

## Issue for consideration of Priorities Panel

***For official use only:***

Issue ID Number:

Date received by Operational Director

: \_\_\_ 19 \_\_\_ / \_\_\_ 11 \_\_\_ / \_\_\_ 2009 \_\_\_

Date to Priorities Panel

\_\_\_ 26 \_\_\_ / \_\_\_ 11 \_\_\_ / \_\_\_ 2009 \_\_\_

***Office use:***

Name:

*(JJ, RA, KT, All)*

Date completed and initials:

Date of referral to LINK	___ 18 ___ / ___ 11 ___ / ___ 2009 ___
Date issue arose	___ 22 ___ / ___ 10 ___ / ___ 2009 ___
Title (Headline/short title of issue)	Inadequate mental health provision to support rough sleepers and homeless people. .
Nature of interest/standing of person in relation to issue:	
Recipient of service <input checked="" type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Advocate/Campaigner <input type="checkbox"/> Other <input type="checkbox"/> If other, please state what their standing is in relation to the issue:	
Is the person raising the issue a:	
LINK participant?	<input type="checkbox"/>
Member of the public?	<input type="checkbox"/>
Priorities Panel Member?	<input type="checkbox"/>
Governor Group Member	<input type="checkbox"/>
LINK Development Worker	<input checked="" type="checkbox"/>
Part of an organisation	<input type="checkbox"/>

<p>If raising issue on behalf of an organisation, state name and brief details of what they do</p>	<p>On behalf of 9 individuals who have contacted the LINK and have experienced homelessness due to mental health problems and have identified the need for increased provision of preventative service from Mental Health providers.</p>
<p>Summarise issue (no more than 100 words). If necessary, a more detailed account may be submitted on page three with additional pages attached if necessary</p>	<p>Attention should be paid to those at risk of homelessness. Vulnerable adults or young people with either existing mental health problems or at risk due to traumatic childhoods, in order to possibly prevent the onset of mental health problems. In addition to the services to those already homeless who are difficult to help because of their mental health problems. In particular the former as it is strongly believed that money invested in prevention of mental health problems or means of coping with them can save the health and social care system considerable expenditure.</p>
<p>Please use this space to give a detailed account of the issue to be raised with the Priorities Panel. (N.B: Form will expand to accommodate additional text – other documentation can be appended, as necessary)</p> <p>As highlighted in the Kent LINK bulletin 16, considerable evidence has been gathered to show that 1/3 of rough sleepers experience mental health problems Charities such as The Bridges Trust in West Kent and Porchlight covering mostly East Kent with a number of centres and outreach services across the County have helped numerous people, for example - in 2008/09 Porchlight helped over 1,600 vulnerable people. Despite the services provided by existing organisations a huge shortfall of preventative services has been identified.</p> <p>The true scale of the problem is hard to quantify as many people do not appear on statistics as they “sofa surf” or sleep rough in tents and make shift accommodation such as cars, these people are termed the hidden homeless.</p> <p>Floating support: This is a preventative service that provides support to vulnerable people in their own home who are at risk of becoming homeless. Many of these clients have been through the hostel system and are almost ready to live independently but still need some ongoing support to deal with their mental health issues.</p> <p>Homelessness is still stigmatised and many people have little sympathy for homeless people because they feel it is self inflicted. But this is not really the case; ‘the street homeless’ only account for a very small percentage of the total homeless problem, but of course it is the most visible.</p> <p>Some are ex-servicemen, ex-offenders, young people who have had to leave their family home sometimes due to abuse, others who have lived in the community with mental health or physical disabilities, or simply a relationship has broken down.</p>	

The homeless scene has changed drastically since the mid 80s when homeless people were branded 'alcoholics'. The Bridges Trust sees many more youngsters and females now, with more ethnic diversity, refugees and sufferers of domestic abuse. Mental health is being supported now and the focus has shifted to planning and working with people towards a positive outcome, but still more is needed on preventative measures to help people before they get to this stage.

Street volunteers from the Bridges Trust operating from one car park in Tunbridge Wells can see on average 10 homeless people every night. Organisations such as The Bridges Trust need around £400,000 a year to operate, with half of this being raised from the local community, little funding comes from statutory services.

Two people emailed their views, 7 others were contacted by telephone, but did not want to give their names. Please see attached evidence.

Is the issue currently under investigation, via a complaint or inquiry or being dealt with by somebody else (this includes being part of a wider campaign on the issue)?

Yes  No

If yes, give details of actions already taken including contact details of others dealing with the issue:

In the article the organisations stated as doing research are mostly London based; we are unaware of any such work being undertaken in Kent, though obviously those organisations mentioned based in Kent are fully aware of the problem.

Is there a timescale/deadline/circumstance affecting this issue which may mean the LINK will have to act quickly, e.g. closure of a unit, change of service, a particular urgency?

Yes  No

If yes, what is that circumstance and what is the timescale by which action has to be taken?

Although no timescale has been allocated to this work, it is generally felt that some action should be taken immediately to assess the level of this problem in Kent.

What expectation does the person raising the issue have of the LINK, i.e. what does that person want the LINK to do/what action does it want it to take?

Charity organisations such as Porchlight and the Bridges Trust would like the LINK to raise the profile of Mental Health and Homeless People with those who commission and plan our services to invest more in preventative measures, and support and treat those with mental health problems before they get to this critical stage, thus reducing the numbers of homeless people across the County. By including this in their Mental Health Strategy and by committing more funding to the preventative measures to help reduce the numbers of homeless people in Kent, to enable people to cope during this difficult period in their lives, thus saving the health and social care system funds they would have needed to find if such problems were left untreated.

What would be a good outcome from the perspective of the person raising the issue?

During K&MPT ongoing redesign of services, commitment made to address the issue by preventative measures and listen to this group of society who have little or no voice. Visible evidence of a reduction in homeless people with mental health problems.

Provision of adequate mental health support for those who cannot be prevented from becoming homeless. With most importantly a commitment that no one with a diagnosed mental illness (as the article says) should be left rough sleeping by 2012.

What evidence does the person raising the issue have to support the case they are putting for the LINK to take action? List or attach evidence and sources, if available.

Community Care Article  
Emails from two participants  
Extracts from The Bridges Trust and Porchlight

How widely does this issue affect other people?

As those organisations mention it affects a very diverse group of people all ages, and all walks of life. Numbers cannot be accurate as many are the 'hidden' homeless.

In what ways are other people affected by this issue.

Families and friends are affected by the trauma of someone disappearing to sleep rough. NHS and social care resources could be used in a more beneficial way to assist people and keep them off the streets. Those who are homeless suffer from depression, loneliness, isolation, stigma, cold and discomfort, lacking all basic human needs, which contributes to an early death.

Signed.....Elayne Oxley .....

Date           18 November 2009.....

**Your LINK for improving health and social care**

[www.thekentlink.co.uk](http://www.thekentlink.co.uk)

**ID 026: Mental health and homeless people**



a LOCAL INVOLVEMENT NETWORK

No	Recommended action	Tick	If additional information required, please specify	Additional comments, if any
1.	No further action			
2.	Watching brief			
3.	Letter to trust / social care calling for comment before taking any further			
4.	Urgent action as issue concerns patient / client safety			
5.	Further information required, please specify			
6.	Consult / survey participants to check level of interest / concern before proceeding to any other action			
7.	Start discussion on LINK website / through LINK Bulletin			
8.	Question to Citizen Jury			
9.	Topic for local meeting			
10.	Urgent unscheduled visit – specify purpose of visit in comments column			
11.	Refer to regulator, eg Care Quality Commission, Ofsted, Health and Safety Executive, Royal Colleges, etc –please specify			
12.	Potential to develop as possible LINK project			
13.	Any other recommended actions			