Aiming to improve & maintain the health and wellbeing of people who experience homelessness and/or at risk of homelessness

West Lothian Health & Homelessness Action Plan 2011 ~ 2014

West Lothian
Community Health and Care Partnership

Introduction & Background

In keeping with the recommendations of the Health and Homelessness Standards (2005), West Lothian's Health & Homelessness Action Plan 2011 – 2014 acknowledges the activities included ensure that there is a commitment to helping prevent homelessness and contributing to sustainable solutions. Recommendations by the Homelessness Task Force have shaped the way West Lothian endeavours to meet our outcomes. The Action Plan is underpinned by local frameworks and strategies, including the West Lothian Life Stages Outcome Model and West Lothian Homelessness Strategy. The Health and Homelessness Interest Group has been the forum for identifying health and homeless objectives for targeting, prioritising and measuring impact. There was a health impact screening in initial stages of producing a 3rd West Lothian Health & Homeless Action Plan, held in September 2010, this included an equality impact assessment; recommendations are included within.

Moving into Health is not solely the Homeless Health Team, it is an approach to tackling health inequalities, promotion and prevention through joint working. The Health and Homeless Interest group (HHIG), which has grown in strength from its' initial forum in 2005 is a group of people from voluntary and statutory organisations who are interested in homelessness. The actions are reviewed and progressed through sub-groups and multi-agency approaches to tackling the raised issues. The progress of actions are monitored via the HHIG.

Underpinning the outcomes and actions are a common objective that they will:

- Promote staff understanding of identification and support for, health and homelessness
- Improve communications to ensure a co-ordinated response benefits the health of homeless people
- Improve awareness and opportunities for staff to access relevant training
- Improve access to health care services for homeless people
- Promote Health improvement as an integral provision for homeless people

'In September 2001 as part of the drive to tackle health inequalities and promote social justice, NHS Boards received ***Health and Homelessness Guidance*** (Scottish Executive, 2001). ***Our National Health: A Plan for Action A Plan for Change*** (Scottish Executive, 2000), also highlighted the need to improve the health of homeless people as a priority for NHS Scotland.

In partnership with local authorities, voluntary organisations and service users NHS Boards in Scotland are required to develop Health and Homelessness Action Plans. The Health and Homelessness Action Plan forms an integral part of the Local Community Health and Care Partnership (CHCP) Plan and creates effective linkages with Local Authorities' homelessness strategies.

The West Lothian Health & Homelessness Strategy Aims to:-

- Recognise and adapt to the changes in demographics of population in West Lothian and associated cultural issues.
- Provide a co-ordinated and consistent response to the health problems, of those who are homeless or at risk of homelessness, who are not engaged with mainstream services in West Lothian.
- Raise awareness of health and homelessness and develop training and education.
- Ensure that the health needs of those experiencing homelessness in West Lothian are assessed on a continuing basis.
- Ensure that information is current, available, accessible and relevant.
- Promote good practice within and across services.
- Monitor the development of the revised Health and Homelessness Action Plan

West Lothian Life Stage Outcome Planning Programme

Taking forward the action plan will be in cognisance with other underpinning frameworks within West Lothian, with specific adherence to Life Stages model. A partnership programme, with the aim to reduce health, social and economic inequalities across communities in West Lothian. Life stages have been defined as Early Years, School Aged Children, Young People in Transition, Adults of Working Age and Older People and target populations with the highest levels of need have been identified for each life stage. Identification of relevant activities is based on evidence of what works or is likely to work to reach, engage and impact on vulnerable groups including those who are considered hardest to reach (i.e. the target populations, homeless people as identified in the Single Outcome Agreement are one of West Lothian's target priority groups).

Integrating priorities with the Homelessness Strategy to progress outcomes:-

- Improved tenancy sustainment
- Improved access to appropriate support services for vulnerable households
- Reduction in homeless presentations and repeat presentations
- Increased awareness of information and advice
- Improved joint working and improved outcomes for homeless households
- Better access to health services for homeless people
- Improved links for service users into employment, training and education
- Fuller social inclusion of those who are homeless/at risk of homelessness
- Ensure sustainable local housing and support services for young people
- Services are delivered in a way that is sensitive to the needs of young people

Topic	Outcome	Action	Lead	Timescale	For information on current ways of working
1. Physical Health	1.1 Homeless people have better physical health.	People in emergency accommodation and in temporary tenancies will be offered physical health screening.	HHIG/HHT / Keepwell	Ongoing	People have access to physical health screening:- Bodycheckout, Keepwell, HHT.
	1.2 Individuals and families engage with services as a preventative approach to tackling health inequalities and have earlier identification of potential health risks.	Promotion of available opportunity for homeless people to have physical health checks.	HHIG/HHT / Keepwell	Ongoing	Bodycheckout, Keepwell. MIH Homeless health team carryout baseline physical health checks with all clients they see and anyone referred (non-age specific).
	1.3 Improve understanding of uptake	Increase evaluation methodology to identify people accessing health checks x 2 yearly feedback	HHT / Keepwell	Evaluation summary June & December	No feedback/evaluation only through HHT information on their uptake.
	1.4 Homeless people increase their take up of health services	Provide information on health improvement opportunities and health services available to homeless people. Positive Experience would increase likelihood of future engagement.	HHIG	Ongoing	Mainstream Health services. Signposting, referral, age appropriate services.
2. Mainstream Health Services	2.1 More Homeless People are able to access mainstream health services.	Provide information to staff and service users on mainstream health services. Using resources 'Guide to Good Health' and 'Health and Homeless Resource Directory', ensure they are updated and distributed widely to relevant services.	HHIG	Ongoing	Was 6 monthly, now annual update of Resource Directory and circulate PDF electronically. Guide to Good Health distributed around housing offices and to all homeless accommodation.
	2.2 Improve continuity of care.	Publicise access to clinicians at GP practices and encourage GPs to retain patients who experience homelessness.	HHIG	Ongoing	HHT write to GPs re patients seen Information in Guide to Good Health and Resource Directory

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3. **Mental Health Difficulties**	3.1 More Homeless people who have mental health problems are able to access appropriate support.	People are referred for mental health assessment to HHT. People are encouraged / supported to attend appointments with mainstream health services.	HHT HHIG	Ongoing	Referral to specialist teams. Signposting. Liaison with Primary Care.
	3.2 Ensure continuity of service for people with mental health difficulties.	Optimise joint working; transfer of cases in a way which increases most appropriate mental health service is working with clients needs.	HHT	Ongoing	Referral to specialist services. Joint Services working MIH and other services where assessed need.
	3.3 Early identification of mental health difficulties	Housing and support staff will be familiar with process of who to discuss/refer/signpost people for mental health assessment	WLC / HHT / NHS	Ongoing	Referral to specialist teams. Signposting. Liaison with Primary Care.
	3.4 Increased information sharing from mainstream health services, to ensure housing services are aware of housing need and health impacts.	Sharing of information to ensure that people's health needs are taken into consideration when housing is allocated.	NHS / HHT / WLC	Ongoing	Presentations/literature to raise awareness of health and homelessness
4. **Mental Health & Wellbeing**	4.1 More homeless people have access to staff with an understanding of mental health and wellbeing issues.	Share information about relevant training opportunities and review training need regularly.	Choose Life HHIG	Ongoing	Links to Choose Life & Suicide awareness. Scottish Mental Health First Aid Training (SMHFA).
	4.2 Increased number of homeless people who feel good about themselves	People can utilise staff support to develop general / wellness / recovery plans. Continue to work in partnership through -annual pamper yourself event -Health & Homelessness Interest Group identify gaps and resources ~ Currently under review	Scottish Recovery Network HHIG	Ongoing 2011 date tbc Ongoing	Wrap Recovery training. Access to 'Living Life to the Full' training sessions. Annual pamper yourself event Monthly HHIG

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5. **Discharge from hospital & prison**	5.1 Reduction in homeless presentations and repeat presentations'.	Review of Hospital Discharge ~ to take in to account changes in acute psychiatric care and housing needs reviews. Multi-agency review, following housing needs structural review.	HHIG / MIH / Housing Need Service / St. John's Hosp.	July 2011	Hospital discharge protocol in place, due for review, which was postponed awaiting outcome of housing need review ~ to realign with homeless prevention recommendations.
	5.2 People have early discussions with regards to their housing needs when entering hospital. People have access to advice and information with regards to their housing options and support services.	Appropriately support people experiencing homelessness and those at risk of homelessness follow a pathway into, through and out of, hospital. Initiate meetings to further address hospital admission and discharge procedures. Provide housing advice and information resources at hospital.	HHIG / MIH / Housing Need Service / St. John's Hosp.	Ongoing	Hospital discharge protocol in place, due for review, which was postponed awaiting outcome of housing need review ~ to realign with homeless prevention recommendations.
	5.3 Staff will be aware of the range of housing options and of preventative measures available to inform patients upon admittance to hospital and/or know who to access for information.	Provide ongoing training and develop systems of informing NHS staff in homelessness issues, housing options advice and discharge protocols.	MIH / WLC	Ongoing	
	5.4 People identified as homeless in hospital will have smooth transition in to suitable accommodation.	Establish consistent practice among hospital based staff initiating discharge planning for people experiencing homelessness and those in unstable accommodation.	MIH (HHT)	Ongoing	HHT offer regular presentations within Psychiatric admissions unit and have contact with medical services managers and hospital discharge co-ordinator.
	5.5 Maximise opportunities to ensure adequate health services and access to mainstream healthcare is available for prisoners on liberation, who are homeless.	Prison healthcare aware of services available within the area. Further consultation with health services within local prison establishments.	WLC / HHIG	Ongoing	Liaison via West Lothian Council Resettlement Team and Criminal Justice Service.

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6. Addictions	6.1 More homeless people are screened for substance misuse problems. Reduce life difficulties which accompany addictions and impact subsequently through anti-social behaviours and drug dealing, therefore preventing homelessness.	Work in multi-agency approach to increase opportunities for treatment for those with substance misuse problems. (Establish method of evaluating uptake and engagement to address addictions).	TADP / HHIG / ACP	August 2011	Referrals:- NHS Addictions-allocated nurse for homelessness. SWAT f/t equivalent worker for homeless services. Referrals to WLDAS & Cannabis Worker Outreach, Cyrenians and Tenancy Support, such as TRFS.
	6.2 Identify trigger to relapse / use with addictions patterns for prevention of homelessness.	Enhance the knowledge of issues and concerns around addictions for staff and families including non-substance addiction. Develop within protocols within homeless prevention planning.	HHIG / Education	Ongoing	Promotion of training at awareness sessions circulated via email and homeless newsletter.
	6.3 People's needs are being met through joined up working with TADP, Addictions Care Partnership and homelessness services across West Lothian.	Work with West Lothian TADP to implement new strategy. Relevant Health & Homelessness Actions to be shared and where appropriate integrated with TADP Strategy planning.	HHIG / TADP / ACP	Ongoing	Representation from housing need and moving into health at West Lothian TADP. Communication / consultation with regards changes in protocols and action planning.
	6.4 People with dual diagnosis receive appropriate interventions to address difficulties and ensure continuity of approach.	Ensure the links between addictions, mental health and homelessness are made explicit.	HHIG / ACP	Ongoing	Joint Working between HHT and addiction services and/or establishing/signposting to mainstream services.
	6.5 Highlight the relationship between addictions and risk of homelessness to ensure better choices made by young people re alcohol and drug misuse. (e.g. anti-social behaviour, mental ill-health & drug dealing)	Awareness raising of the dangers of substances, such as alcohol abuse and cannabis abuse as a potential risk factor for young people, risk of homelessness.	HHIG / TADP / YAP / Education	Ongoing	Presentations incorporating… links and research based evidence.
	6.6 A consistent approach will be taken for safe management and disposal of medication, drugs and injecting paraphernalia in West Lothian Temporary Accommodations, complying with legal and council policies.	Develop a West Lothian temporary accommodation protocol for the safe management and disposal of medication, drugs and injecting paraphernalia – in a multi-agency approach.	WLC / HHIG / NEON	July 2011	Current recommendations, no consolidated procedure and lack of consistent approach – dependent on manager's knowledge – although within legal constraints. Information shared about NEON.

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7. **Smoking**	7.1 More homeless people and those supporting them have an improved awareness of the risks associated with smoking through brief intervention and/or access to services and resources available.	Develop a regular pattern of brief intervention and regular training to raise staff awareness of services available for people wanting to reduce/stop smoking.	HHIG	Ongoing	Links with NHS Stop Smoking Support team. Information in Resource Directory. Signposting and motivational interviewing where appropriate.
		Regular health education update to clients and information sharing in respect of services and education.	HHIG / NHS Smoke Cessation Service	Ongoing	Roadshow health promotions include smoke cessation staff, education materials & inclusion at Pamper Yourself
8. **Blood Borne Virus's**	8.1 Reduce number of BBV's by increasing number of homeless people being screened for BBV's	Develop wider links and increased promotion of BBV services within homeless accommodation and housing offices. Awareness raising within staff group.		Ongoing	BBV Nurse consultation within BHU, sharing of information regarding services & inclusion at Pamper Yourself
9. **Sexual Health**	9.1 Fewer homeless young people and adults will have Sexually Transmitted Infections and Unintended Pregnancies	Promote access to services available via Posters/Guide to Good Health/Resource Directory update Health promotion Sexual Health specific events and Pamper Yourself raise profile of services and increase staff knowledge to support people. Opportunities for alll to access services with support from homeless services.	HHIG HHIG / WLSHSG MIH / Penumbra/COZ	Ongoing	C:card access, information Information on GUM clinic Joint working with Sexual Health worker at Coz Girl Power events Health awareness sessions in units MIH part of Sexual Health Promotion Group
10. **Social Networks**	10.1 Social Networks are recognised as a vital part of an effective response to the prevention and resolution of homelessness.	Recognise close links between health, homelessness and social networks. • Need to link with and learn from existing provision such as mental health befriending projects. • Health professionals need to be able to access/refer to mentoring, befriending and mediation services. • More accessible services are required – GP, Dentist, Addiction etc. • Social networks can support healthier lifestyles and access to services.	WLC / HHIG		Training for Housing Needs Staff. Mediation available for young people. Signposting to Befriending service. Information sharing through resources and training.

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11. **Young People**	11.1 Young people experiencing homelessness increase their uptake of health services	Staff and resources support the signposting of local/specialist health services.	HHIG / Education	Ongoing	Young people are supported to register with primary care services.
		Links are made between client, education support worker and appropriate health service to ensure partnership approach to health	TCAC / Housing Needs / Penumbra / Education & HHT	Ongoing	Referral to Penumbra Mental Health Worker and/or Homeless Health Team (MIH)
		A health assessment is offered to young people in adherence with health charter for homeless people	TCAC / Housing Needs / Penumbra / LAC & HHT	Ongoing	LAC nurse has supported links to mainstream health services with young people who may present under TCAC team with longer term difficulties
		Liaison with young people's services ensuring continuity/optimum access to appropriate service ~ linking with TCAC; Education, Youth Housing Co-ordinators; YIP; YAP; Sure Start, Therapeutic Day programme, Willowgrove House; LAC Nurse, COZ, Penumbra Young Peoples mental Health Worker & Self Harm worker.	TCAC / Housing Needs / Penumbra / Education & HHT	Ongoing	Presentations Annual pamper yourself Being involved in joint strategies
12. **Complex Needs**	12.1 People who have complex needs will receive the specialist services and support to help end their homelessness	Raise awareness within housing needs of the needs and risks of those with complex health needs and the barriers they experience in accessing both health and housing services. Staff will be better equipped to identify and respond to their needs.	HHIG	Ongoing	Ad-hoc information disseminated, feedback and circulation of relevant/appropriate information. Adult and child protection concerns brought to attention of relevant statutory bodies. Requests for relevant comprehensive assessment of need.
		Training and awareness of adult protection measures in place; keep abreast of changing protocols and policies.	HHIG	Ongoing	Sharing of concerns between agencies, direct contact and via relevant electronic recording systems.

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13. Strategies	13.1 Health and Homelessness actions are regularly monitored.	Review and update at least once monthly.	HHIG	Ongoing	Review updated, but irregularly
	13.2 Health and Homelessness Action Plan is integrated into Community Health and Care Partnership Planning.	Bi-annual update on Homelessness to CHCP by WLC Customer Services Housing Manager with responsibility for homelessness.	HHMG	Ongoing	Information is presented bi-annually on homelessness and health and homelessness to CHCP
	13.3 Health & Homelessness Action is integrated into Housing Needs Strategy.	Review on an ongoing basis the health related aspects of the homelessness strategy and ensure the Health & Homelessness action plan links in.	HHMG	Ongoing	Partnership working, involves joint management structures and Health input at WLC Joint.
	13.4 More joined up working with Primary Care.	Involve health services in local service – Health & Homelessness Interest Group meetings, which are currently held to improve integration of co-ordinated services.	HHIG	Ongoing	Information sharing in a variety of ways:- leaflets, correspondence and via multi-agency groups working within Primary Care.
14. Learning Disability	14.1 Improve continuity of care for people with learning disabilities and ensure a wide awareness of all services.	Review homelessness prevention for people with learning disabilities in the context of partnership working.	HHIG	Ongoing	Links with NHS Learning Disability Team ~ access for assessment via MIH
15. Physical Disability	15.1 Homeless people with physical disabilities are not disadvantaged as a result of being in temporary accommodation.	People with physical disabilities are informed of resources to support them, and have access to appropriate needs assessments available within mainstream services in West Lothian to ensure they have relevant aids, accommodation and supports.	WLC / HHIG	Ongoing	Information about services within Resource Directory ~ to inform frontline staff.

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16. **Oral Health**	16.1 Homeless people have access to dental treatment.	Improved links with dental services provided for homeless people in West Lothian and promotion of service ~ improve communication.	HHIG	Ongoing	Dental drop in for Homeless People and Methadone users in West Lothian. Promotion of dental service via newsletters, posters, leaflets and staff within homeless services.
	16.2 Homeless people have adequate resource to attend to oral hygiene.	Improved links with NHS Lothian Dental directorate to inform/identify needs of homeless people in West Lothian.	HHIG / WLOHSG	Ongoing	Dental Health Promotion Nurses, support health improvement events for homeless people~ Pamper Yourself & Dental Roadshow.
		Access supplies of dental products to promote regular oral care.	HHIG	Ongoing	Toothbrushes and toothpaste in 'Sleep Tight Packs'. Supplies received from dental health promotion
		Promote, monitor and evaluate community dental service operational in West Lothian for homeless people and methadone users.	HHIG	Bi-annually	No evaluation/statistics re: contact, treatments and outcomes currently available from systems in place.
	16.3 Young people experiencing homelessness increase their uptake of dental services	Develop a protocol of ensuring promotion of local dental resources is given in respect of children experiencing homelessness	HHIG / Dental Health Strategy Group / Health Visitors	August 2011	
17. **Pregnancy**	17.1 Homeless people who are pregnant will access relevant health and social care services.	Establish unmet needs of pregnant homeless women. Maintain links and promote use of Sure Start.	Midwifery Services / HHIG	Ongoing	Sure Start work in partnership with all agencies where there are pregnant young people or very small children who may be vulnerable (aged 0-3yrs) Liaise with midwives and annually present on Health and Homelessness.

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18. **Children in Temporary Accomm…**	18.1 Positive links between health visitors, housing officers and social work to ensure quality healthcare.	Review provision of services for children and families in temporary accommodation to ensure joined up, continuity of services.	MIH / Primary Care / School Nurses / Midwives / Sure Start & Education	August 2011	Information shared with health from housing need regarding children moving into temporary accommodation. Sure Start work in partnership with all agencies where there are pregnant young people or very small children who may be vulnerable (aged 0-3yrs)
	18.2 Increased awareness of homelessness, improve communication and enhance joint working partnerships with midwifery/nursing services for women and children experiencing homelessness.	Continue to support the women and children's services by keeping links with health visiting and midwifery services ensuring continuity of care for women and children in temporary accommodation. Introduce links to communicate additionally with Education.	HHT / Education & WLC	Ongoing	Correspondence and direct communication in event of concerns and joint up working. Health visitors working within homeless units where families are accommodated.
		Presentations & literature on health and homelessness to Children's health teams.	MIH	Ongoing	Presentations to Primary Care ~ Health Visitors and Midwives by HHT.
	18.3 Integration of identified needs will be shared within appropriate forum.	Relevant Health & Homelessness Actions to be integrated into Children's Services	HHIG	Ongoing	Sharing of information
	18.4 Ensure appropriate use of Perinatal Mental Health Team and the SEAT regional unit situated at St John's Hospital, guaranteeing improved access to healthcare for women postnatal who are experiencing mental illness and are homeless.	Women who have experienced homelessness to be included in the roll out of post-natal depression integrated care pathway.	Perinatal Services / HHIG	Ongoing	
	18.5 Vulnerable families have streamlined, continuity of health provision	Review developed reporting mechanisms into Primary Care. Establish improved communication mechanisms with education ~ preliminary proposals in hand.	HHIG / Education	August 2011	Letters written about children…

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19. **Impacts on Health and Social Detriments**	19.1 Homeless people have access to health information and have improved knowledge of social impacts on health.	Dissemination of Guide to Good Health ~ every temporary accommodation will have a copy. An array of health information is available for people residing in hostels. Health tips are included in client homeless newsletter. Promote use of Health Issues in the Community Course, already run in conjunction with Women's Aid & Housing Needs.	HHIG / HIT	Ongoing	Guide to Good Health distributed to various areas:- CIS offices, Emergency Accommodation Units, GP surgeries, Dental surgeries and variety of hospital outpatient units. Access to Health Issues in the Community Course.
	19.2 Information is disseminated in ways which are comprehendible for the person. Increased numbers of homeless people accessing lifelong learning Increase adults capacity for literacy and numeracy	Written material is literacy checked by colleagues in ABE; where possible graphics will supplement written materials	HHIG / Literacy Partnership	Ongoing	Resources have been literacy read and recommendations adhered to.
20. **Domestic Violence**	20.1 More homeless people are screened for domestic abuse.	Increased awareness of the impacts of domestic violence and resources to support those who have experience of domestic violence. Awareness and use of enquiring domestic abuse screening tool?	HHIG / DAS	Ongoing	Information on Domestic Violence strategies disseminated via links with Domestic violence strategies @ JSG. Information on DAS & WLWA in Resource Directory and Guide to Good Health.
	20.2 Fewer young people are exposed to violence and abuse.	Clear links with Domestic Abuse strategies.	HHIG / DAS	Ongoing	
21. **Spirituality**	21.1 Homeless people in West Lothian should have their spiritual and/or religious views and identified practices treated with respect and with minimum interference.	Develop information resources, to have information about various spiritual and religious resources/requirements available for staff and clients.	HHIG	Ongoing	

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22. Nutrition	22.1 A West Lothian ~ Homeless Cookery Book with West Lothian, Homeless accommodation, budget conscious resource will be produced.	Homeless People in West Lothian will be more nutritionally advised and have access to health food and recipes. The now completed recipe book will be provided to those who are homeless who complete a course of Get Cooking Classes.	HHIG	Ongoing	Get Cooking classes in WLC hostels & cooking classes in other hostels. Assistance with budgeting & shopping in Young People's services. Ina's Diner in Open Door (cooking classes).
	22.2 Healthy eating and related advice will contribute positively to overall health and wellbeing	Assess need, good practice and monitoring mechanisms for healthy eating provision to establish how current approach is impacting on change.	HIT / HHIG	Ongoing	Assistance with budgeting & shopping in Young People's services and as part of Tenancy Sustainment role.
	22.3 Homeless people in West Lothian needing to access free or cheap food have the knowledge of where to go.	Develop and publish material of where free/cheap food is available	HHIG / HIT	Ongoing	Cyrenians Fareshare. Information on Food Co-ops & Tips in Guide to Good Health.
	22.4 Healthy eating will be regarded as a promotional need when determining ability to sustain accommodation.	Ensure health promotion regarding healthy eating is available to people who are experiencing homelessness	HHIG / HIT	Ongoing	
	22.5 Encourage long term healthy eating principles and link into other services.	People experiencing homelessness will be made aware by staff of opportunities to develop cooking skills.	HHIG	Ongoing	Get Cooking classes in WLC hostels & cooking classes in other hostels. Ina's Diner in Open Door (cooking classes).

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23. Physical Activity	23.1 Homeless people will be having the opportunity to engage in physical activity.	Explore and identify opportunities for access to leisure facilities/activities through establishing links with Community Education, West Lothian College, Sports Unit and West Lothian Leisure. Identify & explore use of bicycles – and community learning & development access course.	HHIG / HIT HHIG	Ongoing August 2011	Referrals made to First Steps for people (Xcite) engaged with Homeless Health Team. Information is circulated about Put Your West Foot Forward ~ Walking groups and buddy walks in West Lothian ~ via staff awareness and newsletters.
		Maintain Monthly football sessions for homeless people.	Penumbra / HHT	Monthly	Monthly football sessions running for 2 years
		Promote opportunities for use and skill development of basketball equipment at Quentin Court with support of volunteer students from sports and fitness unit and West Lothian College.	HHT / WLC	July 2011	Basketball net installed at Quentin Court January 2011
24. Community Pharmacy	24.1 Homeless people will have information and ability to access Community Pharmacists and utilise Minor Ailments Service.	Maintain links with Community Pharmacist and promote sharing of information about Minor Ailment Service.	HHIG / WLCHCP	Ongoing	Information about Minor Ailment Service in Guide to Good Health, hostels and via Resource Directory.
25. Support	25.1 Information will be shared in accordance with consent, to ensure that the client has most appropriate service involvement and single assessment. Reduction of duplication in assessment, reducing need to repeat similar questions.	Staff will assess using SSA (Ecare) to be able to share information and requisition housing support for homeless people with health and social support needs.	HHIG/WLC	Ongoing	Single shared assessment used by HHT routinely now, preferred mode of referral.. Single shared assessment being implemented throughout housing needs and housing support teams.

Topic	Outcome	Action	Lead	Timescale	For information on Current ways of working
26. **Families in Temporary Accomm.**	26.1 Vulnerable families have streamlined, continuity of health provision.	Develop reporting mechanisms into Primary Care. Communicate using protocol for sharing information about movement of children in temporary accommodation from WLC to NHS Lothian.	HHIG HHIG	Ongoing	Letters written about children moving into temporary accommodation to Health Visitors and School Nurses depending on age. Letters sent to GPs re: people seen by HHT. List from Academy, identify health visitor from CIS ~ correspond.
27. **Communication**	27.1 Ensure information about accessing Translator services is clear.	Review of current accessibility to be checked and up to date information reported via Resource Directory.	HHIG	Ongoing	
	27.2 Service users are not disadvantaged by changes in protocols being unknown to them	Information regarding changes in protocol will be publicised. Recommendations to proceed with homeless prevention will be shared	Housing need	Ongoing	
	27.3 Ensure that the process is transparent and all accessing and managing resources will ensure standardisation across service.	A clear protocol stating how long service users will be supported to access services (e.g. schools) in previous area should be developed.	HHIG	Date for 2011 to be arranged	
	27.4 There is a multi-agency approach to improve health and well-being of homeless people	Continue to work in partnership through -annual pamper yourself event -Health & Homelessness Interest Group ~ Currently under review The HHIG Resource Directory of services is circulated around staff working with homeless clients. Annual review.	HHIG	Date tbc Ongoing June 2011	Reviewed 6 monthly, now to be annually, then circulated to agencies working with homeless group.
	27.5 Homeless people will access staff with equitable knowledge of health and wellbeing services and opportunities.	Information shared in staff newsletter and email circulation of activities and services. Provide Community development and Health Training for Housing Needs Officers	HHIG HIT		Information shared in staff newsletter and email circulation of activities and services.

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	27.6 Agencies have access to the 'Guide to Good Health' and 'Health and Homeless Resource Directory' with a variety of information on services and resources accessible to staff and service users.	Further print of Guide to Good Health.	HHIG	June 2011	Funding in place
		Update of Homeless Resource Directory and re-circulation in PDF format.	HHIG	June 2011	Circulate in PDF format
	27.7 Ensure homeless people will be seen by staff that are non-judgemental, supportive, display empathy and are interested in promoting a culture of supporting people to address any difficulties they have.	Training of staff in the philosophy of attitudinal awareness. Using a tool such as Fish Philosophy	HHIG / HIT	September 2011	
28. LGBT	28.1 Homeless people who are Lesbian, Gay, Bi-sexual, Transgender will have opportunities to access appropriate support services and meet staff who are non-judgemental, open and willing to assist them, dependent on client's needs.	Staff work proactively with LGBT organisations and the WL LGBT practice forum (and other equality groups) to assess needs, appropriate practice, resources and referral options.	HHIG, WL youth workers parishioners LGBT forum & LGBT Youth Scotland	Ongoing	Information within Resource Directory & Guide to Good Health
		Staff have continuous CPD training in relation to recognise needs of LGBT people (and other equality groups in line with public sector equality duties coming into force on 06 April 2011 in respect of the Equality Act 2010) for advice and referral during assessment process and documentation	LGBT Youth / HHIG	Ongoing	Information within Resource Directory & Guide to Good Health
29. Benefits Advice & Finance Maximising	29.1 People experiencing homelessness will have better access to advice on benefits and improved knowledge of income maximisation	Develop within current resources being reviewed information and signposting details to ensure people can address debt, low income and access financial entitlement.	HHIG / Advice Shop	August 2011	Designated resources within Advice Shop. Information shared in staff and client newsletters periodically.
30. Ethnic Minorities	30.1 Establish a better knowledge of need to assist people from different ethnic backgrounds	Carry out a piece of research to identify variation in need and demand for resource to support people from ethnic minorities.	HHIG	October 2011	Information in resource directory & guide to good health, signposting & local services for ethnic minority population

Abbreviations:		
	ACP	Addictions Care Partnership
	COZ	Chill Out Zone
	DAS	Domestic Abuse Service
	HHIG	Health & Homelessness Interest Group
	HHMG	Health & Homelessness Management Group
	HHT	Homeless Health Team
	HIT	Health Improvement Team
	LAC	Looked After Nurse
	LGBT	Lesbian, Gay, Bi-sexual and Transgender
	NEON	Needle Exchange Outreach Network
	SWAT	Social Work Addictions Team
	TADP	Tobacco, Alcohol & Drug Partnership
	TCAC	ThroughCare AfterCare Service
	VAWL	Violence Against Women Legislation
	WLC	West Lothian Council
	WLCHCP	West Lothian Community Health & Care Partnership
	WLDAS	West Lothian Drug and Alcohol Service#
	WLWA	West Lothian Women's Aid
	WLOHSG	West Lothian Oral Health Strategy Group
	WLSHSG	West Lothian Sexual Health Strategy Group
	YAP	Youth Action Project
	YIP	Youth Inclusion Project

Achievements from last Health & Homelessness Action Plan

- Health Charter for homeless people in West Lothian
- Health Resource for people who are homeless and those supporting them "Guide to Good Health"
- PDF Resource Directory
- Protocol developed and implemented for children within families moving into homeless accommodation
- HHT use eCare system of information recording / single shared assessment
- Annual Pamper Yourself events continued
- Health Promotion Roadshows in Emergency Accommodation Units
- Staff in Emergency Accommodation Units trained in 'Get Cooking'
- Exercise equipment at Quentin Court 'Basketball net'
- Presentations on 'Health and Homeless', awareness sessions to West Lothian's:- Health Visitors, Midwives, Psychiatric Journal Club, Public Health Practitioner students, Housing Need staff, Inpatient Psychiatric Ward staff, Medical / Head & Neck directorate Charge Nurses, School Nurses
- Access to awareness sessions for staff working with homeless people on Mental Health, Self Harm, Understanding Personality Disorder, Suicide Awareness
- Established mode of evaluation of contact service users and partners have with Homeless Health Team
- Increase in the number of people who have had access to health assessments