Health and Homelessness

Making healthcare accessible for all is key for us... no long-winded process, no need to phone or book, people can see the GP and all other clinics. There are no receptionists and no barriers... it is always possible to see a practitioner appropriate to needs.

Health Coordinator, LSC

Responding to the health care needs of people experiencing Homelessness in Torbay

Introduction

The **average age of death** for person who has been street homeless is just **45yrs** for men and **43yrs** for women.

The estimated number of deaths among homeless people has increased by **61.4%** since 2013 (ONS, 2020)

We believe that this must change. It simply cannot be morally acceptable for so many people to die so young from what are often preventable causes.

This briefing outlines the progress Shekinah staff and key NHS partners have been making over the last several years to improve access to healthcare for people experiencing homelessness in Torbay.

Whilst this work provides a strong platform upon which to build, achieving the real, lasting progress that's needed will require courage, truthfulness, and a clear commitment to justice from policy makers, service systems, and the whole community.

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Context: National

It has been widely recognised for many years that people experiencing homelessness often also experience additional multiple and overlapping disadvantage, including harmful drug or alcohol use, criminal justice involvement, poor mental health, and the experience of domestic violence and abuse.

And many people experiencing homelessness have also experienced underlying adverse childhood experiences, poverty, psychological trauma, stigma, and discrimination.

People experiencing homelessness have far worse health and social care outcomes than those of the general population. According to published data, health outcomes are **8 times worse for men, and 12 times worse for women**, with the average age of death for the homeless population at around **30 years lower** than for the general population.

Many of these premature deaths result from **preventable and treatable conditions** according to a 2019 study (Aldridge et al. 2019).

The Office for National Statistics' 2019 report showed that the causes of most deaths of people experiencing homelessness in England and Wales were registered as drug-related poisonings, suicides and alcohol-specific deaths.

Factors impacting on access

Barriers to access and engagement with preventive, primary care and social care services can mean that problems remain untreated until they become very severe and complex.

Commonly encountered barriers include:

- Stigma and discrimination
- Lack of trusted contacts
- Fragmented, siloed, and rigid services
- Strict eligibility criteria
- Lack of information sharing and appropriate communication

People experiencing homelessness are also **6 times** more likely to attend A&E, **4 times** more often likely to be admitted to hospital than the general population.

When admitted to a hospital, the length of hospital stay is usually much longer because of multiple unmet needs. (Pathway.org.uk)

Assertive engagement and relationship building are key to being able to provide a functioning service for this group. By embedding a psychiatrist and mental health nurse in the hostel we have been able to support people with a high level of mental health need who were previously unable to access services in the community.

Psychiatrist

Context: Local

The picture locally is similarly concerning. When taking into account the size of the general population, the South West of England has the **highest mortality rate** amongst people experiencing homelessness, with 26.9 deaths per one million people. (ONS, 2020) and in relation to specifically Drug related deaths, Torbay has seen a **200%** increase since 2010 (ONS, 2021)

From regular health surveys across the hostel population in the Leonard Stocks Centre, we know that there is an extensive and continued high prevalence of complex health issues, often further compounded by experience of adverse childhood events and/or other traumas.

This situation is closely mirrored across the wider population of people experiencing homeless in Torbay.

The support provided in LSC has changed massively in the last two years, expanding from the GP/Practice Nurse service previously to include Tissue Viability, BBV Screening, Liver Nurse etc. Everything is so much easier now

Nurse practitioner

Responding to people's health needs

The inherent complexity of people's experiences can frequently result in individuals having **unmet health and social care needs** that may be contributing factors for becoming homeless as well as being consequences of experiencing homelessness.

Shekinah staff and key NHS partners have actively collaborated to establish an **integrated network of health support** for people experiencing homelessness in Torbay.

These developments have occurred without the need for a formally commissioned framework, but rather as a **creative, emergent response by a group of committed practitioners** to bridge the systemic gaps and deficits in existing service delivery.

Network of health-related work in LSC

- **Friends of Factory Row** fund our Health Coordinator role for the Hostel.
- Jenny Whelband and Thresa Rowswell, Drug and Alcohol Treatment Service, **Walnut Lodge**
- Jane Anderson – **Walnut Lodge**, Breakfast Club
- Sheila Needs - HCV+ specialist treatment and scanning facilities - **Torbay Hospital**
- Nicky Richardson, Tissue Viability Nurse, Clinical Lead - **Torbay Hospital**
- Vape/Healthy Lifestyles/Smoking Cessation – Clare Heron, Specialist Stop Smoking Advisor, **Healthy Lifestyles team**
- Dr Tom Scott-Gatty (Psychiatrist) and Chunhwa Suh (Mental Health Nurse) – **Devon Partnership Trust**
- **Hep C Trust** – testing and advice
- Targeted/bespoke access to **Sexual Health Clinic, Castle Circus**
- Access to Dentistry, Sally Lacey **NHS, Special Care Dental Service, Castle Circus**
- **Chilcote surgery** - G.P. service three times a week and weekly Practice Nurse sessions
- Outreach pop up testing for Hep C
- Bespoke Flu vaccination and Covid vaccination clinics

Focussing on health

People accessing Shekinah's services are often not in contact with any healthcare professionals, with many not even registered with a GP.

At point of admission, a **comprehensive health assessment** is completed with Shekinah staff to identify areas of concern. This information is then used to agree an action plan with the person concerned and arrange for any necessary specialist support.

Because people can gain access to the relevant specialist service(s) **without the usual wait times and process barriers**, people have been able to successfully establish and sustain contact with clinical practitioners to resolve longstanding health issues.

I've got a few medical problems that I'm getting to deal with that I probably wouldn't have bothered with. If you really want to make changes and help yourself, it's all here for you to use.

LSC client

Key learning

- Relationships are central
- Enable practitioners to make decisions
- Build networks and skills sharing
- Adaptability
- Time is required to overcome mistrust
- With good support, people respond positively
- Respect and mutuality
- Kindness and humility

The purpose of this scheme is to provide a safe space where residents can meet with health professionals.... and makes it easier to ask questions in an informal and relaxed setting. Support work has included discussions about rehab, wounds, and potential activities.

Drug & Alcohol worker

Summary metrics

Mental Health support = 60+ individuals supported

BBV testing = 200+ people tested

Hep C treatment = 31 people treated

Dental services = 18 people seen 33 appointments

Drug & Alcohol support = 50+ people supported

Tissue Viability appointments = 22 people treated

Smoking cessation = 40 people accessed service

Healthy Lifestyles support = 19 people accessed service and provided with personal health budgets

Future development and opportunities

Recent guidelines published by NICE identify clear areas for further work across health systems to improve support for people experiencing homelessness. Some of the key recommendations include:

- Recognise that more effort and targeted approaches are often needed
- Recognise the value of co-designing and co-delivering services
- Promote engagement by providing services that are person-centred, empathetic, non-judgemental
- Commissioners of health, social care and housing services should work together to plan and fund integrated, multidisciplinary, health and social care services
- Develop strategies across services to improve access to health and social care for people experiencing homelessness.

This briefing has outlined how constructive progress is already being made to meet some of these challenges. We welcome the NICE guidance and hope that it will provide a framework to continue and extend this essential work for people experiencing homelessness in Torbay.

References and further reading:

Causes of death among homeless people: a population-based cross-sectional study of linked hospitalisation and mortality data in England. [version 1; peer review: 2 approved]. Aldridge RW, Menezes D, Lewer D *et al.* 2019

ONS, Drug-related deaths by local authority 1993-2020, England and Wales, Published 3rd August 2021 & **ONS, Mid-year population estimates, UK, June 2020**, Published 25th June 2021

Integrated health and social care for people experiencing homelessness NICE guideline [NG214] Published 16 March 2022

Pathway – Healthcare for homeless people, https://www.pathway.org.uk/resources/publications/

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