

<b>REPORT TO:</b>	<b>York Health Overview and Scrutiny Committee</b>
<b>REPORT FROM:</b>	<b>John Keith, Head of Primary Care Governance</b>
<b>REPORT DATE:</b>	<b>06 December 2012</b>
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<b>Ref</b>	
<b>REPORT SUBJECT:</b>	<b>Up-date report – the re-provision of the Travellers and Homeless Medical Service in the City of York</b>

## **PURPOSE**

The purpose of this report is to provide an up-date to the York Health Overview and Scrutiny Committee, about the re-commissioning of the Primary Medical Services (PMS) Homeless service in York.

## **BACKGROUND**

The PMS Homeless service was set up in April 2000 with the aim to ‘reduce health inequalities by providing effective, accessible and responsive primary health care services to homeless or Traveller clients who are not registered with a local General Practitioner (GP) or who have difficulty accessing health care services’

The service then evolved to deliver care to patients who remain homeless within the York area, but dealt with a large proportion of the patient group who have chaotic lifestyles, and problems with drugs, alcohol and mental health problems, all of which can be associated with some of the issues relating to being homeless.

In the past the service was managed under the Provider part of the NHS North Yorkshire and York (NHS NYY), prior to the completion of Transforming Community Services (TCS), however at the time the provider services were to be transferred via TCS, the PMS homeless service was to be tendered to a General Practice within York. This was not completed and the Primary Care Directorate of the NHS NYY took over the management of the service.



During the last 18 months the Primary Care Directorate has managed the service, during this time there was a full service review which determined, that in its current form the service was not clinically effective. The outcome of this review also found that the service did deliver some of the health care needs to the registered population; but it did have some short falls in the robustness of the service delivery.

Therefore as part of the service review, there were three possible options, these were proposed to ensure that the service was more robust in its delivery, the options were –

1. The service to be tendered to a General practice to deliver the full service
2. To commission a service from the most appropriate provider, to develop and run a Specialist Homeless/Traveller Team comprised of two whole time equivalent nurses, based with a current service provider in the area, and supported by GP practices who would be commissioned via a Locally Enhanced Service (LES) for the Homeless.
3. To decommission the current PMS homeless service. This would require the homeless population and travellers to be sign posted from such organisations such as hostels, Accident & Emergency (A&E) and the Walk-in Centre services to local GP surgeries for their registration.

At the time the preferred option was to commission the service as described in option two above.

These proposals were presented to both the local clinical commissioning group, and the City of York Health Overview and Scrutiny committee, who both gave it their support.

The service was then considered in three different aspects of its delivery, these were –

1. The General Medical Services (GMS) element
2. The Drugs and alcohol misuse element
3. The mental health element

### The GMS element

Within the proposed option it was envisaged that this element would be commissioned via a locally enhanced service (LES), with up to three York GP practices signing up to it. However; the final result due to the financial implications of the NHS NYY, it was felt that the registered patient population would be able to register with any GP practice in the York area; this did however enable patient choice and not restrict the patients to any one practice.



There was a number of patients identified, who were deemed to be more vulnerable or in need of more support. It was decided that these patients would be supported in registering at one practice, which be able to give the patients extra support and time, the practice is to be paid for this extra support via a LES, at present the practice has registered approximately 50 patients.

The PMS Homeless practice did have a registered population of 195 patients; these patients have been supported in their re-registered with the other practices in the York area, including the Practice, which has registered the more vulnerable patients.

This has included efforts by the staff at the service in supporting the patients with the process of re-registering, including accompanying the patients to the Practice of their choice, introducing them to the Practice staff and helping them with the registration forms.

### The Drugs and Alcohol misuse element

Whilst the service was running from the Monkgate site, a large proportion of the work has been to enable the treatment and support to the patients who have drug and alcohol addiction problems; this was supported by additional funding from the Drug and Alcohol Action Team (DAAT), within the City of York Council.

At first, it was envisaged that this funding would continue and the service would form part of a paratactic service maintained by one of two nurses, however following a review of the service delivery by the DAAT. It was decided that the funding would be used to support an existing service in the City, run by Lifeline, which is an organisation that supplies a support and treatment service to this client group.

It was then agreed that the patients who require this treatment would be transferred to Lifeline to continue their treatment, the staff who were currently managing these patients in the PMS Homeless service again supported this.

Along with the service that was transferred to Lifeline, there was an additional service delivered by a dual diagnosis nurse, supporting a number of patients with both addiction issues and mental health issues.

This service is to be commissioned and delivered by the Leeds and York mental health partnership, who now provide the Mental health services in the York area.

### The Mental Health Element

The PMS Homeless service was set up to delivered in general GP services, however over the time of the service was been delivered, a proportion of the patients presented with either Drug and alcohol issues, there has also been a large proportion of the registered patient who suffer from mental health illness.



In order to effectively manage these patients there has been a very close working relationship with the community Psychiatric nurse, along with the community Psychologist.

This work will still continue as it is commissioned separately to the PMS homeless service, and the staff concerned currently see patients who are registered at other practices in the York area.

## **Conclusion**

The service has now been closed and all the patients either have registered with a practice of their choice, or have been encouraged to register with a practice that will support them if they have been identified as requiring additional support. All patients who were receiving treatment for their drug and / or alcohol issues have now been registered with the local provider of this service, the patients who were receiving mental health treatments have continued with their existing service.

There has been some slippage in the ending of the service and it is envisaged that all staff either will have left the service by the start of December 2012, to other agencies in the area via a Transfer of Undertakings (Protection of Employment) (TUPE) arrangement, or have been made redundant.

## **ACTION**

The Committee is asked to **consider** the above report as part of their discussion.

