

Report of the Director of Public Health

Medical services for homeless people and Gypsy and Roma Traveller communities

Summary

1. This report outlines the re-provision of medical services for homeless and Gypsy and Roma Traveller (GRT) clients of the former Primary Medical services (PMS) Homeless Service. It assesses the benefits and concerns around the new model, and proposes that the new Health Inequalities Partnership (a sub group of the Health and Wellbeing Board) leads on monitoring health needs and outcomes and influencing service provision for vulnerable groups such as these.

Background

2. Members have previously received detailed reports from John Keith (then Head of Primary Care Governance at NHS North Yorkshire and York) about a review of the travellers and homeless medical service (or 'PMS' – primary medical services) and subsequent changes to how those services are provided. Members expressed ongoing concern about this vulnerable group of patients and asked for a further report by the Director of Public Health about the services and future monitoring of them.
3. To recap, the York Homeless Service was set up in April 2000 as a PMS contracted service 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 GP or who have difficulty accessing health care services'. Over time, the service evolved to support mainly homeless clients with a combination of chaotic lifestyle, drug, alcohol or mental health issues.

4. A review in 2011 found that whilst clients and partners agencies were very positive about the service, the service model was not robust (for example, if the practice nurse was on leave, patients couldn't get their dressings changed). Concerns were also raised that having a separate service could exacerbate social exclusion.
5. The decision was taken to decommission the PMS Service and re-provide its services through other routes. Clients were supported to register with and use the replacement services.

Current services

6. The key areas of service and the current model are outlined below:

- General medical services:

Clients were supported to register at a GP practice of their choice. Around fifty of the most vulnerable clients were registered at a single practice which is able to give them extra support and time, paid for through a Local Enhanced Service (LES). Responsibility for commissioning GP services is now with NHS England (previously known as the NHS Commissioning Board) and its North Yorkshire and Humber 'Area Team'.

- Drug and alcohol services

All PMS clients who were receiving support for drug and alcohol issues were transferred to Lifeline. This service is commissioned by York Drug and Alcohol Action Team (DAAT) within the Council and reviewed on an annual basis.

- Mental health services

The provision of this service was not affected by the decommissioning of the PMS as it was, and continues to be, commissioned through Leeds and York Mental Health Partnership.

7. The new model of service provision has strengths, including:
 - Encouraging and supporting use of mainstream services
 - Financially more sustainable
 - Less vulnerably clinically due to small staff numbers

8. However, concerns have been expressed that the loss of the dedicated service may adversely affect some former clients who struggle with mainstream services, especially accessing GPs. Other concerns for homeless and GRT health services are around the loss of services such as the dedicated the health visitor post for homeless and GRT families – this was not part of the PMS but ended last year when the post holder retired.
9. Overall, the change in service from the decommissioning of the PMS has led to a more sustainable and clinically safer service; however any change in service provision such as this is a vulnerable time for an already vulnerable client group, and as such their health needs should continue to be assessed.

Future Monitoring

10. The 200 or so former PMS clients represent only a proportion of the homeless and Gypsy and Roma Traveller communities in York. It is important therefore that we consider the range of diverse needs within both these communities. These two groups are likely to have the poorest health outcomes in the city.
11. As part of the developing Gypsy and Traveller Strategy being led by Housing Services, the Public Health team are undertaking a Gypsy and Roma Traveller Health Needs Assessment. Whilst we know that data is very limited both nationally and locally, this will help us to prioritise local needs and set baselines for improving health outcomes.
12. The Homeless strategy in York focuses on prevention and numbers of rough sleeper are low. However, many families are vulnerable economically, and this links to the Council's workstream on poverty. Rather than funding a service for a small number of homeless and ex-homeless clients, we need to be ensuring the health needs of all families who are struggling with their housing situation are being met.
13. The Health and Wellbeing Strategy focuses on reducing health inequalities and targeting resources to those with poorest health outcomes. All the key local partners responsible for commissioning and delivering health services have signed up to this. A health inequalities partnership is being set up, which will deliver these commitments on behalf of the Health and Wellbeing Board.

It seems sensible for this partnership to take a lead in monitoring the health needs of homeless people and Gypsy and Roma Traveller communities, and driving action to improve or refocus services (or access to services).

14. Ongoing monitoring will therefore be via a number of different routes:
- Normal contract monitoring
 - Health inequalities partnership
 - GRT and Homeless strategies

Consultation

15. None.

Options

16. This report is for information only.

Council Plan

17. This links particularly to Protecting Vulnerable People and Building Stronger Communities.

Implications

18. **Financial** no implications
- **Human Resources (HR)** no implications
 - **Equalities** no implications
 - **Legal** no implications
 - **Crime and Disorder** no implications
 - **Information Technology (IT)** no implications
 - **Property** no implications
 - **Other** no implications

Risk Management

19. There are no known risks.

Recommendations

20. Members are asked to note the report.

Reason: To keep Members updated of medical services for homeless people and Gypsy and Roma Traveller communities.

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**Report
Approved**



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Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers:

Reprovision of the Traveller and Homeless Medical Service, John Keith. Report to Health Overview and Scrutiny Committee, 12 June 2012.

Update report: the reprovision of the Traveller and Homeless Medical Service, John Keith. Report to Health Overview and Scrutiny Committee, 6 December 2012.