



Inquiry into the financial administration of homelessness services in Western Australia

WA Department of Health Submission

INTRODUCTION

The Western Australian (WA) Department of Health's (the Department) *Sustainable Health Review (SHR) Final Report* highlights that there are significant challenges in improving the health and wellbeing outcomes for people experiencing homelessness.

Homeless people experience a disproportionately high rate of chronic health conditions, which can often be left undiagnosed and untreated for long periods of time. This often results in a reliance on acute health services, due to disease progression (owing to limited primary care input), or as direct substitution for primary care services and can have a detrimental economic impact on the health system¹. This supports the need for increased focus on partnership with other government agencies and community organisations. Recommendation 13 of the *SHR Final Report* highlights the importance of implementing models of care in the community for groups of people with complex conditions who are frequent presenters to hospital.

In 2020, the Department engaged Professor Lisa Wood and her Home2Health Research Team at the University of Western Australia to assist the Department to identify opportunities to address the health needs of people experiencing homelessness. The Department funds specialist homeless health care providers to help connect people experiencing homelessness with primary care to improve their health status and to reduce avoidable hospital presentations. The Department has increased funding to specialist homeless health providers over the past two years.

This submission has been coordinated with input across the Department and Health Service Providers; noting that the East Metropolitan Health Service (EMHS) are making a separate submission to the Inquiry. The Department's submission outlines the current funding and delivery of services for people experiencing homelessness as expended and delivered by WA Health; provides feedback on '*All Paths Lead to a Home*', *Western Australia's 10-Year Strategy on Homelessness 2020-2030* and highlights the links between existing data systems and service delivery.

¹ Vallesi, S.; Tuson, M.; Davies, A.; Wood, L. Multimorbidity among People Experiencing Homelessness—Insights from Primary Care Data. *Int. J. Environ. Res. Public Health* 2021, 18, 6498. <https://doi.org/10.3390/ijerph18126498>



CONSIDERATION 1: The current funding and delivery of services

The WA health system provides a range of general health services to people experiencing homelessness which are difficult to quantify as the capture of an individual's homelessness or no fixed address status often rely on self-reporting and this status is not static in nature.

The following specialist homeless health initiatives and programs are funded by the WA health system:

- Street Doctor
 - A recent State Government election commitment to expand the delivery of the Street Doctor Program with Black Swan Health (Fremantle Street Doctor) and 360 Health and Community (Perth Street Doctor, which operates several clinics at various locations across Perth including Midland and Bassendean).
 - Part of these agreements is to increase activity into areas of unmet need such as culturally appropriate services, specialist medical services, and into additional metropolitan suburbs.
 - The Fremantle and Perth Street Doctor Mobile Health Clinics provide free GP-led medical and nursing services out of a Street Doctor van, to homeless and disadvantaged populations. People experiencing homelessness are connected to appropriate primary care providers with a view to improving health outcomes, while reducing unnecessary emergency department attendances and ambulance transports.
 - Total funding: \$3.65 million (\$1.825million to Street Doctor Fremantle and \$1.825 million to Street Doctor Perth) for the period 2021/22 – 2024/25.
 - Funding for the 2021/22 Financial Year (FY):
 - Street Doctor Fremantle (Black Swan Health): \$488,400 (GST inclusive).
 - Street Doctor Perth (360 Health and Community): \$488,400 (GST inclusive).
- Homeless Health Care (HHC) Street Health
 - The Department has a service agreement with HHC for the provision of a mobile, community-based primary health service in the Perth inner-city area and other areas as required, to those experiencing or those at risk of homelessness.
 - Funding for the 2021/22 FY: \$1,140,610 (GST inclusive).
 - Total funding: \$5,826,403 for the period 2014/15 - 2022/23.
- HHC transitions clinic
 - The HHC Transitions fixed site clinic offers primary healthcare services for those who are either newly housed or comfortable with an appointment system. The aim of the clinic is to provide a more structured clinic in a fixed location with staff who understand the issues of this cohort.
 - Funding for the 2021/22 FY: \$281,600 (GST inclusive).



- HHC Metropolitan Syphilis Response project
 - HHC has extensive experience in working with people experiencing homelessness who are not engaged with or are wary of health services, or who are missed by conventional health education, screening and healthcare delivery approaches. The funding will be used to employ a dedicated syphilis outreach nurse and to expand the capacity of HHC to embed the proposed strategies across its clinics and outreach services.
 - Funding for the 2021/22 FY: \$141,682 (GST inclusive).

- Discharge Facilitation Fund
 - To support the Winter Discharge Strategy, the Department's Chief Allied Health Office developed the Discharge Facilitation Fund (DFF) to support the safe discharge of people experiencing homelessness.
 - The DFF is used to purchase accommodation and necessities such as medication and transport for people experiencing homelessness, to allow for safe discharge and to connect people to relevant support services.
 - Funding for the 2021/22 FY: \$105,000 (GST not applicable).

- Health Innovation Fund Project
 - The Department was successful in obtaining Commonwealth Health Innovation Fund Stage 2 funding to research options for homeless health service delivery, including exploring comprehensive healthcare for people experiencing homelessness and investigation of integrated models of homeless health delivery, including a trial of a primary health care one-stop-shop for people experiencing homelessness, for sites such as the forthcoming Common Ground facilities.
 - Funding for the 2021/22 FY: \$160,00 (GST not applicable).
 - Total funding: \$521,000 for the period 2021/22 – 2022/23.

The following services are within the remit of EMHS and further detail is available in their submission to the Inquiry:

- Medical Respite Centre pilot
- Royal Perth Hospital (RPH) Homeless Healthcare in-reach services (provided by Perth Mobile GP services)
- RPH Healthcare Team (RPH internally staffed component)
- Mental Health Homeless Pathways Project



CONSIDERATION 2: ‘All Paths Lead to a Home’, Western Australia’s 10-Year Strategy on Homelessness 2020-2030’

Housing First Approach

‘All Paths Lead to a Home’, Western Australia’s 10-Year Strategy on Homelessness 2020-2030’ (the Strategy) has an acknowledged focus until 2025 on people who are rough sleeping, with a Housing First approach. The Department mirrors that focus through funding dedicated to specialist homeless health care providers principally aimed at people sleeping on the streets. The Department ensures there is coordination between health and other services for people experiencing homelessness through membership of the Supporting Communities Forum Homelessness Working Group and the WA Council on Homelessness.

The Department also established a Homelessness Advisory Committee in 2020 to oversee and develop policy responses to people experiencing homelessness. The Committee is responsible for providing:

- advice on how best to deliver on the relevant strategic directions and the priorities of the WA Homelessness Strategy, Action Plans and the Sustainable Health Review
- policy advice regarding the Health response to broader State policy as it relates to the health of persons experiencing homelessness
- advice regarding existing or future contracts and community services for the relevant cohort including evaluation of outcomes and deliverables.

This Committee has prioritised the opportunities outlined by Professor Wood to address the health needs of people experiencing homelessness and business cases are subsequently being developed.



CONSIDERATION 3: Existing data systems and how data informs service delivery

Existing data systems used by WA Health to identify people experiencing homelessness include, but are not limited to:

- Australian Census
- By Name List – a collaborative methodology where all people experiencing chronic homelessness in a community are known by name in one database and their journeys into and out of homelessness are tracked
- ‘No fixed address’ in health patient administration systems. The Department’s data collections receive this data and as such, this information is available for system-wide reporting and analysis
- Specialist homeless health provider reports.

Public hospitals can record a Homeless Flag on patients’ records, which can assist with the identification of patients in hospitals who are homeless, and better tailoring of care and follow-up to their needs. The flag is placed on the patient’s record if the patient discloses that they are:

- Without conventional accommodation and therefore sleep in public places
- Reside temporarily in crisis accommodation
- Move frequently between temporary accommodation that is not their own (staying with relatives or friends and moving frequently i.e. couch surfing).