



## HOMELESS HEALTH NEEDS AUDIT KEY FINDINGS FROM THE FIRST PILOT

**This interim report follows the first stage, 'wave 1', of Homeless Link's Health Needs project.**

**The findings are based on data captured from three agencies who piloted a new health audit tool with clients over a two week period in September 2009. This short report outlines some of the key findings from the three pilot areas and summarises key learning to take forward to the next stage of the project.**

### **BACKGROUND TO THE PROJECT**

Homeless Link is piloting a health needs audit tool which will enable homelessness agencies to record and evidence the health needs of their clients. The evidence will be used to inform commissioning of future services, through local strategies such as the Local Area Agreement (LAA) and Joint Strategic Needs Assessment (JSNAs). The project is being overseen by a national steering group made up of representatives from the Department of Health, Communities and Local Government, Primary Care Trust commissioners, Local Authority housing leads and other relevant stakeholders.

Homeless Link is supporting nine PCT areas (one per region) to conduct the audit. The audit tool was piloted in three areas across the country during September 2009. From November 2009 the tool will be piloted with a further six PCT area partnerships before being rolled out as a nationally replicable tool.

Undertaking the audit involves asking clients to complete a short survey about their health and inputting data onto an online survey tool. Partnerships in each PCT area are then able to use this data to inform relevant strategic opportunities and health provision for homeless clients.

The project aims to facilitate partnerships across the sectors and increase the understanding of the health needs of homeless people among local strategic commissioners. In summary, we believe the project will lead to:

- improved data about health needs of homeless clients
- improved capacity of agencies to inform commissioning of health services
- more responsive services to better meet the needs of homeless clients
- improved engagement between voluntary and statutory partners in health commissioning
- improved opportunities to raise issues and influence national policy on health and homelessness

The development of the tool has gained a high level of interest from a range of stakeholders and Homeless Link extends its thanks to those who have given their support this far. The

project has also provided an opportunity to promote the issue of health and homelessness and explore links with the wider work being undertaken on this issue. We are currently working with colleagues at the Department of Health to ensure the learning and findings from this project are linked to their national work on JSNAs; we have shared and discussed the project as part of the Social Exclusion Task Force's 'Call for Evidence' on access to healthcare for socially excluded groups; and we are exploring how it might link with wider policy and strategy in the longer term, such as through the regional government offices and the health sub-group of the London Delivery Board to end rough sleeping. We look forward to building on this as the project progresses.

### **ESTABLISHING THE FIRST PILOT**

The first stage, 'wave 1', involved working with agencies in three PCT areas to develop and test the audit tool. These three PCTs are Leeds, Southampton and Ashton, Leigh and Wigan.

In each area, lead contacts were recruited from the PCT, local authority and the voluntary sector. The role of this partnership was to help guide the development of the audit questions to ensure it reflected the needs of both the statutory and voluntary sectors, and support a two week pilot to test the initial version of the tool.

The audit tool was also guided and developed in consultation with a range of stakeholders, including the project steering group, colleagues at Homeless Link, health professionals and colleagues from the DH. The audit tool is web based, and hosted on Limesurvey, an industry standard, password protected, secure surveying system. The online survey tool automatically generates analysis which can be used to help understand what health needs clients experience and suggest where gaps in services exist.

The audit is not a means to assess need on an individual level, so is not being used to refer clients to health services or treatment, but is rather an audit of overall need in an area. It does not collect any personal information and clients must give their consent before taking part. We have produced guidance for clients to ensure they are clear about the aims of the project and how their information will be used.

### **CONDUCTING THE FIRST PILOT**

The three agencies involved in the first pilot were:

- St Anne's Resource Centre, part of St Anne's Community Services, Leeds
- Two Saints Day Centre, Southampton
- 'The Brick', Wigan

The Brick and St Anne's are day centre services serving a wide number of clients who are rough sleeping or in temporary accommodation. Two Saints also provides a day centre, and in addition they piloted the audit with clients during outreach work with clients currently rough sleeping or in their hostel accommodation.

Local areas had flexibility in how they define the clients included in the audit. The audit is aimed at single homeless clients who are currently rough sleeping, in emergency accommodation or other temporary provision and guidance was given to areas to this end.

73 clients fully completed the audit. The focus of this first pilot was not to reach a large data set but rather to test the tool and the process. The next stage of the project, as outlined below, will involve a much wider number of agencies and clients to enable this data to be collected.

The audits were conducted by staff on a one-to-one basis during the normal operating hours of the service. Guidance and resources were provided to each organisation to help them undertake the audit, including materials for clients, prompt cards and questionnaire guides.

## KEY FINDINGS

As this is a summary report we have not included the full findings but a snapshot from each section. We have presented only the collated findings rather than those from the individual areas due to the small sample sizes.

The audit is grouped into 6 main sections:

- Access of services
- Physical health needs
- Mental health needs
- Health needs related to drugs and alcohol
- Access to and take up of screening and vaccinations
- Demographic information

Although the overall sample (73) is fairly large, some of the questions were conditional on clients' previous responses leaving a smaller base for some questions. Some caution should be used therefore in interpreting the data from the pilot.

### ACCESS OF HEALTH SERVICES

The majority of clients were registered with a GP (note that 2 day centres had existing working relationships with their local Homeless Health teams which may explain for this high number)

Are you registered with a GP?		
	number	%
Yes, permanent	58	79
Yes, temporary	7	10
No	7	10

- 29% were registered with a dentist
- 22% clients had used an ambulance in the past 6 months. 10% clients had used one more than 3 times (3 clients had done so over 5 times)
- 47% clients had been to A&E at least once in the past 6 months. 5% had been 3-5 times, 7% (5 individuals) over 5 times
- 23% (17) clients had been admitted to hospital. Of these, only 3 clients were helped with their housing before they were discharged
- Access to information about health services was fairly high. 71% clients (52) said they had been given information about health services they can access from a homelessness service which they use (eg day centre or hostel).

### PHYSICAL HEALTH NEEDS

The most commonly reported physical health problems were:

- Sleep problems: 60% (43)
- Joint pain/muscular problems: 33% (24)
- Dental problems: 33% (24)
- Chest pains/breathing problems: 32% (23)
- Skin/wound infections: 29% (21)
- Circulatory problems, liver problems and fainting were also frequently featured among responses.
- In total, 81% (59) clients said they had experienced one or more physical health problem for a number of years
- 85% (62) clients are smokers, of whom 60% (37) had been offered smoking cessation advice or support–10 clients had taken this up. Nearly a third of those currently smoking (29%) said they wanted to quit

- The majority of clients (63%) said they managed their health problem well, either by themselves or with somebody's help. A third, however, said they found it difficult to cope – 14% said they did not receive help from anybody.

### **SUBSTANCE MISUSE**

- The most commonly used drug was heroin - 34% reported this.
- 23% clients reported that they currently inject drugs. Nearly half of these clients say they 'usually' (6) or 'sometimes' (3) share injecting equipment
- 23% clients said they received support around their alcohol use, but only a third of said it met their needs
- 46% (33) clients said they drink more than 4 times per week. Of those that do drink, 23% said they consume more than 10 units on a typical day
- Clients were asked about support they receive for their alcohol use. 27% (20) clients said they received support, but only 1 individual said it met their needs. 26% (19) said that although they receive support they would still like more help. 15% of those who currently receive no support said it would help them.

### **MENTAL HEALTH NEEDS**

- 36% clients said they had a diagnosed mental health need
- 33% (24) clients said they had thought about ending their life during the past 3 months. Although 18 clients said this had been occasionally, 3 clients said they thought about this 'regularly' and 3 clients 'all the time'. Nearly half (45%) said they had felt depressed either 'regularly' or 'all the time' during the last 3 months
- Only 8 clients (11%) said they received help from a specialist mental health worker.

### **VACCINATIONS AND SCREENING**

Out of all the clients interviewed:

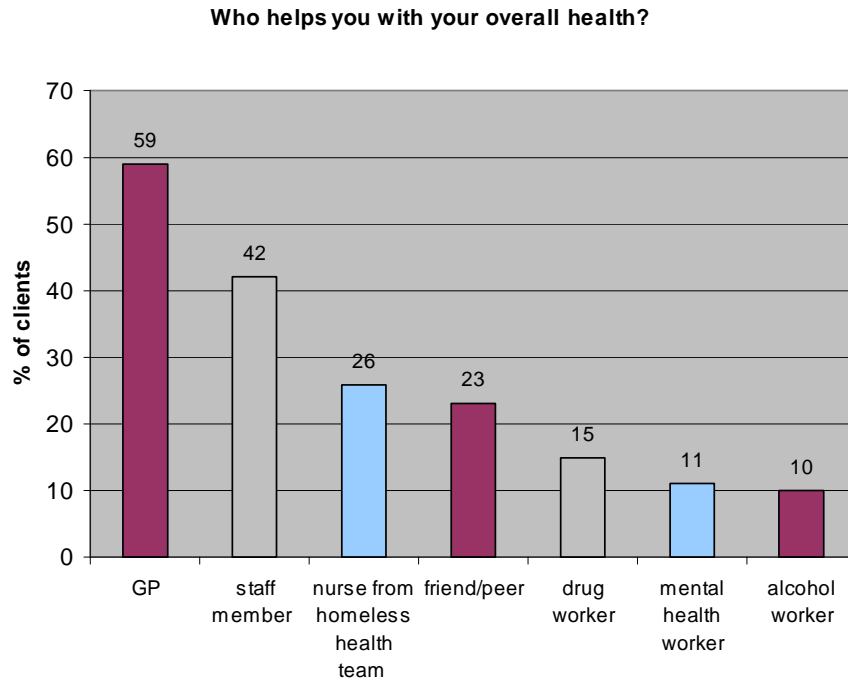
- 14% (10 ) had been vaccinated for Hep A
- 16% (12) had been vaccinated for Hep B
- 15% (11) had been vaccinated for Flu (in the past 12 months)
- Over a third of clients had been tested for Hep C, however this number decreased for HIV and TB:

Have you been tested for:		
	<b>number</b>	<b>%</b>
Hep C	27	37
HIV	20	27
TB (in past 12 months)	12	16
Sexual health check	22	30

The audit also asked about the result of clients' testing where applicable. None of the clients screened for TB had tested positively. 9 clients had tested positively for Hep C, and 2 individuals for HIV. Out of these clients, only 1 client with Hep C was taking any treatment or medication as a result of the test.

## FURTHER DATA & DEMOGRAPHICS

The findings suggested that clients turn to a range of people to help them with their health- in many cases this was a non-health worker, for example their key worker or other staff member at their homelessness service. Clients could select all the responses which applied.



A number of questions were asked about the clients' background and current situation. Key findings included:

- 30% of the clients interviewed were female
- Nearly all the clients defined themselves as white British. 45% were aged 36-45, the most heavily represented age group in the sample. 4 clients were over 55, and 1 aged over 65. The sample did not include anybody under the age of 18.
- The majority of clients who participated were rough sleeping (25%) or sleeping on somebody's sofa (22%)
- 20% clients were currently on probation and 14% had been in prison within the last 12 months
- 34% (25) clients considered themselves to have a disability. The majority reported this related to their mental health or a mobility problem.

# LEARNING FROM THE AUDIT PROCESS

A review meeting was held in October 2009 and attended by representatives from across the partnerships in Leeds and Southampton. Positive feedback was received from the voluntary sector agencies about the process itself. Key learning included:

- Clients felt comfortable discussing their health and disclosing the information requested. Assurance of anonymity of the data was helpful in this process.
- Staff felt it was a helpful tool to encourage clients to engage in a conversation about their health and felt it could be incorporated into regular inductions in the longer term.
- Most audits took between 10-15 minutes to complete. The pilot agencies felt reaching their target of between 20 and 30 interviews for the pilot fortnight had been achievable within existing staff or resources
- It proved very valuable to have the input of all stakeholders including frontline staff, health teams and the local authority. The involvement of the PCT commissioners in the process helped to ensure data which would be pertinent and relevant to their work. This worked particularly well in one of the pilot sites where the commissioner played a very active role. We also thank the clients who shared their comments about the audit with the pilot agencies.

Following this review, revisions are being incorporated ready for the second stage of the audit. It was agreed that although the audit presented an opportunity to explore issues around health outcomes and use of services in greater depth, it was important to retain the focus on health needs.

## NEXT STEPS

Following a short period to incorporate feedback to the audit questions, 'wave 2', will commence from November 2009 and will involve a further 6 PCT areas. The original pilot areas will also conduct the audit again, this time with a wider number of participating agencies. The 9 pilot PCT areas are:

- Ashton, Leigh & Wigan
- Birmingham
- Brent
- Bristol
- Leeds
- Lincolnshire
- Southampton
- South East Essex
- Sunderland

We will be supporting all 9 areas to conduct the audit with representative agencies in their areas from November 2009.

In 2010 we will start the 'Influencing' stage of the project, and work with areas to explore how to use the data effectively. The success of the project will depend on how local areas use the information captured in the tool to inform commissioning and other strategic opportunities. There is an expectation that PCT and LA partners will take the lead in this process in partnership with the voluntary sector leads, for example by identifying opportunities such as JSNA refreshes and exploring how the audit tool may become part of ongoing data collection in their areas.

We will also be developing a peer advisory element to the project and explore ways in which clients can become more involved in health advocacy and commissioning.

We would like to extend our thanks to the staff and clients in the three pilot sites. For further details, please contact Helen Mathie, Policy Projects Manager on 020 7960 3043 or [helen.mathie@homelesslink.org.uk](mailto:helen.mathie@homelesslink.org.uk).