

**Experiences of health and social care services  
for people who are homeless or living in  
temporary accommodation - 2021**

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Appendices of each individual anonymous response to the survey is available on request - contact details for Healthwatch Derby are at the end of the report.

## Background of the report

In the winter of 2019, Healthwatch Derby and Derbyshire conducted a joint project around the experiences of health and social care of people who are homeless or living in temporary accommodation. Due to the global pandemic and subsequent changes in services, the report was delayed and upon completion of this report there had been many changes within the health and social care sector. This 2019 report is available upon request.

In the Spring of 2021 the Public Health team at Derby City Council contacted Healthwatch Derby to discuss homelessness in Derby City as thorough research and a Public Health Needs Assessment had been carried out both locally and nationally. The Public Health team found that many of the themes and trends in our report matched key themes from others for both pre and post Covid-19 experiences. There were a few areas of change that the team were interested in gaining insight to from the public, which were: GP, Dental, Substance Misuse, Mental Health and Hospital Discharge. Healthwatch Derby agreed to re-visit these experiences alongside the Public Health Needs Assessment with the full support of the Derby City Council Homelessness team and other local homelessness services.

### **The Survey and how we spoke to people:**

Healthwatch created an on-line survey which the local Homeless liaison Forum agreed to support clients to help complete. Paper versions of the survey were also made available. Through the Homeless Liaison Forum, this survey was sent to over 50 organisations.

The survey was open from 16/08/21 to 05/09/21. 51 surveys were completed.

N.B – when we have asked “within the last year” we ask for this time frame to be from August 2020 to present)

### **About current Homelessness services:**

Homelessness is the responsibility of each local council but homelessness affects more than just peoples housing. People who have experienced homelessness are more likely to have poor physical and mental health than the general population. Poor physical and mental health are both causes and consequences of homelessness. Chronic and multiple health needs are common within the homeless community and often go untreated. Those who suffer from homelessness are also far more vulnerable to issues around drug and alcohol abuse, and having multiple health needs alongside this can then act as a barrier to accessing mainstream health services. As a result, these cases often find themselves accessing more costly primary healthcare services. (Crisis 2021)

## About Homeless services in Derby and changes during Covid-19

**“In March 2020 at the start of the pandemic Dame Louise Casey requested that all local authorities adopted an ‘everyone in’ approach to addressing rough sleeping and homelessness. This included bringing in people from the streets who previously would not have been provided with temporary accommodation under the councils duties contained within the Homeless Reduction Act 2017. Councils up and down the country looked to work in partnership with hotels to provide extra capacity in the system. This meant opening up Hotels across the country to meet this additional demand to ensure that everyone had a place where they could self isolate and adhere to the national lockdown. In Derby, 155 unique individuals were housed in the Holiday Inn Express between March and June 2020. During this time services across Housing, Homelessness, Health and Social Care worked more closely than ever to support those placed in the hotel to meet their housing and health needs.**

**As the hotel closed, every remaining resident was made an alternate offer of accommodation and support appropriate to their needs in order to reduce the likelihood of a return to rough sleeping and homelessness.**

**Through a number of successful bids, Derby has continued to develop initiatives to reduce rough sleeping and to protect those identified as vulnerable from contracting covid.**

**This has included adding an increased number of supported housing units, further funding for the EMAS Community Paramedic and an expansion of the rough sleeper outreach team to provide more support to people in shared housing, alongside the re-opening of the Safe Space to offer both day and night time access to rough sleepers.**

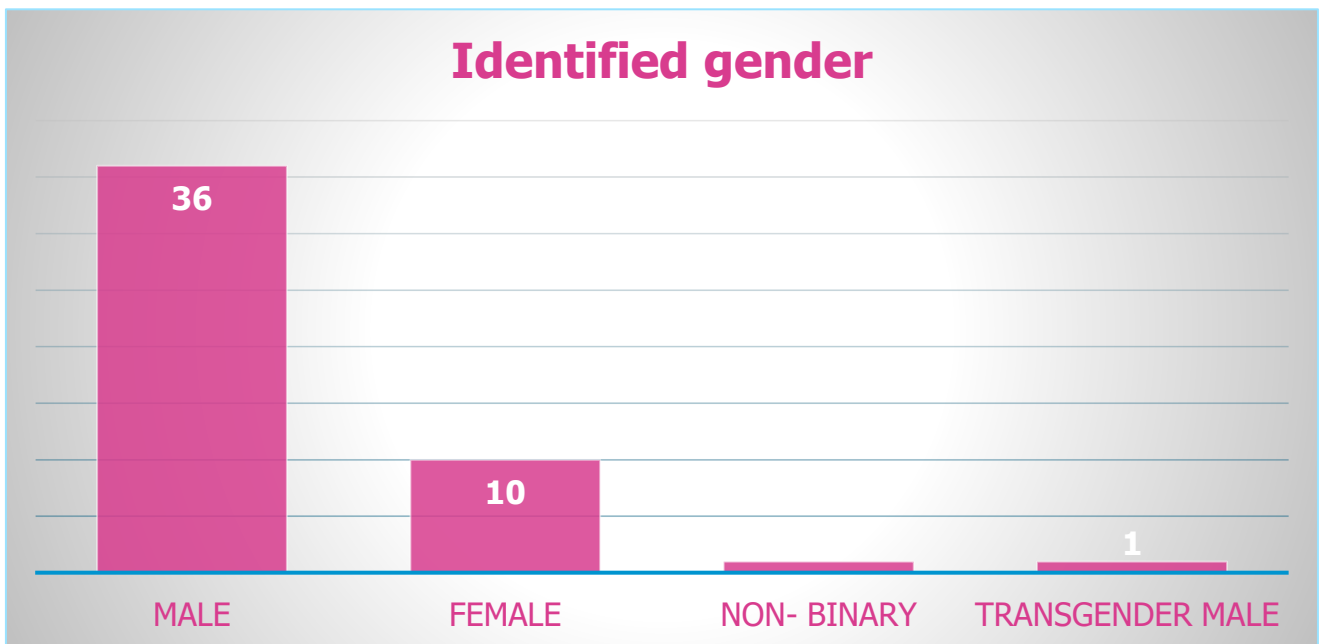
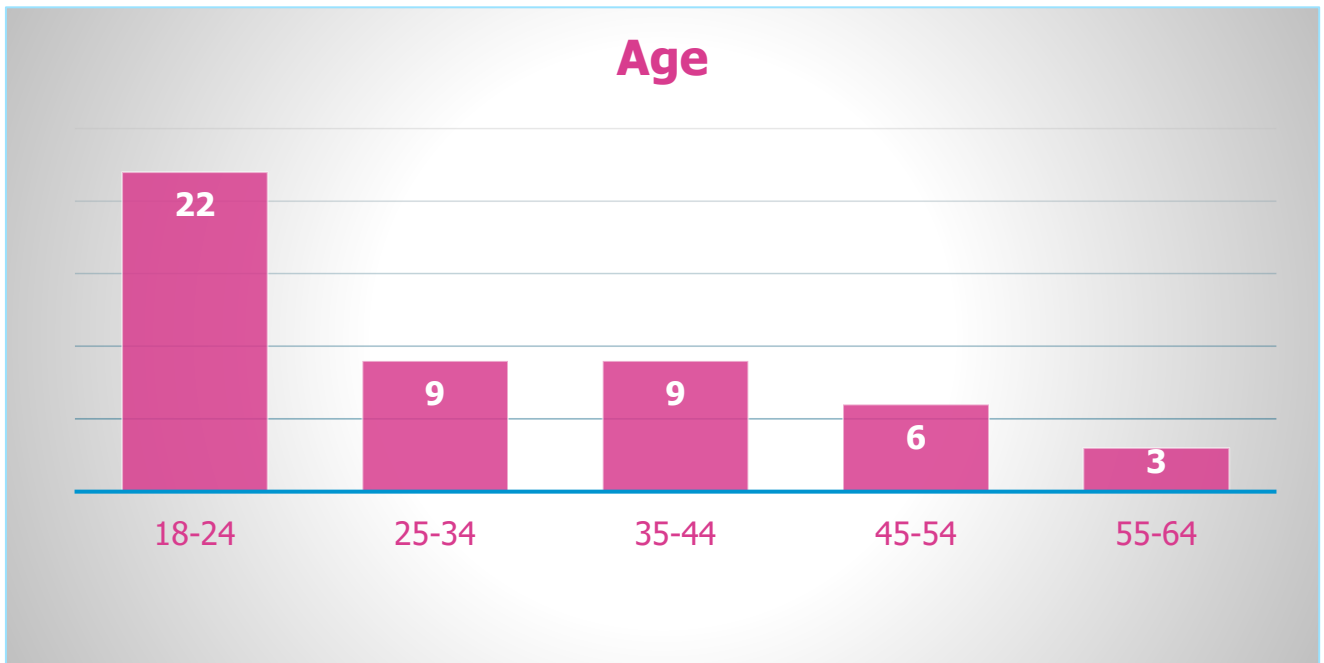
**The Homeless GP service (Wilson Street Surgery) now offers dedicated virtual appointment times for single homeless and rough sleepers from Milestone House (Emergency Accommodation) and the Homeless Paramedic operates clinic sessions from there.**

**The dedicated Community Psychiatric Nurse alongside Housing Link workers who operate as part of the drug and alcohol treatment service - work directly with the rough sleeper and homeless community – delivered by Derbyshire Healthcare NHS Foundation Trust.”**

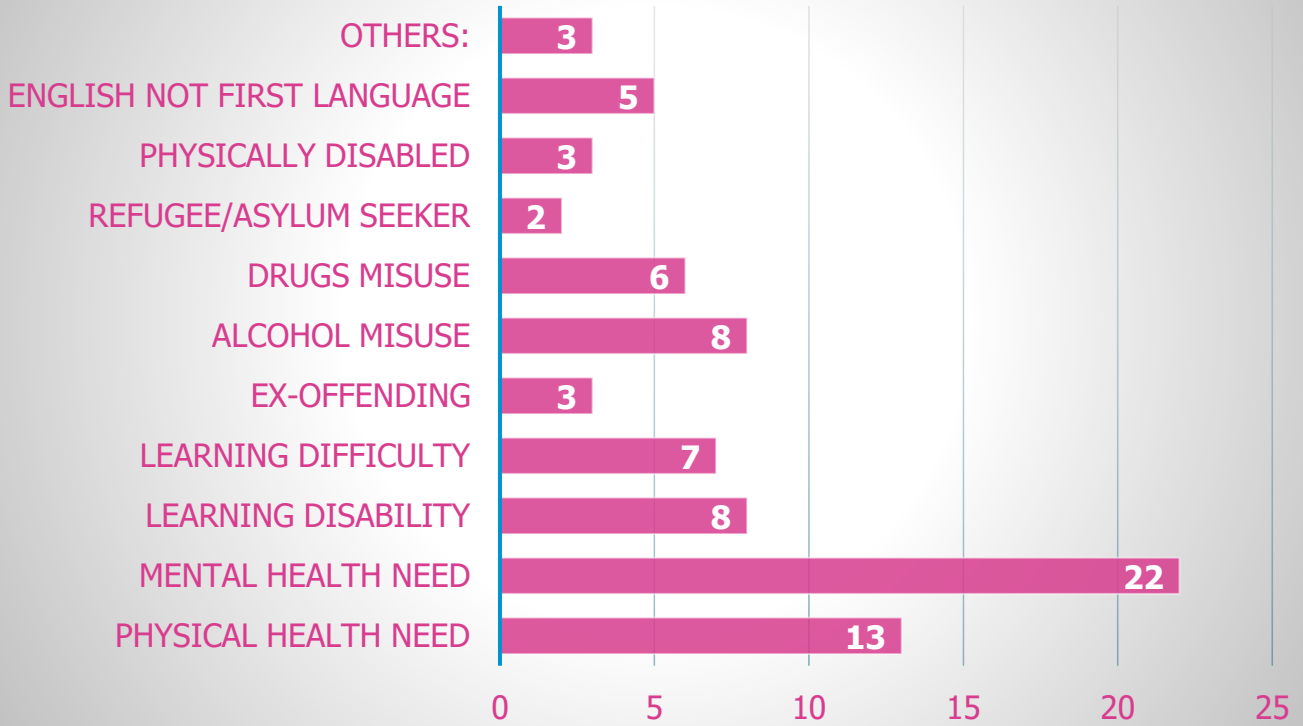
**- Derby Homes Limited, Nov 2021**

## Who we spoke to:

The Healthwatch Derby survey was open between 16/08/21 and 05/09/21. 51 people completed the survey. Below is the monitoring information that was given.

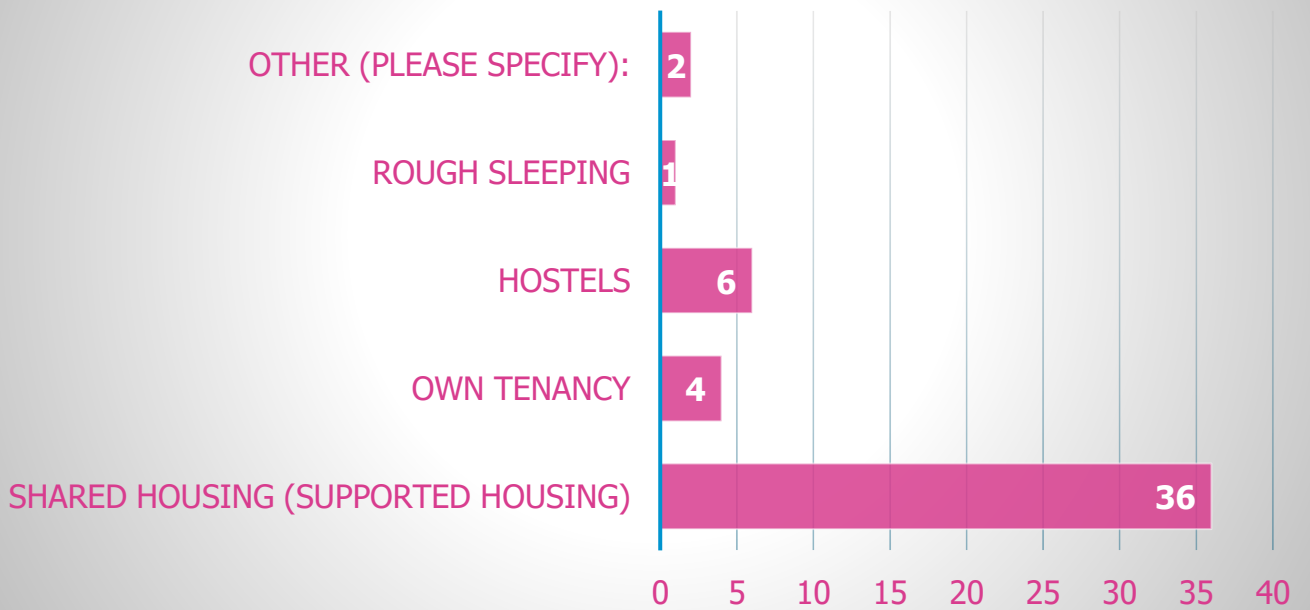


### Support Needs



Others: Daily Home Care Help, Colostomy bag due to bowel cancer since 2006, not fully diagnosed autism and adhd.

### How would you describe your current housing situation



Others: Living in private rented accommodation which is in poor condition. The landlord get paid directly though Housing Benefit and ymca accommodation services.

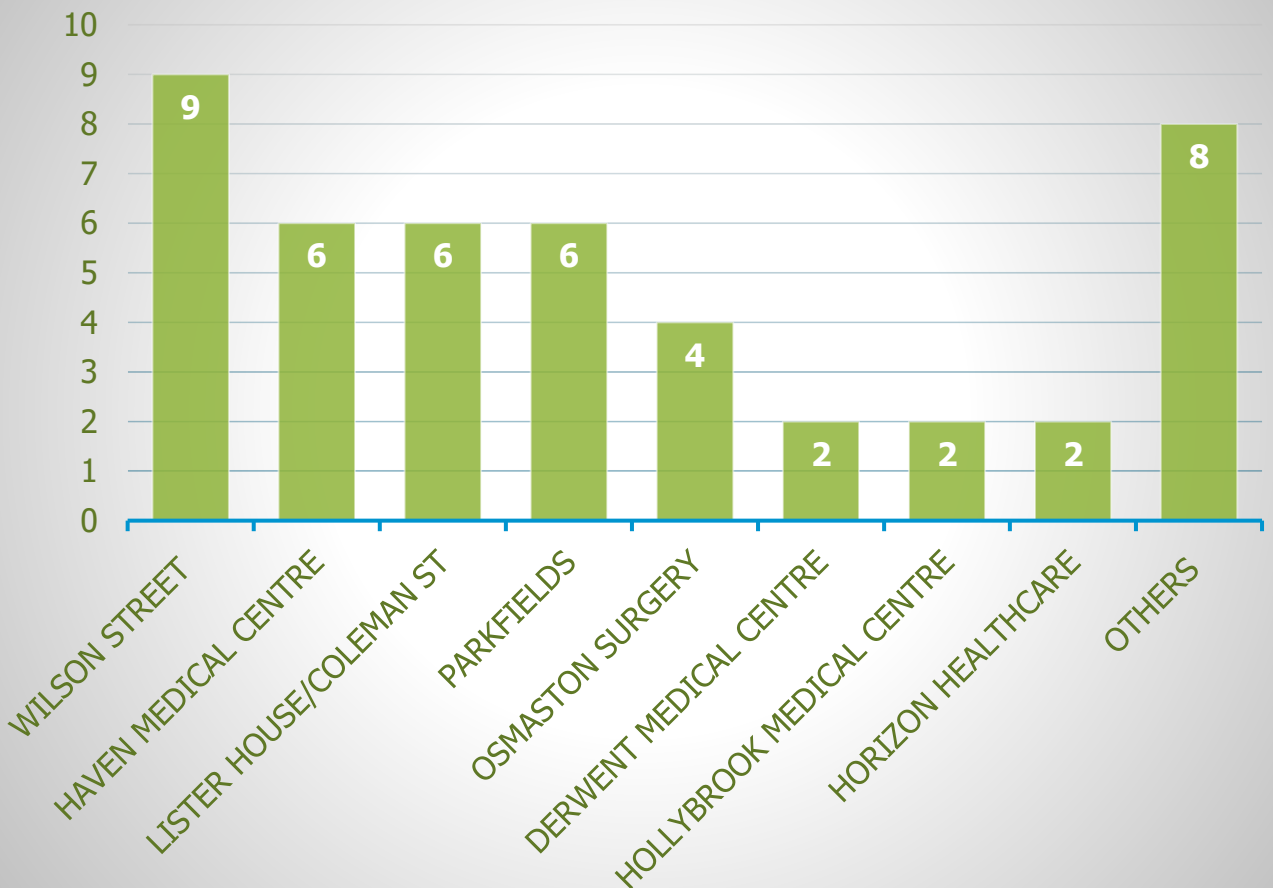
## Primary Care - GP

50% of 48 respondents stated they had used a GP in the last year.

96% of 45 respondents stated that they are registered with a GP. This is an 8% increase from the same question asked in the 2019 report, however the previous report did include respondents from both Derby City and Derbyshire County.

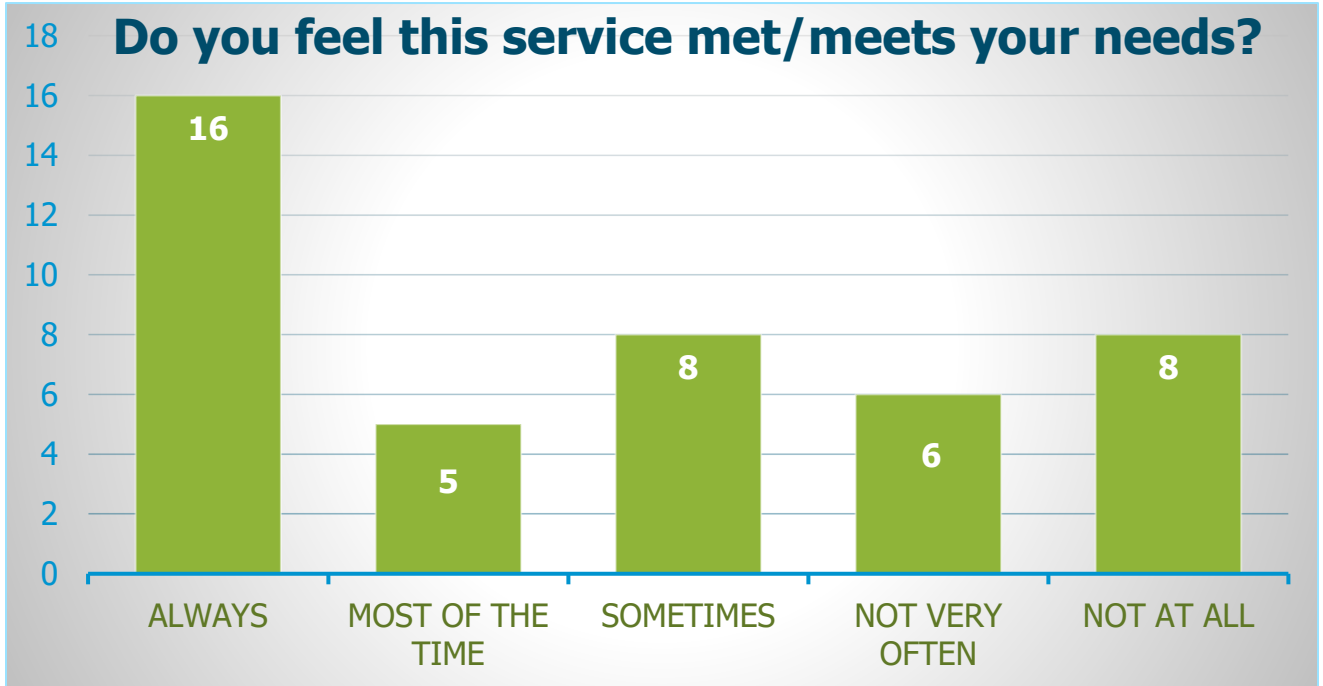
The two respondents who were not registered with a GP did not state any reasons as to why.

### Which GP are you registered with?



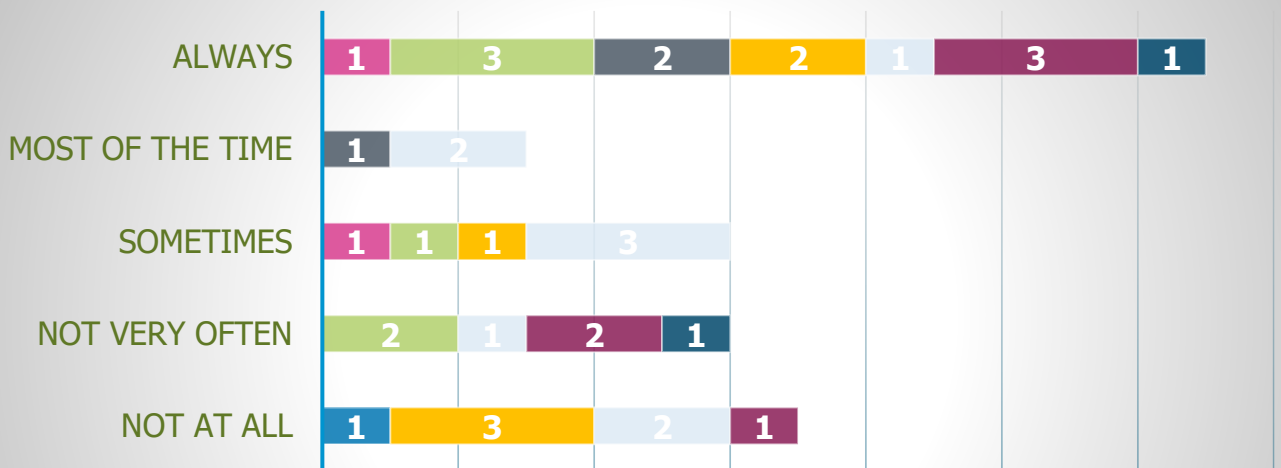
Others include individual registrations with: Brooke medical centre, Keldholme Lane, Macklin Street, Mayfield Road, Normanton Medical centre, Village Street Surgery and Parkfield Surgery. N.B – the “Parkfields” mentioned in the main chart does not indicate which surgery this is.

## Primary Care - GP



- 49% of respondents reacted positively about their GP, rating them as “most of the time” or “always” meeting their needs.
- 19% of people spoken to felt their GP service met their needs “sometimes”
- 33% of respondents reacted negatively about their GP, rating them as “not very often” or “not at all” meeting their needs.

### Breakdown on main GPs



- Hollybrook Medical Centre
- Lister House/Colman St
- Parkfields
- Haven Medical Centre
- Horizon Healthcare
- Osmaston Surgery
- Wilson Street
- Derwent Medical Centre



## Primary Care - GP

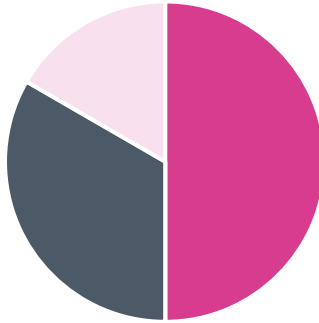
### Do you feel this service met/meets your needs?

#### Breakdown of main GP's

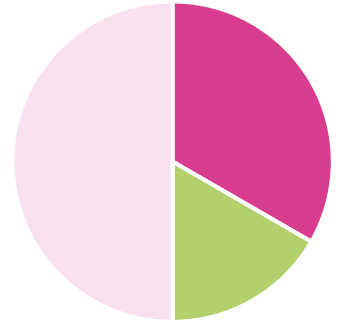
Wilson Street



Haven Medical Centre

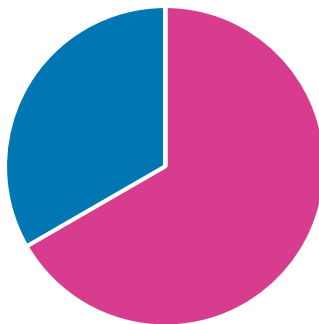


Parkfields

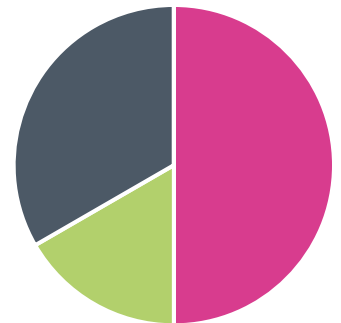


- Always
- Most of the time
- Sometimes
- Not very often
- Not at all

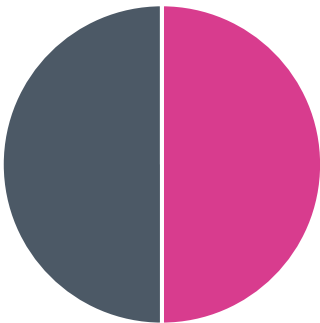
Osmaston Surgery



Lister House/Coleman St



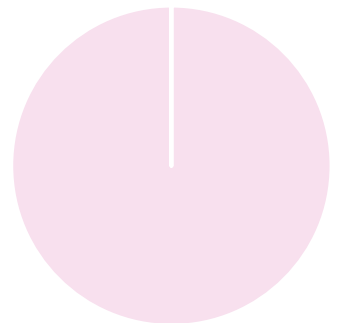
Derwent Medical Centre



Hollybrook

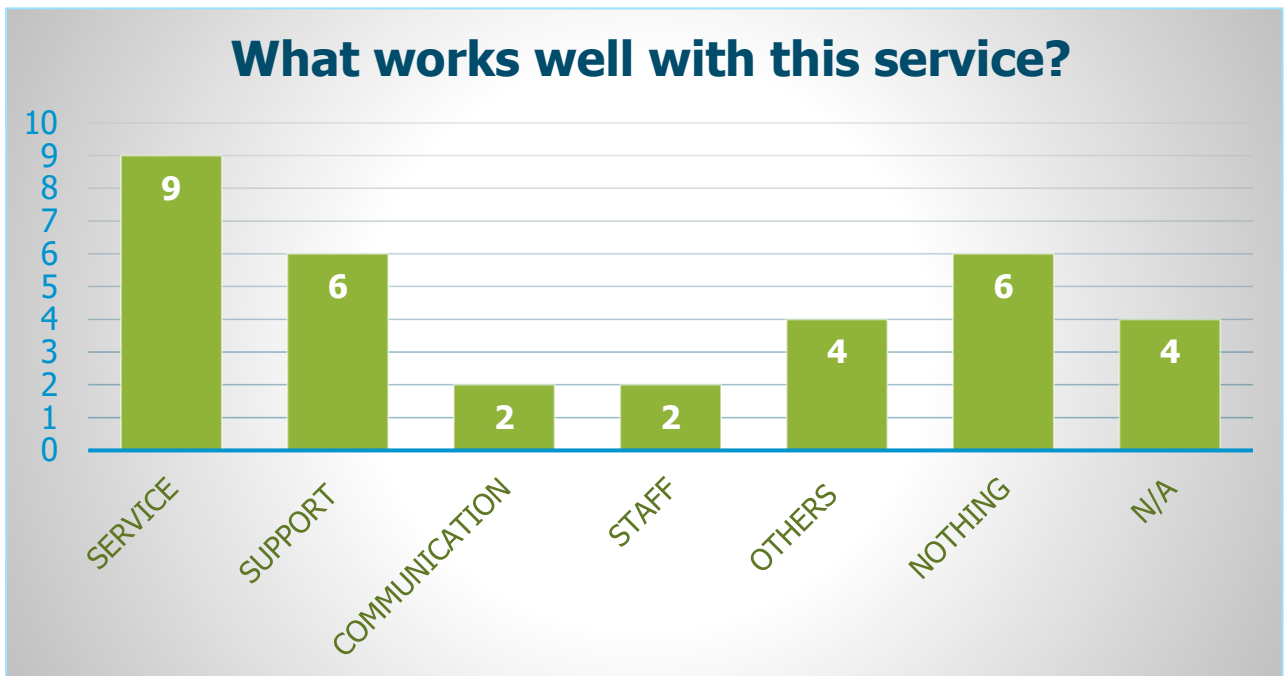


Horizon Healthcare



This is a breakdown by the 8 main GP's named whether respondents felt that the GP service they accessed there met/meets their needs.

## Primary Care - GP



### Key messages

The main themes that respondents said worked well were:

- The overall service, support and help.

Other areas mentions were:

- Communication and staff.

Others - there were individual comments around:

- Environment, access, consultations and waiting times.

There were 6 negative comments around 'nothing' working well. 4 comments were unknown in sentiment.



**"I feel I can easily access the service."**

**"Help and support with my medication."**

**"Works fine for me."**

**"They listen"**

**"Receptionists very helpful - always call back when they say they will"**

**"The way they help you."**

**"It good because I'm not waiting long"**

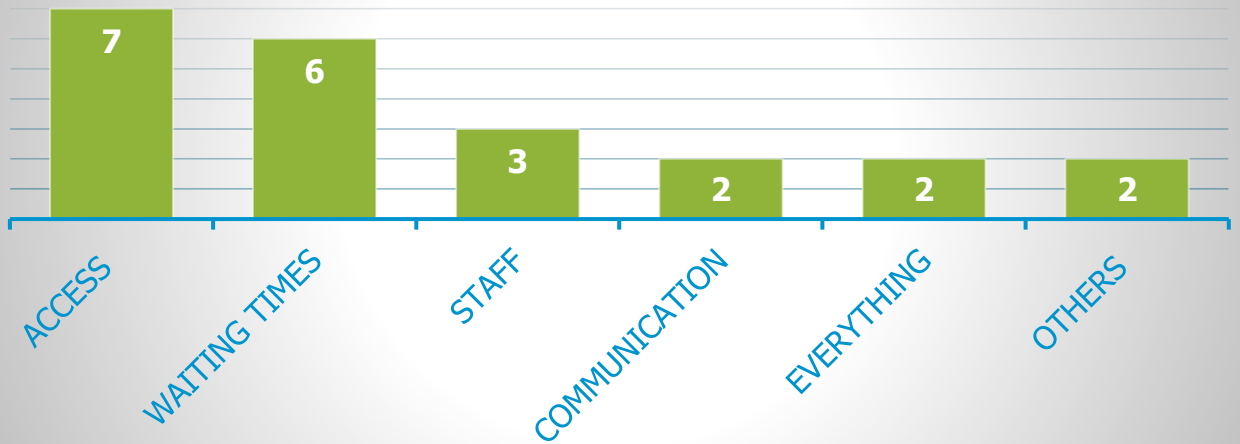
**"They help with supporting my health needs"**

**"Friendly and approachable and really helpful "**



## Primary Care - GP

### What could be improved with this service?



#### Key Messages (comments have been broken down to identify themes)

15 peoples stated that "nothing" could be done to improve services

The key areas of improvement spoken about were:

- Access in regards to increasing face to face appointments, more appointments in general and 1 person raised issues around access due to not having technology/phone to be able to contact the service.
- Waiting times in regards to general waiting times, improving waiting times when contacting by phone and more remote telephone consultations.

Other areas spoken about were:

- Staff in regards to the respondent feeling looked down on and wanting more compassion and understanding.
- Communication in regards to listening more, and also improving communication between clinical staff.

There was 1 individual comment around treatment.

"I don't have a phone, smart phone or access to IT and making an appt is not always easy. Feel the staff look down on me. May not be the case, but this is how I feel."

"It would be nice if medical staff sometimes can come see me face to face. It would be nice when telephoning the service the phone is answered quickly."

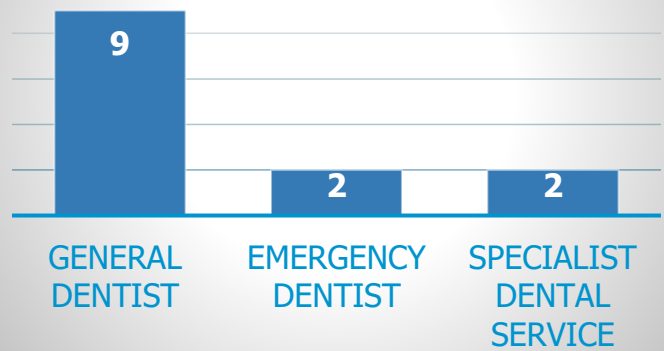
"There is also a lack of communication from the reception staff and the clinical staff as I had spoken to reception staff multiple times to rectify the issues and this was not passed on. This lack of empathy and understanding has made me reluctant to seek help from the GP"

## Dental Services

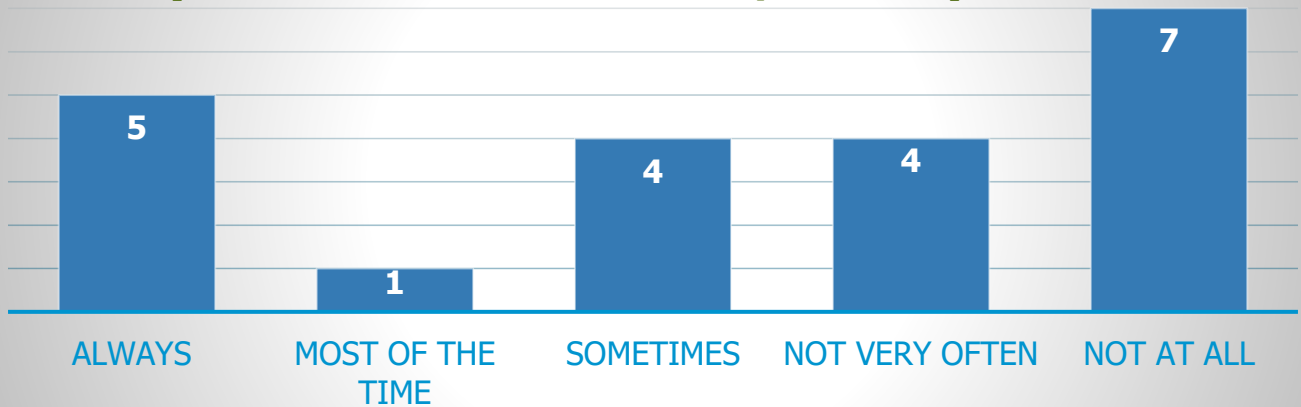
**29% of 48 respondents stated that they had used a dental service in the past year.**

Of these 14 people, 13 answered the following question as to which dental service and 69% of these said they had used a general dentist. Others used an emergency dentist or specialist dentist.

### If Yes, which type of Dentist?



### Do you feel this service met/meets your needs?



- 52% of people feel that their needs are met "Not at all" or "Not very often"
- 19% of people feel that their needs are "Sometimes" met.
- 29% of people feel that their needs are met "Always" or "Most of the time".

#### Observation:

In relation to the question "If Yes, which type of Dentist?" 2 people responded "general dentist" in relation to the services offered at Safe Space and Coleman Street, where the providers here are commissioned as specialist dental services. It is noted that there is possibly a misunderstanding of the different types of dental services offered.

1 person also mentioned not being registered with a dentist where now there is no formal "registration" process within dental services. Dental systems have changed recently in Derby and this may suggest a learning need for providers however it would be need to be looked into in more detail to assert to whom and specifically what about.

Dental services at Safe Space were used twice, and the 6 other individual providers listed were Normanton Dental, Cunningtong & Associate, Heanor, Bupa Dental Care, My Dentist London Road and Etwall dental service.

## Dental Services

### What works well with this service?

The positive areas that were spoken about were:

- Overall services.

There were individual positive messages around communication, treatment and waiting times.



**"My needs were met."**

**"Doing the job properly"**

**"On time, efficient"**

**"Explain to you what needs to be done  
and act on if they see any problems"**



### What could be improved with this service?

- There were 2 comments about services changing or cancelling appointments.
- 3 comments stating "nothing"
- 1 comment regarding staff attitudes towards service users



**"if they stopped changing appointments"**

**"Felt they looked down on me. Cancelled the appt time  
as dentist was having to isolate due to covid"**



## Drug or Alcohol Services

**29% of 48 respondents stated that they had used a drug or alcohol service in the past year.**

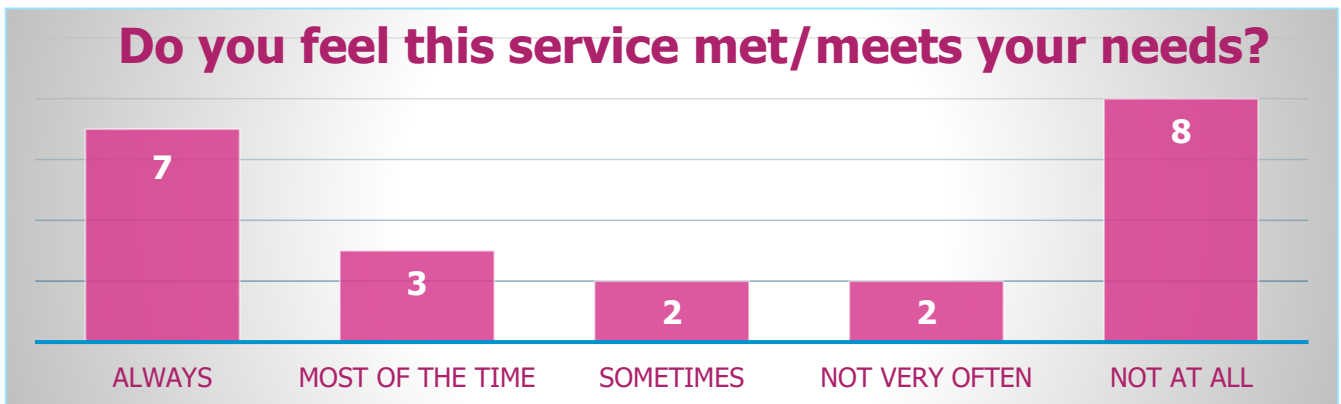
All 14 of these respondents answered the following question as to which type of service and these were quite evenly varied, as displayed.



## What is the location of the service?

**11 respondents answered this question, with 45% stating 'Derby' or 'Derby City' as the location.**

2 respondents stated each of 'Derby London Road' and 'St Andrews'. The St Andrews service is located on London Road, but it is not definitive that both sets of responses mean St Andrews. Individual responses were made for 'Aquarius' and 'Derby Drug and Alcohol Services'.

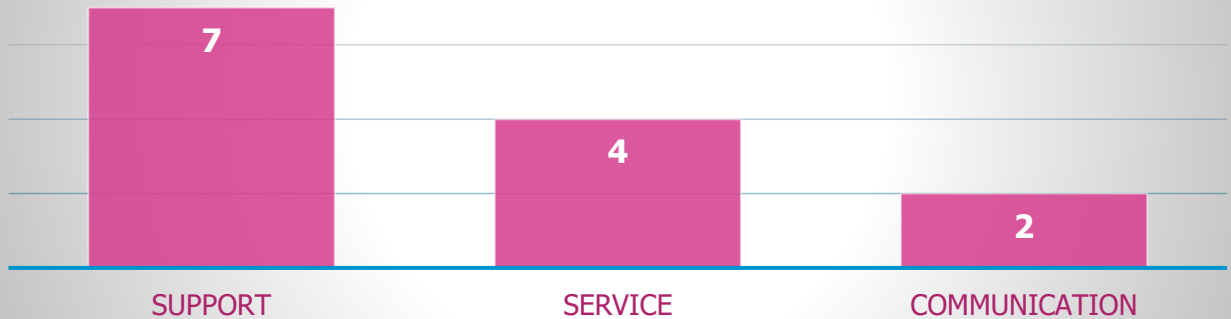


**Overall the sentiment is mixed. 22 respondents answered this question.**

- Just over 45% of people feel that their needs are met "Always" or "Most of the time" and the same amount of people feel that their needs are met "Not very often" or "Not at all".
- 9% of people feel that their needs are met "Sometimes".

## Drug or Alcohol Services

### What works well with this service?



13 respondents answered this question and their comments have been broken down to identify themes. Some comments were regarding improvements and so these comments have been included on the following page under 'What could be improved with this service?'.

#### Key messages:

The overall theme in regards to what works well was in regards to the support that was given:

- Continuity of the support services with workers.
- Telephone consultations and regular face to face support.

Other areas mentioned were:

- Overall Service
- Communication



**"Regular contact with the alcohol practitioner"**

**"They write a script and all I do is collect my medication from the pharmacy."**

**"When I have regular telephony consultations."**

**"I Have a good appointed drug worker who sees me regularly face to face."**

**"I get adequate support some of the time."**

**"Good Communication"**

**"Everything is good and help me"**

**"Regular telephone consultations with keyworker"**



## Drug or Alcohol Services

### What could be improved with this service?



#### Key messages:

- 42% of comments stated that nothing could be improved or that all was fine with the service.

The main area in which respondents would like to see improvements made, was face to face appointments.

Other individual areas mentioned were:

- Improved communication and joined up working between services
- Waiting times
- A more holistic approach



**"Good enough for my needs and am satisfied."**

**"Fine as it is."**

**"Services need to talk to each other and hey don't. My life is spiraling, and I am causing a lot of grief for my family and it feels like the services don't care. No way of looking at my full picture. They work in their own boxes."**

**"More face to face support"**

**"Little support to wean me off this stuff, get me into employments, deal with my anxiety. I am on a conveyer belt. Feel like I am on this prescription for life and no intervention to get my life on track."**

**"The service will be best once again when the alcohol practitioner resumes her drop in sessions regularly face to face."**

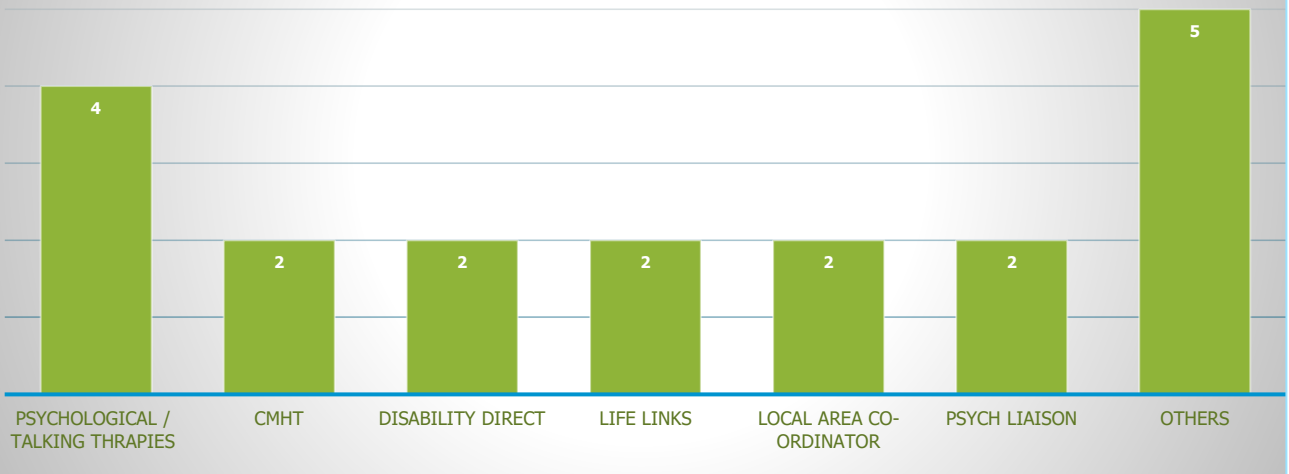




## Mental Health Services

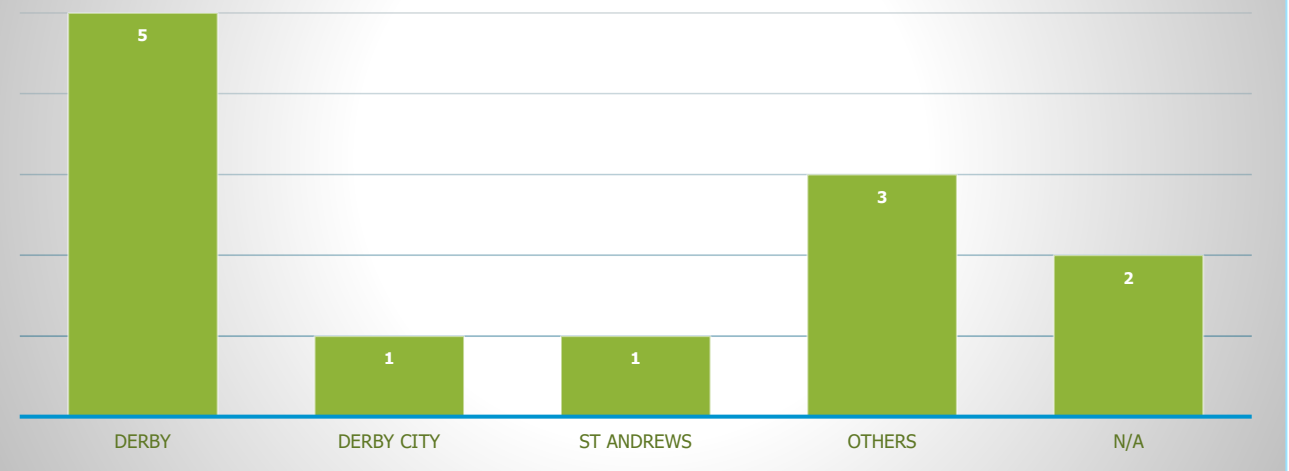
22% of 49 respondents stated they had used a mental health service in the last year.

### What type of service was this?



Others included: Prisons, YMCA counselling, social care, Medication and Ilkeston Resource Centre

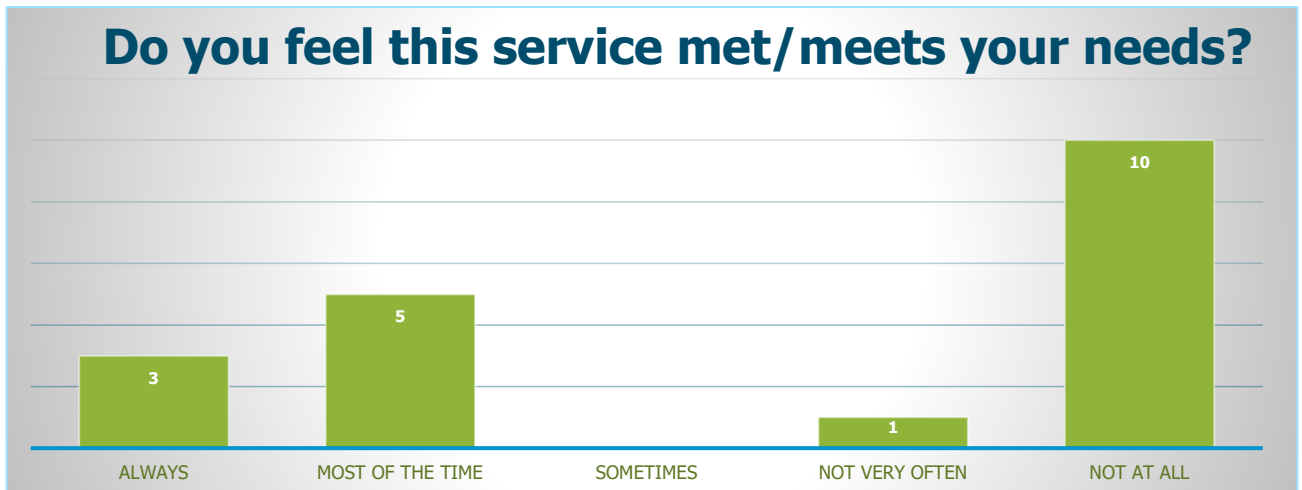
### What was the location of the service?



Of the 11 people who had stated they used a mental health service, 9 people gave further responses as above. Others included: Devon, Doncaster and Scunthorpe and were all used by the same respondent.

## Mental Health Services

### Do you feel this service met/meets your needs?



19 people answered this question and 58% did not feel that the mental health service that they accessed did not met their needs.

### What works well with this service?

11 people answered this question.

4 people left positive comments saying they felt the service was quick once referred, there was good communication, they involved the patients and felt that there was an understanding of their mental health.

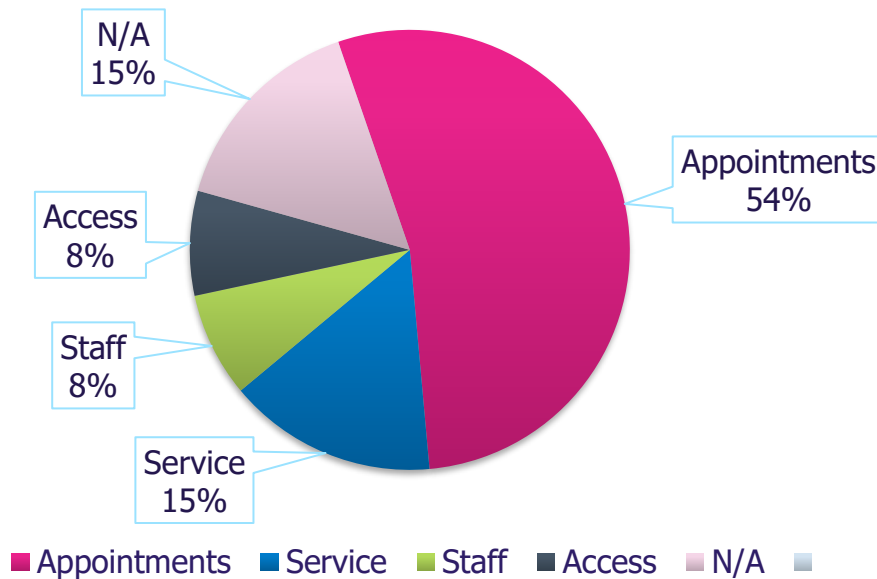
4 people left negative comments saying that nothing worked well, or that "the services dont want to know".

2 people were waiting on their appointments.

1 person wrote N/A.

## Mental Health Services

### What could be improved with this service?



12 people answered this question.

#### The key theme was appointments:

- Shorter waiting time for appointments, and support while waiting
- Option to extend the amount of sessions

There were individual comments around:

#### Service:

- "Services need to talk with each other"
- "act on things they said they would do"

#### Staff:

- "Accident and Emergency staff should be strictly reprimanded when they cause more distress to a patient presenting with suicidal and intrusive thoughts"

#### Access:

- "Better internet connection"

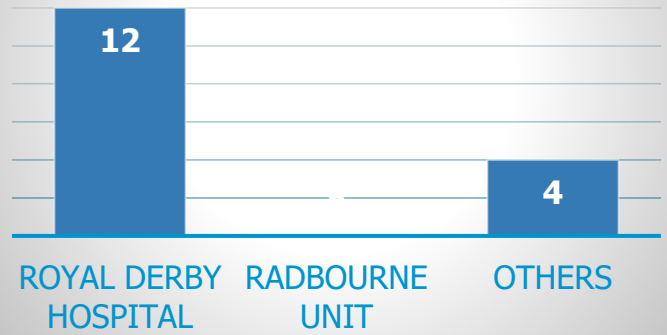
## Hospital Discharge (including A&E)

**34% of 47 respondents stated that they had been discharged from hospital in the past year.**

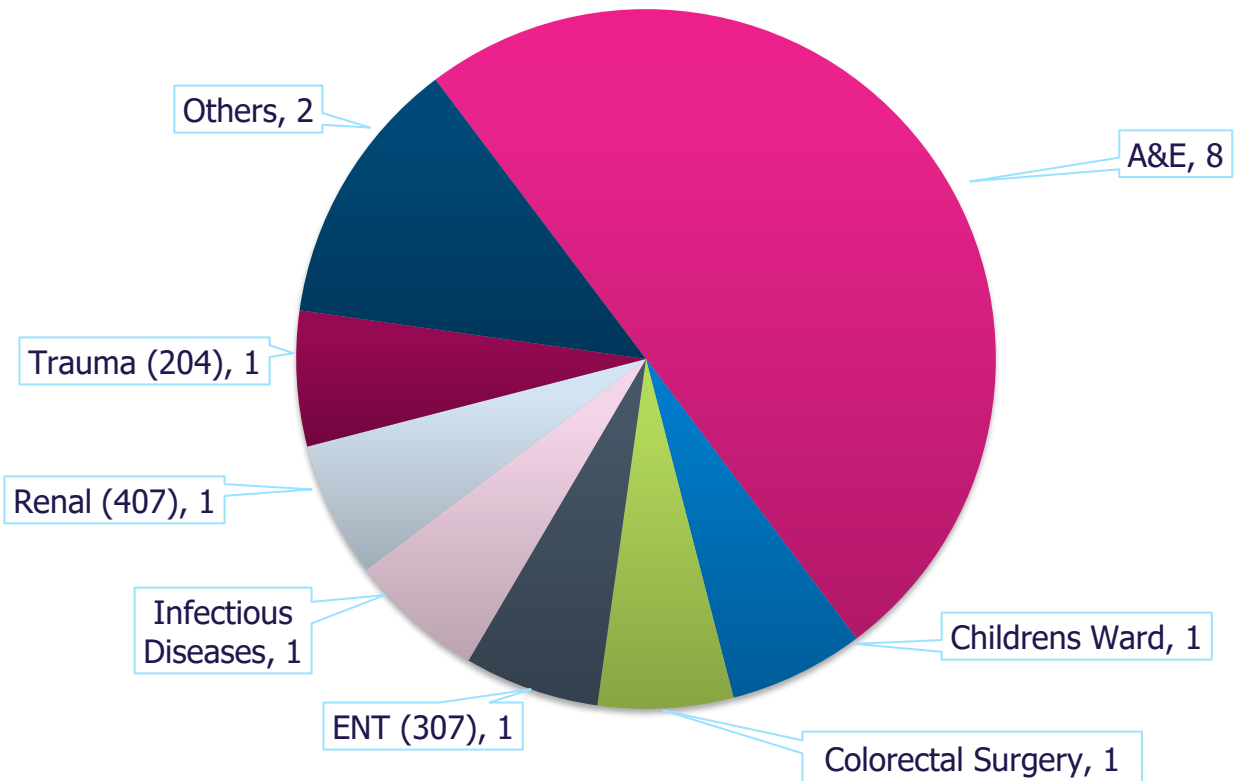
Of these 47 people, 16 answered the following question as to which hospital they had attended and 75% of these said they had attended Royal Derby Hospital.

1 respondent stated each of Leicester General Hospital and Nottingham City Hospital. 1 respondent stated "A&E" but did not state where, and 1 respondent left no further information.

### Which hospital did you attend?



### Which department/ward?



**50% of 16 responses stated that they had been discharged from A&E.**

Others not included in the breakdown on the chart were individual responses saying 'no' and 'Heartland'.

## Hospital Discharge (including A&E)

### When you left the hospital – did you feel 'ready' or 'prepared' to be discharged from the hospital?

**66% of 18 respondents stated "YES", that they felt ready to be discharged.**

8 respondents left further comments, although it is not possible to distinguish whether these respondents had stated yes or no to the question. Therefore, below are the comments for transparency.

#### "Heart problems"



**"Completed my alcohol detox and my health scans etcetera."**

**"I was hobbling around the hospital trying to find my taxi"**

**"I even expressed to staff, A&E/Psych Liaison, that I would leave the hospital and immediately attempt to take my life and was still discharged and told to come back when I had caused harm to myself."**

**"I was unconscious, I did not understand what they say to me"**

**"I was sent to hospital after having a non-epileptic seizure was kept for 8 hours to receive information on what to do and what not to do"**

**"He did not get the support from his accommodation"**

**"Weekly visits from the stoma nurse to help manage my condition."**



## Hospital Discharge (including A&E)

### When being discharged – was it explained properly to you?

**66% of 15 respondents stated "YES", that they felt their discharge had been explained properly to them.**

**20% of respondents stated "NO", and the remainder stated "UNSURE".**

5 respondents left further comments with mixed sentiments, that either no explanation was given or that an explanation was given but that it wasn't clear and they didn't understand it.

### Was any support arranged for you while you were in hospital before you left?

**69% of 16 respondents stated "NO", that support was not arranged for them before they left hospital.**

6 respondents left further comments, although it is not possible to distinguish whether these respondents had stated yes or no to the question. Therefore, below are the comments for transparency.



**"I did not have my medication"**

**"was living at the ymca"**

**"Police which escorted me to the hospital flagged up that I was of no fixed abode yet this didn't change anything or give me any extra support. I am only in supported accomodation now due to Reed's partnership with the Job Centre referred me to Shelter who arranged homeless support on my behalf many months later."**

**"no"**

**"Family contact before I left"**

**"Discharged to emergency B&B accommodation."**



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## Hospital Discharge (including A&E)

### What could be improved?

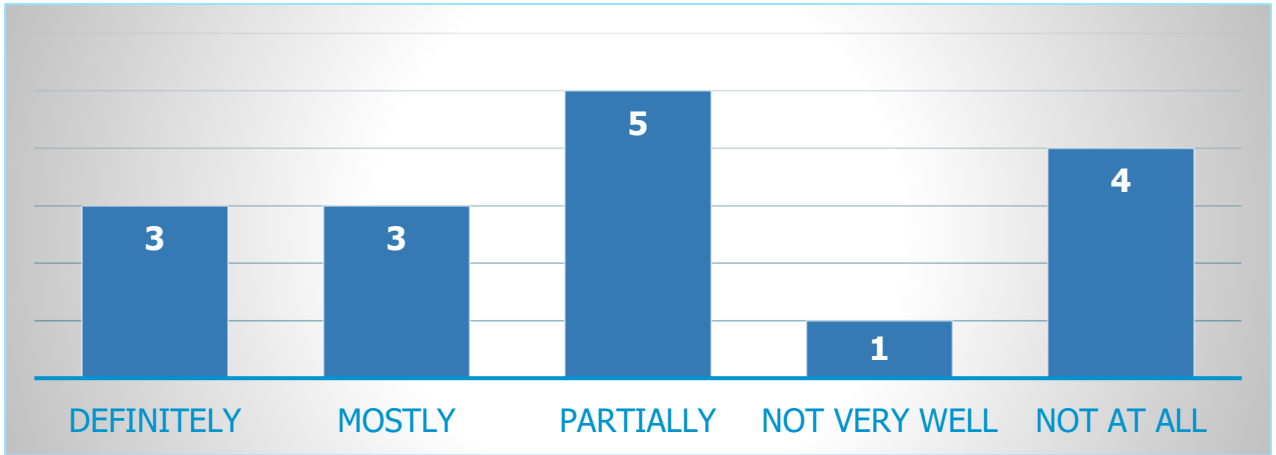
**7 people answered this question, and 2 of these stated the main thing that could be improved upon is transport to get home.**

Other individual comments mentioned being able to be discharged to more suitable accommodation, the time it took waiting to be discharged, and the option to have more reviews with patients experiencing mental health issues.

2 people answered "I don't know".

## Hospital Discharge (including A&E)

### Do you feel that your needs were met?



The sentiment of the answers was mixed, however overall 69% of 16 respondents felt their needs had been met at least partially.

### What worked well?

Of the 11 responses to this question, 6 were negative comments stating 'nothing' or 'not much' working well with the discharge or "I don't know".

Other individual comments are listed below:



"Aftercare provision explained."

"they explained very well with why they couldnt help"

"Medical supplies & medications issued to manage my condition."

"Self discharged."

"Happy to come back to my accommodation"





## Homelessness Paramedic Services

**3 out of 44 respondents stated that they had used the homelessness paramedic service in the last year, however 9 people answered the question "Do you feel this service met/meets your needs?".**

8 out of these 9 said that the service met their needs "Not very often" or "Not at all" and 1 said "Most of the time".

### What works well with this service?

**2 respondents left further comments.**



**Regular Appointments**

**It was good**



### What could be improved with this service?

**1 person answered this question and said nothing could be improved.**

## **Would you like to give any other comments about any other health or social care services you have used over the past year?**

**5 people left individual comments as below.**



**Services do not work together for single homeless men like me. They all work in boxes and I was left depressed and vulnerable. I have no money or access to a phone or smart phone. Everything is on line and with covid trying to get help is impossible.**

**Medical Trauma should be taken very seriously and I would advise the Trust to look into an inquest and collect data on patient experiences with all staff.**

**social care need to keep to promises made, camhs need to be more considerate of teenagers in need of help**

**Present accommodation provided by Padley Pathways Scheme - Keyworker support provided.**

**Support from 'the junction' (Derwentio Housing) support from Padley Pathways Housing Scheme.**



## Summary of findings

We surveyed 51 people who are experiencing homelessness in Derby City, and the majority of the respondents were under 25, male, living in supported housing and with varying support needs.

Half of respondents have used a GP within the past year, and the majority are registered with a GP. The sentiment about the service meeting their needs or not was varied dependant on the specific GP stated. The overall service and support offered was good, but improvements could be made around access and waiting times.

Just under a third of respondents have used a dental service within the past year, and the majority said that the service used was a 'general dentist'. The sentiment was split about whether the service met their needs. The overall service was good, but improvements could be made around the changing or cancelling of appointment times. There appeared to be general confusion around the dental services provided.

Just under a third of respondents have used a drug or alcohol service within the past year, and these are split quite evenly over several providers. The sentiment was split about whether the service met their needs. The support and overall service received was good, but improvements could be made around face to face appointments.

Just over a fifth of respondents have used a mental health service within the past year, and these are split quite evenly over several providers located within Derby. Just over half of respondents did not feel that the service met their needs. There were individual comments left regarding what worked well, however over half of the comments around improvements were about waiting times and amount of appointments.

Just over a third of respondents have been discharged from hospital within the past year and three quarters of these were from Derby Royal Hospital. Half of these were discharged from A&E. The majority of respondents had felt ready to be discharged, and that it had been clearly explained to them. The majority of respondents however did not feel that they had appropriate support arranged for them before they left, and there were individual comments as to what improvements could have been made. Just over two thirds of respondents said that their needs had been met overall.

Only a few respondents had used the homelessness paramedic service within the past year and we were unable to split the sentiment of the responses around whether this service met their needs, however only two further comments were left and these were both positive.

**Healthwatch Derby would like to thank all that took part in the project.**

## Comments from providers

Thank you for your email below and the Healthwatch Derby report 'Experiences of Health and Social Care services for people who are homeless or living in temporary accommodation – 2021'.

It is good to read that the overall service was good, but improvements could be made around the changing or cancelling of appointment times; this could be due to a number of factors such as staff isolating.

The report does also seem to pick up general confusion around the NHS dental services provided rather than a lack of access. However, with the impacts of the pandemic on NHS dentistry, it would be beneficial to obtain an updated oral health needs assessment for Derbyshire with a view to including the needs of the homeless cohort so that we can understand the needs for this group in order to plan health improvement work with the local authorities.

Hope this helps

Many thanks

Senior Commissioning Manager – Primary Care Dental Services (East)  
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It would be useful to have further break down of which element of the service they accessed ( ie separated into drugs and alcohol ) but looking at the data I'm not sure this is possible.

The main response would be in regard to facilitating face to face appointments – we have been significantly restricted during covid due to maintaining covid security guidance which has consequently meant a significant reduction in footfall and the frequency of face to face appointments. Video appointments having been challenging to implement during the pandemic due to our service users having barriers in accessing the internet on smartphones and other IT devices.





It be useful if we could share the drug and alcohol outcomes prior to release of the report.

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