils and service users to plan and deliver services through the development and on-going implementation of the HaVGHAPs (as an element of the Single Integrated Plan and regional commissioning strategies).

Local authorities, including the Homeless, Housing and Supporting People Teams, are key partners in delivering the Standards and are expected to make a substantial contribution. The Supporting People Regional Collaborative Committees will have an important role in promoting collaboration between the LHB, local authorities and the voluntary sector. Each stakeholder has a responsibility to ensure all aspects of the development, delivery, monitoring and evaluation process in order to maintain high quality services.

4.1 Monitoring and evaluation

The Standards came into effect in April 2009. They aim to contribute to improving the health and wellbeing of homeless people and vulnerable groups. But health and wellbeing is influenced by a range of determinants and any improvements for these groups cannot be attributed solely to the effective implementation of the Standards. It is also the case the number of homeless people in Wales is currently unknown and there is no current dataset which can be used to measure health and wellbeing in this group.

A proforma for reporting on the impact of the standards is set out in section 5. This focuses largely on process and it is envisaged that initially reporting on progress will be largely narrative. It is proposed that reporting would be at Health Board level via the Health of Homeless People advisory group. Summary reports would then be provided to Welsh Government on a regular and ongoing basis. Further consideration needs to be given to the timing and content of reports. It is acknowledged there is considerable variation across Health Board areas in addressing this agenda. Some will be able to report on the development and delivery of specific services; others will only be at the stage of developing joint working on this agenda and undertaking needs assessment. The Health of Homeless People advisory group has a role in supporting this work, disseminating good practice and in further developing the monitoring of the Standards.

Where Health Boards already collect appropriate quantitative data this should be included as an element of their report. The development of quantitative indicators with appropriate data collection could be considered by the Health of Homeless People advisory group but the lack of baseline data, urban/rural differences, the concurrent development of other datasets (for example, that supporting Together for Mental Health) and the resources required for development will need to be considered.
4.2 The Standards

Standard 1: Leadership

The Health Board demonstrates leadership driving improved health outcomes for homeless and vulnerable groups.

Objective

To enable the Health Board to fully support the health and homelessness agenda and work in partnership with the Local Authority.

Rationale

Identifying a senior manager at Director level with responsibility for achieving the Standards and working in partnership with the Local Authority should ensure the needs of homeless and vulnerable groups are recognised and addressed in all strategy and policy forums and feature in all documents.

Performance requirements

1.1 Evidence there is a named Director of the Health Board supporting the health and homelessness agenda

1.2 Evidence of effective and ongoing collaboration between partner organisations and health needs for homeless and vulnerable groups are incorporated into all local strategic local planning

1.3 Evidence the development of a HaVGHAP is fully reflected in and based on the jointly agreed priorities set out in the local Single Integrated Plan and regional commissioning strategies.

Standard 2: Joint Working

The Health Board works in partnership with the Local Authority, service users, the Third Sector and stakeholders to improve health and contribute to the prevention of homelessness.

Objective

To demonstrate the Health Board and Local Authority are working in partnership with the Third Sector and all relevant agencies in contact with homeless people and vulnerable groups and are sharing skills and knowledge.

Rationale

A holistic approach required to address homelessness and the involvement of service users should be involved in design and delivery of services.

Performance requirements
Health and wellbeing of homeless people and specific vulnerable groups

2.1 Evidence the Health Board has the leading role in the multi-agency development of the HaVGHAP (as an element of the Single Integrated Plan and regional commissioning strategies)

2.2 Evidence service users including children and young people are actively involved in service design and delivery and revision and monitoring of the HaVGHAP (as an element of the Single Integrated Plan and regional commissioning strategies)

2.3 Evidence of clear systems in place for exchange of information; recording, monitoring and evaluation of service delivery and ongoing service development

2.4 Evidence of systems for identifying training needs and for joint training between partner agencies.

Standard 3: Health Intelligence

The Health Board works in partnership with the Local Authority, service users, the Third Sector and stakeholders and demonstrates an understanding of the profile and health needs of homeless people and vulnerable groups in their area.

Objective

To inform service development by developing an accurate local baseline of:
- demography
- health needs
- access and uptake of service provision
- gaps in health service provision
- gaps in accommodation provision for people with support needs.

Rationale

An accurate baseline is needed in order to develop a HaVGHAP addresses local needs and issues. Health needs of vulnerable groups are diverse and particular groups have specific requirements. Planning for the future needs to take account of changing demography and local geography.

Performance Requirements

3.1 Evidence there is an accurate baseline of information from which to develop the HaVGHAP

3.2 Evidence of collaboration and information sharing between Health Board, Local Authority and voluntary agencies

3.3 Evidence this information is used as the basis for planning integrated service development.
Standard 4: Access to Healthcare

Homeless and vulnerable groups have equitable access to the full range of health and specialist services.

Objective

To dismantle the barriers homeless people and vulnerable groups of all ages experience when accessing health care services.

Rationale

The Health Board must ensure all mainstream health services are fully accessible and meet the needs of all people in their area.

Performance Requirements

4.1 Evidence the Health Board uses specialist practitioners to provide flexible, accessible services, including outreach to meet the needs of the homeless and vulnerable groups.

Standard 5: Homeless and Vulnerable Groups’ Health Action Plan

The Health Board leads the development, implementation and monitoring of the HaVGHAP (as an element of the Single Integrated Plan and regional commissioning strategies) in partnership with the Local Authority, service users, the Third Sector and other stakeholders.

Objective

To formalise the HaVGHAP (as an element of the Single Integrated Plan and regional commissioning strategies) as the means to plan, deliver and monitor health services for homeless and vulnerable groups.

Rationale

The HaVGHAP is the main driver for the Health Board in partnership with the Local Authority to address health, homelessness and vulnerability. The HaVGHAP must link to all other strategic planning frameworks and not be viewed in isolation is crucial. It must also link to prevention of homelessness and promotion of wellbeing as driven by the Welsh Government.

Performance Requirements

5.1 The Health Board in partnership with the Local Authority, service users and other partners demonstrates the HaVGHAP is developed, implemented, monitored and revised on an ongoing basis

5.2 The Health Board in partnership with the Local Authority can demonstrate the HaVGHAP reflects local health needs
5.3 The Health Board in partnership with the Local Authority demonstrates the HaVGHAP is deliverable and measurable against realistic targets.
## Standard 1: Leadership

The Health Board demonstrates leadership driving improved health outcomes for homeless and vulnerable groups.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Approach</th>
<th>Impact</th>
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</table>
| The Health Board fully supports the health and homelessness agenda working in partnership with the Local Authority | A named Director of the Health Board acts as Champion fully supporting the health and homelessness agenda and leading strategy for health and homelessness  

  The Local Authority is fully engaged with the agenda.  

  A named Health Board representative attends the Health of Homeless National Advisory group.  

  Development of the HaVGHAP fully reflects and is based on jointly agreed priorities set out in local health and social care plans and is underpinned by the principle that all homeless people are treated with dignity and respect  

  The Health Board attends and contributes to Supporting People Regional Collaborative committee meetings. | The Health Board in partnership with the Local Authority and stakeholders, including service users, are actively engaged in the planning, delivery, monitoring and evaluation of the HaVGHAP |
**Standard 2: Joint Working**

The Health Board works in partnership with the Local Authority, service users, the Third Sector and stakeholders to improve health and prevent homelessness.

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th><strong>Approach</strong></th>
<th><strong>Impact</strong></th>
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<tbody>
<tr>
<td>The Health Board works in partnership with the Local Authority, service users, the Third Sector and stakeholders to improve health and wellbeing and prevent homelessness</td>
<td>The Health Board leads multi-agency development of the HaVGHAP</td>
<td>Accommodation and housing related support is considered as an integral component of care planning, particularly in mental health and substance misuse services</td>
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<td></td>
<td>Local health and homelessness group set up, all local partners are engaged and the group maintain close working links with the Supporting People Regional Collaborative Committee</td>
<td>The Health Board has agreed with its partners protocols for case management of service users with complex needs. For example dual diagnosis (substance misuse and mental health)</td>
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<td></td>
<td>Hospital discharge protocols in place</td>
<td>Jointly agreed training and development plan for staff working to support and improve health and wellbeing of homeless people.</td>
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<td></td>
<td>Domestic violence protocol in place</td>
<td>Multiagency training (involving past and present service users) to meet this plan is regularly available and its impact is evaluated</td>
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<td></td>
<td>Service users, including children and young people, are actively involved in service design and delivery, and revision and monitoring of the HaVGHAP – annual update signed off by all stakeholders and provided to WG</td>
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<td></td>
<td>Health and treatment services for homeless and potentially homeless people are integrated with Supporting People services which prevent homelessness and support people who are overcoming a period of homelessness.</td>
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<td>Systems in place for exchange of information; recording, monitoring and evaluation of service delivery and on-going service development</td>
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<tr>
<td>Structured joint approach for identifying the training and development needs of staff and responsibility for delivering targeted training to meet the ongoing development needs of all workers across partner agencies to support best practice</td>
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**Standard 3: Health Intelligence**

The Health Board works in partnership with the Local Authority, service users, the Third Sector and stakeholders and demonstrates an understanding of the profile and health needs of homeless people and vulnerable groups in their area.

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<tr>
<th>Objective</th>
<th>Approach</th>
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<tbody>
<tr>
<td>Service development is informed by an accurate baseline of demography,</td>
<td>Evidence there is an accurate baseline of information from which to develop the HaVGHAP</td>
<td>It can be demonstrated service planning and development is evidence based</td>
</tr>
<tr>
<td>health needs, access and uptake of service provision, gaps in health</td>
<td>This information is shared with Supporting People Regional Collaborative Committees in order to promote closer links between Health and Supporting People commissioning</td>
<td>Evidence Health and Supporting People service responses are designed to meet specific local need</td>
</tr>
<tr>
<td>service provision, gaps in health service provision, gaps in accommodation</td>
<td>Evidence of collaboration and information sharing between Health Board, Local Authority and voluntary agencies</td>
<td></td>
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<tr>
<td>provision for people with support needs</td>
<td>Information sharing protocol in place</td>
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<td></td>
<td>Evidence this information is used as the basis for planning integrated service development</td>
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<tr>
<td></td>
<td>Baseline is available to assess improvements such as reduced A&amp;E and ambulance use by people who are homeless or vulnerably housed</td>
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# Standard 4: Access to Healthcare

Homeless people and vulnerable groups will have equitable access to the full range of health and specialist services.

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<th>Objective</th>
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<tbody>
<tr>
<td>To dismantle the barriers homeless people and vulnerable groups of all ages experience when accessing health care services.</td>
<td>The Health Board uses specialist practitioners to provide flexible, accessible services, including outreach, to meet the needs of the homeless and vulnerable groups. Approaches targeted to at risk and vulnerable populations are used to encourage engagement with health promotion and preventative services.</td>
<td>Improved access to and discharge from healthcare services for people who are homeless or vulnerably housed. Evidence the specific needs of homeless people and those in vulnerable groups who have mental health treatment requirements have their needs met in the most appropriate health care setting. Evidence individuals are only moved between health and accommodation facilities in a planned and agreed manner and evidence this only occurs on the basis of individual need and not agency convenience. For example evidence there are no unplanned removals of individuals from inpatient psychiatric care to accommodation for homeless people. Evidence of reduced use of unplanned care by homeless people and vulnerable groups (for example use of...</td>
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<tr>
<td>primary care rather than A&amp;E services)</td>
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<td>Evidence of processes for ensuring homeless people have a supported and effective journey through the health care system</td>
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Standard 5: Homeless & Vulnerable Groups’ Health Action Plan (HaVGHAP)

The Health Board leads the development, implementation and monitoring of the HaVGHAP (as an element of the Single Integrated Plan and regional commissioning strategies) in partnership with the Local Authority, service users, the Third Sector and other stakeholders.

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<thead>
<tr>
<th>Objective</th>
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| To formalise the HaVGHAP as the means to plan, deliver and monitor health services for homeless people and vulnerable groups. | The Health Board in partnership with the Local Authority, service users and other partners demonstrates the HaVGHAP is developed, implemented, monitored and revised on an ongoing basis. The Health Board in partnership with the Local Authority can demonstrate the HaVGHAP reflects local health needs. The Health Board in partnership with the Local Authority demonstrates the HaVGHAP is deliverable and measurable against realistic targets. The Health Board in partnership with the Local Authority and its other key stakeholders produces regular progress reports (6 monthly) on the implementation of the HaVGHAP. | The Health Board in conjunction with its local partners, Welsh Government and Public Health Wales works towards demonstration of:  
• Significant improvements in the health of homeless people  
• Reductions in homelessness caused by poor health  
• Reduced poor health as a consequence of homelessness  
• Contributing to the prevention of homelessness through sustained tenancies  
• Shared outcomes across and within organisations |
References


14. St Mungo’s (2009). Down and out? The final report of the St Mungo’s call for evidence mental health and street homelessness. London, St Mungo’s


Appendix – Related Welsh Government policy


Code of Practice to Parts 2 and 3 of the Mental Health (Wales) Measure 2010 (2012)

Compendium of Good Practice Guidance on Integrated Care for Children & Young People aged up to 18 years of age who Misuse Substances (2012)


Sections 135 and 136 of the Mental Health Act 1983: Good Practice Guidance (2012)

Supporting People Programme Grant Guidance (Wales) (2012)

Strategic Equality Plan and Objectives 2012-16 (2012)

Tackling Poverty Action Plan (2012)


Delivering the Independent Mental Health Advocacy Service in Wales: Guidance (2011)


National Service Model for Local Primary Mental Health Support Services (2011)

Our Healthy Future: Chief Medical Officer for Wales Annual Report (2011)

Programme for Government (2011)

Sustainable Social Services for Wales: A Framework for Action (2011)

Together for Health: A Five Year Vision for the NHS in Wales (2011)


Interim Community Mental Health Team Guidance (2010)


Ten Year Homelessness Plan 2009-19 (2009)


A Services Framework to Meet the Needs of People with a Co-occurring Substance Misuse and Mental Health Problem (2007)

Health and wellbeing of homeless people and specific vulnerable groups


Meeting the Health, Social Care and Wellbeing Needs of Individuals with a Personality Disorder (2005)