Equality & Health Inequality Impact Analysis
Full EHIA Template

Introduction

This Screening Tool has been developed to help you to think through the implications of your work on equality and on addressing health inequalities. It aims to help you take the right steps to make sure that the policy, commissioning / decommissioning, service changes and/or procedure you are developing has the best chance of reducing health inequalities and advancing equality of opportunity, whilst capturing the evidence that you have done so. Essentially it will help you decide whether or not you need to undertake a full Equality and Health Inequalities Analysis (EHIA) for your project or piece of work.

It is your responsibility as the project lead/policy owner to take this decision having worked through the Tool.

Once completed, please email the CCGs Quality Lead who will agree with you the next stage to sign off the Tool i.e. to either undertake an full EHIA or not to undertake a full EHIA.

Legal Duties

CCGs have two separate duties on Equality and on Health Inequalities. Whilst the purpose of both duties is to ensure that informed and conscious consideration is given by decision makers to assess needs in respect of the equality and inequality duties, it is important to appreciate that they are two distinct duties. This document is therefore divided into two parts; Section A contains the Equality Analysis and Section B the Public Sector Equality Duty.

Full EHIA process

1. Project lead/ Policy owner completes the EHIA screening tool.
2. S/he should liaise with their engagement and quality lead to provide advice on its completion. The Project lead / Policy owner should alert the Quality Lead at the very beginning in the development of the project and or policy.
3. The completed EHIA should be submitted to the AD for Quality in the first instance for review and feedback on whether to carry out a full EHIA.
4. If required, the updated EHIA should be re submitted once all further information addressed
5. The NWL Equality Lead will either feedback in writing or convene an EHIA panel to review the form for sign off.
6. The NWL Equality lead will feedback to the lead/ owner formally that the EHIA has been signed off
7. The lead / owner should include the signed document as part of the papers for decision.
8. The PPE committee or equivalent should oversee the engagement required and full EHIA report.
9. The PPE committee or equivalent should sign off the full EHIA before submission to the CCG Governing Body and publication on the CCG website

Equality Analysis

When completing the template, we suggest you consider the nine protected characteristics and how your work would benefit one or more of these groups. The nine protected characteristics are as follows:

Protected Characteristic	Description
Age	A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g, 18-30 year olds)
Sex	A man or a woman
Ethnicity	A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins
Disability	A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
Religion or belief	A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.
Sexual Orientation	Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).
Gender re-assignment	Where a person has proposed, started or completed a process to change his or her sex. Gender Identity describes the gender that a person sees themselves as. It is not outlined explicitly as one of the protected characteristics in the Equality Act. However, should also be considered to ensure people are not disadvantaged by their gender identity, which could include (but is not limited to), gender-queer, non-binary, or a gender.
Marriage and Civil Partnership	A person who is married or in a civil partnership.
Pregnancy and Maternity	A woman protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

NHS England has agreed an additional definition which relates to inclusion health and people with lived experience. Inclusion health has been used to define a number of groups of people who are not usually provided for by healthcare services and covers people who are homeless, rough sleepers, vulnerable migrants, sex workers Gypsies or Travellers and other multiply excluded people. The definition also covers Female Genital Mutilation (FGM), human trafficking and people in recovery. Please consider these groups too in your analysis.

Public Sector Equality Duty

The public sector equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.

- Foster good relations between people who share a protected characteristic and those who do not.

These are sometimes referred to as the three aims of the general equality duty. The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Health Inequalities Duties

The Health and Social Care Act 2012 established the first specific legal duties on CCGs to have regard to the need to reduce inequalities between patients in **access** to, and **outcomes** from, healthcare services and in securing that services are provided in an integrated way. These duties had legal effect from April 1st 2013.

The duties require that CCGs properly and seriously takes into account inequalities when making decisions or exercising functions, and has evidence of compliance with the duties, whilst also assessing how well commissioned providers have discharged their legal duties on health inequalities.

What is meant by "…have regard to…" in the duties?
- Lawyers advise that "having regard to the need to reduce" means health inequalities must be properly and seriously taken into account when making decisions or exercising functions, including balancing that need against any countervailing factors.
- Part of having due regard includes accurate record keeping of how the need to reduce health inequalities have been taken into account.

Which Groups are covered by the legal duties on health inequalities?
The Act does not define a list of groups impact by the duties. Any group experiencing health inequalities is covered. This means that CCGs much consider the whole population for which they are responsible and identify inequalities within that population. Examples of groups that come under this category include homeless groups, carers, communities defined by a particular geographical area.

This Template

Neither the Public Sector Equality Duty nor the Health Inequalities duties specify how CCGs should analyse the effect of their existing and new policies and practices on equality or on health inequalities. These templates are designed to help CCG staff members to assess the impact of policy and decision-making on equality and on addressing health inequalities and to keep records of doing so. There are and will be overlaps between the two sections and the evidence gathered for each.

The process of using this process and working through the questions is as important as the outcome. The process is an opportunity to evaluate your evidence base for each question and involve stakeholders in this discussion. If the evidence is not readily available or gaps are found, a proactive approach may be needed. Finally, record keeping should take place as a matter of course.

Title of procedural document:	**Review of the Homelessness Service Provided by Burnely Medical Practice**
What are the intended outcomes of this work? Include outline of objectives and function aims	Burnley Medical Practice has been run by AT Medics under an APMS contract since the last procurement in 2016. They inherited the homeless service upon their appointment to the APMS contract for core medical services. The responsibility for commissioning transferred to Brent CCG upon the CCG moving to full delegation in April 2018. In March 2019, the PCCC was presented with a paper supported by an EHIA and QIA where the decision was made to re-commission the homelessness service from October 2019. Following an evaluation of the service and the publication of NHS Long Term Plan and GP Contract Variation, the PCCC in September 2019 decided for the Burnley Medical Practice to continue to provide the homelessness service until 31st March 2020 in order to enable the PCNs to identify the needs of its registered population and provide services to meet this need through population health management. In addition, for all Brent practices to take responsibility to register homeless people along with other vulnerable groups as per the **NHS England Primary Medical Care Policy and Guidance[1] and the CQC[2] requirement (see below).** The Committee agreed to seek assurance from the Primary Care Team that Brent homeless patients are receiving clinically effective quality of health care. Analysis of the current service shows that it is not delivering value for money and there is dwindling demand for its GP outreach clinic. The service was first initiated in 2004 as **patients used to experience difficulty in registering with a GP practice due to lack of proof of address, hence limiting their access to healthcare**

	services. The service included a wider multi-disciplinary team including GP, counsellor, mental health practitioner, housing service etc. Information provided by the current provider informs us that the majority of the service now consists of a counselling service seeing patients (some who are not homeless). These people may also be suitable for referral to either Improving Access to Psychological Therapies (IAPT) counselling, secondary care mental health service (which includes the outreach service), seen by the therapist offering Cognitive Behavioural Therapy (CBT) at Ashford Place or seen by a counsellor / mental health support team from the charitable organisation supporting the shelters and accommodation centres.. A number of other practices also have a substantial amount of registered homeless people with no access to additional funds. They provide primary medical care for these patients and upon engagement with many of them they confirmed that they refer to alternative services as appropriate to meet the patient's needs. None of the practice's employs an in-house counsellor but they all have access to IAPT and Secondary Care Mental Health Service (which have outreach clinics). Charitable organisations such as Immigrant Counselling and Psychotherapy (ICAP), MIND and Crisis Brent work closely with homeless people to secure optimal outcomes for patients. They also have a Mental Health Co-ordinator who offers counselling to people with psychological needs, and therefore can be used as an alternative counselling access. The NHS England primary medical services contracts[1], makes it clear that **GP practices cannot refuse an application to join its list of NHS patients** on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. Other than that, they can only turn down an application if: o The commissioner has agreed that they can close their list to new patients, o the patient lives outside the practice boundary; or o if they have other reasonable grounds In practice, this means that the GP practice's discretion to refuse a patient is limited. There is no contractual duty to seek evidence of identity or immigration status or proof of address. Therefore practices should not refuse registration on the grounds that a patient is unable to produce such evidence.

	Both the British Medical Association and NHS England are committed to ensuring homeless patients receive the same level of care as those with permanent addresses. CQC[2] expects practices to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them. Once the patient is "registered", GPs can manage the patient like any other patient with minimal emphasis required on elements of care to focus on. Following an evaluation of the existing service it was agreed to de-commission the service provided by Burnley Medical Practice. From data from GP practices and per the GP contract requirements outlined above, we know that they already register people who are homeless, thereby providing a service from a standalone practices creates an inequitable service across the borough . Brent CCG is committed to helping patients access the right services when they need them. Various local services and programmes are now available to support people with particular health needs. These include: • In line with the **NHS Long Term Plan[3]** commitments, **Primary Care Networks (PCNs)** have become established and are the best vehicle to provide population health management in creating shared leadership to improve health and wellbeing of the population. PCNs are also best placed to reduce any health inequalities. The PCN contract Direct Enhanced Service (DES) is designed to deliver commitments made in the NHS long term plan, for example on medicines management, health in care homes, early cancer diagnosis and cardiovascular disease case finding. PCNs are the key vehicle for doing this. During 2019 and 2020, NHS England and GPC England[4] will develop the seven national service specifications and networks will have responsibility for delivering these as set out in the contract in return for the new funding. One of these specifications is Tackling Neighbourhood Inequalities to help tackle the wider social determinants of health. • **PCN social prescribers (care navigator)** support and appropriately sign-post individuals to a wide range of non-medical support. These services support a whole-system approach. It can contribute to advancing equality and reducing inequalities in access and outcomes for all - this includes people who are homeless and rough sleepers, vulnerable migrants (refugees

	and asylum seekers), sex workers, and those from the Gypsy, Roma and Traveller communities. • **Integrated Care Partnership (ICP) Programme** and the **Whole System Integrated Care (WSIC) Programme** in Brent proactively identifies patients at rising risk including frequent attenders at UCC/A&E and provided appropriate information and support to improve health and well-being. • **GP Access Hubs** offer additional appointments in the evening, at the weekend or on a bank holiday. • **Online registration and consultation** is available across majority of our GP practices providing an alternative access option for patients. The CCG have commissioned GP websites which enables patients to register remotely with our practices. All practices also have an open list. • **NHS 111 (phone service or online)** is available to help people get the right advice and treatment when they urgently need it. • **Health Help Now app** helps patients find the right health services, medical advice and trusted information. • **Mental Health Services** such as IAPT, counsellors employed by the community support centre (Ashford Place), secondary care mental health service (with outreach services), Immigrant Counselling and Psychotherapy (ICAP), MIND and Crisis Brent counsellor or mental health support team from charitable organisation working to tackle homelessness. In addition, a 24/7 helpline is available for help in a mental health crisis. • **Drug and Alcohol Team** help people in Brent recover from drug and alcohol addiction. 1. NHS England, Primary Medical Care Policy and Guidance Manual v2, April 2019 https://www.england.nhs.uk/wp-content/uploads/2019/08/pgm-primary-medical-care-policy-guidance-manual-v3.docx 2. CQC Mythbuster, Nigel's surgery 29: Looking after homeless patients in General Practice, Last Updated August 2017 https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-29-looking-after-homeless-patients-general-practice 3. NHS England and British Medical Association, Investment and Evolution A five-year framework for GP contract reform to implement The NHS Long Term Plan, January 2019 https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf

Baseline assessment Has a baseline assessment been undertaken in order to inform what needs to be improved / help assure that deficiencies are not repeated?	Yes, Burnley Medical Practice has 227 patients registered as homeless. Data as of Q3 2019/20 from 35 out of 52 Brent GP practices that submitted data on registered homeless people, 537 patients are registered as homeless. Of this Burnley Medical Practice has 227 patients registered as homeless – however, further data from the practice indicates that on average the GP at Burnley Medical Practice sees only 50 of these patients in a period of 6 months with 145 appointments provided (equivalent to 0.5 appointments per patient per month). In addition the Counsellor has 20 patients on his caseload offered 8 to 16 sessions. This possibly contradicts the true number of patients registered at Burnley Medical Practice and the data needs to be validated. Some of the other practices also have a substantial number of patients registered homeless (e.g. 50 patients). The appointments provided by the GP offers immunisations, blood test (note that a separate service is already commissioned by the CCG for phlebotomy), screening for blood borne viruses, support and referral for drug and alcohol problems, referrals, health checks, mental health and smoking cessation therapy. As part of the GP core contract, all GP Practices offer appropriate and necessary referrals, and access to preventative, screening and other services. The service provided includes: 1. Fortnightly GP-led outreach clinic at Ashford Place (capacity for 8 X 20 minute slots) 2. Twice-weekly clinic at Pound Lane hostel on Tuesdays and Ashford Place on Thursdays led by the counsellor consisting of 1 hour counselling sessions 3. 3 half day sessions at the Burnley Medical Practice on Mondays, Wednesdays and Fridays led by the counsellor consisting of 1 hour counselling sessions 4. 4 hours of CPD (Continuing Professional Development) time for the counsellor on a Friday PM To further understand healthcare needs a patient questionnaire was circulated via the agencies that help to tackle homelessness. The results are incorporated in the descriptions of protected groups as detailed below.

	This review offers two options: **Option 1:** No action taken – service will terminate and all practices to continue to deliver to their core contract to register people who are homeless. **Option 2:** CCG to re-commission the service for one year with a defined service specification and seek approval from the CCG to fund this. This will require a procurement process to determine the most suitable provider. From April 2021, health inequalities national service specification under the Network Contract DES will be fully rolled-out, therefore the service will need to be further reviewed in a year's time. We support option 1. Practices are already registering people who are homeless. This option will provide an equitable service for all Brent homeless residents and break down any possible barriers to patient registration. Practices will continue to be supported through the services and programmes available through primary care and agencies working to tackle homelessness.

Who will be affected?
e.g. patients, staff, service users etc.
	• Burnley Medical Practice:
	  ○ GP and Practice Manager
	  ○ Counsellor
	• Homeless people
	• Homeless community centre and accommodation centres Practice
	• Agencies supporting to tackle homelessness e.g. Crisis Brent, St Mungo's, LookAhead

Part A EQUALITY ANALYSIS

Evidence
What evidence have you considered? List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. Please ensure throughout the completion of this document that you confirm HOW you reached any conclusions and WHO you involved in building evidence. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.
A Brent Public Health report at March 2019 notes that the number of approaches for housing service in 2017-18 was 3,521 while in 2018/2019 approach figures increased to 4,890 (percentage increase of approaches by 39%). In Dec 2018, in Brent there were approximately 2,348 homeless households living in Temporary Accommodation *(Source: Data from Brent Housing Authority).* The 2018 Rough Sleeping Statistics based on counts and estimates carried out by Local Authorities in England, providing a snapshot figure of the number of people sleeping rough estimated 30 people sleeping rough in the Borough of Brent (from 300 people sleeping rough in Outer London Borough and 4,677 individuals in England) [*2018 Rough Sleeping Statistics*]. The Chain Data Analysis Apr-Jun 2017 positively reported the largest decline in rough sleeping within Brent across all measures (new rough sleepers, living on the street, intermittent rough sleeper and total rough sleepers) [Homeless Link Chain Data Analysis Apr-Jun 2017]. Research[2] shows that 92% of the homeless people were registered with a GP. GP Practice Data as of Q3 2019/20 from 35 out of 52* Brent GP practices indicates that 537 patients are registered as homeless. Of this, Burnley Medical Practice has 227 patients registered homeless. In a period of 6 months the GP only saw 50 patients, so the true number of registered people is to be validated. ** Data is being chased for the remainder of practices* All practices will take responsibility to register homeless people (as per NHS England and CQC requirement). Historically, GP practices and other services such as homeless shelters have referred patients to register at Burnley Medical Practice. By ensuring all practices take responsibility to register homeless people (and other vulnerable groups such as travellers, asylum seekers, refugees etc), they will continue to be provided flexible appointments and support that is tailored to their needs. Patients will also get treated closer to home or at a GP practice of their choice, with appropriate timely follow-up. If the patient is registered within the GP practice's catchment area then where appropriate they are entitled to services such as a home visit or urgent GP services at their place of residence. GP practices provide access to their registered patients. In recent years patients have increasingly reported, through the GP Patient Survey, more difficulty in accessing services. To address these issues and to improve access to primary care, a number of services and programmes are available to help people access the right care in the right place at the right time. These are listed above. In addition, a number of agencies provide services to tackle homelessness.

Brent Council commissions hostels within the borough as supported temporary accommodation for single homeless people. The two largest commissioned housing related support services are:

1) **Livingstone House** - mixed sex accommodation for 109 people based in Stonebridge. Livingstone House support single homeless people with support needs, including those sleeping rough, women escaping domestic violence, refugees and those with alcohol, drug problems and/or mental health issues

2) **Pound Lane** – male only accommodation for 85 people based in Willesden

Both hostels are provided by Look Ahead Housing. The rough sleeping Outreach Service is provided by St Mungo's. The service users are predominantly ex-offenders and people with mental health issues relating to drug and alcohol.

Brent has 1 day centre, **Ashford Place** which is a community support centre which offers support with housing, training, employment, Substance Misuse services, resettlement, supported housing and tenancy sustainment. Also offers basic skills, work skills and vocational training. It provides accommodation for max. 25 people and Brent has another 8 accommodation centres with 108 beds as outlined below.

The service provided by **St Mungo** Community Housing Association, is located at 53 Chichester Road and acts as a home accommodating up to 26 males with alcohol addiction issues. The charity also works closely with shelters and hostels.

Crown House Wembley support single homeless people with a diagnosed mental health issue, who may also have a substance use issue. Crown House is being decommissioned by Mental Health Services and clients will be placed into smaller units, where there can be a greater focus on recovery. It has been agreed that Crown House will reopen in the Summer of 2021 as provision for single homeless people with mental health support needs.

The providers of the hostels, **Look Ahead**, do not have any outreach services themselves but Brent council does commission a separate outreach service aimed at getting rough sleepers off the street and into temporary accommodation such as hostels. Only once these patients are in temporary accommodation would they realistically be in a position to consider making appointments with primary care health services.

Brent council have recently been successful in securing additional grant money through the Greater London Authority and Ministry of Housing, Communities and Local Government to assist rough sleepers. This money will provide additional bed spaces for rough sleepers through the cold weather months, as well as support to help them to secure employment and housing.

Brent Council Homeless - hospital discharge, assist regarding housing issues. Referrals must be made from social services or the hospital.

Brent Winter Ward (based at Willesden Centre for Health and Care) offers support to vulnerable people leaving hospital. Staff work with patients who have either became homeless as a result of hospital admission or are being at risk of losing their accommodation. Offer support around housing, welfare, debts, education as well as addressing further issues around social isolation.

Streetlink exists to help end rough sleeping by enabling members of the public to connect people sleeping rough with the local services that can support them.

Brent Outreach and Engagement Team (BOET) works across the borough to provide residents with advice and support around substance misuse issues and can facilitate access into a wide range of treatment options. They run a number of groups and workshops from their base in Harlesden, but also have satellites at various locations across the borough.

Groundswell is a registered charity to enable people experiencing homelessness to take more control of their lives and have a full role in the community.

St Mungo's support single homeless men. The charity also works closely with shelters and hostels as well as the outreach services. This team includes outreach workers tackling street homeless in partnership with Homeless Link.

Crisis Brent, national charity for homeless people offer education, training and support to people who are homeless, are at immediate risk of becoming homelessness, or have been homeless in the last two years. They also have a Mental Health Co-ordinator who offers counselling to people with complex psychological needs.

Single Homeless Project (SHP), a London-wide charity working to prevent homelessness and help vulnerable and socially excluded people to transform their lives. They do this by providing support and accommodation, promoting wellbeing, enhancing opportunity and being a voice for change.

Primary care networks will be developing new services in the light of additional national investment in new staff roles and implementing the Directly Enhanced Service specifications that provide more holistic support. One of these specifications is around reducing health inequalities, which includes homeless people, asylum seekers, travellers etc.

This will also ensure that other GP practices with registered homeless patients are not disadvantaged. 35 out of 52 Brent GP practices (excluding Burnley Medical Practice) have a total of 310 registered homeless people (a few practices have around 50 patients on their list). None of these practices have received any additional funds to care for these people.

The following stakeholders have been engaged to gather data, intelligence and expertise.
GP Practices and Practice Managers

- CCG Executive Team, Clinical Directors and Primary Care Commissioning Committee
- Brent Council; Housing and Public Health Team
- NWL CCGs and other Outer NWL CCGs
- Healthy London Partnership
- Lay Members
- Burnley Medical Practice; Lead GP, Practice Manager and Counsellor
- Ashford Place
- Pound Lane
- Livingstone House (LookAhead)
- Brent Healthwatch
- Crisis Brent
- St Mungo's
- Service users

As part of this review a patient questionnaire was distributed to gather their views on health needs. The results have been used to capture the evidence and mitigations outline below for the individual protected groups. A total of 35 questionnaires were submitted. 63% of these were completed by users of Ashford Place, followed by 14% from Crisis Brent, 14% from Livingstone House and 9% from Pound Lane (St Mungo's). 34 out of 35 people (97%) who submitted the survey live in the Borough of Brent and 83% are registered with a Brent GP – only 4 out of the 35 people registered at Burnley Medical Practice. The others that are not registered are all in the process to do so.

Views will continue to be gathered and will feed into the discussions with a focus group that is due to be set up to meet after from March 2020. The group will include but not be limited to CCG Primary Care and Mental Health Team, Local Authority (Public Health and Housing Team), Crisis Brent, Ashford Place, Pound Lane and Livingstone House. The purpose of the group is to enhance partnership working and to assure the CCG that there are not any adverse gaps in the service provision.

1. Age

Consider and detail (including the source of any evidence) across age ranges of older and younger people. This can include safeguarding, consent and child welfare

A breakdown by age was requested but not provided by the current provider. The patient survey conducted by the CCG indicates that the individuals that submitted the survey are aged between 18 years and 64 years. 9% aged between 18-24 years, 29% aged between 25-34 years, 23% aged between 35-44 years, 26% aged between 45-54 years and 14% aged between 55-64 years. The survey sample was small therefore we would need to be mindful of this. However, despite the age of the person, their health needs should not be disadvantaged from the services on offer.

In 2018/19, 32 percent of people seen to be sleeping rough in London were aged between 36 and 45 years old, the most common age group in that year. In this same year, 5 percent of people seen to be homeless were under the age of 18, and a further 12 percent were aged over 55 [link].

All practices will take responsibility to register homeless people (as per NHS England and CQC requirement). Historically, GP practices and other services such as homeless shelters have referred patients to register at Burnley Medical Practice. By ensuring all practices take responsibility to register homeless people (and other vulnerable groups such as travellers, asylum seekers, refugees etc), they will continue to be provided flexible appointments and holistic support that is tailored to their needs. Patients will also get treated closer to home or at a GP practice of their choice, with appropriate timely follow-up. If the patient is registered within the GP practice's catchment area then where appropriate they are entitled to services such as a home visit or urgent GP services at their place of residence.

Primary care networks will be developing new services in the light of additional national investment in new staff roles and implementing the Directly Enhanced Service specifications that provide more holistic support. One of these specifications is around reducing health inequalities, which includes homeless people, asylum seekers, travellers etc.

This will also ensure that other GP practices with registered homeless patients are not disadvantaged. 35 out of 52 Brent GP practices have a total of 537 registered (of which 227 from Burnley Medical Practice) homeless people (a few practice's have around 50 patients on their list). None of these practices have received any additional funds to care for these people.

Despite the age of the person, their health would generally be better served by visiting their own GP practice which adds additional access through digital services or access into GP Access Hubs which offers additional appointments. These services have access to patient records, and through registration with a GP, patients would receive appropriate and necessary referrals and access to preventative, screening and other services.

These issues will be addressed by:

- Ensuring that patients and services are appropriately targeted and communicated will increase the experience and outcome for all patients.
- NHS Leaflets, Grondswell Cards and Brent CCG patient information cards (refer to 7.3 and 7.4 of the document titled Review of the Homelessness Service provided by Burnley Medical Practice) to continue to be distributed. This provides information on registering with a GP practice and the patient information card

provides details of support services such as Mental Health Single Point of Access, Foodbank, Crisis Brent, Drug and Alcohol. On reverse the card provides a map of Brent marking the 52 GP Practices that a patient can register at as well as the location of GP Access Hubs, Urgent Treatment Centre and Hospital Services. These will continue to be widely shared.

- In addition, awareness will be raised amongst the wider group e.g. other homeless people, unregistered people, other vulnerable groups such as travellers, asylum seekers, refugees.
- All GP practices will continue to be reminded of their responsibility to register and care for homeless patients as per the NHS England Primary Care Policy and CQC requirements.
- Signpost to alternative GP primary or community access services.
- Promote digital alternatives and NHS 111
- Engagement and awareness will be raised with homeless people through the GP practice, homeless shelters / accommodation centres and local hospitals.
- Alternative GP extended access services are available and accessible to people of all ages which should support better health outcomes (e.g. because GPs have access to patient records, are able to provide preventive medicine and manage long term conditions). There are also extra appointments outside of normal working hours at GP extended hubs. This includes urgent appointments. There is an on-going programme to promote awareness of local GP Access Hub appointments in Brent.
- Online consultation is available in 44 out of 52 GP practices in Brent, with imminent roll-out to the others. This offers an additional option to consult with their GP. The homeless shelters and accommodation centres all have free Wi-Fi available
  as well as computers accessible for use by clients. Furthermore, St Mungo's have confirmed that they provide homeless people with a mobile phone so that they are reachable.
- Patient education sessions have been scheduled at Livingstone House to raise awareness of healthcare services; these will be extended to the other centres too. We endeavour to maintain regular contact through partnership working across various stakeholder groups.
- Unregistered patients will continue to be encouraged to register with a GP practice, including the methods of doing so
- Impacts related to travel for less mobile people or more deprived people can be mitigated if these groups are encouraged to see their local GP, GP access hub or online consultation.
- Primary care networks will be developing new services in the light of additional national investment in new staff roles and implementing the Directly Enhanced Service specifications that provide more holistic support. One of these specifications is around reducing health inequalities, which includes homeless people, asylum seekers, travellers etc.
- People accessing community support centres such as Ashford Place
- Rough sleepers are actively seeked and supported through various agencies.
    - St Mungo's working in partnership with Homeless Link provide outreach service to tackle street homeless. Once these people are in temporary accommodation they would be in a position to access primary care health services.
    - Brent council have recently been successful in securing additional grant money through the Greater London Authority and Ministry of Housing, Communities and Local Government to assist rough sleepers. This money

will provide additional bed spaces for rough sleepers through the cold weather months, as well as support to help them to secure employment and housing.

- No Second Night Out (NSNO) focuses on helping those who find themselves rough sleeping on the streets of London for the first time. They ensure that there is a rapid response to new rough sleepers, and will provide an offer that means they do not have to sleep out for a second night.
- Streetlink exists to help end rough sleeping by enabling members of the public to connect people sleeping rough with the local services that can support them.
- Unregistered people accessing secondary care services are assisted with housing issues upon discharge. Once they are identified as vulnerable agencies such as Brent Winter Ward and Crisis Brent will support people to access appropriate healthcare too.
- The focus group will provide a platform to address any issues and gaps identified in the service.
- Agencies such as St Mungo's, Housing Association and Crisis Brent will be invited to GP Locality Forums to discuss their services and how partnership working can further support access to primary care services for vulnerable groups such as the homeless.

2. Disability

Consider and detail (include the source of any evidence) on attitudinal, physical and social barriers.

Patient disability data was requested but not been provided from the service provider. The patient survey conducted by the CCG indicates that 29% of the people have a long term physical or mental health condition or illness, 63% do not and 9% preferred not to say. None of the people reported that they are deaf or use sign language. The results of a survey conducted by Ashford Place indicates that majority of the patients present with mental health issues (on average 66%) and physical health issues (on average 33%). As a snapshot in Oct 2018, of the 29 people who presented, 72% (21) disclosed mental health issues, and 31% (9) physical health issues.

Those who find themselves homeless are often extremely vulnerable with complex health and care needs and high levels of comorbidity including: physical, mental health and substance misuse needs. In 2009, the charity Crisis found homeless people were nearly twice as likely to have experienced mental health problems as the general population.

As stated above the in-house counsellor at Burnley Medical Practice supports people with mental health issues (some of who are not homeless) through dedicated sessions ranging from 8-16 with a caseload of approximately 20 patients at a time.

Brent patients have access to IAPT (part of the national Improving Access to Psychological Therapies programme) which is a free, confidential NHS service which provides psychological treatment for depression and anxiety disorders. IAPT offer counselling - we are in advanced discussion for IAPT to be hosted in Ashford Place so that an outreach still continues to be offered from this centre. We will similarly explore this option with Pound Lane. Ashford Place also offer counselling services form their own appropriately trained staff. This provides an additional access to people using these services.

Feelings of low mood, anxiety, particular fears or problems coping with daily life and relationships, are all suitable for brief focussed talking therapies. People seeking help with difficulties other than depression or anxiety, or whose difficulties require more specialist or intensive treatment which cannot be provided in a primary care setting, can be directed to the appropriate specialist or secondary care mental health services.

In addition, charitable organisations such as Immigrant Counselling and Psychotherapy (ICAP), MIND and Crisis Brent work closely with homeless people to secure optimal outcomes for patients. They also have a Mental Health Co-ordinator who offers counselling to people with complex psychological needs.

Integrated Care Partnership (ICP) Programme and the **Whole System Integrated Care (WSIC) Programme** in Brent proactively identifies patients at rising risk including frequent attenders at UCC/A&E and provided appropriate information and support to improve health and well-being. Also, each PCN has a social prescriber (care navigator) to support and appropriately sign-post individuals (homeless or not) to a wide range of non-medical support. These services will additionally support and direct people to the most appropriate settings.

As mentioned above a number of services and programmes are available from primary care services as well as from agencies working to tackle homelessness.

These issues will be addressed by:

- Ensuring that patients and services are appropriately targeted and communicated will increase the experience and outcome for all patients.
- Continue to promote the benefits of GP registration, the methods of doing so, the eligibility criteria and the ease of doing so.
- Digital services provide an additional access option. Majority of Brent practices offer online consultations (the remaining few are due to go live imminently).
- Mental Health Services will be available through IAPT, Secondary Care, therapist at Ashford Place and charitable organisations. We are in advanced discussion to host IAPT from Ashford Place, and will be have similar discussions with Pound Lane.
- People with physical and some sensory impairments (excluding visual impairments) may find using these alternatives helpful as they can be accessed from home or anywhere else, using a computer, tablet or phone without requiring the patient to travel any distance.
- NHS 111 online or on the phone provide accessible alternative for people with mobility difficulties, hearing or visual impairment and provides bookable appointments for patients with disabilities.
- Raise awareness of digital alternatives such as online consultation, NHS App, NHS 111. These can be accessed from home or anywhere else, using a computer, tablet or phone without requiring the patient to travel any distance.
- The current provider and various other stakeholders have been engaged to discuss proposed changes and their capacity to support patients with mental health issues.
- Brent CCG patient information cards (refer to appendix 1 of the document titled Review of the Homelessness Service provided by Burnley Medical Practice) will continue to be distributed. This provides details of support services such as Mental Health Single Point of Access, Foodbank, NHS 111, NHS App (where patients can book a GP appointment, order repeat medication and access key information) etc. On reverse the card provides a map of Brent marking the 52 GP Practices that a patient can register at as well as the location of GP Access Hubs, Urgent Treatment Centre and Hospital Services. These will continue to be widely shared.

Known caseload of the counsellor to be re-allocated to alternative appropriate service. In discussions of this proposal with Ashford Place staff, they already have a specialist offering Cognitive Behavioural Therapy, where some of the clients also receive same therapy from the counsellor commissioned by Burnley Medical Practice. As Ashford Place is a centre for the community supporting social inclusion (i.e. not just for the homeless), the counsellor also sees people who are not homeless. This could be a duplication of service and re-allocating the caseload should not disadvantage the clients. In addition, alternative services are available e.g. IAPT, Community Mental Health Practitioner, mental health support from the charitable organisations is also available.

- We are committed to developing services for people with learning disabilities and mental health services that are integrated and in familiar surroundings (such as the services provided at a GP) to improve how they can access care and support.

3. Gender reassignment

Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment

Gender reassignment data has not been provided from the service provider.

Although there is relative paucity of available evidence, the little that is available indicates that transgender people experience health inequalities[1]

However key health issues for transgender people are:

- Confidentiality and privacy
- Physical complications
- Lack of psychological support

Transgender people face widespread discrimination in healthcare settings. One in seven LGBTQ people (14%) avoid seeking healthcare for fear of discrimination from staff[2].

These issues will be addressed by:

- Continued support from their GP practice by encouraging people to register with a GP.
- Services available from people's own GP (or via GP Access Hubs) should be as private and confidential, and appropriate to transgender patients.
- Publicise alternative patient options. Ensure clear literature (in appropriate formats) is provided on the alternative services and benefits so that patients can make an informed choice.
- There are digital based options such as online consultation and NHS App. They can be accessed from home or anywhere else, using a computer, tablet or phone without requiring the patient to travel any distance. Homeless people are provided with a

[1] Transgender Sexual and Reproductive Health: Unmet Needs and Barriers to Care April 2012 National Centre for Transgender Equality

[2] https://www.stonewall.org.uk/lgbt-britain-health

mobile phone by the charity St Mungo's and can access Wi-Fi from local libraries and homeless centres and accommodation centres. Digital access might help in offering the confidentiality sought by the transgender community for initial consultations and a 'safe space' for healthcare.

- Promote digital alternatives to raise awareness of the digital alternatives and GP Access Hub appointments to this cohort.
- Patient education sessions have been scheduled at Livingstone House to raise awareness of healthcare services, these will be offered to the other centres too. We endeavour to maintain regular contact through partnership working across various stakeholder groups.
  We are committed to advancing equality and therefore we will work with providers' staff to make sure they are trained to meet the needs of all patients

4. Marriage and Civil Partnership

Neither the JSNA nor the GP practice record the marriage or civil partnership status of residents/patients

The Brent Council Housing Team prioritise housing homeless people with children including expectant mothers.

Any issues will be addressed by those listed in this document against the different protected groups.

5. Pregnancy and maternity
Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities

There is no specific homeless data on pregnancy and maternity.

NHS England considers it advisable for women who are pregnant or planning to become pregnant to have on-going face to face consultation and review By continuing to promote registering with a GP practice, people will have access to appropriate healthcare.

The Brent Council Housing Team prioritise housing homeless people with children including expectant mothers.

Any issues will be addressed by those listed in this document against the different protected groups.

6. Race
Consider and detail (including the source of any evidence) on different ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers

Patient race data is not available from the service provider.

We know that different races are susceptible to different diseases and health challenges.

Brent is ethnically diverse: In 2015, 66.4% of the population is Black, Asian or other minority ethnicity (BAME). The White group make up 33% of Brent's ethnic profile. Source: JSNA.

The majority of people seen rough sleeping in London in 2017/18 were White (65%), which is similar to the previous year (66% in 2016/17). Within this group, White British is the largest subgroup, comprising 35% of all rough sleepers, compared to 28% for White Other. 15% of people seen rough sleeping in the year were Black and 8% were Asian. This is largely consistent with the previous three years. 3% of rough sleepers in 2017/18 were from the Gypsy/Romany/Irish Traveller group, compared 5% in 2016/17.

The health of people from different races is likely to be better supported through GP appointments; e-consult or GP Access Hubs as they are able to access patient records, which can inform their consultation, can make referrals and offer preventative, screening and other services. The poor self-management of long term conditions is a significant factor in the need for urgent care and more support is available for addressing this through primary care.

The health differences between different ethnicities will not be reduced by patients registering with a GP practice of choice across the borough. In fact, this promotes and supports patients to access care closer to home at the right time. This will also close the existing equality gap in patient registration to homeless people currently in existence across the borough.

These issues will be addressed by:

- Continued promotion of registering with a local GP practice. Once the patient is 'registered', GPs can manage the patient like any other patient with minimal emphasis required on elements of care to focus on.
- GP surgeries and GP access hubs would also be best placed to build an on-going relationship and to communicate with an individual to manage quite complex and often interrelated conditions. This will be managed through promoting GP registration in a practice of patient choice.
- Raise awareness of digital alternatives such as online consultation, NHS App, NHS 111
- Primary care networks will be developing new services that provide a more holistic solution and digital offers will provide opportunities for some.
- GP and NHS111 staff are well placed to have bi-lingual staff and access to interpreting and translation services – patients registered with a GP will have access to such to better support their health and wellbeing needs
- Ensure clear literature is provided on the services and benefits so that patients of all ages can make an informed choice.
- Rough sleepers are seeked by various agencies as listed under section 1 age. Once these patients are in temporary accommodation, they are supported with access to primary care health services.

7. Religion or belief

Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief

Specific data on religion or belief in homeless people was requested but not provided from the current provide.

The three most common religions of homeless people in Brent are Christianity; Islam and Hinduism.

Key issues:

- Staff awareness of the needs of different religions
- Different religious requirements of each religion.

These issues will be addressed by:

- The CCG is committed to meeting the needs of different faith groups and we will work with our providers to make sure their staff are adequately trained to meet the needs of these groups.
- Any issues will be addressed by those listed in this document against the different protected groups.

8. Sex

Consider and details (including the source of any evidence) on men and women (potential link to carers below)

The proportions of females and males was requested but not provided by the current provider. Pound Lane is a male only accommodation for 85 people, Ashford place house's approximately 20 male people and Livingstone House is a missed sex accommodation for 109 people but currently houses 83 males. Based on the patient questionnaire, 83% of people who completed the survey are males.

This data demonstrates that majority of the homeless people accessing these services are male.

We know that in Brent, the life expectancy of men is lower than women. Women experience greater rates of depression and deliberate self-harm. The relative risk of developing a number of diseases is greater in obese women than it is in obese men.

These issues will be addressed by:

- Continued promotion of registering with a local GP practice
- Raise awareness of digital alternatives such as online consultation, NHS App, NHS 111. These can be accessed from home or anywhere else, using a computer, tablet or phone without requiring the patient to travel any distance.
- Ensure clear literature is provided on the services and benefits so that patients of all ages and sex can make an informed choice.
- Alternative services are accessible to people from different genders.
- Majority of GP practices have access to male and females GPs and other healthcare professionals so the patient may choose upon request to see a professional of choice.

9. Sexual orientation

Consider and detail (including the source of any evidence)on heterosexual people, as well as lesbian, gay and bi-sexual people

Neither the JSNA nor the GP practice record the sexual orientation of patients. However, from the CCG patient survey 89% of the people are heterosexual and the remainder prefer not to say.

Key healthcare issues identified by Stonewall and other LGBT organisations include:

- Fear of 'coming out' (all ages but particularly young people)
- Lack of staff awareness
- Homophobia
- Poor access, treatment, outcomes and experience

These issues will be addressed by:

- Services available from patients' own GP should be appropriate to LGBT patients.
- GP practices and the CCG will continue to raise awareness to alternative services within primary care.
- The CCG is committed to meeting the needs of different protected groups and we will work with our providers to make sure their staff are adequately trained to meet the needs of these groups.
- The North West London Collaborative is also investigating options to roll out an initiative called "Pride in Practice" to help address feedback and reduce health inequalities for this protected group.
- Any other issues will be addressed by those listed in this document against the different protected groups.

11. Health Inequality groups

NHS England has agreed an additional definition which relates to inclusion health and people with lived experience. Inclusion health has been used to define a number of groups of people who are not usually provided for by healthcare services and covers (although not exclusively) people who are:

- Looked after and accommodated children and young people.
- Carers: paid/unpaid, family members.
- Homeless people or those who experience homelessness: people on the street; those staying temporarily with friends/family; those in hostels/B&Bs.
- Those involved in the criminal justice system: offenders in prison/on probation, ex-offenders. People with addictions and substance misuse problems.
- People who have low incomes.
- People who have poor literacy.
- People living in deprived areas
- People living in remote, rural and island locations
- People in other groups who face health inequalities.

Please consider these groups too in your analysis:

Health inequalities amongst the homeless population and other vulnerable groups are evidenced at both a national and local level, with evidence of significantly lower life expectancy and poorer health outcomes amongst people who are homeless[3].

Along with the homeless people, other vulnerabilities have been considered and action plans will be applied e.g. travellers, asylum seekers

Deprivation is one of the determinants of poorer health outcomes and associated with health inequalities. People from lower socio-economic groups tend to be the most common users of walk-in services (this has been evident from the recent review of the Cricklewood Walk-In-Service). Homeless people may not be registered with a GP and may not be aware that they can register if homeless. Therefore they may be more likely to use walk in services.
These issues will be collectively addressed throughout this document as well as detailed below.

The majority of people on low incomes do not have private transport or access to a car and face a number of barriers in accessing healthcare that relate both to problems with travel and the location of services[4].

Recently arrived migrants may experience barriers to accessing GP services due to stigma, lack of understanding of how services work and a lack of community networks. They may also have concerns around eligibility for services and information sharing where their right to remain is not secure.

However, given health inequalities and poorer health outcomes for each group described above, the best way of addressing these issues is to ensure that care is provided through their GP practice. This enables in particular access to preventive care, referral to secondary care and screening.

GP practices have a responsibility to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them including asylum seekers and immigrants.

Based on the patient survey conducted by the CCG 83% are registered with a Brent GP – only 4 out of the 35 people registered at Burnley Medical Practice. In the past 12 months they have used the following services; GP Practice (89%); Hospital (31%); Community Pharmacy (23%); NHS Crisis (3%) and 11% not used any services (of which 3 are registered with a GP practice and one registered out of Brent). An open question was asked of their experience in the services they have used, where majority of people stated that they received a good to excellent experience and a few people said their experience was fragmented or okay. 31% of respondents have used NHS 111 and one person stated that they haven't been able to use it as they require credit on their mobile phone and therefore were directed to 999. The kind of support people felt they need with regards to their health includes; long term conditions management such as diabetes, hypertension, epilepsy); social worker; mental health support; weight loss.

[3] Homelessness Kills, Crisis 2012
[4] Social Exclusion Unit (2003): Making the Connections

These issues will be addressed by:

- Ensuring that patients and services are appropriately targeted and communicated will increase the experience and outcome for all patients.
- Continue to promote the benefits of GP registration, the methods of doing so, the eligibility criteria and the ease of doing so. Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them Majority of our GP practices also offer online registration – the CCG gave commissioned GP websites which enables patients to register remotely with our practices. All practices also have an open list. Homeless shelters and accommodation centres encourage and support people to register with a GP.
- Patient information cards (refer to appendix 2 of the document titled Changes to the Homelessness Service 2020) have been circulated amongst stakeholders to share with homeless people. This provides details of support services such as Mental Health Single Point of Access, Foodbank, Crisis Brent, Drug and Alcohol Team etc. On reverse the card provides a map of Brent marking the 52 GP Practices that a patient can register at as well as the location of GP Access Hubs, Urgent Treatment Centre and Hospital Services.
- GP surgeries and access hubs where patient records and care plans are available are best placed to build an on-going relationship and to communicate with an individual to manage their health needs.
- Primary care networks will be developing new services that provide more holistic care; and digital offers will provide other opportunities for patients with mobility challenges.
- Mental Health Services will be available through IAPT, Secondary Care, homeless centre and charitable organisations.
- Alternative GP extended access services are available and accessible to people of all ages which should support better health outcomes (e.g. because GPs have access to patient records, are able to provide preventive medicine and manage long term conditions). There are also extra appointments outside of normal working hours at GP extended hubs. This includes urgent appointments. There is an on-going programme to promote awareness of local GP Access Hub appointments in Brent.
- Online consultation is available in 44 out of 52 GP practices in Brent, with imminent roll-out to the others. This offers an additional option to consult with their GP. The homeless shelters and accommodation centres all have free Wi-Fi available as well as computers accessible for use by clients. Furthermore, St Mungo's have confirmed that they provide homeless people with a mobile phone so that they are reachable.
- NHS 111 online or on the phone provide accessible alternative. To access NHS 111 people must have credit on their mobile phone – if they do not have any credit they can access the service from the homeless hostel or support centre. Homeless people are provided with a mobile phone by the charity St Mungo's and can access Wi-Fi from local libraries and homeless centres and accommodation centres.
- The concern with needing credit on a mobile phone in order to dial 111 will be noted as an action and will be discussed at the Integrated Urgent Care Board to ensure we minimise any risks in people accessing the service.
- Patient education sessions have been scheduled at Livingstone House to raise awareness of healthcare services, these will be offered to the other centres too. We endeavour to maintain regular contact through partnership working across various stakeholder groups.

- Unregistered patients will continue to be encouraged to register with a GP practice, including the methods of doing so
- GP practices will continue to be reminded of the NHS England Primary Medical Care Policy and Guidance and the CQC, which states that GP Practices have the responsibility to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them. The CCG and NWL Primary Care Team will support any homeless person who has difficulty in registering at a GP practice.
- Impacts related to travel for less mobile people or more deprived people can be mitigated if these groups are encouraged to see their local GP, GP access hub or online consultation.
- Primary care networks will be developing new services in the light of additional national investment in new staff roles and implementing the Directly Enhanced Service specifications that provide more holistic support. One of these specifications is around reducing health inequalities, which includes homeless people, asylum seekers, travellers etc.
- Patients will continue to have access to mental health support and we will explore the availability of IAPT to be hosted in the homeless centre.
- Alternative services such as GP Access Hubs, other walk-in-centres in neighbouring boroughs, community pharmacies, Urgent Treatment Centres at Central Middlesex Hospital and Northwick Park Hospital (amongst others outside of Brent), online consultation and NHS 111 are accessible to people from different socio-economic groups and with different vulnerabilities.
- Brent CCG will continue to review patient needs amongst vulnerable groups, and raise and concerns or suggestions with the CCG board / Committee.

12. Consider and detail (including the source of any evidence) on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access

These have been considered throughout this document. Advanced partnership working with stakeholders will support to manage the barriers to access primary care services.

Summary on analysis

Considering the evidence please summarise the impact of your proposals. Consider whether the evidence shows potential for differential impact; if so, state whether adverse or positive and for which groups. How will you mitigate any negative impacts? How will you include certain protected groups in services or expand their participation in public life?
Following an evaluation of the homelessness service commissioned by Burnley Medical Practice it was decided to de-commission the service from 31st March 2020. The Primary Care Commissioning Committee is asked to make a decision on the future management and provision for this group of patients. If the service is re-commissioned, it will only be so for one year. This will require a procurement process to determine the most suitable provider. From April 2021, health inequalities national service specification under the Network Contract DES will be fully rolled-out, therefore to avoid any duplication of service this would only be re-commisioned for one year. We recommend that the homelessness service is no longer commissioned by the current provider. As per the NHS England Primary Medical Care Policy and Guidance[1] and the CQC[2], all practices continue to be encouraged to take responsibility to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them. The service no longer delivers to the original set-up and analysis of the current service shows that it is not delivering value for money and there is dwindling demand for its outreach service. When the service was first initiated it included a wider multi-disciplinary team including GP, counsellor, mental health practitioner, housing service etc. The majority of the service now consists of a counselling service seeing patients (some who are not homeless) that are suitable to be referred to either IAPT, therapist at Ashford Place, secondary care mental health service or charitable organisations supporting homeless shelter or accommodation centres. Rough sleeprs are actively seeked and supported through various agencies such as St Mungo's, Streetlink and No Second Night Out. These agencies, amongst others will be invited to attend the GP locality meetings and PCN meetings to discuss primary care access and services for homeless people. This should further support patients to be seen by a GP practice of their choice, often closer to home which will help to provide the right care at the right time. Practices are already registering people who are vulnerable, this includes homeless people. This is further supported through online registration, which many agencies and patients are utilising. All practices have an open list to accept patient registration. We will ensure practices are further reminded of the requirements to register all patients in their practice area including those patients who are homeless. Practices will continue to be supported through the services and programmes available through primary care and agencies working to tackle homelessness. This service review and proposal will also continue to build on partnership working with all stakeholders helping to tackle homelessness.

Part B The Public Sector Equality Duty

B	The Public Sector Equality Duty
B1	Could the initiative help to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics (see above)?
	Yes, homeless people will have equitiable access into all GP practices. Having a homelessness service at only one surgery has led to issues with accessing primary care services for homeless patients trying to register at other practices; this contravenes the Standard Operating Principles for Primary Medical Care. A number of other practices also have a substantial amount of registered homeless people with no access to additional funds and this will now ensure equity of care. In addition, the GP contract and the CQC states that all practices have a responsibility to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them. Rough sleepers are actively seeked and supported through various agencies such as St Mungo's, Streetlink and No Second Night Out. Once the patient is provided temporary accomdation they are well placed to access primary care services. St Mungo's are based in Pound Lane and they sign-post and support people to appropriate services.
B2	Could the initiative undermine steps to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics? If yes, for which of the nine protected characteristics?
	As above
B3	Could the initiative help to advance equality of opportunity? If yes, for which of the nine protected characteristics?
	As above
B4	Could the initiative undermine the advancement of equality of opportunity? If yes, for which of the nine protected characteristics?
	As above
B5	Could the initiative help to foster good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?
	As above
B6	Could the initiative undermine the fostering of good relations between groups who share protected characteristics? If yes, for which of the nine protected

	characteristics?
	As above

Part C

C	The duty to have regard to reduce health inequalities
C1	Will the initiative contribute to the duties to reduce health inequalities?
	Yes, compliance to the NHS England Primary Medical Care Policy and Guidance and the CQC, will mean GP Practices continue to take responsibility to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them. This will reduce inequity into primary care access. Once patients are registered with a GP they have access to primary care services. Various services and programmes available from primary care are addressed above. Agencies such as St Mungo's, Streetlink and No Second Night Out (NSNO) seek out homeless people and support with accommodation and direct them to primary care services.
	Could the initiative reduce inequalities in access to health care for any groups which face health inequalities? If yes for which groups?
	Homeless people and other vulnerable groups with difficulties in accessing primary care service
C2	Could the initiative reduce inequalities in health outcomes for any groups which face health inequalities? If yes, for which groups?
	As above

Part D

D	Will a full Equality and Health Inequalities Analysis (EHIA) be completed?
D1	What is the overall impact of your proposals of decision? Consider whether there are difference levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?

D2	Will a full EHIA be completed? Bearing in mind your previous responses, have you decided that an EHIA should be completed?
	Yes, this has been completed

Part E

E	Action required and next steps
E1	If a full EHIA is planned: Please state when the EHIA will be completed and by whom.
E2	If no decision is possible at this stage: If it is not possible to state whether an EHIA will be completed, please summarise your reasons below and clearly state what additional information or work is required, when that work will be undertaken and when a decision about whether an EHIA will be completed will be made.
E3	If no EHIA is recommended: If your recommendation or decision is that an EHIA is not required then please summarise the rationale for this decision below.

Part F

Action planning for improvement
Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes needs to be summarised (An action plan is appended for action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.
1. Engage with GP Practices to remind them of the contractual requirements to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them. Due to the distribution of homeless people across the borough, we know that practices are registering people who are homeless; this will act as a reminder to their contract. Refer to Appendix 3 for the template letter that will be circulated to all practices. 2. Distribute NHS England 'how to register with a GP practice' (refer to 7.3) and Groundswell 'My Right to Healthcare Card' across Brent to spread the word that being denied access to a GP practice is not acceptable. Experiences in healthcare will continue to be collected via the patient questionnaires and via the agencies working closely with the homeless people. 3. Support homeless people to access the right services – continue to distribute patient information cards as per appendix 1. Also continue with partnership working so that organisations have the support and access to the most up to date information to continue to support homeless people. 4. We are in advanced discussions for IAPT to be hosted at Ashford Place and possibly at Pound Lane. 5. Invite agencies such as St Mungo's and Crisis Brent to attend GP locality meetings to discuss tackling homelessness and access to health services. 6. Scheduled to attend Livingstone House Clientele sessions to inform people about primary care services and discuss health needs. Offer has also been extended to Ashford Place and Pound Lane. 7. A focus group will be set with all the stakeholders helping to tackle homelessness. The group will include but not be limited to CCG Primary Care and Mental Health Team, Local Authority (Public Health and Housing Team), Crisis Brent, Ashford Place, Pound Lane and Livingstone House. The purpose of the group is to enhance partnership working and to assure the CCG that there are not any adverse gaps in the service provision. 8. Raise awareness of alternative primary care access and services such as GP Access Hubs, NHS 111, Online consultation. A Brent CCG primary care access patient leaflet will be available to distribute imminently. The above actions will be monitored through feedback from the services. The focus group meetings will provide a good opportunity to bring any issues as well the positive experiences to the table to further improve primary care health services for vulnerable groups such as homeless people.

Please give an outline of your next steps based on the challenges and opportunities you have identified.
Continue to gather feedback from service users (supported by Crisis Brent and Brent Healthwatch) into access to primary care services, with subsequent discussions at the focus group. Provide assurance to the Primary Care Commissioning Committee.

Part G

Name and job title of person/s who carried out this analysis	Versha Varsani, Head of Primary Care Fana Hussain, Assistant Director Primary Care
Date analysis completed	05/02/2020
Date analysis signed	06/02/2020
Name of Executive lead / reviewer	Versha Varsani, Brent CCG Head of Primary Care Samira Ben Omar, NWL AD Equalities June Farquharson, NWL AD IFR Service
Date of executive sign off	06/02/2020