

# Maple Access Practice

October 2016



	<p><b>Information provided by Dr Simon Tickle, GP with Special Interest complex mental health needs and substance misuse, and Andy Garnett, Clinical Support Co-ordinator Mental Health Team and outreach worker</b></p>
1	<p>Please describe your understanding of the nature, causes and extent of homelessness and rough sleeping, and the impact that homelessness has on the health, wellbeing and safety of homeless people.</p>
	<p>Our perception is that there is inadequate housing provision and also housing support in Northampton, with over-rigorous exclusion of our patients requesting housing. This is exacerbated by problems caused by the cessation of housing benefit and resulting evictions. Benefits are sometimes stopped without investigation so patients become homeless.</p> <p>Homelessness and the threat of it destabilises patients with existing mental health problems and increases our work load, and that of the Council and other public services we assume.</p> <p>Lack of liaison between prisons and the Council: often our patients are released from HMP without anywhere to live, or their housing is reallocated when they are sentenced. There is then a subsequent increased risk of relapse into substance misuse and recidivism into offending behaviour.</p> <p>Homelessness increases physical health problems too: homeless patients attend A&amp;E more, make increased demands on the out of hours service and have higher hospital admissions. The ambulance service's workload, and that of the police, also increases when called by members of public concerned about rough sleepers.</p> <p>Patients who are mentally unwell and are rough sleeping are vulnerable and at risk of physical and sexual assault on the streets.</p> <p>Medical and psychological therapeutic treatments have limited success until a patient is adequately housed as it is impractical and sometimes unsafe to treat people on the street.</p>
2	<p>Please describe the services, assistance and support that are available to people who are homeless, including rough sleepers.</p>
	<p>Oasis House; Hope Centre; No Second Night Out; Jesus Fellowship; Salvation Army; Maple Access GP Practice providing open access and support for mental health and physical problems; CGL support for substance misuse; housing support services - Gateway (although our perception is that these services have been reduced); police; ambulance; hospital.</p> <p>We feel that there has been an increase in unrealistic and stringent conditions set to access homelessness services. Patients are being asked to jump</p>

	through more hoops before being considered for housing services. Stable accommodation is a necessity for future work to manage patients' physical and psychological health problems, address addictions, rebuild their lives following prison sentences, etc - see Maslow's hierarchy of need.
3	Please provide details of the contribution that your organisation is making (through its work and the initiatives in which it is involved) to tackle, prevent and reduce homelessness and rough sleeping in the borough.
	We feel that homelessness and rough sleeping can only be reduced by the provision of housing. We have found it increasingly difficult over the years to get Northampton Borough Council to accept this and provide additional housing. Improvements to patients' health are limited if homelessness continues.
4	Please provide details of the action that your organisation is taking to improve the health, wellbeing and safety of homeless people.
	Open access and on the day appointments for patients to address physical and mental health problems at our surgery in Hazelwood Road; 3x weekly clinics at Oasis House with one of our Mental Health Nurses and our Clinical Support Coordinator; outreach visits; mental health team and support worker; weekly clinic with GP with Special Interest in complex mental health needs and substance misuse. We are funded through NHS England PMS contract.
5	Please provide details of the local Homelessness Strategy and Rough Sleepers Strategy and how their implementation is being monitored and assessed.
	We are not aware of this strategy.
6	Please provide details of the arrangements that have been put in place to provide rough sleepers with emergency shelter during severe weather.
	As far as we know provision during severe weather is via the Hope Centre at Oasis House, or No Second Night Out.
7	Please provide us with any statistics and data you hold in relation to the number of people / households that are homeless, and details of the methodology you have used to count the number of people sleeping rough.
	We record homelessness as NFA (no fixed abode) and currently have 218 patients registered in this way. However this figure underestimates the extent of homelessness as many patients are "sofa surfing" with "care of" addresses, or living in unstable and temp accommodation.
8	Are you aware of any specific groups that are not accessing local services and, if you are, please can you provide details and describe the reasons why some homeless people are difficult to engage and support?
	Patients with severe psychological problems or addictions are often barred from services as their behaviour can be very challenging and anti-social; some patients lack social capital and social skills to be able to communicate

	<p>their needs and assert their rights without advocacy; others continue indefinitely in temporary situations relying on relatives and friends to help; some patients chose to live on the streets and continue rough sleeping.</p> <p>Since funding has been pulled from third sector and other voluntary agencies, we have noticed a reduction in the provision of outreach and advocacy workers</p>
9	<p>Are there any significant gaps in service and do the services link together well enough?</p>
	<p>Homeless people are vulnerable and need advocacy via sympathetic and accessible outreach workers, as often they are suspicious of “authorities” and do not attend centres, Council offices, or organised programmes for their wellbeing.</p> <p>We feel that homelessness has increased since the DWP benefit reforms; some of our patients are wrongly failing medical assessments and losing their benefits. There is a shortage of advisors, advocacy and support workers to attend appeals with patients to speak on their behalf and help regain housing benefit. The current DWP medical assessments can contribute to financial hardship and increase homelessness as they are often conducted by inappropriately experienced assessors who do not understand the impact of complex mental health problems or substance addiction on a patient’s ability to work.</p>
10	<p>How can we increase awareness of the services, assistance and support available to people who are homeless, including rough sleepers?</p>
	<p>We feel that there is awareness, however there is lack of services and inadequate support to cope with the volume of homeless in Northampton. There is a lack of housing stock and slow turn-over of properties. Unrealistic housing provision.</p>
11	<p>What action is being taken to ensure that all agencies and members of the public know what to do if they know that someone is homeless or sleeping rough?</p>
	<p>We feel that members of the public and agencies are frustrated – homelessness is reported, but very little is done; our patients remain homeless due to inadequate housing provision and lack of support.</p>
12	<p>Do you have any other information you are able to provide in relation to homelessness and rough sleeping?</p>