

Rough Sleeping: Homelessness Prevention Strategy Consultation

Healthwatch Birmingham welcomes the opportunity to respond to Birmingham City Council's consultation on *Rough Sleeping: Homelessness Prevention Strategy*. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. In line with our role, we have focused our comments on:

- Patient and Public Involvement.
- Whether the proposals are responsive to the needs of those accessing services, ensuring that they do not lead to health inequality.
- The extent to which the proposed plans address the needs of Birmingham citizens, particularly those affected by homelessness.

Healthwatch Birmingham welcomes that Birmingham City Council are taking steps to ensure the *Birmingham Homelessness Prevention Strategy 2017+* best meets the needs of the public and the current environment by adding this addendum, the *Rough Sleeping Action Plan 2020-23*.

Patient and Public Involvement

We are disappointed to note that the documents have only been available online, and that we are not aware of any other steps taken to engage the public in this consultation. We also note that the documents have not been offered in any other format, excluding those with language or sensory impairment needs from taking part. There is not a phone number or postal address to allow anyone without digital access to respond.

Whilst we are aware that this consultation is an addendum to current strategy, it is disappointing that the consultation period is over a short timeframe, and that steps haven't been taken to widen the participation of the public.

It is useful that the needs analysis document has been included, to offer the public the chance to understand the current status of homelessness within the city. We note this was updated to include April 2020 information about the 'Everyone-In' Government instruction. However it does not give a further update on the current situation within the city, leaving members of the public to draw their own conclusions about the current number of rough sleepers since the Government funding changed.

The needs analysis document did not consider demographic needs based on ethnicity or sexual orientation. It is pleasing to note that the Council have considered how nationality and immigration status will affect whether an individual has recourse to public funds. It also identifies that migrant homelessness is likely to be undercounted and that there is a great risk of such individuals being exploited in modern slavery. However it is disappointing that this risk is not addressed within the strategy. Healthwatch Birmingham would like to see



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clear mention in the consultation report the steps that Birmingham City Council are making to identify and assist individuals who are at risk of, or currently being exploited by modern slavery.

The documents provided in support of this consultation including the draft strategy itself is not clear on what engagement activities took place prior to the consultation. As a result, it is unclear the extent to which the views of the public and other stakeholders were taken into consideration in developing the five themes. Healthwatch Birmingham would like to urge you to not only listen to people's views but also demonstrate how these views have affected the final strategy. This will ensure that people feel part of the decision-making process not just rubber stamping decisions that have already been made.

Feedback from patients

Healthwatch Birmingham have engaged with a number of homeless individuals in the last few years to better understand their needs and barriers they may face when accessing healthcare in our city.

"I am homeless and in need of several daily medication for my pancreatic failure, neuralgia and severe insomnia. I have long term pain medication and if I don't take my medication I start hallucinating, I can't sleep for days and have memory failure. It affects me severely. I have recently been moved to supported housing and I've had to change my GP as a result of this. I have just registered with this GP and asked for an urgent appointment as I am panicking as my medication is running out. I am really desperate. They just tell me that I need to go to walk in centre or to see my old GP. However I can't get my prescription from walk in centre or A&E as I have such strong medication. My old GP removed me from the patient list as soon as I was moved without even consulting me. I feel like I am going to do something really bad if I don't get help. I just had to walk away feeling totally helpless as I know I couldn't get angry or lose my patience as they would just get an excuse not to see me and help me in the future. I know they judge me as a homeless person they just see me as a tramp."

"I have operations booked in at Solihull hospital for my leg. I am on the verge of becoming homeless after the operation. No one is willing to assist me with accommodation. I currently live with my friend and cannot afford the rent. Hospital informed that as soon as I found accommodation and where to live after the operation they will be able to proceed with the operation."

These experiences highlight the difficulties that homeless people face in having treatment for health conditions. Delays to treatment based on a lack of housing, and problems getting consistent medication and moving to a different GP practice are both barriers to wellbeing.

"I recently saw my GP for a physical health issue and asked for mental health support, but they never referred me and said to deal with the physical problem first. I feel like I am going to have a serious crisis if I don't receive mental health support asap."



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“I am desperate to get help for my mental health. I need help, I have never been offered any support or counselling and I am desperate”

This feedback highlights the importance of mental health support that is accessible and quickly available.

Proposed Strategy

We note that one of the actions in the addendum is to develop a communications plan to raise awareness about rough sleeping with the public. We believe that this falls short of addressing the needs of rough sleepers. It is important that the council has a clear engagement strategy that indicates how it will engage with various stakeholders including the public and most importantly rough sleepers. It is not clear how the Council intends to listen to people who are homeless/rough sleepers to ensure that these actions are meeting their needs. There have been innovative projects by charity organisations like Groundswell during the lockdown aimed at listening to the experiences of homeless people and using these to develop solutions. Healthwatch Birmingham would like to see an emphasis on using the insight, experience and involvement of homeless people or rough sleepers, to drive service design and continuous improvement through the life of this strategy. As such it should be clearly noted who will be responsible for ensuring this feedback is collected and the process for considering the feedback, improving service design and feeding back to the public the changes their feedback has made. This should be clearly laid out in the Delivery, Governance and Oversight section.

Healthwatch Birmingham has been working in partnership with various commissioners and providers of health and social care across Birmingham to ensure that they meet their legislative duty to involve patients and the public in the commissioning of services. Equally, that they meet their duty to listen to seldom heard groups. A Quality Standard has been developed by Healthwatch Birmingham and NHS England West Midlands. It provides the basic approach to using patient and public insight, experience and involvement to identify, and understand and address barriers to service improvement and address health inequality. We believe that developing an engagement strategy using the Healthwatch Birmingham Quality Standard would ensure that engagement does not suffer. The Quality Standard consists of a series of objectives covering the process of: Identifying, understanding and addressing health inequality and barriers to improve health outcomes. It also covers such issues as: learning from working with patients and the public; communicating with patients and the public; evaluating the impact of decisions; and developing organisational culture.

We would welcome working with you on the Quality Standard. More information on the Quality Standard can be found [here](#).



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We welcome the implementation of a new mental health outreach services commissioned by Birmingham Solihull Clinical Commissioning Group (BSOL CCG). However it is not clear whether this service will cover the whole of Birmingham, especially West Birmingham, which falls under Sandwell and West Birmingham Clinical Commissioning Group, and the Black Country and West Birmingham Sustainability and Transformation Plan (STP).

As highlighted in the feedback we have received, many individuals have struggled to access appropriate primary care, particularly registering with a GP practice. Healthwatch Birmingham would like to suggest that support to overcome this barrier is detailed throughout the service. This may be of particular importance to any individual being housed under Housing First, in potentially a new neighbourhood.

The strategy is not clear on the resources it requires to deliver the commitments outlined nor does it take into account the difficulties that might prevent effective implementation of the strategy. We believe that there should be a financial commitment attached to the delivery of the strategy. We believe that being clear about the resources needed to implement the strategy will also be crucial to prevention. It will help the council to take a more proactive approach to prevention and shift from crisis management.

Generally, Healthwatch Birmingham agrees with the five themes outlined in the strategy. However, the Council needs to consider drawing up actions and outcomes that are measurable, are clear on who is responsible for carrying out particular actions, are realistic in regards to resources required and clearly state when they will be achieved.

Yours Sincerely,



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