

Professional Practice Sessions



PPS1 Housing First – Basis Yorkshire Approach – History Room

Gemma Sciré, CEO Basis Yorkshire

PPS2 Duty to Refer Framework – Main Room

Trish Connolly, Housing Services Development Manager, Crisis

PPS 3 Health and Homelessness – Staff Room (This Room)

Jane Cook, Health & Homelessness Advisor, MHCLG



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Ministry of Housing,
Communities &
Local Government

Health and homelessness





Ministry of Housing,
Communities &
Local Government

Ambition

Rough sleeping strategy:
Halve rough sleeping by 2022
End rough sleeping by 2027



- Rough Sleepers
- Hostel dwellers
- Chronically insecurely housed
- Sofa surfers



Definition of health

‘State of complete physical, mental and social well being, and not merely the absence of disease and infirmity’.

Source: World Health Organisation

Health care – no single definition – broadly speaking, systems and services to prevent and treat ill-health.

‘Equity in health implies that ideally everyone have a fair opportunity to attain their full health potential and, more pragmatically, that no-one should be disadvantaged from achieving this potential if it can be avoided’.

Whitehead M(1990) The concepts and principles of equity in health. W.H.O. Regional Office for Europe



The central conditions of health

1. Basic needs of food, drink, shelter, warmth and purpose in life
2. Access to the widest possible information about all the factors which have an influence on a person's life
3. Skill and confidence to assimilate this information
4. ...Recognition that...people are complex wholes who cannot be fully understood separated from the influence of their environment, which is itself a whole of which they are part....The recognition that a person should not strive to fulfil personal potentials which will undermine the basic foundations for achievement of other people.

Seedhouse. D 1988



What are the causes of homelessness and the impact on health?



- The average time between the triggers that lead to homelessness and when homelessness finally occurs is 9 years.

Centre for the Analysis of Social Exclusion, Routes into Homelessness 2000

- More likely in groups that experience wider inequalities and social exclusion

Causes of homelessness

- Adverse childhood experiences
- Unemployment
- Relationship breakdown
- Loss of affordable accommodation
- Leaving prison, care, hospital or the armed forces
- Financial problems
- Ill health



Health and Social Care Act 2014

Homelessness Reduction Act 2017 - Prevention of homelessness

5 Year Forward Plan – Long Term Plan – includes tackling health inequalities
– rough sleeping

NHS Constitution

Making Every Contact Count NHS

Homeless Inclusion Health Standards for commissioners and service providers – Pathway



Homelessness Reduction Act - duty to refer

Duty to refer – will help to ensure that services work together effectively to prevent homelessness. People's housing needs will have to be considered when in contact with public bodies.

Public authorities will have a duty to refer including:

- Emergency departments
- Urgent Care Centres
- Hospitals providing inpatient care



People who are homeless often present with complex and multiple needs.

Tri-morbidity is common – physical and mental health issues as well as substance misuse issues

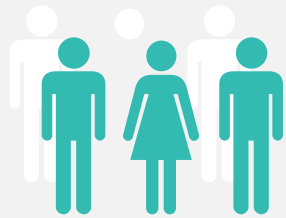
Attend Accident and Emergency 5 times as much, stay 3 times as long, and cost between 5 and 8 times as much as the general population.

Office of the Chief Analyst, department of Health, March 2010, Healthcare for Single Homeless

Costs can range from £24,350 to £44,612 per person



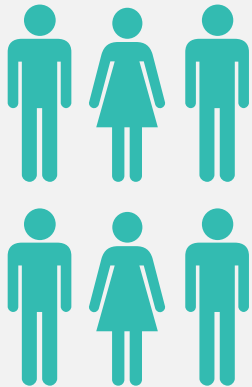
Homelessness – the impact on health



2.5x more likely
to have asthma



TB rates are
34x higher



6x more likely
to have heart
disease



Hepatitis C rates are
50x higher



Homelessness – the impact on health

The wellbeing of people who live and sleep on the street is at significant risk. Homelessness may be a consequence of health problems, and is very commonly a cause of worsening health. Many people who sleep rough will have significant needs in relation to physical health, mental health and substance misuse. Research carried out by Crisis found that:

The average age
of death of men and
women who are homeless



43yrs



47yrs



Homelessness – the impact on health

A study of the health needs of 933 people sleeping rough in Hammersmith and Fulham, Kensington and Chelsea, and Westminster found that they:

Were admitted
to hospital more
frequently

Visited A&E seven
times as often as the
general population

The cost of their care in hospital-based services was five times as much as the average for the general population.



Homelessness – the impact on health

People who are homeless are **nine times** more likely to take their own life



- 45% of rough sleepers diagnosed with mental health compared to 25% of the general population
- Individuals may present with complex trauma



Systems

- Fragmented services
- Discrimination
- Bureaucratic with thresholds and strict criteria
- Focus on meeting targets and outcomes
- Delayed or duplicated interventions
- Lack of knowledge of homelessness

Personal

- Past poor experience
- Fear
- Discrimination and stigma
- Lack of knowledge of rights
- Lack of knowledge of systems
- Systems difficult to understand



‘Is a term that reflects a concern :

- To improve patient experience and achieve greater efficiency and value from health care delivery systems
- The aim is to address fragmentation in patient services, and enable better co-ordinated and more continuous care’

Nuffield Trust. What is integrated Care?
2011

Health care delivery – integrated care

A narrative for person centred co-ordinated care.

National Voices

Involves connecting the health care system (acute and primary care) with other service systems (long term care, housing, education).



What are some of the solutions?

What health care model would you design to improve the health of people who are homeless?



Everyone has a right to register with a GP practice. NHS England guidelines state that people do not need a fixed address or identification to register or access treatment at GP practices.



Rights to primary health care

Simple interventions such as using a health advocate, providing information about local GP practices, supporting someone to make an appointment if needed or helping them complete a registration form can all help improve access.



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Lunch and Exhibition Viewing

