

# Access to health and social care services for Northamptonshire's homeless and vulnerably housed population

## The views of homeless people and professionals

March  
2017





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# Summary

On hearing that the Northampton Borough Council Overview and Scrutiny Committee were examining the provision of services for homeless people in Northampton, Healthwatch Northamptonshire undertook a piece of work to find out more about the views and experiences of using health and social care services of this seldom heard group. We were particularly interested in finding out about the barriers homeless people face when accessing and using local services, including: primary care, urgent care, mental health services, wellbeing services, and social care and support services.

Healthwatch Northamptonshire spoke to five organisations working with homeless people across the county and 25 homeless people or people who had been recently homeless in Northampton, Rushden and Wellingborough.

We heard about some good support for homeless people in Northampton and other towns across the county, particularly that provided by homeless charities, but the support available across the county appears to be variable.

Access to GP practices was not as big a problem as we expected it to be - many in Rushden told us they had remained with the practice they were with before becoming homeless and homeless people in Northampton were able to use Maple Access Partnership surgery, which they felt understood their needs and provided good treatment. However, we also heard that due to a lack of GP places in Rushden, some homeless people had to register at practices out of town, which they were unable to get to. We also learnt that homeless people often distrust GPs and health professionals, feeling they do not understand their lives and the issues they face, or that they do not need to register with these services if they are not ill or in pain.

Rather than wanting better access to services such as GPs and dentists, the homeless people we spoke to prioritised their more immediate needs, such as having somewhere to sleep (many struggled to sleep at night due to the cold and concerns about safety or being moved on), dry feet and podiatry services, and access to good, hot food. We also learnt about how alcohol is used to help people cope with their circumstances and how this can be a barrier to people accessing mental health services and other support, due to professionals not understanding how the two are linked.

Many homeless people experience mental health issues and access to psychiatrists and Community Psychiatric Nurses (CPNs) was difficult for some, particularly outside of Northampton. Again, homeless people desire to be treated holistically by mental and physical health professionals, rather than being made to address problems, such as alcoholism, before receiving treatment for other health issues.



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# Background

## Homelessness

As explained by the homeless charity Crisis<sup>1</sup>, ‘In its broadest sense, Homelessness is the problem faced by people who lack a place to live that is supportive, affordable, decent and secure. Whilst rough sleepers are the most visible homeless population, the vast majority of homeless people live in hostels, squats, bed and breakfasts or in temporary and insecure conditions with friends and family.’<sup>2</sup>

People who experience homelessness are often amongst the most vulnerable people in our society, suffering from a combination of poor housing, unemployment, low income, bad health, poor skills, loneliness, isolation and relationship breakdown.

Whilst there is some debate over the precise definition of homelessness there is a widespread acceptance that homelessness is about more than rooflessness. A home is not just a physical space; it provides “roots, identity, security, a sense of belonging and a place of emotional wellbeing”<sup>3</sup>. It is also a practical pre-requisite to living and working in modern society, with a permanent address often being a basic requirement for employers and other essential services.

In the United Kingdom homelessness is most commonly defined and discussed in terms of Homelessness Legislation, the first of which was introduced as the Housing (homeless persons) Act in 1977.<sup>4</sup> Whilst the legal definition of homelessness is pitched in broad terms those who are actually accepted as homeless (the statutory homeless) and eligible for support by Local Authorities are a much narrower group. Those who are not clearly entitled to support are largely single people (people without dependents) they are the Hidden Homeless.’

Nationally, the number of rough sleepers has risen by 16% since a year ago and it is estimated there were around 4,134 people sleeping rough on any one night across England in Autumn 2016<sup>5</sup>, more than double the amount since 2010.

## Homelessness in Northamptonshire

Based on the official rough sleeping counts and estimates carried out between 1 October and 30 November 2016, there are 39 people sleeping rough in Northamptonshire (see Table 1: Street counts and estimates of rough sleeping in England, Autumn 2012 - 2016 Table 1, most of these figures are estimates). This is a

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<sup>1</sup> [www.crisis.org.uk](http://www.crisis.org.uk)

<sup>2</sup> ODPM (2002) More Than A Roof, A report into tackling homelessness.

<sup>3</sup> Warnes A, Crane M, Whitehead, N and Fu R (2003) Homelessness Factfile, Crisis

<sup>4</sup> Burrow, Pleace & Quilgars (1997) Homelessness & Social Policy

<sup>5</sup> Department for Communities and Local Government Rough sleeping statistics England Autumn 2016 Table 1 ([www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016](http://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016))



decrease of 24% since 2015 and the first decrease since 2012 (although still the fourth highest number in the last seven years). The average number of rough sleepers per 1,000 household in Northamptonshire is lower than the average for England (all of England and England excluding London). This is also the case for all districts apart from Corby, which has a proportion of rough sleepers higher than the national averages.

Table 1: Street counts and estimates of rough sleeping in England, Autumn 2012 - 2016<sup>6</sup>

Local Authority	2012	2013	2014	2015	2016	Number of Households (projected number) for 2016 ('000s)	2016 Rough Sleeping Rate (per 1,000 households)
Corby	2	10	9	10	6	28	0.22
Daventry	0	0	1	1	4	33	0.12
East Northamptonshire	3	3	3	3*	4	38	0.11
Kettering	7	11	6	5	3*	42	0.07
Northampton	5*	9	19	25	14	95	0.15
South Northamptonshire	6	2	2	0	3	37	0.08
Wellingborough	4	7	5	7	5	33	0.15
<b>Northamptonshire Total</b>	<b>27</b>	<b>42</b>	<b>45</b>	<b>51</b>	<b>39</b>	<b>306</b>	<b>0.13</b>
<i>% change from previous year</i>	<i>-13%</i>	<i>56%</i>	<i>7%</i>	<i>13%</i>	<i>-24%</i>		
<b>England</b>	<b>2,309</b>	<b>2,414</b>	<b>2,744</b>	<b>3,569</b>	<b>4,134</b>	<b>23,229</b>	<b>0.18</b>
<i>% change from previous year</i>	<i>6%</i>	<i>5%</i>	<i>14%</i>	<i>30%</i>	<i>16%</i>		
<b>London</b>	<b>557</b>	<b>543</b>	<b>742</b>	<b>940</b>	<b>964</b>	<b>3,589</b>	<b>0.27</b>
<i>% change from previous year</i>	<i>25%</i>	<i>-3%</i>	<i>37%</i>	<i>27%</i>	<i>3%</i>		
<b>Rest of England</b>	<b>1,752</b>	<b>1,871</b>	<b>2,002</b>	<b>2,629</b>	<b>3,170</b>	<b>19,640</b>	<b>0.16</b>
<i>% change from previous year</i>	<i>1%</i>	<i>7%</i>	<i>7%</i>	<i>31%</i>	<i>21%</i>		

*Note: Each Local Authority either conducts a street count or provides an estimate, \* denotes Local Authority has conducted a street count.*

The majority of rough sleepers in the county are British males over the age of 24 (Table 2).

It is important to note that the rough sleeper figures do not include the number of 'sofa surfers' and vulnerably housed, etc. Table 3 gives an indication of the total

<sup>6</sup> Department for Communities and Local Government Rough sleeping statistics England Autumn 2016 Table 1 ([www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016](http://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016))



number of 'statutory homeless' between July and September 2016, which was above the national averages overall and for Corby, Northampton and Wellingborough.

Table 2: Demographics of rough sleeping in England, Autumn 2016<sup>7</sup>

Local Authority	Total rough sleeper count/ estimate 2016	Female	Under 25 years old	Non-UK rough sleepers from EU countries	Rough sleepers from outside the EU
Corby	6	1	0	0	0
Daventry	4	1	0	0	0
East Northamptonshire	4	0	0	0	0
Kettering	3	1	1	0	0
Northampton	14	2	3	3	1
South Northamptonshire	3	1	0	0	0
Wellingborough	5	0	2	2	0
<b>N'hant total</b>	<b>39</b>	<b>6</b>	<b>6</b>	<b>5</b>	<b>1</b>

Table 3: Local authorities' action under the homelessness provisions of the 1985 and 1996 Housing Acts (decisions made during the July to September quarter 2016)<sup>8</sup>

Local Authority	Number of Households (projected number) for 2016 ('000s)	Numbers accepted as being homeless and in priority need	Number per 1,000 households	Eligible, homeless and in priority need, but intentionally	Eligible, homeless but not in priority need	Eligible, but not homeless	Total decisions
Corby	28	20	0.72	9	-	-	30
Daventry	33	13	0.39	-	-	-	18
East Northamptonshire	38	14	0.37	8	-	-	31
Kettering	42	22	0.52	-	-	14	46
Northampton	95	122	1.29	-	-	23	165
South Northamptonshire	37	19	0.52	-	-	-	21
Wellingborough	33	34	1.03	-	-	10	53
<b>N'hants Total</b>	<b>306</b>	<b>244</b>	<b>0.80</b>	<b>17</b>	<b>0</b>	<b>47</b>	<b>364</b>
<b>England</b>	<b>23,229</b>	<b>14,930</b>	<b>0.64</b>	<b>2,530</b>	<b>4,900</b>	<b>7,040</b>	<b>29,400</b>
<b>London</b>	<b>3,589</b>	<b>4,580</b>	<b>1.28</b>	<b>700</b>	<b>1,010</b>	<b>1,330</b>	<b>7,620</b>
<b>Rest of England</b>	<b>19,640</b>	<b>10,360</b>	<b>0.53</b>	<b>1,830</b>	<b>3,890</b>	<b>5,700</b>	<b>21,770</b>

<sup>7</sup> Department for Communities and Local Government Rough sleeping statistics England Autumn 2016 Table 2 ([www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016](http://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016))

<sup>8</sup> Department for Communities and Local Government Homelessness statistics 15 December 2016 ([www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness](http://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness))



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## Support for homeless people

In England, local authorities have a statutory duty to help people if they are homeless or threatened with becoming homeless<sup>9</sup>. People in this situation should first go to their local council, where they will be asked a range of questions to determine whether they meet the legal definition of homelessness<sup>10</sup>, and therefore the criteria to be helped by the council. Questions include assessing their vulnerability and whether it is safe for them to reside in the property (if there is one). Where a person does not meet the criteria for housing then local councils should provide information to the person on where they can go for further help with accommodation. People also have the right to appeal a council's homelessness decision and should be encouraged to seek independent advice as soon as possible if the council states that they cannot assist.

It is important that people who are not given council assistance are signposted to local homeless support organisations, local charities, night shelters and other services where they can obtain food, warmth and alternative accommodation, and often healthcare clinics and assistance with claiming benefits. A priority for homeless people is to find a bed for the night but there are only two formal night shelters operating in the county (The Sanctuary in Rushden and the newly opened Northampton Night Shelter), plus some churches offering sleeping arrangements for homeless people during cold weather. Therefore homeless people can end up sleeping on the street or, at best, being able to stay a few nights with a friend before having to move (sofa surfing).

There are a number of charities and other organisations who support homeless people in Northamptonshire via a range of means, including:

- provision of hot or cold food
- provision of support to move on into other accommodation and apply for benefits
- quality marked independent legal advice in relation to housing, welfare, benefits and debt
- help registering with a GP or dental practice and obtaining mental health treatment where necessary
- help with drug and alcohol misuse
- help with securing employment

These charities and voluntary organisations provide what for many seems to be a lifeline and crucial role in keeping homeless people alive and well.

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<sup>9</sup> [england.shelter.org.uk/get\\_advice/homelessness/help\\_from\\_the\\_council\\_when\\_homeless](http://england.shelter.org.uk/get_advice/homelessness/help_from_the_council_when_homeless)

<sup>10</sup> [england.shelter.org.uk/get\\_advice/homelessness/homelessness\\_-\\_an\\_introduction/legal\\_definition\\_of\\_homelessness](http://england.shelter.org.uk/get_advice/homelessness/homelessness_-_an_introduction/legal_definition_of_homelessness)



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# Method

## Steering group

The project was directed by a steering group, which included a representative from Northampton Hope Centre (which provides help and support to homeless people at the Oasis Centre in Northampton) and a homeless person to offer insight and suggestions to help develop the project.

Data was collected in two stages:

### Stage one - homeless support organisations

Services that currently exist in local areas were identified via the Homeless Link website<sup>11</sup> and local contacts. We spoke with the following services to ascertain what health and social care provision is available locally and what the benefits and barriers are to homeless people accessing these services:

- Northampton Hope Centre
- Accommodation Concern (Kettering)
- The Daylight Centre (Wellingborough)
- East Northants Community Services/The Sanctuary (Rushden)
- The Mayday Trust (Daventry)

### Stage two - focus groups

We facilitated three focus groups with homeless people - two at Northampton Hope Centre (nine people in total) and one at The Sanctuary in Rushden (15 people). We also planned a fourth focus group at the Daylight Centre in Wellingborough but only one user of the centre who identified themselves as homeless wanted to talk to us.

The focus groups took the form of table discussion with users of these centres. Having analysed the data we collected, we determined that we had sufficient information for us not to need to talk to homeless people directly on the street.

## Limitations

Due to our desire to produce a report in time to inform the Northampton Borough Council Overview and Scrutiny Committee we focussed on gaining a 'snapshot' of people's experiences, mostly in Northampton. Further work would enable us to find out more about the experiences of homeless people in other parts of the county, especially Corby as we were not able to speak to an organisation there.

This project focussed on the ability of homeless people to access health and social care services and it was never the intention to analyse or address the causes of homelessness. However, the steering group raised other issues faced by homeless people that were beyond the scope of this project to investigate.

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<sup>11</sup> [www.homeless.org.uk/facts/homeless-england](http://www.homeless.org.uk/facts/homeless-england)





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# What people told us

During the three focus groups we heard from 25 people who were currently homeless or who were on the path to getting their life back together.

We also spoke to a range of organisations providing either accommodation or support, or both, to homeless people in Northamptonshire (see Method)

## Health needs

Being homeless makes it difficult to lead a healthy lifestyle. Poor sleep, inadequate diet, and difficulty in maintaining personal hygiene, coupled with problematic access to health care and difficulties maintaining a treatment regime can lead to poor health. Additionally, many homeless people have alcohol, drug, and/or mental health problems, which can lead to neglect of, and exacerbate, any physical health issues<sup>12</sup>. The homeless support organisations we spoke to commonly see people with people who are malnourished and suffering from the effects of cold as well as tooth ache/rotten teeth, bowel issues, respiratory issues, bad feet, trench foot, etc., blood borne diseases, liver issues, and mental health issues.

All of these issues contribute to an increased risk of death<sup>12</sup>. The average age of death from homeless people is 47 years old, 30 years earlier than for the UK population overall. Young homeless people (16-24) are twice as likely to die as their contemporaries and this increases to four to five times for 25-34 year old and five to six times for 35-44 year old.

## GPs

It has commonly been thought that struggling to access primary care, particularly General Practitioners (GPs), was an issue for homeless people. However, during the focus groups we were told that this is not always the case. Often homeless people retain their own GP from before they were homeless and are therefore able to see that GP when they need to (this was the case for nine people at the Rushden focus group). Others told us that they did not want to see a GP as they did not trust them (or the medication or treatments they were offered - this was felt by all but one of the focus group in Rushden - 14 people) or that they felt they did not need to be registered with a GP or dentist as they were medically fit and healthy.

Registering homeless people as new patients at GP practices can be still be an issue in some parts of the county. The Sanctuary in Rushden told us they are unable to register patients at the local GP practices as they are not taking on any further patients. Registering at a practice in a nearby town is sometimes suggested as an alternative, however, it is particularly difficult for homeless people to travel to register or see a GP as they often have no money for transport. There have been

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<sup>12</sup> Homelessness kills: An analysis of the mortality of homeless people in early twenty-first century England - Summary, Crisis, 2012  
[www.crisis.org.uk/data/files/publications/Homelessness%20kills%20-%20Executive%20Summary.pdf](http://www.crisis.org.uk/data/files/publications/Homelessness%20kills%20-%20Executive%20Summary.pdf)



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occasions where The Sanctuary has had to take homeless people to the GP in their own vehicles or where a homeless person has had to walk several miles to the next town to register with and see a GP.

In Northampton homeless people can access the Maple Access Partnership GP surgery, which provides primary care services to a variety of vulnerable groups, including homeless people. All of the Northampton focus group members who used the Maple Access surgery said they were satisfied with the services they receive from the practice and sited it as a good place to go for treatment, etc. They felt able to interact with the staff there and that staff understood their situation. Maple Access Partnership work closely with Northampton Hope Centre and the Hope Centre are able to refer clients to the practice. The practice has also provided some clinics and doctors and nurses for health checks at Northampton Hope Centre.

Northampton Hope Centre has hosted a flu vaccination clinic and oral cancer screening clinics to help prevent people becoming ill. However, almost all the homeless people we spoke to told us that getting a flu vaccination was not a priority for them, in the same way that registering with a GP or dentist when they were not ill or in pain was not a priority.

*“I am well, a young man and fit so I don’t need a flu jab”*

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### *Dental care*

Homeless people in some parts of Northamptonshire do have some access to dental/oral care. Northamptonshire Healthcare NHS Foundation Trust (NHFT) Community Dental Service has an outreach programme that has funding for outreach clinics focusing on oral cancer awareness. The dental outreach is carried out at services, such as Northampton Hope Centre, Bridge (substance misuse programme in Northampton, Wellingborough and Corby) and drug and alcohol services. It has taken the form of oral cancer screening as homeless people are at higher risk of oral cancer than the general population. While the dentist is doing this screen they are able to pick up any other dental needs and advise people or refer them into the Community Dental Service for treatment.

Attending appointments with dentists and GPs is often difficult for homeless people. They told us that as they often cannot sleep at night due to being cold on the streets or having to keep moving during the night when asked to by the police or to avoid being in an unsafe environment where they might experience verbal and physical abuse. This means that they often sleep in the daytime and so miss daytime appointments. For some this has resulted in them being removed from patient lists and having to be seen as a temporary patient.

An Oral Health Promotion Practitioner from NHFT told us that the Community Dental Service was fairly flexible with patients as they recognised the problems homeless people face in making, getting to and keeping appointments. If a homeless person is late or does not turn up they can usually rebook them at a later date. When referring the person back to their own dentist, the Community Dental



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Service make sure that they inform the dentist about the person's circumstances so they can make allowances for the patient.

Accommodation Concern in Kettering told us that they often see people with tooth ache and/or rotten teeth. There may then be a need to expand the dental service to other parts of the county and/or hold additional dental health clinics to help homeless people across the county access appropriate dental care.

### *Mental Health*

Approximately seventy percent of the homeless people we spoke to claim they had experienced or were currently being treated for a mental health condition. For some people having a mental health issue contributed to them becoming homeless, but this is not the case for all. One focus group member highlighted how being homeless also has a negative impact on mental health:

*“Some people already have mental health issues when they arrive on the street, however if you don't have a mental health issue before you arrive on the street then you are likely to develop one on the street”*

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While some of these conditions can be successfully managed via the GP there are other conditions which need more intensive therapy or management. At all the focus groups people told us that seeing someone regarding their mental health was always difficult.

Northampton's Hope Centre told us they are making significant inroads and building a relationship with the NHFT Adult Mental Health Services, based across the road from them in Campbell Street. The outreach workers have been able to facilitate psychiatrists and Community Psychiatric Nurses (CPNs) seeing people at the Hope Centre and advising staff, thus responding to the needs of homeless people in a familiar environment. However, this is not mirrored throughout the county where we heard that getting to see a psychiatrists or CPN is particularly difficult.

The Sanctuary in Rushden and the Daylight Centre in Wellingborough have said they would welcome the regular attendance of a CPN or a psychiatrist. However, they were not sure how to achieve this and whether the mental health services would want to do this.

Focus group members also felt that mental health services in Accident and Emergency (A&E) were not effective. They felt A&E staff were focussed on trying to get the homeless person out of the door and did not listen to what they had to say. One person told us how they found it difficult to be seen by a hospital when they felt they needed to be and how at other times not being understood could lead to being sectioned under the Mental Health Act.

Organisations and focus groups told us that alcohol is often getting in the way of a person receiving psychiatric help. We heard of experiences where a person was told that it was their alcoholism that was causing their behaviour issues, not a mental health problem, so they could not be seen within mental health services.



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The person felt this was not seeing them as a whole person and just assuming that the alcohol was the problem.

## Wellbeing

Understanding the culture and nature of homelessness along with the challenges faced by homeless people and the organisations that support them has been a vital part of understanding what health and social care provision homeless people need and the barriers they face every day.

It has become clear during this project that what the homeless people we spoke to saw as priority health needs were not always the same as those assumed by local health organisations.

Other than not being able to sleep at night (see above), our focus groups told us that they value foot care and a clean, dry pair of socks. Homeless people's feet often get wet and with no way of effectively drying them out, coupled with walking for considerable distances during the course of the day, their feet can become painful and sore and they develop fungal infections, etc.

Foot care is provided at Northampton Hope Centre in Northampton, where they also provide a nail cutting service. The Sanctuary in Rushden also provides a foot care service and clean, dry socks.

The Sanctuary and the Daylight Centre both expressed an interest in providing further services such as mental health consultations and access to dental services and preventative services, such as flu jabs. However, they either are not sure where to ask about these services or whether these services could be funded.

The organisations also told us that once a person has had their homelessness application rejected by the local district or borough council it is vital that they are put in touch with the right local support organisations for their area, as once someone is homeless their health starts to deteriorate. After a person is told they have not met the criteria for accommodation their focus shifts from maintaining their wellbeing to surviving on the streets or sofa surfing, where they will sleep and where they can get food. This is also the time when alcohol problems and mental health problems are exacerbated or it can be the start of using alcohol or developing a mental health condition.

Northampton Borough Council has two outreach workers based at Northampton Hope Centre. Their role is to liaise with the housing team and other accommodation suppliers and the services at Oasis House. They talk with homeless people and encourage them to use the services available at the Hope Centre as well as being able to refer them to a range of other services and start the process of getting their lives back to normality.

## Food

It became apparent from talking to homeless people and organisations that access to good food is a problem for homeless people and that this is linked to the deterioration in their health. Most of the food available on the street is of poor nutritional quality and expensive. A focus group member in Rushden told us:



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“It can be very expensive living on the street; if you want hot food it is a takeaway and cold food is a pasty to eat later. Eventually many homeless people turn to drinking alcohol as it obliterates reality. It keeps you warm and suppresses the appetite and so we don’t need to eat as much. However, inevitably this leads to the alcohol being an addiction”

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We were told of organisations that do provide food in some areas, such as the Sikh community and Street Church, who provide food in Northampton town centre on Sundays, and the Daylight Centre in Wellingborough, where a hot meal can be purchased cheaply. A member of the Northampton focus group told us that you can get hot food on the streets of Northampton five days out of seven. However, there appear to be fewer options outside of Northampton. The Mayday Trust in Daventry told us that they have encountered young people (18-25) who have not eaten for three days. This is often caused by young homeless people not being able to claim benefits as they have no address. They can use the Job Centre as their benefit claim address but are usually not aware of this and so go without money and food.

### *Alcohol*

In our focus groups two people stated that drink and drugs can be a barrier to them getting treatment or accessing psychological services. Both the Northampton and the Rushden focus groups stated that they did not have access to detox programmes. However, they can be referred into services such as the Bridge and Substance to Solution (S2S), which assist people who have drug and alcohol issues. Again, provision of these services varies around the county. However, some focus group members felt that they were not treated as a whole person by these services and that there was a lack of understanding about the link between alcoholism, mental health and being homeless. One person did think this was improving at S2S:

“We are not seen as a whole person. We are told our drink problem must be addressed before we move on to mental health services when we feel that both our mental health and our alcohol addiction are intertwined”

“S2S now starting to get mental health involved in work - used to just deal with alcohol before mental health but this changed two years ago”

“We often buy cheap beer as it keeps us warm and suppresses our hunger and helps us sleep”

“People get drunk and have seizures and get taken to A&E. They are then stabilised and discharged back to the street. This is a perpetual cycle for some people and needs to be broken”

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We note the recent Northamptonshire County Council consultation on the provision of drug and alcohol services states specifically that services must offer mental health services alongside the drug and alcohol services.

A support worker working with the Eastern European community in Northampton told us that many of the Eastern European community have come to Northamptonshire with a promise of work. They work for two or three days and are then laid off work and subsequently have no money. This can lead to them consuming large amounts of alcohol.

### *Discharge*

We heard about a perpetual cycle, where the client is discharged from a psychiatric hospital to a night shelter. The shelter is given little or no information about the reasons for discharge or any problems/issues which may affect the wellbeing of the patient or other people at the night shelter. The shelter may be unable to manage the client's behaviour or mental and physical health. This often means the person needs to return to hospital. On some occasions, the hospital will refuse to readmit the patient, which can lead to police involvement and contact with the criminal justice system. The client may also be discharged back to the street again.

We were told by The Sanctuary night shelter that they often get phone calls saying a homeless person is on their way to them. However the person never arrives and no one knows where they have gone. It is just assumed that they have gone back on the street. This is unsurprising if you are discharged from a hospital some 15 miles away with no means of transport and little or no money you would not be able to travel very far.

In 2014 Healthwatch Northamptonshire produced a short 'snapshot' report of the experiences of homeless people who were discharged from acute, mental health and social care settings<sup>13</sup>, which fed into Healthwatch England's national enquiry into unsafe discharge, Safely Home<sup>14</sup>. We found that often homeless people were being discharged to the street with drugs that had a street value and that these were often sold and used for the purpose other than that which they were prescribed for. One homeless person told us that often people will sell their prescription medication to get money to purchase food.

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<sup>13</sup> [www.healthwatchnorthamptonshire.co.uk/sites/default/files/unsafe\\_discharge\\_report\\_final.pdf](http://www.healthwatchnorthamptonshire.co.uk/sites/default/files/unsafe_discharge_report_final.pdf)

<sup>14</sup>

[www.healthwatch.co.uk/sites/healthwatch.co.uk/files/170715\\_healthwatch\\_special\\_inquiry\\_2015\\_1.pdf](http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/170715_healthwatch_special_inquiry_2015_1.pdf)



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# Conclusion

Homelessness is a complex issue with each person presenting with both common and unique experiences of what it is like to be homeless. Likewise there is no 'one size fits all' provision of health and social care. It is clear, however, that the circumstances faced by homeless people, including the increased likelihood of poor physical and mental health and risk of death, require specialised or tailored services to meet the health needs of this population.

From talking to homeless people we have heard some basic needs to be considered when thinking about good health in homeless people. Rather than wanting better access to services such as GPs and dentists, homeless people prioritise their more immediate needs, such as having warm, dry socks and having their feet attended to. They also highlighted the importance of having good, hot food and how the use of alcohol is hard to avoid but can be a barrier to people accessing mental health services and support, due to professionals not understanding how the two are linked.

Having this wellbeing support is important to help prevent ill health, but access to medical treatment, screening and other preventative services is important. While some people felt that they were looked down on at their GP surgery or not taken seriously, others told us they found the treatment they received was ok, but rarely dealt with the real underlying issues. Focus group members felt that on the whole GPs did not understand the homeless culture and the barriers they face. We heard that the Community Dental Service oral cancer screening service provides an ideal way to engage with homeless people in a location they trust. Replicating this model with other services may provide a more successful way to address the health needs of homeless people.

In Northampton the Borough Council and Northampton Hope Centre are proactively engaging with rough sleepers and providing them with assistance to get their lives back on track, claim benefits, and secure accommodation and work. Northampton Borough Council has also just opened a new night shelter in central Northampton. We recognise that there are a number of other services offered within Northampton, and the rest of the county, that we have not mentioned, such as the CAN homeless person's team, and the Salvation Army and various churches offering blankets and food or hot drinks for homeless people. In some cases, such as during cold weather, some churches will provide homeless people with space to sleep.

Throughout the rest of the county valuable support for homeless people is being provided by the charitable sector, particularly those organisations we spoke to, but we have concerns about the variability of support across the county.

Understanding the culture and nature of homelessness along with the challenges faced by homeless people and the organisations that support them has been a vital part of understanding what health and social care provision homeless people need and the barriers they face every day.



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# Recommendations

Based on what we have been told from focus groups and from the organisations and councils we have had contact with we would make the following recommendations.

1. Introduction of assertive outreach workers in each borough or district with the remit to find homeless people and support them to get off the streets and back into a settled life, including appropriate accommodation and employment.
2. Support for the homeless charities in the county that provide a number of services to homeless people, including clothing, food, legal advice, and general support.
3. Coordination of services for homeless people - while we are aware there is some partnership work taking place, the work of all the organisations involved with homeless people does not seem to be coordinated in many parts of the county. Coordination would ensure there is less duplication of services and better information sharing about services users to give a rounded view. One charitable organisation in each borough or district could serve as a central point of contact for homeless people, and should be more than just a helpline or desk.
4. While it would not be practical to have a GP attached to a voluntary organisation in every district permanently there seems to be a case for holding periodic GP surgeries with a focus on a theme as homeless people seem reluctant to seek preventative healthcare.
5. The Community Dental Service outreach clinics provide an ideal way to engage with homeless people in a location they trust and is an example of a successful model for addressing the health needs of homeless people. This model should be replicated by other services and clinics and resourced to increase the range and amount of treatment and preventative health care available for homeless people in the county. Services such as the Daylight Centre and The Sanctuary are willing to host clinics.

*NHFT Deputy Medical Director and Specialist in Special Care Dentistry are supportive of the project being extended using their junior dentist supported by the wider team. They will also be contacting Accommodation Concern in Kettering to offer dental support.*

6. Access for homeless people to mental health services within the county could be improved with the regular availability of a Community Psychiatric Nurse in night shelters and local support services, enabling homeless people to access advice and treatment in a more familiar environment.
7. Provision of warm socks and foot care funding for a Podiatrist to work county wide with pop-up clinics in the seven districts using local homeless provision.





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8. Provision of good, hot food is essential for those who do not engage with local support centres and could be helped by providing assistance for any group who is interested in providing food for homeless people, while supporting existing provision. This however should be done in conjunction with support organisations that can encourage people to start to come off the streets and move towards accommodation of their own.
  9. Alcohol and drug support services should also provide support for mental health issues from the outset and view homeless people holistically.

## Thanks and acknowledgements

Healthwatch Northamptonshire would like to thank all the organisations and professionals who were willing to talk to us and arrange focus groups, particularly:

- Northampton Hope Centre (and to the staff member and service user who joined the project steering group)
- East Northants Community Services/The Sanctuary (Rushden)
- The Daylight Centre (Wellingborough)
- The Mayday Trust (Daventry)
- Accommodation Concern (Kettering)
- NHFT Community Dental Service

We would also like to thank all the homeless people who gave their time to talk to us.



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# About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.
- Where we do not feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.



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