

## Westminster Homeless Health Action Group Meeting Minutes

6<sup>th</sup> February 11am – 1pm

**Venue:** Francis Street

### Apologies:

Attendees: 11

### UPDATES

**Homeless frequent attenders meeting** – this meeting is co-ordinated by Central CCG to discuss clients which would benefit from partnership working to address high use of unplanned hospital visits and ambulance call outs.

Attendees were asked for their feedback about the Homeless Frequent attenders meeting held 11am-12pm.

Feedback included:

- It would be useful to find out which services are attending the meeting beforehand in order to decide whether attending the meeting would be beneficial to discuss a client. For instance, Andy Knight from JHT attended the meeting and members of staff from both Great Chapel Street and Dr Hickey's. ACTION: Anna to discuss with Caroline

The next meeting is scheduled for **Wednesday 13<sup>th</sup> March 11am-12.30pm**. Services are encouraged to attend this meeting when they require support around a client to address high use of emergency services. The attached template can be used to collate client information to discuss on the day.

### **Reflection on health in services – what is going well and what needs attention**

#### Going well?

- Psychologist is visiting the project three days and week and has been working with 8 clients (King George's)
- CNWL nurse is getting clients to engage meaningfully around their health (MORS and Harrow Road)
- A GP from Dr Hickey's is visiting once a week (Edward Alsop Court)
- In house counsellor (Wytham Hall)
- Homeless Health Team in day centre, TB screening with one client happened very quickly (CSTM)
- The work around recovery with Brett Grellier (Harrow Road)
- Groundswell working with clients to ensure they attend their health appointments and Hep C treatment

### What needs attention?

- Getting the right support for mental health clients from CMHT – from the north CMHT especially. Needing to write a complaint in order to get a response around supporting a client
- The CMHT being inflexible with working with our client group – not understanding the challenges (substance use/ complex trauma)
- The challenge of working with mental health services when clients are using alcohol/substances.
- Groundswell are not able to attend at the moment as the area used is currently being refurbished
- If we had a van we could complete health assessments on the street

### Language support

Street buddies staff are able to speak a wide range of languages; Polish, Czech, Slovakian, Latvian, Russian. They are eager to help with clients that need support around these languages. Contact: Waldemar Basta on [Waldemar.Basta@riverside.org.uk](mailto:Waldemar.Basta@riverside.org.uk) for more information.

### Safeguarding – Enhanced vulnerability forum

The current safeguarding process was discussed – as all safeguarding alerts are assessed by the duty team they are not really being assessed correctly.

If you don't get the response you need from a safeguarding alert, fill out the Enhanced vulnerability forum referral and send to Victoria by 25<sup>th</sup> February 12 noon. The next meeting is scheduled for 26<sup>th</sup> February.

This forum will prioritise people on the streets, but will also support hostels if needed (currently assessing the demand for the forum in hostels). This meeting is primarily open to social care services that are signed up to the Westminster information sharing protocol.

- HHS – Homeless Health Service, Practice nurses and members of the CCG
- Westminster City Council – Rough Sleeping Commissioning Team
- Rough sleeping commissioned services – Westminster Street Outreach Service (SOS), Compass Team, Day Centres, Joint Homeless Team
- Hostels – To be reviewed.
- Turning Point

Attendees all agreed that the forum sounded extremely useful.

Please see attached information sheet for more information on the Enhanced vulnerability forum.

### Deaths

There has been a sharp increase in the amount of deaths in the pathway. For example in 2016 there were a total of 12 deaths, but since April 2018 there have been 27 deaths. It is believed the increase is due to multiple reasons; increase in the use of NPS and the heat wave exacerbating chronic conditions (e.g. people with COPD).

- 5 deaths were end of life

- 11 sudden deaths
- 2 suicides
- 1 road traffic accident

Victoria discussed the toolkit that the HHCP is putting together around 'Supporting staff around a client death' and explained that a bit to Public Health England is being put together around how we can support clients with NRPF.

Five cases are being considered against the safeguarding adult review (SAR) criteria, and extra information is being gathered. SARs are to promote learning and improve practice e.g. lessons that can be learnt from how professionals and their agencies work together.

### **Client SPICE training**

DAWS have been delivering bi-monthly Spice training to clients at services. Services reflected back that these sessions have been extremely useful, but clients have not wanted to attend as it's an admission to using Spice.

Caz from CSTM said they had a great response with 16 people attending Spice training in January. She believed the success was as it was advertised it as a Spice forum – e.g. learn how it affects people, how you can help someone who has taken Spice, risks of using Spice.

The next Spice client training session (forum), scheduled for April, has been offered to Hopkinson House.

It was noted that there are some great YouTube videos on Spice that could be useful to show clients. [https://www.youtube.com/watch?v=IAi\\_N\\_h0Q0c](https://www.youtube.com/watch?v=IAi_N_h0Q0c), [http://www.vice.com/en\\_uk/video/spice-boys](http://www.vice.com/en_uk/video/spice-boys)

### **Self-care**

Attendees were asked to reflect on self-care in their service, how they approached it and what they could do better. The HHCP self-care tool kit was handed out [http://www.westminsterhhcp.org/westminster\\_tools\\_case\\_conf.htm](http://www.westminsterhhcp.org/westminster_tools_case_conf.htm).

Attendees said that they needed to lead by example to encourage staff members to take self-care seriously. Some members of staff working until 1am doesn't promote the right message.

Group counselling has been extremely helpful after a client death – to support staff and let them process emotions.

It was also noted that managers should encourage staff to take regular annual leave (instead of working for four months straight).

A stress risk assessment was distributed to attendees (attached), which could be useful. This is a St Mungo's stress risk assessment which highlights 6 areas to assess around a team/ staff member's stress levels.

**Date of next meeting: Tuesday 2nd April, 10am-12pm**