



## HEALTH AND HOMELESSNESS

ACTION PLAN  
2011 – 2012



February, 2011

## **Introduction and background**

### ***Policy Context***

Health and Homelessness Standards (Scottish Executive, 2005) were issued to NHS Boards in September 2005 as part of the drive to improve the health and wellbeing of homeless people. This has also been highlighted in Equally Well (Scottish Government, 2008), the national strategy to tackle Health Inequalities. The Government has also set an ambitious target to tackle homelessness by abolishing priority need for housing by 2012, giving all unintentionally homeless people the right to permanent accommodation.

### **Legislative Background**

The legislative framework impacting on homelessness has dramatically changed over the last five years with two major pieces of legislation being implemented which governs the way in which Local Authorities and partners respond to homelessness within their area. The Scottish Executive appointed the Homelessness Task Force in August 1999 with the following terms of reference:

“To review the cases and nature of homelessness in Scotland; to examine current practice in dealing with cases of homelessness; and to take recommendations on how homelessness can best be prevented and, where it does occur, tackled effectively.”

The two pieces of legislation which were introduced following the above were the Housing (Scotland) Act 2001 and the Homelessness etc (Scotland) Act 2003.

## Single Outcome Agreements

Each of the 3 Ayrshire Local Authorities has signed a Single Outcome Agreement with the Scottish Government, that commits priority to the Government's national outcomes.

There are 6 outcomes which will be influenced by this Health and Homelessness Action Plan, namely

- Our children have the best start in life and are ready to succeed
- We live longer, healthier lives
- We have tackled the significant inequalities in Scottish society
- We have improved the life chances for children, young people and families at risk
- We live in well designed, sustainable places where we are able to access the amenities and services we need
- Our public services are high quality, continually improving, efficient and responsive to local people's needs

## Homelessness Strategies

The Homelessness Strategy of each authority provides a comprehensive overview of the level and extent of homelessness within the area. These can be viewed on local authority websites.

There are over 3000 homelessness presentations across Ayrshire & Arran in any given year with the figures below indicating the profile in each of the localities for 2009/10:

	East Ayrshire	North Ayrshire	South Ayrshire	Total
Homeless presentations	827	1066	867	2760
Number Assessed as homeless/potentially homeless	670	874	634	2178
Number assessed as repeat homeless (previously homeless in last 12 months)	58	105	56	219

In developing these strategies we recognised that many households presenting as homeless face particular problems because they are unable to easily access primary health care. Homelessness has exacerbated existing issues and often causes the development of new health problems. A health and homelessness needs assessment completed in 2004 helped identify the challenges faced in improving the health of homeless people.

### ***Development of Action Plan***

All NHS Boards in Scotland are required to develop Health and Homelessness Action Plans, in partnership with local authorities, community and voluntary organisations, homeless people and current service users. The Health and Homelessness Action Plan will form an integral part of the Local Delivery Plan and create effective linkages with Local Authorities' homelessness strategies and current strategies of NHS Ayrshire & Arran on a wide range of topics. The Homeless Monitoring Group (Scottish Government, 2008) emphasised the need for community planning partners to prioritise joint working on homelessness in the development of their Single Outcome Agreements and other relevant plans and strategies. All current strategies and plans should include reference to, and plans to address, health and homelessness.

This revised Action Plan will be for one year covering 2011-2012, as a result of the work that is being taken forward nationally in conjunction with NHS Health Scotland Equality Team. This will inform the future direction for health and homelessness and is being supported by the Scottish Government. The plan will be reviewed at the end of March 2012 and will report directly to the Officer Locality Groups (Adults) as a sub group of the Community Health Partnership Committees. It has been developed in conjunction with key stakeholders who participated in a consultation event in November 2010 as well as having taken account of the recommendations of the Single Homelessness Addictions Project Evaluation (SHAPE) report and is set in the context of the Health & Homelessness Standards. The full SHAPE Action Plan is appended. The Health and Homelessness Action Plan is produced as part of the community planning process linking the work of health and social care professionals and encouraging greater opportunities to consider joint initiatives, investment and evaluation of measures taken to improve health. Each Community Health Partnership area has responsibility for the implementation of the Action Plan at local level.

There has been good progress against the Health and Homelessness Standards in Ayrshire & Arran with compliance being at 98%. (Scottish Government, 2006) but significant challenges remain in respect of the health and wellbeing of homeless people and the Action Plan seeks to address the health needs of this vulnerable population in order to improve health and reduce inequalities.

Draft

**Standard 1:**  
**The NHS Board's Governance systems provide a framework in which improved health outcomes for homeless people are planned, delivered and sustained.**

**Objective:** To ensure that NHS Ayrshire and Arran is able to demonstrate corporate buy-in and support for the policy, and to ensure that implementation is being driven at a senior management level.

	<b>Actions</b>	<b>Milestones</b>	<b>Resources</b>	<b>Timescale</b>	<b>Performance (Measures) Outcomes</b>	<b>Lead/Partners</b>
	<b>Ayrshire-wide Actions</b>					
A.1	<p>Review existing relevant NHS and Local Authority service strategies for inclusion of homelessness issues.</p> <p>Identify possibilities for linking homelessness issues into existing and new plans.</p>	<p>Identify service strategies that require the inclusion of homelessness issues to ensure the proactive inclusion of homeless people.</p> <p>Ensure that homelessness issues are included in Children's Services Plans, Community Plans and Single Outcome Agreements.</p>	<p>Within current NHS and LA resources</p>	<p>March 2012 &amp; annually</p>	<p>The health needs of homeless people are incorporated into relevant strategic planning frameworks, which also reflect the common aims of the Health and Homelessness Action Plan.</p> <p>Homelessness issues included in Community Plans, Children's Services Plans and all associated Plans and Strategies.</p>	<p><b>HaHAPIG</b>                      NHS, LAs and Partners</p>

**Standard 2:**

**The NHS Board takes an active role, in partnership with relevant agencies, to prevent and alleviate homelessness.**

**Objective:** To demonstrate that NHS Ayrshire and Arran are working with, and learning from those agencies that also have important roles in the lives of homeless people.

<b>B</b>	<b>Actions</b>	<b>Milestones</b>	<b>Resources</b>	<b>Timescale</b>	<b>Performance Outcomes</b>	<b>Lead/Partners</b>
<b>Ayrshire-wide Actions</b>						
B.1	A multi-agency Ayrshire-wide Health and Homelessness Action Plan Implementation Group meets regularly to achieve and implement the Health and Homelessness Standards.	Group meets regularly to progress and review the Action Plan.	Within current NHS and LA resources.	March 2012 & annually	NHS Ayrshire and Arran plays a leading role in a partnership group comprising voluntary and statutory sector partners, focused around Community Health Partnerships, which drives activities in relation to health and homelessness.	<b>HaHAPIG</b>
B.2	NHS Ayrshire and Arran supports partnership working by ensuring that Standard 2 is appropriately resourced.	Fund dedicated Public Health Nurses within East, North & South Ayrshire	Within existing resources  NHS and Local Authorities joint fund each of the Public Health Nurse posts.	March 2012	Dedicated resources allocated for health and homelessness 2011 – 2012  Joint agreement on permanent funding for the three Public Health Nurse posts finalised.  Liaise with Director of Public Health to secure permanent funding for South Ayrshire post	<b>HaHAPIG</b>  CHP Officer Locality Groups (for information)  Chair of HAHAPIG

	<b>Actions</b>	<b>Milestones</b>	<b>Resources</b>	<b>Timescale</b>	<b>Performance (Measures) Outcomes</b>	<b>Lead/Partners</b>
B.3	The NHS will work in partnership with partner organisations in the voluntary, statutory and private sectors to improve the health of homeless people.	Public Health Nurses engage and facilitate health improvement with partners in all relevant sectors.	Within existing resources	March 2012	Evidence of co-ordination between services to maximise opportunities for homeless people to access services e.g. with Mental Health services and Addiction Services.  Evidence of needs of homeless people taken into account in the development of new health care services e.g. Bowel Screening and immunisation programmes such as the Human Papilloma Virus (HPV) for young women in the prevention of cervical cancer.	Agreed links to CHP &/or CPP structures in respective localities  <b>Public Health Nurses for Homelessness</b>
B.4	Integrate the Health and Homeless Liberation Protocol for people leaving prison(s) with Prison Health Throughcare arrangements	Health and Homelessness Liberation protocol implemented as part of the NHS Prison Healthcare Transfer	Within current resources.	March 2012	Evidence of implementation of Health and Homeless Liberation Protocol	<b>HaHAPIG</b> Linking to Serco/Serco Health.
B.5	CHPs are effectively engaged in the implementation and delivery of the Local Authority(ies) Homelessness Strategy(ies).	Maintain mechanisms for engagement with each of the Local Authorities	Within current NHS resources	Ongoing	Each CHP engages in the implementation and delivery of their Local Authority Homelessness Strategy.	<b>HaHAPIG</b>

	Actions	Milestones	Resources	Timescale	Performance (Measures) Outcomes	Lead/Partners
B.6	Routine enquiry on gender based violence will be developed within health assessments carried out by Public Health Nurses for homelessness.	Identification, assessment and referral to relevant services for homeless population who experience gender based violence	Within current resources	March 2011	Appropriate links established with homelessness through the implementation of the Gender Based Violence Action Plan (CEL 41) <sup>1</sup> .	<b>NHS A&amp;A</b>

<sup>1</sup> Gender-Based Violence Action Plan 2008 Guidance, Healthcare Policy and Strategy Directorate, Scottish Government

**Standard 3:  
The NHS Board demonstrates an understanding of the profile and health needs of homeless people across the area.**

**Objective:** To ensure that NHS Ayrshire and Arran develop and maintain an evolving body of knowledge in the health and homelessness arena.

	<b>Actions</b>	<b>Milestones</b>	<b>Resources</b>	<b>Timescale</b>	<b>Performance Outcomes</b>	<b>Lead/Partners</b>
<b>C</b>	<b>Ayrshire-wide Actions</b>					
C.1	Assess the health needs of homeless people and regularly review information to shape services.	Continuous assessment of health needs by key staff from statutory and voluntary sector.  Information collated to inform planning and service delivery to meet identified needs.	Within existing resources	March 2012	Key staff working at the local level regularly review the health and wellbeing, social care and access to services and use the information to address unmet need.	<b>HaHAPIG</b> Officer Locality Groups Public Health Nurses for Homelessness
C.2	Develop policies and processes to build on current user involvement.	Systems in place to collate service user views and feedback on health related issues.	Within current NHS and LA resources.	March 2012	Established groups that cater for homeless people will be consulted on any new relevant policies and their views will be fed back.  Evidence of innovative approaches to engaging homeless service users.	<b>HaHAPIG,</b> Officer Locality Groups, Public Health Nurses for Homelessness
C.3	Develop an agreed approach to analysing client feedback, ensuring this information is fed back into the	Adhere to policies and procedures for complaints and critical incidents.  Monitor and review	Within current NHS resources	March 2012	The NHS uses critical incident reporting and complaints procedures to inform policy and practice towards homeless people.  Complaints referred to Primary Care by Public Health Nurses regarding equity of access to	<b>HaHAPIG (Public Health Nurses)</b>

	system.	client feedback and critical incidents and complaints			services are collated and presented to the HaHAPIG.	
	<b>Actions</b>	<b>Milestones</b>	<b>Resources</b>	<b>Timescale</b>	<b>Performance Outcomes</b>	<b>Lead/Partners</b>
C.4	The NHS in partnership ensure that front line staff have relevant competencies to work effectively with homeless people and are supported to acquire further competencies as required, including in particular, anti stigma approaches.	Work with staff to identify training needs in relation to health and homelessness.  Existing training programmes utilised to maximise capacity to meet needs eg Addictions, mental health	Within current NHS and LA resources.	March 2012	Staff at the frontline of service delivery have the relevant competencies to work effectively with homeless people.  Training needs of frontline staff assessed and facilitation of relevant training will be promoted and measured.	<b>HAHAPIG</b>  LAs
C5	Review funding streams that support health and homelessness	Map existing funding and present report to HAHAPIG  Agree recommendations for future funding	Within existing NHS and LA resources	March 2012	Equitable funding agreed across Ayrshire and Arran	<b>HAHAPIG</b>
C6	NHS and LA to work together to identify alternative models of	Identify client groups that would benefit from supported	Within existing NHS and LA resources	March 2012	Proposal for supported accommodation developed.	<b>HAHAPIG</b> <b>Homeless Strategy Partnerships</b>

	supported accommodation	accommodation				
--	----------------------------	---------------	--	--	--	--

Draft

	<b>Actions</b>	<b>Milestones</b>	<b>Resources</b>	<b>Timescale</b>	<b>Performance Outcomes</b>	<b>Lead/Partners</b>
C7	Local Authority / NHS websites provide information on health and homelessness [as recommended in SHAPE report]	Websites updated to provide appropriate information and links	Within existing NHS and LA resources	March 2012	Information and links available on LA and NHS websites	<b>HAHAPIG</b>
C8	SHAPE – organise an annual event	Event held and good practice shared	Within existing NHS and LA resources	March 2012	Good practice shared and implemented	<b>HAHAPIG</b>

**Standard 4:**

**The NHS Board takes action to ensure homeless people have equitable access to the full range of health services.**

**Objective:** To break down the structural, policy based or attitudinal barriers which prevent homeless people from having their health needs met.

	<b>Actions</b>	<b>Milestones</b>	<b>Resources</b>	<b>Timescale</b>	<b>Performance Outcomes</b>	<b>Lead/Partners</b>
<b>D</b>	<b>Ayrshire-wide Actions</b>					
D.1	Provide appropriate and relevant health information to homeless people in accessible formats.	Identify areas where information and access can be improved and implement required changes.  Information disseminated in LAs at accessible points	Within current NHS resources.	Ongoing	The literacy and numeracy needs of homeless people are considered when information is developed.  Health information readily availability to homeless people	<b>Health Promotion</b>
D.2	Promote use of Single Shared Assessment	SSA used where appropriate	Within current resources	March 2012	Single Shared Assessment is used.	HAHAPIG
D3	Provide services that are flexible to meet the needs of homeless clients to promote engagement with service	Provide Outreach services within homelessness settings	Within existing NHS and LA resources.	March 2012	Homeless clients access services	HAHAPIG

D4	Pilot plans to extend Keep Well to the homeless population	Identification, engagement and delivery plans in place	Within Keep Well budget	March 2012	Pilot programme delivered	Keep Well
----	--	--	-------------------------	------------	---------------------------	-----------

Draft

**Standard 5****The NHS Board's services respond positively to the health needs of homeless people.**

**Objective:** To assist NHS Ayrshire and Arran in understanding ways in which services can operate with the greatest positive impact on the health of homeless people.

	<b>Actions</b>	<b>Milestones</b>	<b>Resources</b>	<b>Timescale</b>	<b>Performance Outcomes</b>	<b>Lead/Partners</b>
<b>E</b>	<b>Ayrshire-wide Actions</b>					
E.1	Ensure Primary Care services meet the needs of the homeless population in line with the General Medical Services (GMS) and other contracts.	Homeless clients will be given information and assistance with GP registration.  Health and Homeless Awareness sessions are offered/delivered to Primary Care Professionals to reduce the barriers to accessing services.	Within current NHS resources.	March 2012	Evidence that homeless people are able to use the full range of primary care services.	<b>HaHAPIG</b>
E.2	Facilitate the integration of homeless clients into mainstream services.	Identify priority areas for improvement.	Within current NHS and LA resources.	March 2012	Where specialist health services for homeless people exist, NHS Ayrshire and Arran can demonstrate that moving on to mainstream services is integral to their activities.	<b>HaHAPIG</b>

	<b>Actions</b>	<b>Milestones</b>	<b>Resources</b>	<b>Timescale</b>	<b>Performance Outcomes</b>	<b>Lead/Partners</b>
E.3	Ensure effective planning and discharge from hospitals in order to reduce the risk of homelessness.	Inclusion of homelessness in NHS Ayrshire and Arran Discharge Planning Agreement and local hospital Discharge Planning Policies.  Health and Homeless Awareness input offered / delivered to Secondary Care Professionals/staff.	Within current NHS resources.	March 2012	NHS procedures ensure that no one who is subject to a planned discharge is discharged into a situation of homelessness. Good practice between Discharge co-ordinator and PHNs maintained.  Inappropriate hospital discharges will be reported locally and raised within HaHAPIG to identify clinical areas requiring health and homeless awareness sessions and/or development of care pathways.	<b>HaHAPIG Chair</b>  NHS operational management arrangements and Health Care Managers
E.4	Implement public health procedures where and when appropriate to protect the health of Homeless clients	Inclusion in immunisation and screening programmes in the management and prevention of outbreaks of infectious diseases.	Within current NHS resources.	Ongoing	Evidence of formal communication links between the Department of Public Health and Community Health Partnerships to Public Health Nurses for Homelessness.  Evidence of interventions to prevent and manage infectious diseases	<b>HaHAPIG</b>  Department of Public Health

	<b>Actions</b>	<b>Milestones</b>	<b>Resources</b>	<b>Timescale</b>	<b>Performance Outcomes</b>	<b>Lead/Partners</b>
E5	Address stigma across all services	Work with training providers to include anti-stigma messages within programmes  Include anti-stigma materials on public sector websites	Within existing NHS and LA resources	March 2012	Anti stigma messages delivered as part of other programmes.	<b>HAHAPIG</b>  (Ayrshire Anti-Stigma Group)
E6	Support the voluntary sector to deliver services, including buddying and befriending	Identify scope for voluntary sector input through the local action groups/forums	Within existing NHS and LA resources	March 2012	Evidence of contact with the voluntary sector regarding the development of befriending/buddying schemes	HAHAPIG  (voluntary sector partners e.g. Community Futures, SEASCAPE)

**Standard 6**  
**The NHS Board is effectively implementing the Health and Homelessness Action Plan.**

**Objective:** To formalise the ongoing use of the Health and Homelessness Action Plan as the main planning tool for local health and homelessness activity.

	<b>Actions</b>	<b>Milestones</b>	<b>Resources</b>	<b>Timescale</b>	<b>Performance Outcomes</b>	<b>Lead/Partners</b>
<b>F</b>	<b>Ayrshire-wide Actions</b>					
F.1	Update and monitor plan on an annual basis	Annual update Annual monitoring	Existing NHS	March 2012	There is a clear reporting structure within the Board for updating and monitoring the action plan.	<b>HaHAPIG</b>

Other Performance Requirements within Standard 6 fully achieved within Ayrshire and Arran

This Action Plan has been through a consultation with a wide range of stakeholders at the Ayrshire and Arran Health and Homelessness Event on the 26<sup>th</sup> November, 2010.

## SHAPE Review of Recommendations

1. <i>Explore the relationship between single homelessness, alcohol, drugs and mental health issues.</i>			
Recommendations	Response	Outcome	Lead Responsibility
1.1 Further research into the impact of drugs and alcohol on homelessness, and in particular the role that alcohol and drugs play in coping with housing instability. A critical incident analysis could be used to explore ways to develop new coping strategies to reduce levels of stress and mental ill-health.	SHAPE research has been completed.		
1.2 Within the Ayrshire and Arran Health and Homelessness Strategy, continue to provide appropriate health promotion initiatives and information at key points of service delivery.	This is included in the Health & Homelessness Action Plan – an evaluation of the current approach to health and homelessness is currently being undertaken by the Research Team in the Public Health Department	Evident in the Health & Homelessness Action Plan and reported on through the annual performance review	HAHAPIG

<p>1.3 Suicidal and self-harming behaviours are prevalent in half of the single homeless people in Ayrshire and Arran, of which less than 50% are given support. Regular screening for mental health problems in the single homeless population could help to identify those in need of support.</p>	<p>Suicide awareness training is delivered to all housing teams in South Ayrshire.</p> <p>All Housing staff in North Ayrshire and staff working with homelessness to undertake suicide awareness training. In addition, key staff as identified by the local authority to undertake two day ASIST training</p> <p>East Ayrshire Council Temporary Accommodation Coordinator completed 2 day ASSIST training course. Hostel, Housing and Accommodation Support Officers have undertaken suicide and prevention training.</p>	<p>Homelessness included in Choose Life Action Plans</p>	<p>Choose Life Steering Groups HAHAPIG</p>
--	---	--	--

2. *Develop an understanding of routes into homelessness for individuals with a substance misuse problem who may have a coexisting mental health issue.*

Recommendations	Response	Outcome	Lead Responsibility
<p>2.1 Establish contact with national groups to maintain and develop awareness of how policy can affect the housing status of homeless people with alcohol and drug and mental health issues.</p>	<p>Local Authorities should review eviction/discharge policies and consider their impact on homeless people with alcohol and drug and mental health issues</p>	<p>Eviction/discharge policies reviewed</p>	<p>Local Authorities</p>
<p>2.2 Conduct a mapping exercise to outline the key risk factors and triggers for homelessness. Explore ways to match the different service providers that can be used to provide support at key points in the homelessness pathway. This should include young adults leaving care, family breakdown, leaving prison and taking up new accommodation.</p>	<p>Scottish Government has issued prevention of homelessness guidelines, which includes risk factors and triggers for homelessness, which each Local Authority has a responsibility to deliver at a local level.</p>	<p>Risk factors and triggers for homelessness identified and addressed at local level</p>	<p>Local Authorities</p>

3. *Investigate how service can best provide support to resolve these issues and prevent homelessness.*

Recommendations	Response	Outcome	Lead Responsibility
<p>3.1 Support different service provider groups to provide on-line information about how their service can support single homeless people and key contacts and access to other service providers groups involved in the care of single homeless people.</p>	<p>Information available on Care Commission, Local Authorities and NHS Ayrshire &amp; Arran public websites.</p> <p>Local Authority / NHS website should contain link to support services for homelessness</p>	<p>On line information about support, key contacts and access to other service providers groups provided by Care Commission, LA and NHS</p>	<p>HAHAPIG</p>
<p>3.2 Joint assessment for single homeless people should routinely identify addiction problems and serious mental health problems and resources required for quality support.</p>	<p>Scottish Government has implemented legislation which instructs Local Authorities to undertake a full support assessment and deliver package of support as required.</p>	<p>Link to Integrated Care Pathways action.</p> <p>Addiction awareness training delivered to all staff working with homelessness people.</p> <p>Annual audit of accessibility to services / barriers conducted.</p>	<p>Local Authorities NHS Ayrshire and Arran Addiction Services</p> <p>HAHAPIG</p>
<p>3.3 Organise an annual Ayrshire-wide event to enable service providers to present examples of their impact on the service users needs.</p>	<p>Annual event to be organised to share best practice and identify gaps.</p>	<p>Include in Health &amp; Homelessness Action plan.</p>	<p>HAHAPIG</p>
<p>3.4 Use the database established as part of the Ayrshire-wide homeless Action plan to evaluate effectiveness of</p>	<p>Review annual performance reports to evaluate effectiveness of interventions.</p> <p>Local Authorities will ensure that</p>	<p>Annual performance reports reviewed</p>	<p>HAHAPIG</p>

<p>interventions and support plans for homeless people, especially with respect to the comparative effectiveness of floating and on-site support</p>	<p>engagement with services and impact of intervention is recorded and monitored and that partner organisations are aware of this through contractual arrangements.</p>		
--	---	--	--

Draft

4. <i>Investigate pathways through and out of homelessness by focussing on interactions with services and how current service provision is meeting service user needs.</i>			
Recommendations	Response	Outcome	Lead Responsibility
4.1 Continue the excellent work of the homelessness health visitor.	There is a dedicated Public Health Nurse for homelessness in each locality. The posts are jointly funded by NHS and LAs	NHS & Local Authorities continue to provide joint funding for posts	HAHAPIG
4.2 Inter-agency staff training should be provided to develop positive attitudes of staff towards homeless people, recognise the complexity of the needs of single homeless people and to establish stronger links between services.	Scottish Government has issued homelessness prevention guidance that Local Authorities. Implementation of this guidance will ensure that all statutory and voluntary services have an understanding of homelessness, its impact and the role agencies can play in preventing the occurrence thereof.	All Community Planning Partners trained in homelessness, the risk factors and the role of their agency in preventing its occurrence.	Local Authority  NHS Ayrshire and Arran Addiction Services
4.3 Single homeless people lead chaotic lifestyles and it can often be difficult to attend support service appointments. Conduct a scoping exercise to review the techniques of support staff in relation to monitoring homeless people over time	Engagement with support services should be monitored and benchmarked locally.  Outreach services should be provided within homelessness settings to promote engagement with services	Local Authorities monitor engagement with support services.  Integrated Outreach services delivered jointly	Local authorities  HAHAPIG

5. *Identify barriers to access and retention and ways in which services can best interact to assist service users in achieving a sustainable route out of homelessness.*

Recommendations	Response	Outcome	Lead Responsibility
5.1 Work with single homeless people to design services that are acceptable and accessible for their needs.	Engage with homeless people to design services that are acceptable and accessible for their needs.	Organisations provide evidence of service user involvement in design and delivery of services	HAHAPIG
5.2 Establish a partnership of senior and inter-agency representatives to support and provide resources for joint planning groups that address gaps in the provision of services for single homeless people.	This should be remitted to the OLGs	OLGs consider resources for joint planning to address gaps in the provision of services for homeless people.	OLGs
5.3 Develop innovative ways to raise homeless people's awareness of the support services available, such as welfare and benefits information at GPs or the provision of one free phone number that can provide information about drug services, mental health services and housing services.	Review asset based models and identify opportunities for development.	Evaluation of assets based approach reviewed and best practice identified and shared	HAHAPIG