Public Health Agreement

for the

Provision of Care of the Homeless

1ST April 2023 to 31st March 2024

BETWEEN Surrey County Council **AND** The General Practice

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SURREY
COUNTY COUNCIL

Service Specification for the Provision of Care of the Homeless

1.0 Introduction

1.1. All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This specification outlines the more specialised services to be provided.

1.2. This specification outlines the more specialised care being offered above that normally provided through essential and additional services that General Medical Services are contracted to provide. *No part of the specification by commission, omission or implication defines or redefines essential or additional services.*

1.3 The specification of this service is designed to cover the enhanced aspects of clinical care of the individual receiving a service, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

1.4. This Service Specification is directed at Practices in areas of highest homelessness and will be reviewed on an annual basis with input from housing networks to ensure provision is available in areas of particular need and demand.

1.5 In the delivery of any services commissioned on behalf of the Council, Providers must demonstrate awareness and be responsive to the accessibility and needs of underserved groups in attempting to access services.

1.6 As part of delivery of this service,

- anonymised activity data will be shared with local CCGs to support understanding of and improvement in provision.
- practices will receive information on related local public health services relevant to our patients

2.0 Background

2.1 Homelessness is commonly used to describe a wide range of circumstances where people have no secure home. Homelessness is defined in legislation for the purpose of determining entitlement to help from local authorities. Certain groups are defined by law as being in priority need of housing. These include pregnant women, families with children, all 16 and 17 year olds, those who have physical and mental health problems, people who have experienced domestic or racial violence and people who are vulnerable following a stay in institutions.

2.2 However, in order to target health services on the most difficult to engage homeless people, it is necessary to consider a wider range of individuals. Many of the most chaotic and vulnerable may not be in contact with housing authorities. Groups to consider in this context of homelessness are:

i. rough sleepers

ii. hostel and night shelter residents

iii. bed and breakfast residents

iv. squatters

v. people staying temporarily with friends and relatives.

2.4 In Surrey, the number of households in temporary accommodation increased to 862 in December 2016 and has risen by 144% since June 2011. Rough sleeping is also on the rise and estimates of those sleeping rough have almost quadrupled in the last 5 years[1]. These rises are similar to those being experienced elsewhere in the UK.

2.5 Although the nature and extent of the health problems that face homeless people will vary according to their particular experience of homelessness (for example rough sleepers are often more likely to suffer from musculo-skeletal problems), research has shown that across the board, people who are homeless face an increased risk of mental illness, physical illness, of contracting infectious disease and drink and drug abuse.

2.6 The 2016 Surrey Homeless Health Needs audit provides a more detailed insight into the local health needs within the county[2].

3. Aims

The aims of this service are to:

3.1 Ensure there is enhanced support for homeless people engaging with practices in areas of the county with the highest homelessness and particularly where service provision (eg. hostels and temporary accommodation) means the need for appropriate primary care for this group is greater.

3.2 Ensure GPs are provided with the knowledge and resources about local service provision and networks to enable them to deal effectively with homeless people's health needs.

3.3 Ensure GP services are empowered to tackle the health needs of homeless people holistically by working with relevant services (eg housing and social services) to integrate homeless people into local communities.

[1] https://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1782
[2] https://www.surreyi.gov.uk/2017/03/15/surrey-homelessness-health-needs-audit-2016/

3.4 Encourage provision of outreach sessions in partnership with local service provision and networks to help meet the immediate health needs of homeless persons and encourage them to access mainstream provision.

4.0 Eligibility

4.1 It is generally recognised that all practices would support a homeless person should they come to their practice, however such occasional support does not automatically entitle a practice to sign up to this public health agreement and receive payment. In order to ensure appropriate and targeted provision therefore, prior to sign up, practices will be asked to briefly explain the reason for them wanting to sign up. This could include higher local levels of homelessness and / or proximity to local homeless related services such as hostels and temporary accommodation.

4.2 Provision by practices will be reviewed on an annual basis in collaboration with the LMC and local housing providers to identify any gaps in, or changes to the distribution of support provided through this public health agreement.

4.3 In order to ensure appropriate targeting , practices signed up are expected to have a minimum of 4 persons on their homeless persons register annually. Where there are fewer, continuation of provision under this public health agreement will be reviewed to agree whether it is the most effective use of resources.

5.0 Service outline – Provision of support: in the practice

This Public Health Agreement is for the provision of support as described below

5.1 **The development and production of an up-to-date register.** Practices should maintain a register of patients who are homeless using the relevant Read code

5.2 **Liaison with local statutory services and homelessness agencies. Practices should engage with and**support the development of appropriate joint protocols, e.g. with the local Homeless services as well as links with local A&E departments where appropriate.

5.3 **GPs and those supporting the homeless person should be aware of local homeless services and support and signpost patients whenever appropriate (see appendix 1)**

5.4 **The promotion of health services to those seen under this public health agreement,** ensuring that they are aware of the services available to them.

5.5 **Flexible registration procedures** allowing for practice postcode to be used for registration of the homeless who are rough sleepers to allow access to healthcare.

5.6 **Flexible appointment system** to encourage engagement

5.7 **Ensure all practice staff** have a good understanding of and sensitivity towards the particular problems faced by homeless people. As well as the issues associated with health and homelessness, this should include a general understanding of the range of problems faced by homeless people, e.g access to the appropriate housing and

problems with benefits. While this could be in the form of training, other informal mechanisms may also be appropriate such as through regular discussion and review at practice meetings.

5.8 **Ensure relevant guidelines on the prescription of drugs are followed** in particular if medication has street value or potential toxicity.

5.9 **Appropriate referral to counselling and psychiatric services where available.**

5.10 **Assessment of the physical and mental health of homeless people when registering and provision for appropriate and regular screening assessments** based on current research in relation to the health needs and problems of homeless people.

Key elements should include:

(a) a high index of suspicion for conditions of TB, hepatitis B and C and HIV and ensuring that screening is made available where appropriate.

(b) a high index of suspicion of substance use and, where appropriate, initial assessment and/or referral. (Appendix 2. Service and referral information)

(c) assessment of psychological wellbeing and referral if necessary.

(d) Practices are encouraged to provide the flu vaccine to homeless persons seen under this specification. Given the vulnerability of this patient group, where a person falls outside of the eligibility criteria, practitioners are encouraged to use their clinical judgement as to whether it would be appropriate.

5.11 **All practices involved in the scheme should respond to the annual review of provision that will be coordinated by public health.** This will include the provision of an summary of the homeless persons register for the year including:

a. anonymised demographic information.
b. number of times seen.
c. summary of referrals made.

(a) This will also provide an opportunity to identify **any gaps in provision and / or challenges observed or experienced over the year.**

6.0 **Service outline – Provision of support: outside the practice**

6.1 The provision of outreach sessions outside of the GP practice in partnership with local homeless providers and agencies is supported and encouraged by this specification. It is recognised that in such outreach settings the full application of the above service requirements may not be appropriate or realistic.

6.2 Where a practice is providing support to homeless patients through outreach sessions it is therefore recognised that the above provision described in 4.0 may not be fully possible due to a greater focus on immediate health issues however some record or register of persons seen should be maintained as a minimum.

6.3 Where appropriate efforts should be made to promote and encourage access to support within the practice as a means of engaging with mainstream provision longer term.

6.4 Practices are encouraged to develop local relationships with appropriate local service providers to facilitate outreach sessions however Public Health will offer to help facilitate such arrangements if beneficial and where opportunities arise.

7.0 Accreditation

7.1 Those GPs who have previously provided services similar to this service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the service and shall be deemed professionally qualified to do so. Useful resources that should be considered for continuing professional development include:
- BMJ learning module: Primary health care for homeless patients http://learning.bmj.com (subscription required)- Queens Nursing Institute Homeless and Inclusion Health – The Queen's Nursing Institute (qni.org.uk) This includes a range of resources including ability to sign up to homeless health network.

8.0 Monitoring and payment

8.1 Payment will be made quarterly in arrears

8.2 All claims are made via the quarterly claim form provided by the public health team or where agreed by public health, additional local mechanisms that have been developed to submit claims via a CCG or local GP federation can be used.

8.3 Practices must provide the required data monitoring activity to support their claims. Failure to provide this may result in the claim being delayed until the information is provided.

8.4 See Appendix 3 for payment structure.

8.5 The Council has the right to audit a practice against the claims received. Reasonable notice will be given to the practice prior to the audit.

[1] Shelter. *Housing and homelessness in England: The facts*. 2002
[2] Pleace & Quilgars. *Health and homelessness in London*. 1996:34
[3] Audit Commission. Changing habits – *The commissioning and management of community drug treatment services for adults*. 2002: 10
[4] London Drug policy Forum. *Housing drug users – Balancing needs and risks*. 1999: 5

[5] Randall G. *Drug services for homeless people – A good practice guide.* Homelessness Directorate, 2002: 15
[6] Randall G. *Drug services for homeless people – A good practice guide.* Homelessness Directorate, 2002: 15
[7] Ballintyne, S. *Unsafe streets – Street homelessness and crime.* IPPR, 1999: 16
[8] Audit Commission. *Changing habits – The commissioning and management of community drug treatment services for adults.* 2002: 10
[9] London Drug Policy Forum. *Housing drug users – Balancing needs and risks.* 1999: 5
[10] Randall G. *Drug services for homeless people – A good practice guide.* Homelessness Directorate, 2002: 15

Appendix 1

Up to date Information about key local housing outreach support services is available via the public health team via the public health claims email address.

Appendix 2

Up to date Substance misuse service and contact information is available via https://www.healthysurrey.org.uk/your-health/substance-misuse

Appendix 3

Payment Structure
The following payments will be made to those practices signed up to this public health agreement following demonstration of increased need / demand in their local area.

Homeless – A single retainer fee, payable per practice, per quarter - £257

Homeless – Yearly single payment per patient
registered as homeless (claimable once per year, not per quarter - £118.22

(It is expected that practices signed up will have a minimum of four persons on their homeless persons register each year to continue to qualify to be part of this PHA service)