St John Ambulance

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Hastings Homeless Service

End of Year Report 2017

Improving access to health care and support for homeless and vulnerably housed people

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INTRODUCTION

Last year we reported that nationally rough sleeping had doubled since 2010. Figures for 2017 released by the Department for Communities and Local Government[1] reveal an increase in rough sleeping in England for the seventh year in a row. Hastings saw a 54% increase between 2016 and 2017, to become the area with the 7th highest rate of rough sleeping in the country.

Significantly, the top ten areas are all in the South of the country, giving very good indication that, although individual homelessness is typically the end result of a chain reaction of life circumstances stemming from childhood trauma, abuse or poverty, the ongoing and increasingly visible escalation of homelessness across the country is likely to be largely attributable to the widespread housing crisis, including the cost of rent in the South East rising faster than neighbouring London, alongside other national societal challenges such as austerity measures and welfare reform[2].

The Hastings Homeless Service has seen an incredible 60% increase in contacts with rough sleepers from 2016 to 2017: reflecting both the rise in homelessness locally and the success of our efforts to foster greater engagement with rough sleepers, including the introduction of a street outreach trial, following a needs assessment carried out in the early part of the year.

In addition to addressing the question of how to engage a greater *quantity* of homeless people, it's been an important year of learning around how to improve the *quality* of the service we provide. Exploration of Trauma Informed Care (TIC) and the therapeutic relationship, for example, has played a significant part in this and we're very grateful to Gary French for the training he provided on TIC in March.

Our 2017 Service User Survey once again provided valuable positive feedback, indicating not only that clients' physical healthcare needs were met by an accessible service in contrast to their experiences of hard-to-access GP services, but also that they were treated in a genuinely person-centred, empowering manner, as illustrated by the following few examples of responses from the Survey:

"*They perk me up mentally*." "*Feet have improved.*" "*Believe in myself a bit more.*" "*I feel better in myself.*" "*Great listeners/counsellors.*" "*Better control of chest condition.*"

Tragically, it was reported that 4 local homeless individuals, 3 of whom were known to our service, had died during the Christmas period, leaving us a solemn reminder at the end of 2017 that there is much work to be done to successfully engage and address the health and support needs of this client group.

In 2018 we will be continuing to pursue ways to learn and develop both as a service and as individual staff and volunteers, to maintain and improve the quality of our service and to further engage local homeless individuals.

Roger Nuttall
Nurse Co-ordinator

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[1] Ministries of Housing, Communities and Local Government. 2018. *Rough sleeping in England, Autumn 2017*. https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2017

[2] National Housing Federation. 2017. *House prices and rents in South East now rising faster than London*. https://www.housing.org.uk/press/press-releases/house-prices-and-rents-in-south-east-now-rising-faster-than-london/

HASTINGS HOMELESS SERVICE: OVERVIEW

St John Ambulance Homeless Service (SJAHS) Sussex – Mission Statement:

The Homeless Service aims to deliver a specialised, accessible, nurse-led primary health care, first aid and training service to homeless and vulnerably housed people.

The Hastings Homeless Service was established in 2003, as one of three arms of St John Ambulance Sussex Homeless Service. Further information about the Brighton Homeless Service and Homeless Training Services can be obtained through the contacts listed at the end of this report.

St John Ambulance Homeless Service (SJAHS) provision in Hastings & St Leonards involves:

- Accessible, person-centred healthcare for homeless and vulnerably housed people, who often find the normal difficulties with accessing mainstream healthcare system considerably heightened by their challenging circumstances and complex needs;
- Advocacy and support to help clients access mainstream health, housing and other services;
- A non-judgmental, empathic service that promotes hope and motivation through social support and active listening, and that recognises the value of treating people holistically, dealing with health, housing and other life issues together rather than in isolation;
- Active health education and health promotion;
- Raising of public awareness and training in homelessness and related issues, for staff of partner agencies, healthcare students and the general public; in 2017 the Nurse Co-ordinator gave presentations on homelessness and the Homeless Service to a local RCN group, a Women's Institute group, a multi-agency learning event focussed on tuberculosis, a local church group, and a meeting with the Prior of SJA.
- Close partnership working with a wide range of statutory and voluntary agencies.

"A very worthwhile and enjoyable day, during which I discovered a lot about myself, as well as the problems of homeless people."

Feedback from a partner agency volunteer after attending Homelessness Awareness

PARTNERSHIPS

The Homeless Service works in direct partnership with:

- Seaview Project in Southwater Road, St Leonards-on-Sea, where the Service delivers nurse-led drop-in clinics from its own treatment-room 4 days per week, including 1-2 days Podiatry.

- Hope Kitchen, the vital out-of-hours, supportive soup kitchen at Wellington Square Church in Hastings town centre, where we provide a health outreach session every Saturday evening.

  We're extremely grateful to all our volunteer nurses and general support volunteers who regularly give up their Saturday evenings to enable this to happen.

  However, a special mention needs to be given to volunteer nurses Michael and Liezl, who joined us in 2017 and who travel from North London to Hastings twice / month to volunteer with us at Hope Kitchen.

  The Hastings Homeless Service team provide, amongst other things, out-of-hours wound care, health advice, socks and space blankets at Hope Kitchen to vulnerable individuals who may not attend Seaview or engage with other daytime services.

"*The trainings and the practice have definitely widened my scope of practice in nursing. Working with the clients has made me aware and understand the complex needs of a person who is homeless and the need to support them. Mental health plays an important role.*

Based on my experience, the service at Hope Kitchen served as the bridge between the homeless person to their GP, A&E, provision of first aid for fracture and acute illness and more importantly, the alleviation of pain. I think, it has made a difference to most people."

Liezl, Volunteer Nurse

VOLUNTEERS AND STAFFING

Volunteers

During 2017 we were pleased to recruit 5 nurses (although due to other commitments 2 of the 5 left the service later in the year) and 2 new general support volunteers.

At the end of 2017 the Hastings Homeless Service volunteer team comprises 7 active nurses (+ 2 awaiting induction training), 9 general support volunteers (+ 1 in process of induction), 1 podiatrist and 1 administrator.

Although the service depends on volunteer nurses to lead our healthcare clinics, the rich variety of life experience, skills and professional backgrounds (including mental health, care work and social work) brought to the service by the entire team helps to create the rounded, holistic, person-centred care and support that we provide, as evidenced in our 2017 Service User Survey (report available on request).

> *"The team is an incredibly diverse group of people who possibly share just one thing in common - the desire to help others in need. The phrase 'greater than the sum of its parts' sprung to mind!*
>
> *I love that there is no real hierarchy and that the service is so flexible for its clients.*
>
> *The regular team meetings are a great way to discuss issues and clients, catch up with colleagues and deliver training. Having ample opportunity to debrief and discuss concerns has been invaluable."*
>
> Janet, Volunteer Nurse

Particular recognition this year goes to:

- The following volunteers who joined the team in 2017: Judith, Louise, Liezl and Michael, who have settled in smoothly and on whom our Thursday clinics and Saturday evening sessions are now dependent for their regular operation.
- Siobhan, whose many hours of administrative volunteering has continued to meet an essential need of the service behind-the-scenes.
- Debbie Hutchinson, who was presented with a well-deserved award by Quenelda Avery on behalf of St John Ambulance (photo opposite).

- Sandy, the service's Volunteer Lead Nurse and an Advanced Nurse Practitioner, for continuing to support the Nurse Co-ordinator with service development; for donating more hours than any other volunteer; and for providing warm-hearted support to the team, with one volunteer describing her as her guardian angel!
- *All team members* for their valuable contribution, whose names are listed at the end of this report.

During 2017 Hastings Homeless Service volunteers gave:

- **1245** hours to clinics: an increase of 22% on 2016 and 48% since 2014, reflecting a year-on-year growth in both the volunteer team and service demand;
- **34** hours to client support and advocacy outside clinics;
- **195** hours on administrative and other supportive work;
- and spent a further **420** hours receiving training, including external courses;

This totals an amazing **1894** hours, equating to incredible human value and value-for-money.

"*I feel that I am very lucky I was allowed to join the team to try and help to run the service that SJA provides. I have volunteered for many types of charities and found that SJA is one of the best. The service is run very professionally and without the leadership which I get from all the nurses I could not do what's required. I cannot put into words the amount of pleasure that I get out of [volunteering at] Seaview and sometimes I feel that I really help the clients*."

Tony, General Support Volunteer

Homeless Service volunteers receive a varied range of training opportunities at monthly team meetings, twice-yearly Sussex Homeless Service Focus Group meetings, and at external training courses (with places funded by SJA).

Training received by the team during 2017 included the following:

- Contraception and pregnancy testing;
- Trauma informed care;
- Abscesses;
- Mental health;
- Psychosis and hearing voices;
- Leg ulcers;
- Cancer awareness;
- Naloxone administration;
- Mental Health First Aid (external course);
- Consent and Mental Capacity Act (3-yearly mandatory update);
- Moving & Handling (annual mandatory update);
- Infection Prevention and Control (annual mandatory update);
- First Aid for Frontline Workers (annual mandatory requalification).

All new volunteers, whatever their working background, receive induction training in Homelessness Awareness, Communication Skills, Professional Boundaries, Managing Difficult & Aggressive Situations, First Aid for Frontline Workers, and Working with Difference.

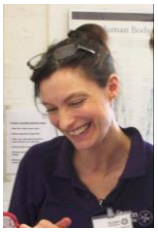
The growing raft of mandatory training requirements demand a significant commitment of hours from our volunteers, who demonstrate admirable acceptance and willingness to attend these in addition to more optional courses, enabling us to maintain a professional, informed and well-governed service that meets CQC standards and fulfils the St John Ambulance vision to "be the difference between a life lost and a life saved" for some of the most vulnerable members of the local community.

> "*Volunteering means I can do something I believe in. I'm starting to be recognised when I go to Seaview, it's nice to be greeted with smiles & hello, it feels like I'm worth something. The team are amazing, Roger is an inspiration, showing that caring is more than just a job*."
>
> Siobhan, Volunteer Administrator

Staff

Following Markie Barratt's retirement, Conor Walsh was recruited into the post of Sussex Homeless Service Manager in July, overseeing the Brighton and Hastings Homeless Services and Homeless Training Services.

The day-to-day running of the Hastings Homeless Service has been managed by Nurse Co-ordinator, Roger Nuttall, since its launch in 2004.



Nancy Jones continues with us as Hastings Homeless Service Podiatrist.

Specialist nurse support

The Hastings Homeless Service enjoys its ongoing working partnership with Pat Goodman, specialist nurse for homelessness, other minorities and tuberculosis with East Sussex Healthcare NHS Trust.

Pat occasionally covers our clinic at Seaview and often provides a useful link to other local NHS services or information.

HOMELESS HEALTHCARE OUTREACH

Needs assessment

St John Ambulance Hastings Homeless Service (SJAHS) conducts the majority of its primary healthcare and support work from within Seaview and Hope Kitchen premises. Both locations attract a broad range of individuals.

Many are homeless, whether rough sleeping, sofa-surfing or in temporary accommodation; some are housed, many of whom are in poor accommodation, supported housing or charitable housing and have been homeless; a few are owner-occupiers; some have mental health problems or learning difficulties, or are simply lonely and appreciate somewhere to find company, hot food, support and/or activities.

All are welcome to access the services provided by SJAHS, but priority is given where possible to those who are most vulnerable and especially to those who are homeless.

Therefore, in early 2017, following a surprising reduction in rough sleeper contacts with the service the previous year despite the continued rise in local street homelessness, we undertook a needs assessment to explore reasons for the drop and identify ways to increase engagement with those who find themselves living on the streets.

Service users and partner agency staff were consulted for their thoughts and observations. Some of the reasons they identified for the reduced numbers included:

- Entrenched homelessness, whereby housing options had become increasingly limited, leading some rough sleepers to lose a sense of incentive for attending housing services such as those provided by agencies at the Housing, Health and Wellbeing Hub at Seaview and by Seaview itself;

- This disengagement was thought to be exacerbated by the provision on the streets – by a growing number of voluntary groups – of food, hot drinks, clothes, sleeping bags and tents, further disincentivising individuals from attending services where they could potentially access support towards longer-term solutions. One male rough sleeper with a severe mental health disorder, who had come to Hastings from another area, declined offers of reconnection to the local authority where he would be open to re-housing assistance, because he said he was being so well looked after on the streets of Hastings;

- Entrenchment tends to be associated with a vicious circle of deteriorating physical and/or mental health, and/or escalating substance use, and reduced motivation to seek or accept help.

In response to the needs assessment (full report available on request), we undertook a number of measures to increase our engagement with rough sleepers, including the following:

- More proactive promotion of our service to Snowflake (winter night shelter) guests, through the use of bespoke flyers and ad hoc volunteer visits to the shelter;

- Expanding our team, enabling us to deploy additional SJAHS volunteers to engage with clients in Seaview Wellbeing Centre and Hope Kitchen's hall in parallel with our clinics;

- Trialling joint outreach sessions with Seaview's outreach team, with a focus on brief contacts to promote rapport and engagement with our drop-in clinics (rather than extensive support or medical attention).

Street outreach trial

The latter intervention has been the most significant. A nurse accompanied the Seaview team for 8 outreach sessions on Tuesday or Thursday mornings between April and December. Although more sessions had been aimed for during this trial period, we were limited by staff capacity.

However, the sessions showed early signs of achievement of the trial's aims, as illustrated by the case study below.

Case study

One Thursday in August, on a mid-morning outreach session, contact was made with 'Jake', a 33-year-old street homeless man. Jake was previously known to SJAHS but rarely presented to health, housing or support services.

Jake showed the nurse his arm, which was markedly swollen, red and hot following a fall from his bike a week or so earlier, in which he had grazed his elbow, allowing a route for infection. We encouraged him to come to Seaview that morning to attend our clinic with a view to antibiotic prescribing and to access some help with benefit problems at the Hub.

Jake attended as advised and was assessed in clinic, where he was found to be mildly pyrexial. He was given a prescription for two weeks' antibiotics for cellulitis, with clear instructions to attend A&E if no improvement in symptoms in the following two days.

Jake also received help with his benefits issues from another agency at the Hub.

Jake was not seen by SJAHS again for another month, when the nurse spoke informally with Jake, who reported that symptoms had all resolved successfully.

This was a clear example of the outreach initiative effectively fulfilling its aims to re-engage rough sleepers with healthcare, particularly where acutely needed, as in this case.

Over the 8 sessions, 28 client contacts were made with the outreach nurse.

Not all interactions were with rough sleepers. Support was also offered to individuals who were seen to be part of the wider 'street community' or client group, many of whom were known to SJAHS but had mostly disengaged from services.

However, 19 contacts (67% of total) were with rough sleepers, of whom 9 (47% of rough sleeper contacts) were with individuals not previously known to SJAHS, indicating significant success in extending our engagement with those living on the streets.

The age and gender spread of clients seen was younger and more predominantly male than that of the wider SJAHS client group, reflecting the demographics of the street homeless community: 11 (39% of contacts) were in the 25-34 age bracket; 25 (89%) were male.

The majority of clients (19; 67% of client contacts) had a Local Connection to Hastings; 1 to Rother; 6 to 'Other' areas; and 2 'Unknown'.

Flu vaccinations

In November, after gaining approval from SJA's clinical governance team, we added another element to the street outreach trial: the introduction of flu vaccinations.

Public Health England guidelines, which include a list of medical criteria for influenza vaccination, add that the list "is not exhaustive, and the medical practitioner should apply clinical judgment to take into account the risk of influenza exacerbating any underlying disease that a patient may have, *as well as the risk of serious illness from influenza itself*"[3] (italics added).

Flu jabs were already an established part of SJAHS provision at Seaview, by means of Nurse Independent Prescribing. The new initiative, provided via the same means but in this case *taking healthcare to the patient*, was aimed to protect the health of those most vulnerable to the effects of flu by the sheer fact of sleeping rough (in addition to any underlying chronic health conditions such as hepatitis or respiratory illness) and who tend not to attend Seaview, thereby potentially saving lives on the streets and saving costs of illness to NHS services.

All necessary medical equipment and documentation were carried, including an approved cold chain storage cool box, adrenaline and sharps box. Two flu vaccine outreach sessions were conducted, both in November.

Six vaccines were taken out on each occasion and offered to members of the street community, particularly rough sleepers not normally seen at Seaview. A brief medical history was taken from each client to rule out any contra-indications, and a consent form signed.

One of the most striking observations was the extreme popularity of the offer. All six vaccines taken out on the first session were rapidly taken up. Three out of six were administered on the second session.

Of the 9 individuals vaccinated, 7 were sleeping rough, 1 was sofa-surfing, and one was in supported accommodation.

4 out of 9 clients were not previously known to SJAHS.

None of the 9 individuals normally attend Seaview.

One issue we encountered was that of privacy and dignity. Shelters on the promenade, where many of the flu jabs were given, proved to be a relatively effective means of discretion, while administering jabs in the town centre proved to be more problematic. Use of a police vehicle for privacy was offered in the town centre by a police colleague on one occasion – and accepted!

Future recommendations following the trial for flu vaccine outreach therefore include regular use of a vehicle to facilitate privacy, and possibilities are now being explored to use the new Brighton Homeless Service mobile treatment unit as a suitable sterile vehicle for this purpose.

In conclusion, both the street outreach trial and the flu vaccine initiatives proved to be highly worthwhile and effective means of extending healthcare and health protection to many of the most disengaged and vulnerable individuals, with plans now being discussed to embed both into regular SJAHS service delivery in the year ahead.

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[3] Public Health England. 2017. *Immunisation against infectious disease*: Chapter 19 – Influenza.

Case study

'Mark' was known to the Seaview outreach team but had had no contact with SJAHS. Mark, who was street homeless, had moved to Hastings from another county after hearing about the street support services available in the town.

The SJAHS nurse met Mark for the first time on a mid-morning outreach session with Seaview staff in the town centre, where Mark was offered, but declined, a flu jab.

Mark told us, however, that he had suffered for a long time with a social anxiety disorder and therefore shied away from attending Seaview's day-centre. Mark was keen to try and settle in Hastings and register with a local GP in order to re-access treatment for his anxiety but did not know how to go about it.

The SJAHS nurse was able to advise on the (simple) process of making a GP allocation application to Hastings & Rother Clinical Commissioning Group (CCG) and informed Mark that ID and proof of address are not required by surgeries for registration, and subsequently left an application form with the Seaview outreach team to complete with Mark on their next contact.

Mark was then able to register with a GP and receive the medical treatment and support he needed.

This small intervention provides an example of the practical difference that can be made through provision of brief contacts made by the addition of a nurse to the street outreach team.

HOMELESS SERVICE CLINICS

During 2017 SJAHS had 1592 client contacts, a substantial jump of 11% on the previous year, attributable at least in part to rising homelessness, increased engagement with rough sleepers and high podiatry uptake.

The majority of SJAHS client care and support takes place at Seaview and Hope Kitchen. In 2017 the Hastings Homeless Service ran 192 nurse-led primary healthcare clinics at Seaview and 42 healthcare outreach sessions at Hope Kitchen (compared with 194 and 38 respectively in 2016).

Service user demographics

Roughly twice as many of our client contacts are with men as with women (69% and 31% respectively, this year), with little variation year by year, reflecting the general demographic of Seaview and Hope Kitchen clientele.

Nationally, the majority of rough sleepers are male, one of the reasons being that homeless women will sometimes find men that put them up in return for sexual “favours”, rather than risk the (potentially worse) dangers of sleeping on the streets.[4]

Nevertheless, we have regularly seen a number of highly vulnerable female rough sleepers at our clinics over the year, providing them with mental health support, advocacy to GPs and housing services, nurse prescribing, and general healthcare.

Similarly to previous years, the age groups most frequently seen by SJAHS in 2017 were 35-44 and 25-34, but with a good spread across all ages from 25 upwards. Clients under 25 are often encouraged by agencies to seek support from dedicated younger people’s services rather than agencies more designed for adults, and formed just 1% of our client contacts. See Chart 1 for more details.

It is not uncommon, in Seaview especially, for the Hastings Homeless Service to see vulnerable adults over the age of 65 who are living alone or in care homes and struggling with a range of issues ranging from self-neglect and falls to alleged abuse or substance misuse, often prompting referrals by SJAHS staff to Social Services or communications with other relevant professionals to ensure appropriate assessments are made and action taken to provide the support needed.

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[4] Sophie Tanner. 5th May 2016. Homeless Women: If a Woman’s Place Is In the Home... *Huffington Post*.. http://www.huffingtonpost.co.uk/sophie-tanner/homelessness-women_b_9845804.html

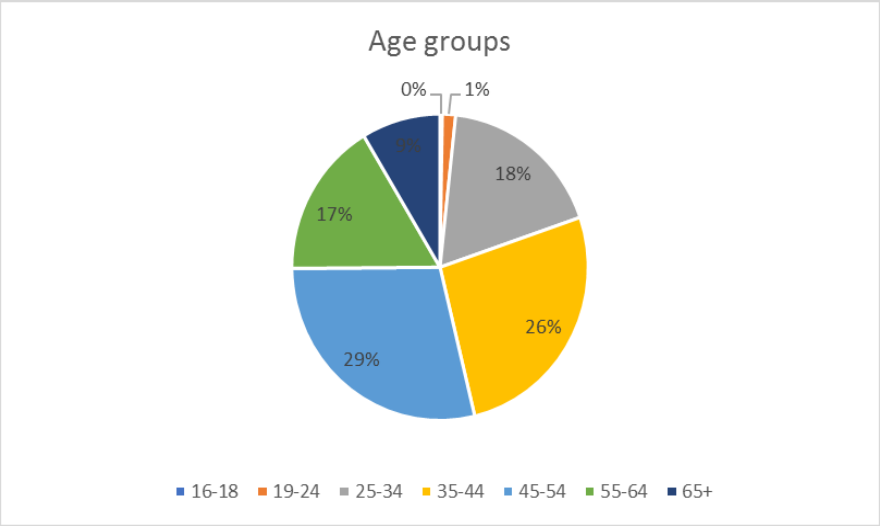

Chart 1: Age groups of service users (client contacts), 2017

The majority of the client group identify their ethnicity as White British / Irish / Other, although a fairly significant minority represent other ethnicities (including some who have been street homeless during the year), as detailed in Table 1 below.

	Nos. of client contacts	Percentage of total client contacts
White British / Irish / Other	1509	95%
Eastern European	37	2%
Mixed White & Black African / Black Caribbean	19	1%
Middle Eastern	17	1%
Black African / Caribbean / Other	8	1%
Bangladeshi / Indian / Pakistani	1	0%
Chinese / Other Asian	1	0%

Table 1: Ethnicity of clients seen by SJAHS during 2017

All client monitoring figures for 2017 and previous 4 years for comparison, including demographics and housing status, are given in full in the Appendix.

Housing and homelessness

At 413, the number of interactions the service had with rough sleepers over the year was 60% higher than in 2016 and the highest in its 14-year history, reflecting escalating local and national street homelessness.

However, the number of new contacts with rough sleepers was very similar to previous years. The 60% increase in rough sleeper contacts has been almost entirely amongst those already known to the service, once again demonstrating the prolonged difficulties and delays experienced by homeless people in getting re-housed, leading in many cases to an entrenched and chaotic lifestyle of deteriorating mental and physical health, increased substance misuse and a sense of hopelessness.

Table 2 gives the numbers of new and recurring contacts with rough sleepers for 2017 compared with the previous 4 years.

Housing status for 45 of the 1592 client contacts during 2017 was recorded as 'Unknown'.

Of the remaining 1547 contacts, 50% were with clients who were homeless or in temporary or supported accommodation. See Table 3 for details.

	2013	2014	2015	2016	2017
New contacts	57	52	54	52	55
Recurring contacts (2013-2015 figures include contacts with Snowflake guests)	282	161	303	206 (+ Snowflake: 44)	358 (+ Snowflake: 38)
Total contacts	339	213	357	302	451

Table 2: Nos. of new, recurring and total contacts with rough sleepers in 2017 (with previous 4 years for comparison)

Year:	2013	2014	2015	2016	2017
Sleeping Out / Winter Night Shelter / Tents / Vehicle	21% (339)	15% (213)	23% (357)	22% (302)	29% (451)
Friend's Floor	13% (211)	8% (125)	9% (145)	10% (134)	11% (169)
Conquest Hospital	1% (11)	1% (8)	2% (32)	2% (27)	0% (0)
Supported Accommodation	7% (118)	7% (116)	7% (105)	11% (151)	5% (71)
B&B / Hotel	6% (100)	7% (114)	6% (89)	5% (72)	5% (71)
Squat	0% (1)	0% (3)	1% (12)	0% (0)	0% (0)
Private Rented	33% (551)	43% (640)	34% (531)	33% (460)	29% (456)
Care Home	3% (45)	1% (17)	2% (26)	3% (45)	2% (38)
Housing Association	7% (112)	9% (143)	12% (177)	11% (158)	14% (214)
Own	5% (86)	6% (97)	4% (64)	3% (39)	5% (77)
Other	0% (0)	0% (1)	0% (5)	0% (3)	0% (0)

Table 3: Housing status of clients seen in 2017 (with previous 4 years for comparison), to the nearest whole percentage (client contact numbers in brackets)

SJAHS aims to work in a way in which service users not only receive help with their physical health but also, through effective therapeutic relationships with a holistic, non-judgmental approach, time to talk and advocacy, gain some sense of increased wellbeing, hope and encouragement, which in turn will benefit both their physical and mental health.

Our aim is that, while receiving the essential healthcare they need at our clinics, those who are homeless, like 'Jon' in the case study below, will also be empowered and their resilience renewed to persevere through the challenges they face and attain their goals, including housing.

Case Study

On discharge from hospital after an overdose, 'Jon' stayed at Snowflake winter night shelter until its close in March. Jon was suffering with severe depression triggered by life circumstances and exacerbated by long-term physical health problems.

After Snowflake, Jon was placed by the local authority in B&B. The Homeless Service team, in conjunction with Home Works, referred Jon to a supported accommodation project, which he moved into on the day that his B&B placement was going to be terminated – thus preventing street homelessness.

Despite his overdose history, Jon was being over-prescribed analgesics, receiving many more than he either wanted or needed, for a painful condition that had not been reviewed for years. In view of his ongoing depression and overdose risk, Jon himself was concerned about having such a surplus of medication in his possession. We supported Jon with accessing his GP for a medication review, leading (with Jon's full agreement) to a significant reduction in both the prescribing and supply of his medications, and to a referral to physiotherapy for a review of his painful condition.

Once settled into accommodation, Jon was better placed to engage more fully with mental health services and, following some advocacy from the Homeless Service team, was swiftly reviewed and referred for counselling and other mental health support interventions.

Jon is no longer suicidal. He is engaging with the support offered with his accommodation and is supporting others in his community.

A short period of advocacy and support, together with settled accommodation, enabled Jon to make significant strides out of a challenging situation involving multiple complex needs.

The Hastings Homeless Service continues to accept referrals for homeless patients attending Conquest A&E. Signed consent is requested from patients, to enable us to share referral information with housing services as appropriate, such as Seaview and Hastings Borough Council, to prompt housing-related support in the community while we conduct primarily health-related follow up at Seaview and Hope Kitchen.

We also continue to provide A&E with homeless 'Discharge Packs', containing a space blanket, toiletries, an isotonic drink, cereal bars and vital information about local services.

Health and care issues

Clients wishing to access our service at Seaview or Hope Kitchen simply write their name on a 'sign-up' board and are called into the clinic in turn. Most present with a physical health problem. Some come in just wanting – or needing – to talk.

We offer a holistic service, whereby opportunity is given to support the whole person, taking into account the effects of social circumstances on physical and mental health, for example. Time, empathy and building trust are key to achieving effective holistic healthcare of this nature.

Some clients presenting with a minor ailment are surprised to be asked about their housing and other social aspects of their lives, as illustrated in the case study below.

At each client consultation with a nurse or podiatrist, all health and care issues addressed (not only the presenting problem) are recorded on our monitoring forms, to provide comprehensive statistics which aid service evaluation.

Case Study:

'Danny', a young man, attended our clinic at Seaview, reporting mild to moderate pain of 1-2 weeks' duration in his jaw, radiating to his ear. Concerned that he had been failing to maintain adequate aural hygiene, he was worried he had developed an infection in this area. On examination there were no signs of infection to his ear, jaw or face.

Danny was surprised to be asked whether he was homeless and about other social circumstances. The nurse explained that the service commonly sees people with various aches and pains through sleeping on pavements or camp beds, for example, or through being victims of assault. Danny responded that he was staying in Snowflake winter night shelter. Danny's future hopes and plans for re-housing were discussed, and he was commended for his recent success in reducing his alcohol intake to a safe, healthy level.

During this wide-ranging conversation, aimed at achieving a holistic assessment, it transpired that Danny had been involved in a fight about two weeks earlier, which he had almost forgotten about and hadn't connected with his facial pain.

A provisional diagnosis of mild to moderate bruising was given, and Danny was given advice about treatment and likely healing time. Significantly, Danny expressed appreciation not only for the element of social support within the consultation but more so for the reassurance and alleviation of anxiety he had received as a result of having identified the probable, non-worrisome cause of his pain through being given time to talk.

All client monitoring figures for health and care issues for 2017, and previous 4 years for comparison, are given in full in the Appendix.

2017 saw the highest incidence of wound care in the service's history, largely attributed to the ongoing treatment of a few clients with chronic leg ulcers and abscesses. However, a wide-ranging variety of wounds are seen in clinics, including both minor and more serious injuries caused by assaults, self-harm or accidents.

The Hastings Homeless Service team are able to provide full leg ulcer treatment, from assessment, Doppler, diagnosis, to prescribing, treatment, monitoring, reviewing of treatment, through to patient education and aftercare.

We are fortunate to have volunteer nurses with a community nursing background, who have been able to help support the team with wound care advice; and our links with East Sussex Healthcare NHS Trust have enabled us to access clinical training updates for leg ulcer management.

"I've been coming to St John's for a few months now. I have ulcers and ALL the team take soooo much care and help me. I would like to say a big thank you and I think the team is an asset to St John's."

Entry from a client in our Comments book at Seaview

Case study:

'Kim', a 30-year-old lady with leg ulcers secondary to long-term injecting drug use, had stopped attending her practice nurse clinic, after a number of complex problems she was facing had made it increasingly difficult for her to keep appointments. Her wounds were therefore deteriorating and not receiving the treatment they needed.

Kim had a support worker from another agency who supported her to attend SJAHS clinics for leg ulcer care.

The SJAHS team carried out a full assessment of Kim's ulcers, including ABPI (ankle brachial pressure index) to determine suitability for compression bandaging; we prescribed, administered and monitored treatment over a number of months. Although Kim's attendance at our service was somewhat sporadic, not needing an appointment meant she engaged with SJAHS clinics far more regularly than previously with her practice nurse, her engagement enhanced by the friendly, therapeutic relationship which Kim and the team formed together and the flexible approach adopted by the team.

Kim was regularly prescribed nutritional drinks to aid wound healing, and extensive multi-agency liaison was carried out to support Kim with her complex needs. At the end of the year, Kim's leg ulcers were making good progress and Kim is continuing to engage well with treatment offered by SJAHS, who continue to partner with other agencies in Kim's support.

"Working at Seaview as an outreach nurse has been so rewarding. The team are so supportive and you really feel that you can make a genuine difference to people.

Sometimes all they need is a listening ear and to know that someone cares and that's such a gift to be able to do that for someone."

Antonia, Volunteer Nurse

Footcare

As in previous years, footcare was the healthcare service most frequently provided by SJAHS over 2017, with the number of footcare consultations at its highest for 5 years. 197 of the 270 consultations involving footcare were with a podiatrist (most with Nancy, our staff podiatrist, and some with Debbie, our volunteer podiatrist); the remainder were with a nurse.

Demand for footcare rose considerably over the course of the year, making our joint nurse / podiatry clinics on Mondays problematic to manage, with clients being reluctantly asked to postpone until the following week. Reasons for the surge in demand have been considered, with the dramatic rise in homelessness and the therapeutic rapport effectively formed between the podiatrist and presenting clients identified as two significant factors.

A number of steps were taken to better manage demand, including improvements to our triaging process, and the deployment of funds to extend Nancy's clinic by an hour each week over a 3-month trial period. These measures made a positive difference, with fewer clients being asked to postpone, better management of client expectation, and smoother running of the clinic generally.

Despite this, however, an ongoing demand for increased staff-podiatry provision was identified. It is hoped that future funding streams will enable us to expand the podiatry service to two clinics per week as a way to meet this clearly identified need.

Shoe project

As part of our podiatry service, we allocated part of our Big Lottery budget to the provision of new, breathable, water-resistant walking shoes and boots for those who meet agreed medical and social criteria (primarily those who are homeless). Data was gathered throughout the course of the project, and outcomes were carefully evaluated.

More than 50 per cent of clients who received footwear were interviewed about their experience when seen by the SJAHS staff podiatrist over the following months. Of these, a high proportion were wearing the footwear when interviewed, and of these, all showed an improvement in foot health as judged by the podiatrist. All of those who were wearing the Shoe Project footwear reported that their feet felt more comfortable than previously.

These observations suggest that having the capacity to offer footwear as required is an excellent tool for improved clinical outcomes. A subjective impression is that it can also be helpful in building a therapeutic relationship between client and podiatrist, making it more likely that the service will be used again in the future.

A full report on the Shoe Project is available on request.

On the basis of evidence showing the positive effect of this provision on homeless health, funding is being sought to continue the initiative beyond the end of our current Big Lottery Fund period.

An example of the types of shoes supplied by the Hastings Homeless Service

Case study:

'Sharon' is a young woman with a mild learning disability and some challenges with balance and walking due to the congenital alignment of her lower limbs. A client of the SJAHS for several years, Sharon attends the podiatry clinic regularly for management of her nails, which have a tendency to become ingrown, causing pain and putting her at risk of infection. During the summer of 2017, Sharon found herself rough sleeping for the first time in her life.

By September 2017, Sharon's shoes were falling apart, consequently her feet were remaining damp for long periods and she presented at the SJAHS clinic with ingrowing toenails and a fungal infection to her feet. It was clear that Sharon urgently needed water-resistant but breathable footwear in a design that would accommodate her wide forefoot and be supportive enough to reduce her risk of falls.

With very limited funds, and without the IT skills required for online shopping, meeting this need was a challenge to Sharon. Thanks to the Shoe Project, we were able to offer suitable footwear: she reported that the new boots made her feel as if she was 'walking on the moon' and were very comfortable. At follow-up Sharon reported that since receiving the Shoe Project boots she had worn them every day, keeping them safe in her sleeping bag at night.

Sharon continued rough sleeping until early 2018, but her foot health remained good throughout this difficult period. She is now living in supported accommodation and continues to use the SJAHS clinic regularly.

Over 140 pairs of socks were also supplied over the year, helping prevent and treat chilblains, blisters, and bacterial and fungal infections, as well as contributing to client comfort and wellbeing.

Nurse prescribing

Nurse prescribing is an essential element of the service, provided by Nurse Co-ordinator, Roger, through a service level agreement with Hastings & Rother Clinical Commissioning Group (CCG).

Some areas of prescribing that are vital to the rounded healthcare and health protection delivered by the service have already been mentioned, such as wound care, footcare and flu vaccinations.

Table 4 gives the 12 most frequent areas of prescribing during 2017.

Areas of prescribing	No. of items
Wound care (chiefly leg ulcer care)	69
Analgesics	33
Topical skin products (e.g. for dry/allergic skin conditions, fungal infections, insect bites)	30
Flu vaccines	25
Stop Smoking support (nicotine replacement products, Champix)	18
Gastro-intestinal (e.g. for reflux disease, diarrhoea, constipation)	12
Anti-histamines (for allergies, short-term night sedation)	11
Nutritional supplements (mostly in malnutrition, associated with drug use, to aid wound healing)	9
Respiratory products (e.g. inhalers and oral corticosteroids for asthma; simple linctus)	8
Antibiotics for wound & skin infections (cellulitis, abscesses, otitis externa)	7
Antibiotics for respiratory infections	5
Vitamins (folic acid in pregnancy; Vitamin B and Thiamine in alcohol misuse)	4

Table 4: 12 most frequent areas of prescribing during 2017

Health promotion / health protection

Previously, clients were only able to receive a flu vaccine from the nurse prescriber. At the end of 2017, a system was designed and approved, to authorise the service's volunteer nurses to administer flu vaccines by means of Patient Specific Directions signed by the nurse prescriber, enabling us to vaccinate a larger cohort of clients.

In addition to the 25 flu jabs given over the year, other health promotion and health protection measures include (but are not limited to):

- The provision of condoms and sexual health advice.
- Frequent harm reduction advice and support related to alcohol / drug use and self-harm, drawing on motivational interviewing skills and other psychological tools gained by various team members through a range of courses.
- Dietary advice and support, including monitoring of weight.
- Referrals to other relevant agencies for support in the above areas.
- Signposting, referrals and advocacy to GPs and other services for monitoring of chronic conditions such as asthma and diabetes.

In autumn 2017 we partnered with the CCG-commissioned Cancer Awareness Programme delivered by Unique Improvements, to promote access to cancer screening amongst clients attending Seaview.

Pregnancy testing is available at SJAHS clinics. Clients who test positive are offered support with registering with a midwife (and other agencies as appropriate) and prescribed Folic Acid.

During 2017 we were absolutely delighted to support two homeless individuals through their pregnancies and see them both (with Social Services support) successfully settle into accommodation with their children.

Housing, Health and Wellbeing Hub

SJAHS has continued to participate in the weekly Housing, Health and Wellbeing Hub at Seaview and to contribute to its strategic planning meetings.

Clients with evident healthcare needs are referred by representatives of other agencies at the Hub to the SJAHS clinic.

Conversely, the SJAHS team regularly liaise with or refer to other support agencies at the Hub, such as, commonly, Hastings Borough Council housing services and the (mental health) Street Triage Team, creating an effectively seamless transition of care, often for those who otherwise may not come to the attention of many of these services.

Mental health

Mental health support is an integral aspect of our service. Many staff and volunteers have received training in Mental Health First Aid, suicide alertness, personality disorders and other relevant courses.

Feedback from our annual service user surveys confirm the importance and effectiveness of this element of service provision. Our survey conducted in autumn 2017 was no exception, as indicated by the following examples of client responses:

"*They perk me up mentally*."
"*Believe in myself a bit more.*"
"*I feel better in myself.*"
"Great listeners/counsellors."

The full 2017 Service User Survey Report is available on request, or through our webpage.

SJAHS staff and volunteers regularly refer to and liaise with Health in Mind, the Assessment and Treatment Service and other mental health services as appropriate, and capitalise on the presence of the Street Triage Team at the Housing, Health & Wellbeing Hub, as mentioned above.

A most helpful link was formed this year between SJAHS and the Urgent Care Lounge at Woodlands, promoting mutual awareness of the two services and improving referral pathways for both mental health and homelessness.

One of our general support volunteers, Claire, also acts as a representative of our service on Sussex Partnership NHS Foundation Trust's Working Together Group at Cavendish House, to enhance our understanding of service users' perspectives and contribute to local mental health service development.

Dental and oral health

Until July 2017, Deana Stanley-Jackson, Senior Dental Nurse with East Sussex Healthcare NHS Trust, provided SJAHS with a quarterly session at Seaview, seeing clients on a one-to-one basis for dental and oral health advice and advice on registering with dentists. Sadly, this came to an end due to changes to Deana's contract.

The SJAHS team continue to offer clients advice and support on registering with dentists, oral care advice, and occasionally nurse prescribing for dental problems.

Advocacy and referrals

Both staff and volunteers have accompanied clients to appointments through the year, providing much-needed advocacy for individuals who may feel disempowered by statutory systems or, due to cognitive decline for example, lack sufficient communication skills to adequately express their needs.

26 appointments were attended with clients this year, including GP, hospital outpatients, Department for Work and Pensions and Atos. While SJAHS tends to leave benefits issues to other specialist agencies and professionals trained and funded to deal with them, accompaniment to benefits-related appointments for vital 'moral support' sometimes forms part of our whole-person approach to an individual's care.

Referrals to GP surgeries (117) were the highest in the service's history and more than double those made the previous year, no doubt reflecting the ongoing shortage of GPs in Hastings and the tremendous upheaval experienced by local GP services in 2017, resulting in (temporarily) even greater difficulties for this client group in accessing these services.

A full record of referral numbers is given in the Appendix.

For our Big Lottery Fund monitoring, to reflect the extent of inter-agency work that goes on almost unnoticed and often taken for granted, we expanded the way we record referrals, to include informal communications with partner agencies regarding individual clients, in addition to formal referrals. This change accounts for the exceptional rise in referrals to Seaview staff seen in the referral figures in the Appendix between 2016 and 2017.

Support issues

Chart 2 gives an idea of the range and extent of support issues addressed within (mostly health-focussed) interactions.

'General social issues' is a general term covering a wide variety of issues and therefore recorded many times higher than any of the other categories.

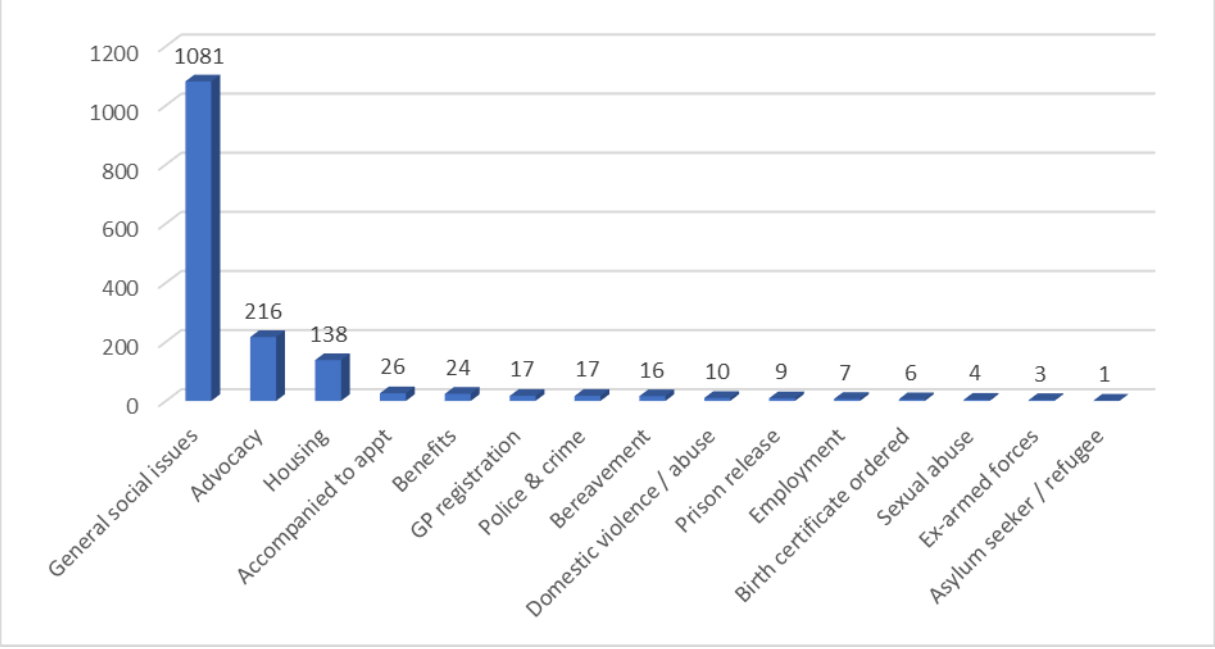

Chart 2: Incidence of support issues addressed during client contacts in 2017

"*St John's staff at the Seaview centre I wanted to compliment, because I have found upliftment in them and their caring natures.*

I have been struggling with my mental health and have received counselling from St John's staff which has helped my mental health.

The staff are very kind and great listeners. Not only do I get my feet taken care of by Nancy the podiatrist which has helped greatly but I have also been able to offload my troubles, and all staff were very kind and professional in listening.

Their kind deeds prompted me to buy cards and boxes of chocolates for St John's staff to show my gratitude.

So I am just saying thank you to St John's for all your help."

On a Comments, Compliments and Complaints form from a client

HOPES AND PLANS FOR 2018

As we look ahead to 2018, the Hastings Homeless Service's greatest need is to secure funding when its Big Lottery grant expires in June. Our aspiration is to be able to continue and extend the many significant developments we implemented in 2017, as summarised below.

In 2017 we developed our wound care provision in relation to leg ulcer management, abscesses and tissue gluing.

We expanded provision of flu vaccination through patient specific directions (PSDs) and street outreach, potentially saving lives of some of the most vulnerable members of the community.

We introduced the storage of naloxone in our clinics and trained our nurses in its use, in case of suspected opiate overdose.

We nurtured a psychologically- and trauma-informed approach to client care, further enhancing our emphasis on delivering an accessible, therapeutic service.

Finally, we trialled and researched two initiatives: a podiatry-led shoe project and nurse-led street outreach.

The shoe project proved to be a clearly worthwhile enterprise with measurable improvements to the foot health of homeless individuals.

In addition to this, we have evidenced a need to expand our podiatry provision.

Our street outreach trial has been shown to increase rough sleepers' engagement with healthcare services and achieve health improvements, while many who had disengaged from day services welcomed the offer of flu vaccinations on the streets.

The need for St John Ambulance Hastings Homeless Service is clearly growing in the face of escalating homelessness, as reflected in the previous pages; feedback from feedback service users and agencies alike confirm SJAHS.to be a proven, effective and appreciated homeless healthcare service for the area of Hastings & St Leonards.

New funding sources are now being explored, not only to continue our much-needed current service provision but also to facilitate extension of the initiatives trialled in 2017 in order to continue to meet the healthcare needs of the local homeless population.

THANKS

The Hastings Homeless Service would like to thank the following individuals and organisations for their input and support during 2017:

All volunteers and staff:

Volunteers:

Amy Perrin
Antonia Berelson
Beth Ambridge
Bronwyn Davidson
Claire Finn
Da Dunn
Debbie Hutchinson
Debbie Thomson
Delia Elliman
Drusilla Relf
Georgia Pankhurst
Janet Warren
Judith Wynn
Liezl Rebalde
Louise Turner
Michael Cervantes
Mo McColl
Nicola Monks
Paul Hughes
Robert Mulligan
Sandy Collver
Shelley Johnson
Siobhan Dale
Steve Crump
Tony Pilton
Zena Malapitan

Staff:

Markie Barratt (outgoing Sussex Homeless Service Manager)
Conor Walsh (incoming Sussex Homeless Service Manager)
Roger Nuttall (Nurse Co-ordinator)
Nancy Jones (Podiatrist)

Homeless Service Working Party

Markie Barratt	– St John Ambulance Sussex Homeless Service Manager (outgoing)
Conor Walsh	– St John Ambulance Sussex Homeless Service Manager (incoming)
Roger Nuttall	– St John Ambulance Hastings Homeless Service: Nurse Co-ordinator
Paul Hughes	– SJA Hastings Homeless Service: General Support Volunteer
Claire Finn	– SJA Hastings Homeless Service: General Support Volunteer
Sandy Collver	– SJA Hastings Homeless Service: Volunteer Lead Nurse
Maggie Hawthorne	– Seaview Project: Wellbeing Centre Co-ordinator
Darlene Sellick	– Adult Social Care, Conquest Hospital
Pat Goodman	– Specialist Nurse, East Sussex Healthcare NHS Trust
John Butterworth	– Hope Kitchen
Terry O'Brien	– Service user representative
(Vacant)	– Service user representative

Funding / Donors

- The Big Lottery Fund
- Emmaus Brighton & Hove
- Francis and Eric Ford Charity Trust
- Halton Baptist Church
- NHS Hastings and Rother CCG
- Major Mark Scrase-Dickins
- St Oswald's Church, Hooe
- WeWork Summer Camp
- Other anonymous funders
- Many other donors of socks, shoes, sleeping-bags and other items

Partner agencies

The following list includes many local agencies with whom the Hastings Homeless Service has worked in partnership during 2017 and/or to whom clients have been referred or who have referred clients to the Homeless Service.

The list is not exhaustive, but the partnership and support of all agencies who work with the Service is truly appreciated.

- Adult Social Care
- Brighton Housing Trust
- Carisbrooke Surgery – GP services
- Sanctuary Supported Living
- CGL (Change Grow Live)
- Conquest Hospital
- East Sussex Healthcare NHS Trust
- Emmaus
- Fulfilling Lives
- Hastings Borough Council
- Hastings Food Bank
- Health in Mind
- Home Works – housing-related support
- Hope Kitchen
- Safehaven Women
- Seaview Project
- St John Ambulance Hastings Division
- Snowflake – winter night shelter
- STAR – substance misuse service
- Station Plaza Health Centre – GP practices
- Steps – housing-related support for over 65s
- Street Pastors
- Sussex Partnership NHS Foundation Trust
- Sussex Police
- Surviving Christmas
- University of Brighton
- Warrior Square Surgery – GP services

CONTACT DETAILS

St John Ambulance Homeless Service Hastings can be contacted at:

St John Ambulance HQ
Bohemia Road
Hastings
TN34 1ET

Telephone: 01424 435358 Fax: 01424 421105
E-mail: roger.nuttall@sja.org.uk

St John Ambulance Homeless Service Brighton:

16 Crowhurst Road
Brighton
BN1 8AP

Telephone: 01273 371539 Fax: 01273 371501
E-mail: anna.bromwich@sja.org.uk

St John Ambulance London & South:

St John Ambulance
Tindal Road
Aylesbury
Bucks
HP20 1HR

Telephone: 0303 003 0101 Fax: 01296 744361

St John Ambulance National Headquarters can be contacted at:

27 St John's Lane
Clerkenwell
London
EC1M 4BU

Telephone: 020 7324 4000 Fax: 020 7234 4001
E-mail: enquiries@sja.nhg.org.uk

APPENDIX: SUMMARY OF MONITORING STATISTICS

Some explanatory notes on the way the following statistics are recorded are given at the end of this section.

Year-on-Year Totals for Comparison: *(N/A = Not Applicable. NR = Not Recorded)*	**2017**	**2016**	**2015**	**2014**	**2013**
Gender					
Men	1101	917	1093	1033	1115
Women	491	513	481	488	529
Total	1592	1430	1574	1521	1644
Age					
Under 16	0	0	0	0	0
16-18	4	2	1	2	1
19-24	23	42	73	59	115
25-34	287	366	407	342	408
35-44	422	271	273	263	252
45-54	456	369	457	539	641
55-64	263	257	227	183	106
65+	137	118	133	133	113
Unknown	0	5	3		8
Ethnicity					
1. White British / Irish / Other	1509	1302	1557	1492	1611
2. Eastern European	37	35	6	6	7
3. Black African / Caribbean / Other	8	8	7	10	10
4. Mixed White & Black African / Black Caribbean	19	79	4	13	14
5. Bangladeshi / Indian / Pakistani	1	2	0	0	0
6. Chinese / Other Asian	1	0	0	0	1
7. Mixed White & Asian	0	0	0	0	0
8. Middle Eastern	17	3	0	0	1
9. Mixed Other	0	1	0	0	0
10. Other	0	0	0	0	0
Contact Type					
New Contact	102	113	116	126	121
Known to Service	1489	1315	1457	1393	1516
Unknown	1	2	1	2	7
Accommodation Status					
Sleeping Out/Tents/Vehicle	413	258	357	213	239
Winter night shelter	38	44	*NR*	*NR*	*NR*
Friend's Floor	169	134	145	125	211
Conquest Hospital	0	27	32	8	11
Squat	0	0	12	3	1
B&B/Hotel	71	72	89	114	100
Supported accommodation	71	151	105	116	118
Private rented	456	460	531	640	551
Care Home	38	45	26	17	45
Housing Association	214	158	177	143	112
Own	77	39	64	97	86
Unknown	45	39	31	44	70
Other	0	3	5	1	0

	2017	2016	2015	2014	2013
Local Connection					
Hastings	1446	1316	1424	1400	1456
Rother	31	30	20	30	*NR*
Other	107	75	120	81	*NR*
Unknown	8	9	10	10	30
Rough Sleepers Contacts					
Sleeping Out/New Contact	55	52	54	52	57
Sleeping Out/Recurring Contact	358	206	303	161	282
Health & Care Issues					
Alcohol	68	70	133	118	110
Circulatory / cardiovascular	80	76	74	63	78
Dental	30	35	34	39	73
Diabetes / endocrine	24	27	28	14	11
Drugs	83	88	179	114	108
Ear, nose & throat	49	43	37	38	39
Eyes	9	22	12	8	24
First Aid given	16	27	34	27	21
Flu vaccine given	25	19	10	0	4
Footcare	270	192	182	246	267
Gastro-Intestinal	81	65	55	59	68
Headache	25	35	37	29	55
Hepatitis	9	4	6	13	9
HIV	3	3	4	2	0
Medication advice	153	126	171	115	88
Medication prescribed	161	126	127	183	144
Mental Health	254	231	292	136	90
Musculo-Skeletal	171	191	216	131	134
Neurological	20	28	27	33	21
Nutrition / Weight	87	123	119	129	100
Pregnancy & Gynae	39	61	19	63	35
Pregnancy test	6	9	6	21	16
Respiratory	77	47	88	74	68
Self-harm	12	10	18	12	10
Sexual Health / Contraception	10	9	15	27	26
Skin Disorders & Infestations	113	86	110	118	124
Smoking	28	13	24	39	54
Suicidality	20	19	26	13	15
Urology	18	15	22	29	17
Wound Care	237	197	196	212	173

	2017	2016	2015	2014	2013
Other Support Issues					
Accompanied to appt	26	16	38	33	16
Advocacy	216	186	297	209	204
Asylum seeker / refugee	1	0	0	0	2
Benefits	24	12	12	18	15
Bereavement	16	16	31	13	10
Domestic violence / abuse	10	5	4	10	18
Employment	7	6	9	4	7
Ex-armed forces	3	2	13	9	7
Gambling	0	0	1	1	0
General social issues	1081	825	990	731	700
GP registration	17	17	19	18	16
Housing	138	136	232	200	187
Police & crime	17	17	28	24	33
Prison release	9	9	4	7	15
Sexual abuse	4	7	9	3	0
Referrals Made					
A&E	10	15	13	8	7
Conquest Podiatry	1	1	1	1	0
Conquest – Other	3	11	9	11	13
Dentist	2	0	0	0	0
GP	117	56	98	87	65
Hastings Borough Council Housing Services	15	3	14	5	7
Health in Mind / NHS Mental Health Services	12	7	9	4	4
Home Works	5	4	9	7	12
Seaview Drop-In Staff	19	2	4	5	17
Seaview Housing / Outreach Services	37	5	14	10	21
Sexual Health	1	0	0	6	0
Social Services	11	9	6	3	8
STAR (Substance Misuse Service)	5	1	4	5	7
Other Referrals (see notes at end)					
Fulfilling Lives	2				
Tissue Viability Nurse	1				
CGL Portal (domestic abuse)	1				
POWhER (mental health advocacy)	1				
Foodbank	1				
Number of People Seen					
Nurse	1388	1256	1409	1260	1301
Podiatrist	197	154	129	173	206
General Volunteer	76	78	94	125	147
Visiting Professional	6	17	7	17	25

Explanatory notes

Contact Type:

New contact refers to a consultation or conversation between the Homeless Service team and a client for the first time.

Known to Service refers to clients who have been seen by the service before.

Unknown is recorded if the team members on duty are unsure whether the client is new to the service or not.

Local Connection:

Local Connection is recorded for every client seen. A client has a local connection with Hastings if they have been living in the Borough for 6 out of the last 12 months or 3 out of the last 5 years, if they have permanent employment in the area, or if they have a parent, (adult) child, brother or sister who has been living in the area for at least 5 years.

Local Connection is one of the legal housing tests applied by Local Authority housing services. The Local Authority has no duty to give housing assistance to a client without a local connection to the area, although it does have a duty to give everyone housing *advice*, regardless of local connection.

From 2014 recording of non-Hastings Local Connection was divided into neighbouring 'Rother' and 'Other'.

Rough Sleepers Contacts:

Sleeping Out / New Contact refers to a consultation or conversation between the Homeless Service team and a street homeless client for the first time. (If the client is known to the Homeless Service but this is the first time the service has had contact with him/her since s/he became homeless, the client is recorded as Sleeping Out / Recurring Contact).

Sleeping Out / Recurring Contact indicates that the client is sleeping rough and is already known to the Homeless Service, whether s/he was previously known as a rough sleeper or as someone with housing.

NB: The monitoring system, while detailed and providing much information, does not give the total numbers of individual rough sleepers seen over a given period.

Health & Care Issues and Other Support Issues:

These categories refer to issues addressed during each client consultation or interaction, whether with a nurse, podiatrist or general volunteer. The issues are only recorded if they have been addressed, not simply if they are a current issue in the client's life.

For example, if a street drinker presents to the service for a dressing to a wound, but the alcohol issues are not discussed on that occasion, wound care but not alcohol would be recorded.

However, on many occasions, several categories are recorded, as client consultations and conversations often cover a number of health and social issues.

Health & Care Issues:

Dental refers to occasions when clients have presented to the Homeless Service clinics for advice or prescriptions for dental problems, as well as to attendance at advice sessions held at Seaview by Deana Stanley-Jackson, Senior Dental Nurse with East Sussex Healthcare NHS Trust, in partnership with SJA Homeless Service.

Medication advice refers to occasions when advice is given in relation to medication that a client is already taking, and does not include times when a client is given a prescription by the Homeless Service's Nurse Independent Prescriber.

Medication prescribed refers to the number of times clients received nurse prescriptions from the Homeless Service, not to the number of items prescribed.

Other Support Issues:

Accompanied to appt refers to times when clients have been supported at GP, housing or other appointments by a Homeless Service nurse or volunteer for support and/or advocacy.

Advocacy refers to advocacy given by the Homeless Service on behalf of clients to a range of health or housing agencies, either by phone, letter, or in person.

Asylum seeker / refugee refers to the number of contacts with clients who either are seeking asylum or have attained refugee status, whether this is addressed in the client consultation or conversation or not.

Ex-armed forces: The Homeless Service records client consultations and conversations in which a client discusses having been in the armed forces. This is thought to be under-recorded.

General social issues covers a wide range of social issues that are discussed in client consultations and conversations and which may not fit into other categories. General social support given by all members of the team (volunteers, nurses, podiatrists) is an essential aspect of the work of the Homeless Service, forming part of the holistic service given.

Referrals Made:

These are only recorded if a client is referred directly by the Homeless Service team to another agency, not if a client is simply 'signposted' or advised to attend a particular agency.

STAR (substance misuse service): new referrals are seldom made to STAR, as it is usually preferable for clients to present themselves to agencies dealing with substance misuse and addiction, in order to demonstrate motivation. Referrals recorded usually entail liaison regarding clients who are already engaging with STAR.

Other Referrals:

There are many other agencies that receive infrequent referrals from the Homeless Service. These vary from year to year, and are therefore listed here without previous years' figures for comparison.

Number of People Seen:

The primary professional dealing with a client is recorded here. In some cases two professionals are recorded for one client consultation, for example, when a client is seen by a nurse and podiatrist simultaneously.

General Volunteer refers to those occasions when a client is supported solely by a general volunteer without a health professional.