

Improving the Health and Well-being of Homeless & Specific Vulnerable Groups

Health Board	Hywel Dda UHB
Date of Report	October 2020
Report Prepared By	Strategic Partnerships, Diversity and Inclusion Team Inclusion.hdd@wales.nhs.uk

Health Boards are expected to have in place assessments and plans to identify and target the health & well-being needs of homeless & vulnerable groups of all ages in the local area. Vulnerable groups are people identified as: homeless, asylum seekers & refugees, gypsies & travellers, substance misusers, EU migrants who are homeless or living in circumstances of insecurity.

Reporting Schedule: This form is to be submitted on 30 October 2020 covering the period 1 October 2019 to 30 September 2020. **Completed form to be returned to:**

hss.performance@gov.wales

Reporting Period: 1 October 2019 to 30 September 2020

Standards	Key Actions Achieved	Risks to Delivery	Corrective Actions
Please refer to the checklist on the evidence that is to be provided for each Standard (page 3)			
1. Leadership The Health Board demonstrates leadership driving improved health outcomes for homeless and vulnerable groups.	<p>The Lead Executive Director for Vulnerable Groups is the Director of Public Health. They also have the executive lead for Equality and Carers. The Director of Public Health continues to Chair the Area Planning Board (APB) for substance misuse.</p> <p>The APB's strategy identifies housing as a key priority and the spending plan includes a contribution to a supported housing project to increase available beds from 5 to 9.</p> <p>Meeting the needs of Carers, Homeless and Vulnerable Groups, Sensory Loss and substance misuse is reflected in the Hywel Dda University Health Board Annual Plan and is reported on via BPPAC, with updates at the JET meetings provided by the respective Directors.</p> <p>The Area Planning Board attends scrutiny committee at Carmarthenshire, Ceredigion and Pembrokeshire County Councils.</p> <p>The Health Board's Homeless and Vulnerable Groups Partnership Forum has support from the Health</p>	<p>Lack of prioritisation of the homeless and vulnerable groups' agenda across the Health Board.</p>	<p>The Homeless and Vulnerable Groups Partnership Forum continues to monitor progress against the standards and increase membership.</p>

	Board's Clinical Director and the Independent Member with an interest in homelessness.		
2. Joint Working The Health Board works in partnership with the Local Authority, service users, third sector and stakeholders to improve health of vulnerable groups and contribute to the prevention of homelessness	Partnership groups include: <ul style="list-style-type: none"> • Dyfed Area Planning Board (Substance Misuse) • West Wales Regional Partnership Board • Regional Housing Support People Collaborative Group • Regional Armed Forces Forum • Homeless and Vulnerable Groups Partnership Forum • Housing Support Planning Group • Homelessness Forums • Gypsy Traveller Steering Group • Syrian Vulnerable Persons Resettlement Programme groups • Community Cohesion Groups Diversity training to cover asylum seekers, refugees and migrant workers delivered to Health Board staff, with attendance extended to other partners including local authority, Dyfed Powys Police and the Third Sector. Hate crime awareness training was provided by Victim Support during Hate Crime Awareness Week. The Education Programme for Patients, in partnership with the Strategic Partnerships, Diversity and Inclusion team are working with local communities to develop a culturally sensitive education programme to be delivered in Arabic for those being resettled under the Syrian Vulnerable Persons Resettlement Scheme (SVPRS). Ceredigion Council is currently implementing its well-being and care pathway as part of integrated working. This new way of working provides residents the means to identify the right help they need at the right time and values prevention and early intervention	Jointly funded projects rely on the ongoing commitment to the project from all partners involved. Lack of capacity for staff to complete non-mandatory training.	To maintain our joint working it is important that firstly this work is seen as a priority by all partners. Bespoke training has been commissioned from Third Sector organisations, to ensure specific training needs are met. The training will be available to staff working in primary, community and secondary care.

	<p>as core principles for the way it works. The pathway places people at the centre of any plan of support. They will be able to get the solutions they need, when they need, following a proportionate assessment. Porth Gofal is a partnership between Ceredigion County Council, Hywel Dda University Health Board, and third sector organisations. This includes Prevention Support Officers alongside a Senior Social Worker, Occupational Therapist, Physiotherapist, District Nurses, links with the third sector and a dedicated input from Families and Children Services. Under the new model, the focus of assessments shifts from identifying problems and generating demand towards promoting the independence of residents.</p> <p>The Health Board's Youth Health Team - Iechyd Da - works with vulnerable young people up to 25 years of age, across the counties of Carmarthenshire and Ceredigion, who are not in school e.g. those who are not in mainstream education (alternative curriculum and electively home educated), those who are NEET (not in education, employment or training), Looked After Children and young people and care leavers, those who are supported by the Youth Offending Prevention Service, and those who are homeless or vulnerably housed.</p> <p>Due to the Covid-19 pandemic and in line with government guidelines as to how we are able to work with young people and their families whilst maintaining social distancing, team members adapted and adjusted their working practices accordingly. Referrals have been received for young people who found lockdown challenging, the return to education and training overwhelming and also are experiencing additional life stresses eg bereavement, parental separation and unstable housing.</p> <p>Currently, the service offers:</p>		
--	--	--	--

	<ol style="list-style-type: none"> 1.Distance based support utilising the technology available ie Team and Skype 2.1:1 support in line with government guidelines and Health Board governance. 3.Continue to offer health support to supported housing placements for young people across both counties 4. Collated emotional health packs and have distributed them to young people and partner agencies across both counties. 5. Packs have also been sent to colleagues in Pembrokeshire and Swansea upon request. 6. Liaise with our colleagues able to offer counselling services at this time for young people unable to access services through an education establishment. 7. Liaise with colleagues across all sectors regarding young people who are educated through alternative provision, electively home educated, those who receive support from school based social workers and education welfare service and those who are NEET. 8. Link in with colleagues to address the emotional health and wellbeing needs of Young Carers. 9. Fulfilled any and all statutory duties through working closely with our colleagues in children services, youth support services and youth justice services. 10. Pre-emptively holding discussions across both counties with the relevant parties regarding how to manage the post lockdown transition for young people who are particularly vulnerable eg at risk of offending behaviour, substance misuse issues, sexual health matters, cse and misper risks. <p>The Health Board has worked in partnership with the Local Authorities, Third Sector and others, during the Covid-19 pandemic via the various forums and Covid specific homelessness coordination cells.</p> <p>A partnership sub-group has been established to support asylum seekers who are staying temporarily in</p>		
--	--	--	--

	Pembrokeshire. The partnership includes Primary and Secondary Care, Local Authority, Public Health, Police, Third Sector, Home Office and accommodation providers.	Risks include an increase in vulnerable people needing to access healthcare services, including Primary and Unscheduled Care, communication needs and tensions in the local area.	The sub-group is working in partnership with Primary & Secondary Care, WAST, Local Authority (including Community Cohesion), Dyfed Powys Police and other partners to address emerging issues. Interpretation services are available 24/7.
3. Health Intelligence The Health Board works in partnership with the Local Authority, service users, third sector and stakeholders and demonstrates an understanding of the profile and health needs of homeless people & vulnerable groups in their area.	<p>A Veterans needs assessment carried out by the Health Board and Local Public Health Team and has now been adapted by Public Health Wales for use as an all Wales resource.</p> <p>A homelessness needs assessment developed in conjunction with the Local Public Health Team, is in first draft.</p> <p>Understanding the local profile and health needs, identifying gaps in service provision and engaging with stakeholders is integral to the wider transformation activity being carried out across the Health Board, such as Transforming Mental Health and the Health and Care Strategy.</p> <p>Pre-existing health intelligence produced by partner organisations is used to inform need such as the RPB population needs assessment and PSB Well-being assessments. Other sources include National and local rough sleeper counts, data on drug related mortality and research such as the links between exposure to ACES and increased risk of homelessness.</p> <p>Health intelligence is used regarding the additional needs of vulnerable groups during the Covid-19 pandemic. This is supporting activity with partners through the Gypsy and Traveller Steering Group, Homelessness Forums, Homeless Coordination Cells.</p>	<p>Time and capacity constraint will determine what can be achieved and over what timescales. This still remains a work in progress due to the Covid-19 response.</p> <p>Health intelligence has also identified the widening health inequalities and disproportionate effect of Covid-19 on BAME</p>	<p>A team of community outreach staff will be employed during Q3 to develop close links to local authorities, Third Sector and community organisations to</p>

		<p>communities and vulnerable groups.</p> <p>Risks include a potential lack of funding for the outreach staff.</p>	<p>raise awareness and understanding of Test Trace Protect (TTP) and will support wider health messages, especially those thought to be contributory factors to disproportionate adverse outcomes for individuals.</p>
<p>4. Access to Healthcare</p> <p>Homeless and vulnerable groups have equitable access to a full range of health and specialist services.</p>	<p>Presentation by the Strategic Partnerships, Diversity and Inclusion team to Primary Care Leads to raise awareness of the standards and address any accessibility issues.</p> <p>Attendance by the Strategic Partnerships, Diversity and Inclusion team at Primary Care GMS Access and Sustainability Forum to support progress with accessible appointment systems and implementation of the Access to in-hours GMS Service Standards.</p> <p>An Interpretation and Translation procedure has been developed so there is a robust process for ensuring access to appropriate interpretation services, including the use of online interpretation services.</p> <p>Information on COVID-19 in multiple languages has been made available to the public via the Health Board website and through social media.</p> <p>A partnership sub-group has been established to support asylum seekers who are staying temporarily in Pembrokeshire, to ensure that they have access to healthcare.</p>	<p>The capacity to provide face-to-face interpretation during COVID-19 will be affected by interpreters who are symptomatic, self-isolating and social distancing.</p> <p>Funding constraints remain the main risk to ensuring equitable access to the full range of specialist services.</p> <p>Currently, the GMS contract still has an emphasis on telephone triage for same day appointments, which can create barriers to access for homeless and other vulnerable groups</p>	<p>Commissioning of an online interpretation service for all Health Board services was brought forward.</p> <p>Ensuring needs assessments and gap analyses include all vulnerable groups</p> <p>Other methods of accessing GP services for more urgent/same day appointments should be explored.</p>
<p>5. Homeless & Vulnerable Groups' Health Action Plan (HaVGHP)</p> <p>The Health Board leads the development, implementation &</p>	<p>The HaVGHP is developed and monitored through the Homeless and Vulnerable Groups Partnership Forum.</p>	<p>A need to embed the newly formed Partnership Forum to ensure representation across HDUHB services, Local Authority and Third</p>	<p>The Partnership Forum has endorsement from the Health Board's Clinical Director and support from the Independent Member</p>

monitoring of the HaVGHAP (as an element of the Single Integrated Plan & regional commissioning strategies) in partnership with the Local Authority, service users, third sector & other stakeholders.		Sector and prioritisation of key actions.	with an interest in homelessness.
--	--	---	-----------------------------------

To prevent separate updates being commissioned for vulnerable groups, please ensure that the update you provide considers all vulnerable groups.

- For gypsy and travellers, when providing an update, please consider the outcome measures as detailed in 'Travelling for Better Health'. Travelling for Better Health is available at: <http://gov.wales/docs/dhss/publications/150730measuresen.pdf>
- For refugee and asylum seekers, when providing an update, please consider the key actions required within the guidance issued in December 2018, available at: <https://gov.wales/docs/dhss/publications/health-and-wellbeing-provision-for-refugees-and-asylum-seekers.pdf>

Evidence Checklist: Improving the Health and Well-being of Homeless & Specific Vulnerable Groups

General: The Health Board leads the development, implementation and monitoring of the HaVGHAP (as an element of the Single Integrated Plan & regional commissioning strategies) in partnership with the Local Authority, service users, third sector & other stakeholders.	
	Questions to consider when completing the reporting template
Risks to Delivery	<ul style="list-style-type: none"> Has there been an increase in the numbers of people within specific vulnerable groups you are supporting or is there an element of increased complexity? Has there been a change in funding allocated to the vulnerable groups from either a health, local authority or third sector perspective; which effects how the Health Board may support the group? Are there sufficiently skilled staff to deliver services and meet the needs of the homeless and vulnerable groups? Despite there being identified needs across the whole population, the Health Board is only currently providing a service within one region.
Leadership	<ul style="list-style-type: none"> Does the Health Board have a lead/named person who has responsibility for the strategic direction and service delivery for homelessness and vulnerable groups? Do the single integrated plan and regional commissioning strategies include information on homelessness and vulnerable groups or is there a separate strategic plan which specifically focuses on this area? If not what are the governance arrangements?
Joint Working	<ul style="list-style-type: none"> How do the Local Authority, Third Sector and people who use services inform the strategic plan and shape service delivery?
Health Intelligence	<ul style="list-style-type: none"> Does the Health Board identify the needs of homeless and vulnerable groups within their community through their population needs assessment? Is any additional information collected to inform how services are developed and or delivered? (For example National Rough Sleeper count, Stats Wales, Home office data, information from GPs and Local Authorities).
Access to Healthcare	<ul style="list-style-type: none"> How does the Health Board ensure that vulnerable groups with different language, culture and communication needs are supported to access health services? How widely is the language line used, are other translation services used within the Health Board, do people have access to a clinician or staff who speak their language and have staff attended cultural competency training? How does the Health Board support all vulnerable groups to access generic health services? The response should consider GPs, dental care and whether information is available to signpost people about the services available? Has the Health Board got any specialist services/support for the different vulnerable groups? <p>(e.g. homelessness in x region is a significant issue and research tells us that this group has poorer health and accesses health services far less than the general population. We have developed a specialist team which includes a lead GP, nurse specialist and mental health worker. We work closely with charities and undertake outreach work in the community).</p>