

HEALTH & WELLBEING BOARD ADDENDUM

4.00PM, TUESDAY, 7 NOVEMBER 2023

COUNCIL CHAMBER, HOVE TOWN HALL

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AGENDA ITEM 19 (b)(i)

HEALTH AND WELLBEING BOARD

7 NOVEMBER 2023

1.1 The following question has been received from Mr Daniel Harris:

Provision of Care to Cancer and Mental Health Homeless Applicants

“I have had homeless cases where there has been a failure to adequately address the complex needs of very ill cancer and mental health homeless applicants in assessments and reviews decisions, leaving vulnerable ill people to fend for themselves & homeless. I wonder how the Health and Wellbeing Board is working to ensure that comprehensive, medically-informed assessments are standard practice in homeless services, and beyond. Can you confirm whether experts in mental health and oncology are consulted in the evaluation processes for homeless individuals with similar severe medical conditions?”

Chair’s Response:

Brighton & Hove City Council recognises its statutory responsibilities:

- Under section 185 of the housing act to prevent homelessness
- Under section 18 of the 2014 Care Act to support vulnerable adults with care and support needs
- Under the 1983 Mental Health Act section 117 regarding accommodation requirements following an in patient admission
- Section 2b of the 2006 NHS Act to improve the health of people in the local area

Across our statutory health, care and housing assessment services we carry out regular practice audits to ensure we are consistently meeting our statutory responsibilities.

The City Council’s Health & Wellbeing Board is committed to improving services for the most vulnerable people in our local communities. We recognise that homelessness adversely impacts people’s health and people who are homeless often experience significant health inequalities. In 2019 the City Council carried out a formal Joint Strategic Needs Assessment on Multiple Compound Needs (MCN) in the City [Adults with MCN Final.pdf \(brighton-hove.gov.uk\)](#). MCNs is also known is

also known as multiple disadvantage and multiple complex needs. It refers to people who experience two or more of the following conditions of homelessness, mental health problems, substance use challenges, domestic violence and involvement with the criminal justice system. Our JSNA highlighted that people with entrenched MCNs have a 41-year life expectancy differential to the average person in the city. The JSNA assessment identified that the city had a good range of specialist services for people with MCNs and often went beyond its statutory requirements in providing services. But the biggest challenge we faced was improving the integration of services and ensuring there is consistent care coordination, across different support agencies, for people with MCNs. So people did not fall through gaps in service provision and received an holistic service.

The JSNA report coincided with the start of the Covid pandemic where our focus was on public health protection and included the 'everyone in' policy to protect people who were homeless. As a result of the JSNA report we made improving health and care outcomes for people with MCNs one of our five health & wellbeing strategy priority areas. In December last year we launched a new MCNs pilot service to test a new integrated care coordination approach through a multidisciplinary team of specialist social workers, housing and housing options, substance use, mental health and domestic violence workers. This programme is supported by the Government's Changing Futures multiple disadvantage initiative and focuses on improving the integration of services to support better outcomes for people with MCNs in the city.

Examples of this work which respond to the question:

- The role of Adult Social Care as the care coordination lead in the pilot service to improve the care coordination and access to statutory care and medical assessment.
- Co-locating housing options workers and social workers in frontline settings like hospital discharge for homeless patients and in the city's homeless street outreach service, so people can receive joint assessments at the point of need.

As part of the MCN programme we have ensured that there is clinical oversight group of specialist homeless healthcare clinicians. This group is reviewing areas where we know people who are homeless experience health inequalities, this will include mental health and access to important physical health services like cancer screening and treatment. The group will be using the latest guidance from the National Institute for Health & Care Excellence (NICE) [Overview | Integrated health and social care for people experiencing homelessness | Guidance | NICE](#) to assess and improve access to engagement with health and social care and ensure care is coordinated across different services. In reference to the specific issue of cancer and access to oncology services for people who are homeless; within Brighton & Hove we have targeted lung health checks, peripatetic fibro-scanning for liver disease and the walk-in Liver Clinic on Grand Parade, all of which are aimed at the most

vulnerable and deprived parts of our populations, particularly those who are homeless.

As part of commitment to improving the health, care and social outcomes for people with MCNs in the city we will be appointing an external evaluation partner for the MCN programme to ensure we capture the learning from the pilot service and use it to inform long-term service design and integrated commissioning. This evaluation report and Officers recommendations for future design of and commissioning of specialist MCNs services will be reviewed by the Health & Wellbeing Board.”

