



## **LC14-22 Salford Homeless Health Peer Advocacy (HHPA): Additional information**

**Sept 22**

This document has been developed to provide information needed to resolve questions raised by the panel in response to Shelter's submission for the Innovation & Improvement Fund.

Questions answered include:

1. How will the project link to Primary Care Networks and existing outreach services e.g. drugs/alcohol/Mental Health?
2. Will funding be required year on year to ensure sustainability?
3. How many homeless people are there in Salford? (seeking to understand target population, and the extent of reach into that which is offered by this project).
4. Does this work align with any specific existing strategic or work priorities the Salford Homelessness Team currently have?

### **1. How will the project link to Primary Care Networks and existing outreach services e.g. drugs/alcohol/Mental Health?**

The Salford HHPA project will be well integrated with Primary Care Networks in Salford and will provide robust support to ensure patients are able to access existing outreach services such as drug and alcohol support, community mental health services etc.

**We will link into Salford's Primary Care Networks by:**

- **Promoting the project** to a variety of primary care services in Salford (e.g. SPCT, Achieve, GMMH), multi-agency working groups and forums, etc. building positive relationships and tailored referral pathways. The Salford Peer Coordinator (to be recruited) will be responsible for developing and maintaining relationships with healthcare providers, with support from the existing Project Coordinator, Ped Durling.

- **Building on existing relationships** with SPCT's Inclusion Service and existing community homelessness support services, e.g. Loaves and Fishes, we will help bridge gaps within existing pathways, supporting services to continue to improve and address intersecting homelessness and health needs.
- **Developing referral pathways** between primary care services and our HHPA project. Using this referral pathway, primary care providers will be able to refer known homeless or multiply disadvantaged patients into HHPA for support. In doing so, our project will support primary care services to better meet the needs of homeless patients, resulting in increased capacity for the referrer and better health outcomes for the patient, with the ultimate aim of moving them out of homelessness.
- We will **additionally support homeless patients that are currently unknown to, and unregistered, with primary care services to register and commence accessing healthcare services**. We will do this by building relationships with community support services already working with this cohort, as well as through proactive outreach, drawing on the lived experiences and connections of our Homeless Health Peer Advocates. To ensure outreach is as impactful as possible, we will target hard to reach and under-represented demographics/cohorts across Salford, targeting key neighbourhoods and communities.

The Salford HHPA project will additionally enhance existing PCN and community-based support services by facilitating lived experience involvement in service improvements and recommendations. This could include, but is not limited to, community reporting, forming new lived experience groups, on-the-ground research, contributing to PCN outreach objectives, etc.

Finally, **our project will link in with existing outreach and community-based services by:**

- **Promoting our project** with a range of community-based outreach and support services. We will develop referral pathways enabling easy referral of service users into Salford HHPA.
- **Helping patients to self-refer into community services**, e.g. drug, alcohol, mental health etc.
- **Providing peer support** for patients to attend appointments with community services following referral by their GP. Peer support has proven to improve and sustain engagement with community support services.

- **Working collaboratively and delivering drop in/outreach support** into community services. HHPA will be well integrated within the ecosystem of community health and homelessness services by collocating, delivering drop-in sessions and working collaboratively with staff.

As well as linking in with existing PCN and community services, our project will be monitored and evaluated throughout delivery. Key findings and case studies will be proactively shared with PCNs and community services, demonstrating the impact the pilot is having, evidence benefits of longer-term investment and contribute towards influencing positive systemic change to address health and homelessness inequalities.

## **2. Will funding be required year on year to ensure sustainability?**

In the short-term, year on year funding is required to continue delivery of HHPA. The long-term aim, however, is that by piloting HHPA we can demonstrate the positive, impact the project can have, leading to widespread adoption of the model (or lesson learned) within commissioned healthcare services. This would create a fairer, more supportive healthcare system which understands and supports the additional needs of homeless and multiply disadvantaged patients.

Therefore, there are two possibilities for ensuring the work of HHPA continues beyond the lifetime of this 12-month Innovation Fund:

- Securing additional year on year funding by targeting a range of external and internal funders.
- Adoption of HHPA model and commit to integrating lived experience Homeless Health Peer Advocates within commissioned clinical services.

Our long-term goal for HHPA, is for the model to be adopted and embedded within commissioned health care services. We understand however that this can take a long time to achieve and therefore do not see this as a viable option in the short-term to continue the HHPA beyond the lifetime of this Innovation Fund.

We hope that by piloting HHPA in Salford, we can demonstrate the impact, cost saving and benefits of adopting/commissioning HHPA in the future. As it is unlikely that HHPA will be adopted as a core commissioned service within the lifetime of this 12-month pilot, Shelter and Groundswell will continue exploring external funding streams to extend the pilot in Salford.

Exploration of external funding streams to continue delivery beyond the lifetime of this 12-month Innovation Funding stream will encompass:

- Targeted promotion of the HHPA model to a range of local and national funders e.g. National Lottery. Shelter and Groundswell's Development and Fundraising Departments have already commenced exploration of possible continuation funding streams.
- Collation of data, feedback and case studies which demonstrate the impact the project is having in improving health outcomes for homeless and multiply disadvantaged communities in Salford.
- Analysis of the cost savings achieved through delivery of the HHPA model, using this to promote adoption within core commissioned clinical services.
- Submission of a range of targeted funding applications to continue delivery in Salford

### **3. How many homeless people are there in Salford? (*seeking to understand target population, and the extent of reach into that which is offered by this project*)**

It is difficult to accurately quantify the number of homeless people in any area. This is due to a range of factors including the transient, cyclical and often hidden (e.g. sofa surfing, squatting, living with friends/family) nature of homelessness.

Additionally, our HHPA project works with a range of individuals who are not only homeless, but are at risk of homelessness or face multiple disadvantages – we define homelessness and multiple disadvantage as anyone who is/has experienced the intersecting nature of the below inequalities:

- Sofa surfing
- Rough sleeping
- At risk of homelessness e.g. living in insecure, poor quality private rented accommodation
- Living in temporary accommodation
- Mental ill health
- Domestic abuse
- Involvement with the criminal justice sector
- Substance misuse
- Removal of child(ren) into care

Whilst it is difficult to quantify, we have attempted to demonstrate the scale of the issue:

A report published by Salford Primary Care Together's Inclusion Service in 2022 found that "At the end of 2020, there were approximately 1160 active homeless cases open in Salford and

approximately 1000 individuals in the Asylum Seeker cohort. People are housed in statutory accommodation, emergency accommodation and with independent registered providers. This includes hostels, dispersed properties: HMOs and self-contained flats”.

Official figures however are likely to underestimate the level of need, as some types of homelessness, such as sofa surfing, go undocumented.

Through our proposed HHPA service, a minimum of 75 people experiencing homelessness in Salford, who are not currently engaging with health services, will be registered and commence accessing care.

Continued delivery of the HHPA project will increase the scale of individuals supported as well as helping to create sustainable change within the health sector. By continuing to pilot the project, we will better address the causes and consequences of homelessness and health inequality in Salford as:

- An additional 75 people per year will be supported to register with and access care.
- Health services will be more aware of the needs of homeless patients and better able to support them by adopting new ways of working.
- Health inequalities of homeless communities will be reduced as long-lasting changes implemented within the way health services are delivered.
- Increased opportunities for those with lived experience to access voluntary/paid employment by engaging with the project. These staff/volunteers will help further the impact of lessons learned by implementing changes within the new workplaces.

**4. Does this work align with any specific existing strategic or work priorities the Salford Homelessness Team currently have?**

Homeless Health Peer Advocacy directly aligns with the [Salford Homeless Strategy for 2018-23](#). The project specifically supports Salford to achieve the following strategic priorities, as outlined within this strategy:

<b>Salford Homeless Strategy 2018-23 priority:</b>	<b>How HHPA supports Salford to achieve this priority:</b>
<b>Strategic priority ONE:</b> Preventing homelessness	HHPA supports people who are already homeless, as well as those who are at risk of homelessness, for example, those living in unsuitable, unaffordable and unsafe private rented accommodation.

	<p>Our project will support Salford to achieve it's aim of preventing homelessness by:</p> <ul style="list-style-type: none"> <li>• Supporting people who are at risk of homelessness to address their health needs – people at risk of homelessness are a target cohort which this project will support.</li> <li>• Linking in with Shelter's regional Greater Manchester Hub to support patients to improve their housing circumstances e.g. improve conditions of their tenancy by liaising with landlords to remove toxic mould or supporting patients to move into more suitable accommodation.</li> </ul>
<p><b>Strategic priority TWO:</b> Reduce the impact of homelessness</p> <p>The strategy outlines a priority to 'improve the health of homeless people'</p>	<p>HHPA directly supports the achievement of this priority by:</p> <ul style="list-style-type: none"> <li>• Improving access and engagement with primary care services, including improved attendance at planned appointments, improved understanding of clinical systems and help to understand personal health needs/conditions.</li> <li>• Providing practical support to attend appointments and engage with health services e.g. taxi's to appointments.</li> <li>• Providing peer support via a Peer Advocate who has experienced homelessness and is trained to support people who are homeless to navigate the health system.</li> <li>• Improving homeless patient's ability to access and sustain housing as part of a journey out of homelessness.</li> </ul> <p>Our project will additionally improve the health of homeless people in Salford by:</p> <ul style="list-style-type: none"> <li>• Supporting healthcare providers to identify and trial improvements that address systemic barriers which exacerbate health inequalities.</li> <li>• Facilitating coproduction events which capture the user voice of homeless patients, sharing this information with health providers to enabling them to make appropriate changes to improve and sustain the health of homeless communities.</li> </ul> <p>We are experienced in supporting health services to capture the lived experiences and voice of 'hard to engage' users. In February 22, we supported the Salford Dual Diagnosis Homeless Team by facilitating a coproduction event to better understand the impact of the Homeless</p>

	<p>Out of Hospital Care Model. We received the following feedback from Paul Kelly from Local Government Association.</p> <p><i>The workshop 'enable[d] the voice of people with lived experience to be heard alongside those of frontline professionals... This collaboration provides an important opportunity to co-produce the development of the out of hospital care model in Salford, ensuring the lived experience of people will shape the values, principles and ways of working for this service.</i></p> <p><i>The outputs from the day had the voice of people using these services at their centre. These included the development of shared values, agreed "I statements" (the user voice) and "We statements" (the commitment from services) that will inform service improvement, delivery and evaluation".</i></p>
<p><b>Strategic priority</b> <b>THREE:</b> Eradicate the need for rough sleeping</p>	<p>People sleeping rough are a target cohort for this project and we will contribute towards the strategic aim of eradicating the need for rough sleeping by:</p> <ul style="list-style-type: none"> <li>• Supporting people who are at risk of homelessness to prevent their circumstances deteriorating and resulting in homelessness. We support people by empowering them to understand and enact their housing rights, liaising with landlords, supporting people to move into more suitable accommodation etc.</li> <li>• Supporting people to move out of homelessness and address the causes and consequences of homelessness, reducing the likelihood of rough sleeping in the future.</li> <li>• Raising awareness of the link between health and homelessness, enabling earlier intervention to prevent needs escalating to point of rough sleeping.</li> </ul>