

For more information about the equality impact assessment process in commissioning, please see the EIA Guidance 2018 located in **Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information before completing your EIA.**

Equality Impact Assessment (EIA) - Service Specification

<p>Please briefly describe the service</p>	<p>NHS Hull CCG was contacted by NHS England in the Summer of 2019 as we had been identified to receive funding specifically for rough sleepers with a focus on creating a mental health outreach provision. We submitted a proposal outlining the service we would put in place and received confirmation of recurrent funding.</p> <p>Mental Health Rough Sleepers Service</p> <p>The service will support individuals who are identified as homeless and having a mental health need. The service will take referrals from any agency; will link into the newly developed Homeless Discharge Service and Homeless Primary Care Hub in the Crossings, along with providing in-reach to all of the hostels across the city. The service will identify people's specific needs, and develop a plan to support their mental health issues. The service will have strong links with the Local Authority and will be delivered by Humber Foundation Teaching NHS Trust to ensure seamless links to established services when appropriate to do so. The ultimate aim is provide mental health support to people who are homeless; providing a service on the street, within hostels and temporary accommodation, meeting the needs of this vulnerable group and taking away any barriers of access to statutory services.</p>
<p>Name & roles of person / people completing the EIA:</p>	<p>Toni Yel, Head of Integrated Commissioning</p>
<p>Date of assessment:</p>	<p>18.09.19 - 06.03.20</p>
<p>Who will be affected by this service / who will be the key beneficiaries?</p>	<p>The key beneficiaries of the service will be people who are identified as homeless/No fixed abode and have a mental health issue.</p>
<p>What data sources do you have about the population, disaggregated by protected characteristic that is relevant to this service specification? (e.g. research, clinical insight, monitoring data, complaints, engagement feedback etc.)</p>	<p>Office of the Chief Analyst. Department of Health The Ministry for Housing, Communities & Local Government Hull City Council is responsible for monitoring the number of rough sleepers in the city, which is difficult to audit due to the nature people moving around. The city has seen a decline in the number of rough sleepers due to the Hull Rough Sleeper pathway; 28 individuals in November 2017 to 18 in November 2019. In addition there are approximately 693 people in hostel / short-term accommodation in Hull.</p> <p>The statistics above is not broken down into any protected characteristic groups.</p>

A thematic review of access to Health Services in Hull for those with no fixed abode was undertaken in December 2018 by Hull Healthwatch indicated that access and support from mental health services could be improved for individuals with no fixed abode, to ensure ease of access and removing barriers, with a more flexible approach needed.

Needs and issues

What does this data tell you about the needs or issues affecting people from different protected characteristic groups, relevant to this service?

General issues

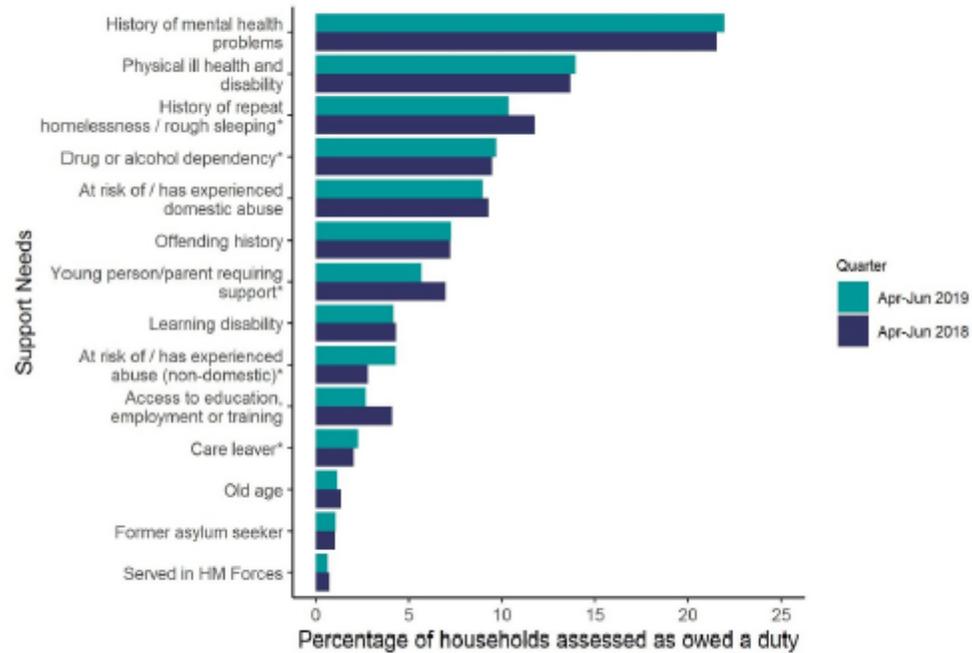
There is an extensive literature on health issues faced by the homeless which shows that the homeless suffer from poor health, dying younger than the general population, and with poor access to physical and mental healthcare. The ill health can be both a cause and a consequence of homelessness, around two-thirds of serious chronic health problems pre-exist the homelessness. Mental health issues tend to be trauma related but dropout rates are high and stability in services low. Despite having serious health problems, the homeless have a different pattern of accessing healthcare compared to the typical general population; they are less likely to be registered with a GP and their untreated medical problems are more likely to escalate until they become emergencies. The homeless have a lower average life expectancy of between 40-44 years and a study by the charity Crisis found the average age of death for a homeless man to be 47 years and for a woman to be 43 years, compared to Hull average of 77 years for men and 80 years for women.

Homeless patients access services differently to housed people. They attend A&E six times as often, are admitted to hospital four times as often and stay twice as long. This is because they are two to three times sicker when they arrive. Research demonstrates that homeless people have both poorer physical and mental health than the general population, 'Healthcare for Single Homeless People' - March 2010. (Office of the Chief Analyst. Department of Health)

There is currently a national spotlight on rough sleeping homelessness as a result of increasing austerity and the Homelessness Reduction Act 2017. Within this context there has been a focus on health needs of the homeless, with the acknowledgement of multiple data sets reconfirming the link between health and a person's housing situation. The Department of Health estimates homeless people's use of healthcare at a minimum of £85m per year.

The Ministry for Housing, Communities & Local Government released a report with April – June 2019 statistics providing information on statutory homelessness applications, duties, and outcomes for local authorities in England. It also reports on households in temporary accommodation on 30th June 2019. This is based on data supplied through the case level H-CLIC collection, which was introduced following the enactment of the Homelessness Reduction Act (2017). Below shows that the highest area identified as a problem is mental health, along with demographics of national data;

Figure 3: Almost a quarter of households who were homeless or threatened with homelessness when they approached the local authority reported a history of mental health problems.



* These categories are grouped using support need categories that are similar. This means some households may be counted more than once in these categories.

Table 5: Demographics of the people sleeping rough, England, London, and the Rest of England, autumn 2018						
	England		London		Rest of England	
Demographics	No.	% of total	No.	% of total	No.	% of total
Gender						
Male	3,937	84%	1,081	84%	2,856	84%
Female	642	14%	162	13%	480	14%
Gender unknown	98	2%	40	3%	58	2%
Age						
25 years or under	296	6%	49	4%	247	7%
26 years or over	3,744	80%	969	76%	2,775	82%
Age unknown	637	14%	265	21%	372	11%
Nationality						
UK nationals	3,013	64%	417	33%	2,596	76%
EU, non-UK nationals	1,048	22%	610	48%	438	13%
Non-EU nationals	153	3%	93	7%	60	2%
Nationality unknown	463	10%	163	13%	300	9%
All	4,677		1,283		3,394	

Race

National Data - The number of EU nationals (non-UK) sleeping rough on a single night in autumn 2018 increased from 760 (16% of the total) in 2017 to 1,048 (22% of the total). This was an increase of 288 people or 38%. The number of people from outside the EU and the UK sleeping rough on a single night in autumn 2018 decreased from 2017. There were 153 people sleeping rough (3% of the total) from outside the EU and UK, which was down 40 people or 21% from 2017 when there were 193 people from outside the EU and UK (4% of the total).

We have no specific data relating to BME groups and homelessness in Hull; in the Healthwatch Hull report undertaken in December 2018 100% of the respondents were English/Welsh/Scottish/NI/British.

Disability

We currently have no information in regards to those that are homeless and if they have a disability

Gender / Sex

National data reported above.

The Healthwatch Hull report identified that 66% of people they spoke to was male and 33% female. This reflects to what is known about the homeless population; largely that this represents white males aged 25-49

Gender reassignment	Trans people can be more at risk of homelessness. National research identifies: “ <i>One in four trans [and non-binary] people (25 per cent) have experienced homelessness at some point in their lives, compared to one in six LGB people who aren't trans (16 per cent).</i> ” ¹ We currently have no local information in regards to those that are homeless and in relation to gender reassignment
Sexual orientation	LGB young people can be more at risk of homelessness. National research identifies : “ <i>Almost one in five LGBT people (18 per cent) have experienced homelessness at some point in their lives. This number increases to almost three in ten LGBT disabled people (28 per cent) compared to more than one in ten LGBT people who aren't disabled (11 per cent).</i> ” We currently have no local information in regards to those that are homeless and their sexual orientation
Religion or belief	We currently have no information in regards to those that are homeless and their religious belief
Age	National Data – In autumn 2018, there were 3,744 people (80% of the total) sleeping rough on a single night who were aged 26 years or over and 296 people (6% of the total) who were aged 25 years or under. The age of people sleeping rough was unknown for 637 people, or 14% of the total. The Healthwatch Hull report undertaken in December 2018 identified that 70% of people they spoke to are aged between 25-49yrs and 30% aged between 50-64 years.
Pregnancy and maternity	We currently have no information in regards to pregnancy and maternity
Marriage or civil partnership	We currently have no information in regards to marriage or civil partnership
Any other relevant groups (e.g. carers, veterans, asylum seekers and refugees, socio-economic disadvantage)	
How has engagement informed your service specification?	Our comms and engagement team have worked with the Community & Voluntary groups that support people in Hull who are homeless when we developed the Homeless Discharge Service in 2018/19, which is the same cohort as this service. The Hull Healthwatch report indicated that access and support from mental health services could be improved for individuals with no fixed abode, to remove barriers to access and a more flexible approach. We are also engaging with the clinical team, who are the experts in terms of operational delivery, on the detail within the specification, along with ensuring in line with national recommendations for mental health service provision.
How has engagement reached out to groups representing a diverse range of protected characteristics?	We have specifically reached out to those people that are currently homeless, irrespective of their protected characteristics.
What has been put in place to ensure the accessibility and acceptability of the service design?	The service is available to anyone that is homeless.
How does service design reflect the insight gained through engagement (of different population groups)?	As mentioned above there is a need for this service due to a gap in service provision, currently people who are homeless are not supported in the way they can access mental health and this puts them more at risk. This service will fill that gap.
Has your equality analysis identified any specific outcomes that need to be incorporated into the	Staff attitude was something that came out of the Hull Healthwatch report; homeless people report that they feel staff treatment them differently when they know they are homeless and do not take into

¹ 2018 Stonewall report: LGBT in Britain – Home and Communities: https://www.stonewall.org.uk/sites/default/files/lgbt_in_britain_home_and_communities.pdf

<p>service specification (beyond what is required in the standard contract?)</p>	<p>consideration their specific needs and the issues they face. As this service is specific to those that are only homeless we are confident this will not be something experienced by service users, but we will request that education is provided to the wider statutory mental health services that the provider is commissioned to deliver. Education to include awareness of specific issues faced by LGBT homeless individuals.</p> <p>An annual report will be requested as part of the service reporting mechanisms to include access issues such as the number of interpretation requests met through the service, and what languages/formats have been requested.</p>
<p>How will you feedback to the groups you have engaged about service design?</p>	<p>We have already feedback to some of the groups via the Voluntary & Community groups that support people who are homeless and advised them that this service is going to be put in place and they are supportive of that fact. Also, Hull City Council have a regular Homeless Working Group that brings all agencies together which we will also continue to feed into so that this information can be shared amongst our homeless population.</p>

<h3 style="text-align: center;">Follow up actions</h3>			
Action required	By whom?	By when?	
Review the services by demographic profile	Commissioning Lead	March 2021	
Evaluation insight into how staff training addresses equality and diversity mental health access and inclusion issues	Service Lead/Commissioning Lead	March 2021	
Service to incorporate interpretation requests into performance reporting	Service Lead/Commissioning Lead	April 2020	
<h3 style="text-align: center;">Signoff</h3>			
Signed off by: Name & Role	Mike Napier, Associate Director of Corporate Affairs	Date:	24.03.20

			
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