

Westminster Homeless Health Action Group Meeting Minutes 21st July 2015, 10am – 12pm

Venue: Westminster City Hall

19 attendees

1. Introductions

Each attendee introduced themselves and their service. Anna ran through the agenda.

2. HHCP Project Overview

Please see attached slides.

3. Terms of reference

Please see attached slides.

The role of the Homeless Health Action Group is to develop and implement the HHCP within Westminster. The group will steer implementation of the project, contribute and develop the Community Health Assessment Tool. The meetings will take place once a month, therefore it is suggested that a nominated representative of each project attends the meetings. Once established the frequency of the meetings will reduce to either 6 weekly or bi-monthly.

4. Common Health Assessment Tool

Anna asked the attendees to split into pairs and gave each group two versions of the Community Health Assessment Tool. Each pair had 20 minutes to review both versions of the CHAT and feedback their views.

Feedback:

- From a mental health perspective what is the purpose of the CHAT form? Is there room for professionals to add notes? The form needs to convey professional input if needed.
- Will clients know what bi-polar and personality disorder is? How knowledgeable will workers have to be when asking these questions?
- If a mental health problem is identified and the client refuses a referral what responsibility does the worker have? It was decided that a referral can't be made for a client that does not want one. Support worker to assess the risk and ask for support from manager.
- Referring to section four 'End of Life': These questions are quite personal and is it appropriate to ask these questions? Needs to be clearly defined and explained. Some of the end of life questions would not be appropriate to certain client groups.
- The form is very detailed and the questions are easier for clients to answer, workers will likely get more information out of clients using this form.
- Legal drugs have not been listed in the substance abuse section.
- The prompts following client answers are good and may raise more questions.
- The form is similar to existing assessment forms; there is risk of assessment fatigue. How specific do the questions need to be? What information about the client gets shared?
- Can the form be completed without the client present? Yes, if the support worker knows the answers to the questions then this is acceptable. The client would still need to agree to it being filled out on their behalf and sign the form.
- There could be a tick box on CHAIN 'CHAT completed'.
- On CHAIN there is a support needs section which demonstrates clients perception of support needs and professional perception of client support needs, could this be incorporated into the CHAT?
- There is a need to move away from asking negative question and ask questions in a more constructive and open manner such as 'what works for you?'
- Is this a live document? Yes, it will need to be updated when there are changes in client's circumstances.
- There is a noticeable absence of the domestic violence question that H&F have.
- The purpose of the form needs to be clearer, the professional should add their own notes in the summary of actions textbox, however remember the document is a shared document with clients.
- It was asked what would happen if a client refused to fill out the CHAT form. It was explained that a client has the right to refuse filling it in if they don't want to.
- Outreach and Day centres will require a different version. Using the current version to assess health of rough sleepers on the streets will be a challenge.
- Does the form need to be completed over a period of time in a hostel setting?
- Some of the form content is covered in other forms, therefore why would referrals not be made when completing initial assessment form?

- This would be a continuous document that moves with the client and used to track health trends.
- Suggestion to look at St Marys Brief Alcohol Intervention form. The CHAT will be a great tool to cut down existing forms and allow workers to get key information from clients.
- The questions could be re-phrased to sound more positive.
- Training of delivery will be very beneficial.
- The consent section needs to be more specific.

5. Support Needs Identified from Survey

Please see attached slides.

Homeless Training Unit – Linked with START and SLAM <http://www.slam.nhs.uk/> offer training around mental health issues. There is no funding for training; training will be based on favours of health organisations. There is a willingness from health services to train but this is also a resource issue.

8th September: One hour first aid training course, Anna is currently looking for a location.

Training should be available for everyone and there is a cross over with health and housing. Health providers should feed this information into Anna's role. British Red Cross will provide training in hostels often free of charge and the British Heart Foundation.

Training can be bite size in 1-2 hours.

Training around capacity should be considered, EASL can provide this training.

Andy Knight from JHT said that JHT may be able to run some training for staff.

Maxine Radcliffe offered to deliver training to staff on health issues.

6. Client Involvement

Anna would like clients to be involved in the development of the HHCP and would like more information in regards to their training needs/goals. Anna will send out a survey form to be reviewed by Groundswell peer support advocated and project staff. The finalised version will be sent out for clients to complete to inform the HHCP what health and wellbeing topics they would like to learn about.

Martin Murphy, Groundswell:

Groundswell host coffee mornings in 9 hostels tri-borough. Over time Groundswell have built up a wealth of information about engaging people about health issues. Key lessons;

- 1) Don't attend coffee mornings with fixed agenda; allow client to lead conversations and this often leads back to health.
- 2) Coffee mornings can be poorly attended.
- 3) Ask questions about what the client wants, the aim is to get to know the clients, establish positive relationships and escort them to health appointments.
- 4) Give clients more to do – ask client to review the health surveys you are sending out.

Groundswell host a peer advocate scheme and a target project that runs in conjunction with Dr Hickeys and Great Chapel Street. This targets clients with serious health conditions that are not engaging with services. Two clients that were part of the Target project are now volunteering for Groundswell, one as a peer advocate and the other is doing some research. Peer advocates always have fresh opinions and Martin will ask them to review the CHAT form.

7. HHCP Conference

The conference will take place on 12th or 19th April, at present there are no plans for the conference therefore Anna would like service provider input in regards to what you would like to see. Please e-mail Anna your conference suggestions.

There is an existing health conference aimed at professionals so both conferences may be able to integrate events. The HHCP conference may need to be called something else as an HHCP conference is already in existence.

8. AOB

Max is from the London network of nurses and midwives, the network hosts bi-monthly meetings to discuss homeless health care. This is a PAN-London network, please e-mail Max via Anna if you wish to take part in this network.

Presentations can be found on their website homeleshealthnetwork.net

9. Date of Next Meeting: 10am-12noon 8th September 2015.