Homeless Mortality Review

Annual Report 2022-2023

Summary Version

Purpose

The purpose of this report is to provide the board of partner agencies who form the membership of the Oxfordshire Safeguarding Adults Board (OSAB), with an overview of what has been happening throughout the last year, in response to the Homeless Mortality Reviews (HMRs) carried out in this year and other work, to not only identify learning and themes in each of these cases, but also to look at system changes.

Homeless Mortality Reviews (HMR)

From January to December 2022 there have been 14 deaths reported that fit the criteria for a HMR. One of these occurred in December 2021, so does not feature in this year's data statistics. There were 3 additional referrals made, that did not fit the criteria.

11 reports have been completed and 3 are underway.

All completed HMR Reports are reviewed by the HMR Sub-Group, that meets every 4 months. It is the responsibility of the member agencies to feedback the learning from the reports to their staff and to consider where changes can be made within their own organisations.

Thematic Review & Safeguarding Adult Review (SAR) Action Plan

The Board Officer was required to follow up on the recommendations made in the Thematic Review into 9 deaths that occurred in Oxfordshire between November 2018 – June 2019 and the Safeguarding Adult Review (SAR) for Adult Ian. This resulted in the review of the SAR Action Plan that was initially started and reviewed by a task & finish group chaired by Stephen Chandler and supported by the Countywide Homelessness Steering Group (CHSG). There was a detailed review of all the actions with relevant partner agencies providing feedback into each of the recommendations. The most up to date version was presented to Performance Information and Quality Assurance (PIQA) Sub-Group in December 2022. As this group will be monitoring some of the actions from the recommendations and they will form part of the audits they carry out.

The current outstanding actions are due to be aligned with the 'Oxfordshire's Homelessness & Rough Sleeping Strategy', which will sit with the CHSG and be reviewed regularly. Where the CHSG feel they are not able to address the outstanding actions, these will be escalated to the Homeless Directors Group for their consideration.

Demographic information

OSAB hold a Register of the reports done since 2020. The Board Officer maintains the information on the register and will use this information to provide statistical information. Beneath is the statistical data following the deaths of people accessing the Homeless Services in Oxfordshire from January to December 2022.

Number of deaths in Oxfordshire	
Male	10
Female	3
Total	**13**
Age Range	
Oldest Male	76
Youngest Male	26
Average Age at time of Death	50
Oldest Female	66
Youngest Female	43
Average Age at time of Death	58
Ethnic Background	
White British	8
Other (less than 5 people in category)	5

Cause of Death

There were a number of causes of death noted on death certificates, most of which related to an existing health condition, such as heart or circulatory issues, background of epilepsy or brain injury, cancer and diabetes. Less than 5 deaths noted a cause related to alcohol or drugs.

Number of people Rough Sleeping at the time of their death

Only one person was rough sleeping at the time of their death. In all other cases the person was in some form of accommodation

Support Needs	
Problematic Drug Use	6
Problematic Alcohol Use	7

Mental Health difficulties	9
Physical Health issues	8
History of Offending	6
Other need (language barrier, epilepsy, brain injury, history of trauma)	13

These numbers add up to more than 13 as a person may have more than one support need.

Highlighting Learning & Themes

After completion of the reports, one of the key actions is to determine what can be learned from each of the situations. It is vital that this information is shared with all staff, to encourage teams to consider how things could be improved. By picking up on recurring themes and sharing this information it can highlight where there is a need for system change and any gaps in service. This will be used to inform future commissioning.

Work has been done to prepare documents relating to the Learning & Themes. Each staff group has reflective questions for their consideration and discussion within their own agencies. There is work in progress to provide separate documents with just the Reflective questions and a document containing just the Learning points.

Future Plans for improvement

Following the HMRs carried out this year, the Board plans to review the HMR Referral Forms and Scoping Forms to ensure a more uniform and detailed collection of information. This will provide a better overview of each person and their life and enable the Board Officer to provide a more detailed report and record more meaningful data for the use of assessing needs, gaps in service, changes in needs etc.

The plan for the next year is that HMRs will change to become a SAR in Rapid Time (SIRT) and this will require the partner agencies to take part in joint meetings to look at systems learning from each death. While there is more work in the initial process, it will mean that agencies will share in the learning throughout the process of each report.

There will be opportunities for frontline practitioners to join discussions around the learning from the HMRs and any future SIRTs. It was felt that the learning from reviews is valuable information for all staff and could be shared with them in the form of a webinar and then after 6 months, it could be delivered an 'in person' meeting/seminar.

It is felt that the new SIRT process will bring about understanding of organisational and system processes that might make the Practitioners' work easier, or more difficult and that this learning can be shared and used for future commissioning. **It is important that all participating agencies/board members provide all the relevant data to the Reviewer, for the purposes of understanding the work that was done to support the individual.**

How can organisations make the process as good as it can be?

There are pockets of good practice when it comes to supporting our most complex service users, but there are also areas/systems that need improvement. Learning from HMRs evidence that the people seen to be 'not engaging' are not doing this consciously but are not coping with the process. Partner agencies need to review their own processes and make the changes required, to **flex their services to the needs of the people they are working to support.**

Oxfordshire should aim to work towards a '**Zero Evictions Policy'**, with services working together to offer respite beds, restorative work, trauma informed practice.

Many of the people within the homelessness services have complex and multiple support needs, including struggling with both mental and physical illness and substance misuse. Often the substance use is a crutch for people to cope with historic and even on-going and current trauma. There is a need for Health agencies to investigate ways to support those with complex difficulties, where they don't currently fit into services that cater for one symptom. **A dual diagnosis program of support** is required not only to address those with presenting issues, but also to put measures in place to prevent this getting worse.

The adults we are working with now, have suffered trauma in their lives that has not been addressed. When did it start? What support is in place for children, young adults who suffer trauma? Who picks this up? Are the services meeting the need? **Unmet childhood needs lead to adults without coping mechanisms & we need to break the cycle.** What can be done to assist this?

Health checks within the services, including the following up of any highlighted issues would ensure that service users were having their health needs met in a timely manner. Often, due to the nature of their lifestyle, lack of accommodation and complex support needs, their health appointments are missed, not followed up and they are not receiving the treatments they need.

There are several people currently in Homeless accommodation, who have support needs that require specialist services. Some of them have been evicted from specialist services into homeless accommodation. There needs to be a review of the needs of these people, so that gaps in service can be address by commissioning colleagues in all areas (Health, Social Care, Housing). Some people have been accommodated in specialist services, but they have been sent out of county, to get the support they need. **We need to meet the needs of the people of Oxfordshire, within the boundaries of the county**.

APPENDIX 1 - Learning Themes from HMRs

Reflective Questions for Practitioners

Multi-Agency/Joined up working
Are you aware of Oxfordshire joining the MEAM Approach? Do you know how this might impact your work?
Are you aware of the plans to have a shared database in Oxfordshire, to enable partners to share relevant information on high-risk clients?
Do you know what the various existing **multi-agency** meetings are for? How much detail they may or may not go into? Do you understand the MARM (Multi-Agency Risk Management) process? Would you (where risk is high) instigate a focused **multi-agency** meeting, to agree a risk management strategy and support plan?
Where/who do you currently go to for information on move-on options? Do you share these contacts? What have the difficulties been? Who do you discuss any difficulties with? Are you aware of any move-ons, where there have been good outcomes? Do you share this information anywhere?
Whilst there have been improvements in processes around discharge from prison, there remains the occasion where people have found themselves coming out of custody and returning to rough sleeping. Have you found this to be the case? If so, who and where do you report it to?

Flexibility
Do you feel supported to work with clients in a flexible way that fits the service to their needs? Do you discuss ideas within your organisation about how this could be improved?
As a team, are you able to provide assertive outreach to service users who you struggle to engage with and who may have memory problems? Do you have a list of shared contacts and time to build relationships with organisations who might be able to offer support to service users, or support to the staff working with them? Especially regarding additional support needs such as acquired brain injuries, poor memory, administering medication, language barriers, links with community leaders etc?
Do you have ideas as to how support could be offered in a more effective way, to encourage better engagement with your service users? Who do you share your ideas with?
Do you feel you are able to follow-up on situations that make you believe there is more going on than you can see/hear at present? Are you able to follow up any concerns you might have for someone's safety, wellbeing or peace of mind? When making referrals, passing on information, do you follow up to ensure someone is acting on it?

Health & Wellbeing
Do you feel supported to work well with clients with a brain injury? Do you know any agencies who can support you and/or the client? Are you aware of any good practice or outcomes? Where do you share this information?
What is your organisation's policy around medication for clients/service users? How do service users who struggle to manage their medication get help with this? Could this process be improved?
Are you aware of any good practice in terms of having regular health checks for people using your services? Do you have any ideas how this could be improved? How would it work?
Do you currently support service users with a dual diagnosis? Are their needs being fully met? Who do you discuss any difficulties with?

Support/Supervision
Do you feel supported as a team, to operate in a 'Trauma informed Way'? Do you have the time and space to get to know and understand the people you support and what lies behind the difficult behaviours they may present with, or their struggle with engaging/ trusting organisations? What steps could you and your colleagues put in place to prevent evicting people due to these behaviours? Do you have access to respite/emergency beds? Have these conversations been held between Team Leaders/Managers?
Do you have regular 'supervision sessions' with your line manager to share oversight on cases? Are there discussions amongst team members to encourage learning?
Who do you escalate issues to, if/when you might be feeling that you are not making progress, or getting the support you feel is needed? Where things work well, who do you share this with?
Are you aware of any areas of good practice? Do you feed this back anywhere? Who do you report issues to?

Helpful Information, Legislation/Training possibilities
How do you feel about working with people who appear to be in a coercive relationship? Who would you get advice from in this situation?
Do you feel you have had adequate training on 'working in a trauma informed way'?
Do you feel confident talking about the Mental Capacity Act? What is the route you would take to have an assessment done with one of your service users? How would you ensure it is carried out in a timely way and assist your client to understand the purpose of it?
Are you confident about how to put the MCA into practice? How do you follow-up after the assessment? Who would support you in this process?
Are you confident about when and how to make a thorough safeguarding referral? Do you ever use the 'No names consultation' with the Safeguarding Team? Who do you discuss the outcomes of the referral with? How can you and your colleagues ensure that the most meaningful referrals are sent to Adult Social Care?
Who do you currently use for translation services? What are the issues? Could it be improved?
How do you currently work with people with No Recourse to Public Funds? Are staff trained, with knowledge of where to go for additional support, including legal advice?
Do you feel you have a good understanding of the options available to the people you support? Can you help them to understand what the realistic options might be in terms of support, housing, health etc…? Do you work alongside other agencies so that service users understand their options, timeframes, what is realistic etc?
What is your understanding of the options available to older service users, when the service is considered to no longer be suitable for their needs? Which agencies would you go to for assistance?

Reflective Questions for Managers & Team Leaders

Multi-Agency/Joined up working
Are you & your team aware that Oxfordshire is now part of the MEAM Approach? Are you confident with supporting and encouraging your team with this process?
Do you know who in your organisation will be able to authorise the flex required in this process?
Are you aware of the plans to have a shared database in Oxfordshire, to enable partners to share relevant information on high-risk clients?
As Adult Social Care Teams (including safeguarding) are extremely stretched. How can your teams ensure that the most meaningful referrals are sent to Adult Social Care? Could there be work done to improve communication & processes between the Adults Safeguarding Assessment team & your team?
Are your team confident in their role to pull together a focused **multi-agency** meeting where larger meetings may not cover the depth of risk management required for individual service users?
Do you have things planned, or in place, to improve the working relationships and understanding between statutory and third sector agencies? Where there is good practice, who do you share this with? Who do you go to when things aren't going well?
Whilst there have been improvements in processes around prison discharge, there remains the occasion where people have found themselves coming out of custody and returning to rough sleeping. Is there scope within the locality to highlight these circumstances to probation, for them to consider any potential system changes for improvement?

Flexibility
What practices are in place to allow team members to 'dig deeper' with the people they work with, to fully understand their history and aims? Can they follow their instincts regarding concerns and are they able to 'hold a case' while ensuring other safety nets are in place? Do you have processes in place to develop staff with skills in this area?
How can resources be offered for assertive outreach? What does this look like and who needs to deliver this? What changes to the model of delivery of services are needed and where? To ensure that services fit the person rather than the person having to fit the service.

Health and Wellbeing
Do you know how many of the people you are working with have a brain injury, or issues with memory? Do you record this information? How could outcomes be improved for this cohort of service users? Which other agencies do you work with to help you? Are you aware of any good practice or outcomes?
In the service you work for do you have clients who struggle to manage their medication? How are their needs currently being met? Are there steps in place to manage the risks around not taking their medication?
Are you aware of any good practice in terms of having regular health checks for people using your services? Does your team have any ideas how this could be improved? How would it work?
Where/who do you report to about current clients with dual diagnosis? Or regarding referral s declined due to dual diagnosis?
Do you keep records of those people who are discharged from hospitals, prison, custody etc back to rough sleeping? Or into services with no follow-up? Where and how do you report it? Is there data available? Are there areas of good practice? Do you feed this back anywhere?

Support/Supervision
Do you feel your service and team are truly operating in a 'Trauma informed Way'? What processes do you have in place to avoid evictions for people displaying behaviours that stem from historic trauma? Do you have access to respite/ emergency beds? How do you and your Senior Managers feel you can avoid evictions within your services and assist other agencies in theirs? Have these conversations been held between Team Leaders/ Managers and your Senior Managers?
Do you have regular 'supervision sessions' with staff to enable oversight to cases, or the option to discuss amongst team members to encourage learning, consider imaginative ways to support people and make the quality referrals needed to get them linked to additional services where necessary?
What is the capacity within your team to offer more flexible and assertive outreach? Do you have ideas as to how support could be offered in a more effective way, to encourage better engagement from your service users? Are cases held individually, or shared? What happens in terms of continuity if staff are off, or leave?

Helpful Information, Legislation/Training possibilities
Do staff feel staff have access to training/discussions about how to deal with coercive relationships and how to work with people in this situation? Do your team members have ideas about how working with couples in this situation could work better? Is there somewhere for them to share ideas? Have you trialled any? What are the views of the team in relation to ensuring that people's expectations are managed? Do they work alongside other agencies so that service users understand their options, timeframes, what is realistic etc?
Are staff confident about their work and how to put the MCA into practice? How do they follow-up after the assessment?
Who do you currently go to for translation services? What are the issues? Where do you report the issues? Could it be done better?
How do you currently work with people with No Recourse to Public Funds? Are staff trained, with knowledge of where to go for additional support, including legal advice?
What steps are taken to move older service users out of temporary homeless accommodation? Do you report the number of older clients to any specific agencies? Do you think the process could be improved? How could it be improved? Where can you take your suggestions for discussion? Are your teams aware of the numbers of service users that are in this situation? Do you highlight this anywhere? Is it recorded to show gaps in service? Are you aware of any move-ons such as this, where there have been good outcomes? Do you share this information anywhere?
Where do staff currently go to for information on move-on options? Do you share these contacts? What have the difficulties been?

Reflective Questions for Senior Managers

Multi-Agency/Joined up working
Are you able to commit to the MEAM Approach, by adopting the learning, and flexibility to change service delivery?
Is your organisation actively ready to share information onto the planned shared database?
As Adult Social Care Teams (including safeguarding) are extremely stretched. How can your teams ensure that the most meaningful referrals are sent to Adult Social Care? Could there be work done to improve communication & processes between the Adults Safeguarding Assessment team & your team?
As Senior Managers do you support the idea of joint working, across districts to agree where responsibility/duties lay & then confirm to relevant agencies, rather than 3rd sector agencies acting as a 'go between'?
Whilst there have been improvements in processes around prison discharge, there remains the occasion where people have found themselves coming out of custody and returning to rough sleeping. Is there scope within the locality to highlight these circumstances to probation, for them to consider any potential system changes for improvement?

Flexibility
Will you encourage and support staff to flex your internal systems to enable services to fit people, where this is felt it could be managed and will potentially save lives? Who would you give permission to, so these decisions can be made?
Do you support Managers and staff to follow up on their professional curiosity? How does this translate into a tangible action that can help to develop the workforce and skills in this area?
How can resources be offered for assertive outreach? What does this look like and who needs to deliver this? What changes to the model of delivery of services are needed and where? To ensure that services fit the person rather than the person having to fit the service. Where do local agencies feel this work sits? Who owns it? What resource is required?

Health & Wellbeing
Do organisations know how many of the people they are working with have a brain injury, or issues with memory? Could this be investigated and shared amongst agencies? What actions could your organisation take to assist people in this situation? Could these outcomes be measured? This could then assist with any future commissioning if the information is shared.
Can you consider ways that your organisation can better support staff and residents where there are issues around medication? What active processes could be put in place to ensure they receive lifesaving medication?
Could there be a program of health screening for the homeless population? This could help to prevent long term issues. Who could pick this up for consideration?
As Senior Managers how could you look to improve outcomes for people with multiple and complex needs, including mental health, substance misuse and physical ill health? How could you make changes to address this increasing number of people who still 'do not fit the criteria' for many properties and services?
What are the views of system leaders in the county to a virtual or physical Central Hub? A place where people can access information from professionals from all backgrounds in one place. (Housing, Benefits, substance Misuse, Mental Health, Health, Social Care). How could this be brought about?
Could the current Hospital discharge processes be reviewed amongst relevant agencies, with the provision of a simple document showing the route for those who are homeless? (Hospitals, Housing, support agencies, Out of Hospital Care Team, Safeguarding teams). Who could pick up this work? How/who would you feedback to?
When someone is in hospital, or their home accommodation is not suitable for their health needs, which agencies should be around the table to look at 'best options'?

Support/Supervision
Are your services truly operating in a 'Trauma informed Way'? Can your services aid other agencies, in times of crisis, for respite/ emergency beds? Have these conversations been held between senior managers and Team leaders/Project managers? Have these conversations taken place with other agencies?
Who could take the work forward in terms of scoping out the need for emergency beds and where will this be commissioned? Who will contribute to this?
Can staff discuss difficult cases with co-workers & managers, to consider imaginative ways to support people and make the quality referrals needed to get them linked to additional services where necessary? Do they have time to 'dig deeper' with the people they work with, to fully understand their history?
What Governance/ escalation steps are in place for Teams to refer to when they feel they have reached an unacceptable blockage/resistance?

Helpful Information, Legislation/Training possibilities
Does your organisation offer access to training for staff regarding how to deal with coercive relationships and how to work with people in this situation?
Do organisations have processes in place to give confidence to staff about their work and how to put the MCA into practice? How do they follow-up after the assessment?
What work could be done to further develop our risk management mechanisms and tools (e.g., support plans). There are questions around where this work sits, who owns it, and what resource is required?
Who do agencies currently go to for their translation services? What are the issues? Could it be improved?
How do agencies currently work with people with NRPF? Are staff trained, with knowledge of where to go for additional support, including legal advice?
What are organisations' thoughts on the suitability of homeless accommodation for older people? Should the move-on processes be reviewed to take this into consideration?
Is there work underway amongst organisations to improve move-on options such as rehab, mental health housing, care homes, nursing homes, extra care homes and any other housing options that offers support longer term? Is it being captured across all systems to look at potential joint commissioning or agreements? Are the needs of the older clients shared with the commissioning Teams at OCC? (Age Well Team).