Item 6.4

Report

Inclusive Edinburgh

Edinburgh Integration Joint Board

21 June 2019

Executive Summary

1. The Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to consider how they can reduce inequality of outcome caused by socioeconomic disadvantage when making strategic decisions. Guidance refers to homelessness, and prevention of homelessness.

2. This report informs The Edinburgh Integrated Joint Board (EIJB) on progress being made through The Inclusive Edinburgh Board – referred to as 'the Board' in this paper. The Board has directed health, housing, social work, police, third sector and local universities as they work together to deliver innovative and effective services, through the development of an integrated pathway of care, to reduce inequality of outcome and improve the lives of people who are homeless and have complex needs.

3. This report relates to a small proportion of the overall homeless population (around 1,200 people) for whom, despite significant resource allocation, outcomes remain poor. It does not focus on work being progressed through The City of Edinburgh Council's Rapid Rehousing Transition Plan and Homelessness Task Force Plan.

4. In 2016 the 'Complex Needs Review Group' reported to the EIJB that service delivery could be enhanced, and outcomes improved for people who are homeless and have complex needs through integration of health, housing, and social work services. The report recommended; a single point of access; single line management of the statutory services and new ways of working. The Inclusive Edinburgh Board were tasked with implementing this transformational change. In April 2018 a single line manager was appointed to the integrated service.

5. In May 2018, The EIJB agreed the business case for the creation of a new operational base for this service in the Cowgate. The building will co-locate the integrated service and its work with third sector partners. NHSL and CEC leads

have shown commitment to negotiate this joint initiative through persistent and productive negotiation and the current completion date is Nov 2020.

Recommendations

6. The Edinburgh Integration Joint Board is asked to:

   i. Endorse the approach set out for the delivery of innovative and integrated services which improve the lives of people who are homeless with complex needs;

   ii. Note the progress being made through the Inclusive Edinburgh Board in developing the service; and

   iii. Note that officers are making every effort to ensure that local politicians, residents, and businesses are fully informed of the development and its progress.

Background

7. The average age of death for people experiencing rough sleeping is 43 compared to 77 for the general population. People rough sleeping are 17 times more likely to experience a violent attack, and 9 times more likely to commit suicide.

8. Homeless people experience some of the worst health outcomes and tend to be amongst the highest users of urgent and emergency care, with four times the usage of hospital services and eight times the cost of inpatient services compared to the general population. Data from 2018 highlighted that 35 out of 55 people who attended the Emergency Department at the Royal Infirmary of Edinburgh were registered with Edinburgh Access Practice. Further, a survey of 150 randomly sampled Edinburgh Access Practice patients, whose average age was 39.4 years, had a health profile comparable to that of a general population cohort in their 80s.

9. People who are homeless with complex needs require health, housing and social care services above the quality and quantity of the general population. This offers equity in proportion to need as opposed to ‘equality’ which would automatically disadvantage them due to the complex relationships they have with care as well as the high burden of multi health and social morbidity issues they experience.

Main report

10. The Inclusive Edinburgh Board consists of a range of partners from statutory and 3rd sector strategic and operational leaders to service commissioners, academics, and frontline staff.

11. The Inclusive Edinburgh Board are contributing to reducing inequalities and improving the health and well-being of homeless people through interagency collaboration and service integration. Members recognise that a collaborative, person-centred, evidence based approach is essential to support sustained change and design and deliver effective services.

12. Edinburgh Access Practice (primary care) and The Access Point (housing and social work) are forming the basis of an integrated service, offering wrap around care and support that considers the person's physical, mental health, housing, and social care needs. Direct support is offered through; GPs, practice nurses, mental health nurses, clinical support worker, occupational therapist, medical and local authority business support and reception staff, housing officers, social workers, community care assessor and a community link worker. Third sector partners work alongside statutory services in delivering this support. The model is focused on keeping the ambitions and support needs of the person at the centre within a single point of access.

13. Support is also delivered within the integrated service through visiting services: Welfare Rights, Shelter, Employability, psychology, dentistry, pharmacy, optician, podiatry, psychiatry, midwifery, and health visitor. Academics and students from Edinburgh University and The Centre for Homelessness and Inclusion Health are also located within the service.

14. A governance structure is in operation providing clarity on operation and professional line management accountability and responsibilities and a transformational implementation plan is progressing.

15. The service is currently operating across 2 sites. The anticipated date for offering a single point of access is Winter 2020 when both teams move from their current operational base.

16. A project board is managing building transformation work at the new operational base. An element of the project budget has been set aside to support participation of 'experts by experience' in the building's redesign.

17. Some local businesses have expressed opposition to the development based on the perceived adverse impact it may have on tourism and recreation. In response to this The Chair of the IJB requested Councillors receive a briefing note to support them to address concerns and additional engagement work take place with the community. An open-door information event was held in the

Grassmarket Community Centre on 28 January 2019. Display boards presenting an artist's impression and the proposed plans for the building were set out. Fact sheets on the proposed service were provided and staff made themselves available to answer questions. Information and feedback sheets were also displayed on the CEC internet and NHS Lothian internet which resulted in 24 responses. Responses received mostly support the initiative but some expressed concern at its location. An impact assessment will be carried out which will address this. Requests for further information on the service were received from Dumbiedykes, St Marys Street and Grassmarket residents' groups and were responded to.

New ways of working

18. Instead of framing homelessness as a problem that affects individuals, emphasis within the integrated service is placed on the systemic causes and our response to this.

19. Many of the people supported in these services have experienced poverty and have had Adverse Childhood Experiences (ACEs) which have contributed to debt, hardship, increased risk of homelessness and failed tenancies in adult life. The service is one of 3 GP pilot sites across Edinburgh undertaking routine inquiry in relation to patient ACEs. We hope to enable many of the people we support to understand the connection between childhood trauma and some of the physical and mental health challenges that they face today and offer them a safe space to talk about these experiences.

20. We are working towards reducing the negative impact of ACEs by developing an adversity and trauma-informed workforce and service. Staff will be trained in responding to trauma, addictions and mental ill-health and supported to develop skills and adopt values of being understanding, approachable and adaptable, working alongside people building confidence, self-esteem, and a trusting relationship. A psychologically informed environment is being developed to support wellness, promote safety, security, and respect. Regular, reflective, protected time is being built into the service for multidisciplinary discussion where staff can work through challenges they face in their day to day practice. In addition, the service manager is working with front-line practitioners to understand what a reasonable caseload looks like to allow enhanced interaction with those being supported to enable delivery of the best possible outcomes.

21. The 'Beststart' recommendations recognise the more complex and higher intensity support needs of vulnerable pregnant women. It is recognised across services that midwifery care for vulnerable women could be improved and we are working with Public Health, the Centre for Homelessness and Inclusion Health and the midwifery team to try and establish a vulnerable women's

maternity service. Most of the women we support who go on to have children do not get to look after them. A medical student working within the service looked at some of the challenges women face when accessing our sexual health services. Key findings were that women often had other priorities and therefore sexual health/contraceptive needs were not discussed or addressed. Only 27% of women used long acting contraception. We also found that 57% of women were overdue on their smear. The female GP and practice nurses now routinely discuss contraception and encourage opportunistic smear tests during consultations in a "trauma aware" manner.

Housing and Accommodation

22. The Scottish Government's recently published Public Health Priorities recognises that settled housing is a key determinant to promoting health and well-being and a safe, secure, home is the best foundation for recovery and addressing other issues in your life.

23. City of Edinburgh Council's 'Housing First' approach provides ordinary, settled housing as a first response for people with multiple needs. It does this by offering permanent and independent tenancies with open-ended, flexible support without first requiring people to undergo treatment or demonstrate that they are 'housing ready'. Edinburgh's 'Housing First' programme is on track to deliver housing and social care support to 275 homeless people with complex needs by March 2021. Housing officers, social workers and the occupational therapist within the integrated service are supporting the Housing First model which is benefiting significantly the people we offer a service too.

24. There are around 47 people, within the integrated service, rough sleeping or in temporary accommodation for whom rapid rehousing or Housing First is currently not an option. This is because they have needs that cannot safely be met in mainstream accommodation. The Housing and Homeless Commissioner who sits on the Inclusive Edinburgh Board is seeking ways to develop more specialist support options for those people who need it.

Poverty

25. The Homelessness and Rough Sleeping Action Group (HARSAG) noted that above all other factors, homelessness is a result of the short and long-term impacts of poverty and to end homelessness this must be addressed. A fundamental element of moving out of homelessness for many people is access to employability and employment.

26. A GP within the integrated service chairs the 'Lothian Deprivation of Interest Group' which promotes high quality primary care for socially excluded groups and communities experiencing high levels of multiple deprivation. The service's GPs were involved in helping to redraft the Government GP registration guidelines that were published in Sept 2018 and

are currently liaising with Public Health and the Scottish Government regarding how we can support these guidelines to become common practice and legislation. We want to ensure that no person who moves on from our service struggles to access primary care and are working to produce health rights cards with NHS Health Scotland to ensure people have a resource with easy access information to their health rights.

27. The integrated service is working within the Refugee and Immigration Programme Manager (CEC), Health Board, and Public Health to explore and determine how we can respond to the health and social care needs of people who are homeless, destitute, and deemed to have no recourse to public funds which includes clarifying arrangement for those who are undocumented and seeing secondary care.

28. The service has an attached employability worker who provides support to homeless people with complex needs utilising the internationally recognise 5 stage model of supported employment.

29. On-site welfare rights and benefits advise supports people who are in financial difficulty.

30. Welfare benefits advice:

Number of people seen	610
Number of enquiries dealt with	755
Amount of new debt dealt with	£38,195.74
Income generation	£765,038.00

31. The 3rd sector housing organisation Shelter offer 2 sessions a week which are a combination of booked appointments and drop ins. Sessions run alongside the GP surgery. Over the past year rights based advice has been provided to 55 people. Second tier advice has also been provided to practice staff and social work. Outcomes have included supporting people to access temporary accommodation and reapply as homeless and helping people who have lost their priority for permanent housing regain this

Hep C Clinic

32. Homelessness is associated with increased incidence of Hepatitis C virus (HCV) infection which if left untreated can lead to liver damage (cirrhosis) and cancer. The availability of oral treatment for HCV is straightforward yet despite this, homeless populations remain difficult to engage in traditional hospital-based treatment services.

33. The Hep C Clinic (where people are also tested for HIV) within the integrated service is recognised as a model of good practice and was visited this year by

the Minister for Public Health and filmed for Reporting Scotland. Collaborative working between primary care (GP and Clinical Support worker) and secondary care (Hepatology Nurse Practitioner and Senior Clinical Pharmacist) integrates HCV treatment into routine healthcare provision in a location that is accessible and familiar to people we support. This results in cure of HCV which benefits the individual by improving health outcomes and contributes to the goal of elimination of HCV in the population. The HCV treatment service is an integral part of the service rather than an independent clinic and provides people with a truly holistic care model linking HCV treatment with their immediate social and healthcare needs all under one roof.

Harm reduction through Opiate Substitute Therapies

34. Opiate Substitute Therapies (OST) play a vital role in impeding the spread of blood borne viruses such as HIV and Hep C and contribute significantly to reducing drug related deaths in Scotland. A medical student has recently undertaken a piece of work to determine the time taken for an individual to go from presenting to the service to the initiation of OST and explored factors and obstacles from the person's perspective that influence this. The results on our initiating OST are impressive compared to other services in Edinburgh with 2/3 of patients initiated within 14 days of presentation (for these the mean is 4.2 days), the overall mean being 13.4 days. The reason for 1/3 being out with the 14 days is patient related reasons e.g. hospital, prison, or lost contact etc

Evidence Based practice

35. The University of Edinburgh and the Centre for Homelessness and Inclusion Health are members of the Inclusive Edinburgh Board with a vision to create a Centre of Excellence. They contribute to the integrated service by supporting research initiatives and providing student led services to help and strengthen the physical and mental wellbeing of the most marginalised people in Edinburgh. To date their work has included:

- Ensuring research and evidence on homelessness informs and drives both policy and practice within the Inclusive Edinburgh Board and integrated service;

- Basing students within the integrated service. A graduate is funded through a University of Edinburgh grant to offer rights-based support and legal advice 12 hours a week; and

- Launching a Masters' level course in Homelessness and Inclusion Health – the first of its kind in Scotland on 17 January 2019. A total of 40 people are currently on the programme. This has also provided opportunities for practice staff and for people with lived experience of homelessness to contribute to the design and teaching on the course

36. Future work with Edinburgh University and The Centre for Homelessness and Inclusion Health will include developing learning and teaching opportunities, and co-producing research with academics and people who are experts by experience in the integrated service.

Outreach work to engage people with services

37. The Inclusive Edinburgh Board is committed to finding alternative ways to reach people who are not being supported and are vulnerable. Swift street-based interventions are delivered to individuals sleeping rough in Edinburgh as indicated below.

38. The Interagency Street Network (Streetwork, Police, Community Psychiatric Nurse, Senior Housing Officer, and Senior Social Worker) meet to discuss and share concerns, consider possible interventions, and innovative ways of working with vulnerable members of the street dwelling community. They also allocate personal budgets (from Scottish Government funding) to help prevent rough sleeping in Edinburgh.

39. A street triage team consisting of the above members accompany Police Scotland on its vulnerable individual patrol (VIP). The VIP operates on a twice monthly basis and has received positive publicity with coverage in both traditional and social media.

40. 'Operational Threshold' – a Police led initiative directed towards addressing the harm caused by drug use in Edinburgh. Whilst there is a conventional enforcement element, there is also a strong desire to effectively dovetail with the city's rich partnership network in terms of support and treatment services to ensure those at risk of harm are appropriately signposted/referred.

41. An outreach pharmacy project has operated from the integrated service since August 2018 and was the subject of a Reporting Scotland BBC News report. A pharmacist is paired with a Streetwork outreach liaison worker one day a week to provide assertive health outreach to rough sleepers, beggars, and the homeless community in Edinburgh City Centre. The pharmacist prescribes independently on the streets to people who are homeless whilst the outreach worker leads on directing the pharmacist to known begging and rough sleeping sites. Over the past 6 months:

- 172 health interventions have been delivered and 113 items prescribed.
- Patients that needed a GP appointment were given a "gold card" which ensured they were seen on the same day. 70% of those given a gold card went on to attend the GP clinic.
- 74% without a registered GP, registered on the same day. Of those registered, 61% went on to engage with the service.

42. GP and nursing services are provided on a Monday evening at the night care shelters. From Oct 2017–April 2018, 17 people registered with the integrated service having been seen at the care shelter.

43. Housing Officers and social workers have undertaken homeless and community care assessments in hostels, rapid access accommodation and even on park benches when people have struggled to present at offices

44. 'All4Paws' offer a free vet outreach service for people who are homeless from our premises. A member of staff from the integrated service attends this and promotes uptake of health and social care support. Since December 2018 - 3 people have registered with a GP.

Future work

45. A working group supported by Tracy McKinlay (Information Governance Manager NHS Scotland), Sarah Hugh-Jones (Information Compliance Manager CEC), and Ian Brooke (Deputy Chief Executive EVOC) has been established to progress the challenges we have in sharing relevant information across agencies. The group will continue to meet until appropriate systems are in place to allow us to support people effectively and meet regulatory requirements.

46. Joint performance indicators and outcome measures are being developed within the integrated service to support continuous improvement and measure whether the work being done is ultimately making a different to people's lives.

Key risks

47. The keys risks are:

- Delay in building work resulting in continuing separate service delivery for this vulnerable from sub-standard accommodation. A project board risk register is in place to monitor and manage this risk.
- Objections from local business and residents may delay the planning process. Engagement with residents and businesses is ongoing

Financial implications

48. There are currently no financial implications arising from this report. The aim is to deliver developments to the building within budget.

Implications for Directions

49. Directions have already been issued in terms of capital investment.

Equalities implications

50. The work described in this report seeks to re-address and reduce inequalities for people who are homeless and have complex needs.

51. An impact assessment is currently underway.

Sustainability implications

52. NHS Lothian are leasing the building from the City of Edinburgh Council for a period of 10 years. Providing services under a single point of access consolidates provision and contributes to a reduction in staff and service user travel.

Involving people

53. The expertise of people with lived experience will drive this process alongside the views and experience of front-line practitioners.

54. The project board has agreed to set aside funding from the project budget to involve people with lived experience in the wider building design work. This focus of this will be design of the waiting room.

55. The University of Edinburgh in the Development and Alumni office (philanthropy) have been successful in obtaining a £6,000 grant to develop a bespoke piece of art work. The identified artist will work with experts by experience to develop and produce art installation for the building. The grant will cover the cost of the artist and provide vouchers for the experts by experience involved in the project.

56. Support is currently being sought to develop a therapeutic garden at the back of the new building alongside experts by experience.

Impact on plans of other parties

57. The work outlined in this report has links to substance misuse, mental health, and housing plans.

Background reading/references

http://webarchives.gov.uk/20130123201505://www.dh.gov.uk/en/Publicationsand statistics/Publications/PublicationsPolicyAndGuidance//DH 114250

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Appendices

None.