North East London Health & Care Partnership

NHS North East London

Homeless Health in NEL: Living in Hackney Scrutiny Commission

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Strategy, policy and guidance

A national framework for NHS action on inclusion health (2023)

An NHS England framework to help health services to meet the needs of people in inclusion groups. The guidance is not mandatory, but does provide five principles for action that services should consider when planning, designing and delivering services.

1. **Commit to action on inclusion health** - accountability and assurance for improving outcomes for inclusion health groups.
2. **Understand the characteristics and needs of people in inclusion health groups** - improving datasets for inclusion health groups
3. **Develop the workforce for inclusion health -** ensuring that staff understand inclusion health and are enabled to provide trauma-informed approaches in their practice
4. **Deliver integrated and accessible services for inclusion health** - ensuring all services are high-quality, equitable and accessible, providing specialist services for inclusion health groups
5. **Demonstrate impact and improvement through action on inclusion health** – the importance of evaluating service changes to monitor impact and effectiveness of interventions

Healthcare & people who are homeless: commissioning guidance for London (2016)

10 commitments

1. People experiencing homelessness receive high quality healthcare
2. People with a lived experience of homelessness are pro-actively included in patient and public engagement activities, and supported to join the future healthcare workforce
3. Healthcare 'reaches out' to people experiencing homelessness through inclusive and flexible service delivery models
4. Data recording and sharing is improved to facilitate outcome based commissioning for the homeless population
5. Multi-agency partnership working is strengthened to deliver better health outcomes for people experiencing homelessness
6. People experiencing homelessness are never denied access to primary care
7. Mental Health Care Pathways, including Crisis Care, offer timely assessment, treatment and continuity of care for people experiencing homelessness
8. Wherever possible people experiencing homelessness are never discharged from hospital to the street or to unsuitable accommodation
9. Homeless health advice and signposting is available within all Urgent and Emergency care Pathways and Settings
10. People experiencing homelessness receive high quality, timely and co-ordinated End of

Core20PLUS5 (2021)

A national NHS England approach to inform action to reduce healthcare inequalities at both national and system level.

Core20 – the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD)

PLUS – population identified at a local level, including inclusion health groups such as people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roman and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups

5 – five clinical areas of focus that require accelerated improvement; maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, and hypertension case-finding

The Rough Sleeping Strategy (2018)

This rough sleeping strategy sets out the government's vision for halving rough sleeping by 2022 and ending it by 2027

NICE Guidelines [NG214] Integrated health and social care for people experiencing homelessness (2022)

This guideline covers providing integrated health and social care services for people experiencing homelessness. It aims to improve access to and engagement with health and social care, and ensure care is coordinated across different services.

Key points:

- People who are experiencing homelessness and rough sleeping often require more targeted approaches to ensure that health and social care is available and accessible
- Care should be empathetic, trauma-informed and person-centred
- Commissioners of health, social care and housing services should work together to plan and fund integrated multidisciplinary health and social care services for people experiencing homelessness, and involve commissioners from other sectors, such as criminal justice and domestic abuse, as needed.
- Recognise the value of co-designing and co-delivering services with people with lived experience of homelessness.

Defining homelessness in NEL

ROOFLESSNESS

Without shelter, sleeping rough on the streets

HOUSELESSNESS

Place to sleep but it's temporary, in institutions or a shelter including refugee and asylum seekers

LIVING IN INSECURE HOUSING

Threatened with severse exclusion due to insecure tenancies, eviction, domestic violence, or stating with family and friends

LIVING IN INADEQUATE HOUSING

In caravans on illegal campsites or extreme overcrowding

The case for action

Health Challenges

- **Health outcomes remain poor.** Average age of death is 43 and 45 for women and men respectively. (CSO)
- **People experiencing homelessness continue to face barriers to accessing health and care services.** Two-thirds of patients who are homeless are rejected by GP practices in London (HSJ) and primary care is unable to offer the specialist one-stop inclusion MDT support needed.
- **People experiencing homelessness continue to face stigma and discrimination when interacting with services.** This population reports dehumanising and traumatic experiences when engaging with health & care providers.
- **People facing homelessness have significant unmet health, housing and social care needs.** 64% of patients experiencing homelessness had three or more different clinical issues related to their admission and one third had tri-morbidity (TPHC). 92% of patients experiencing homelessness were unable to return to their pre-admission living environments as they were not appropriate, safe or secure for their needs (TPHC)

The case for action

Health Challenges

People experiencing homelessness and social inclusion can be challenging to treat due to their multiple and complex needs. A person who is homeless is:

34	50	12	6	5	2.5
times more likely to have tuberculosis	more likely to have Hepatitis C	more likely to have epilepsy	more likely to have heart disease	more likely to have a stroke	more likely to have asthma

People who are homeless:

attend A&E **6 times** as often
are admitted to hospital **4 times** as often, and
stay **3 times** as long when compared to the general population

Inaction comes with significant costs yet there are known effective interventions to improve access to healthcare services

Cost of inaction

Without good access to primary and community care, and early or preventative interventions, people in inclusion health groups are likely to turn to acute services

- A&E attendance is 6-8 times higher for people experiencing homelessness and 28 time higher for people who experience both homelessness and tough sleeping and alcohol dependency
- High intensity users are thought to equate to almost a third (29%) of all ambulance arrivals at A&E, and one in four £26%) emergency admissions

Benefits of intervention

Improved health and social care pathways and accessible effective services, benefit patients and reduce the costs of health and social care services

- A study undertaken in 2022 investigating the cost-effectiveness of three different 'in patient care coordination and discharge planning' configurations for adults experiencing homelessness, highlighted that specialist Homeless Hospital Discharge (HHD) care is more cost-effective than standard care
- Cost effective analysis shows that patients accessing HHD care use fewer bed days per year (including both planned and unplanned readmissions) and presented better quality-adjusted life year (QALY) outcomes

Health implications

Health implications resulting from, or being worsened by, the current housing situation include:

Health service implications

- **Exacerbation of health issues physical and mental** (acute and chronic) resulting from poor quality accommodation (cold, damp and mould, trip hazards, inaccessibility for disabled residents, overcrowding, etc), insecure accommodation (threat of being evicted) and/or affordability. **The per annum cost to the NHS of poor housing in London is estimated to be £100m.**

- Limited housing options (with the right support) leading to people **staying longer in hospital** as there is no suitable 'move on', inappropriate step down use (B&B, Hotel), or repeat admissions due to poor quality housing.

- **Continuity of care issues** – including for children and families in TA. Impact of relocation disruption – school, community, mental health, work etc.

- Implications for recruitment, retention and agency spend of **key workers unable to afford to live and work in London,** or doing so in poor quality and insecure accommodation.

Health inequalities implications

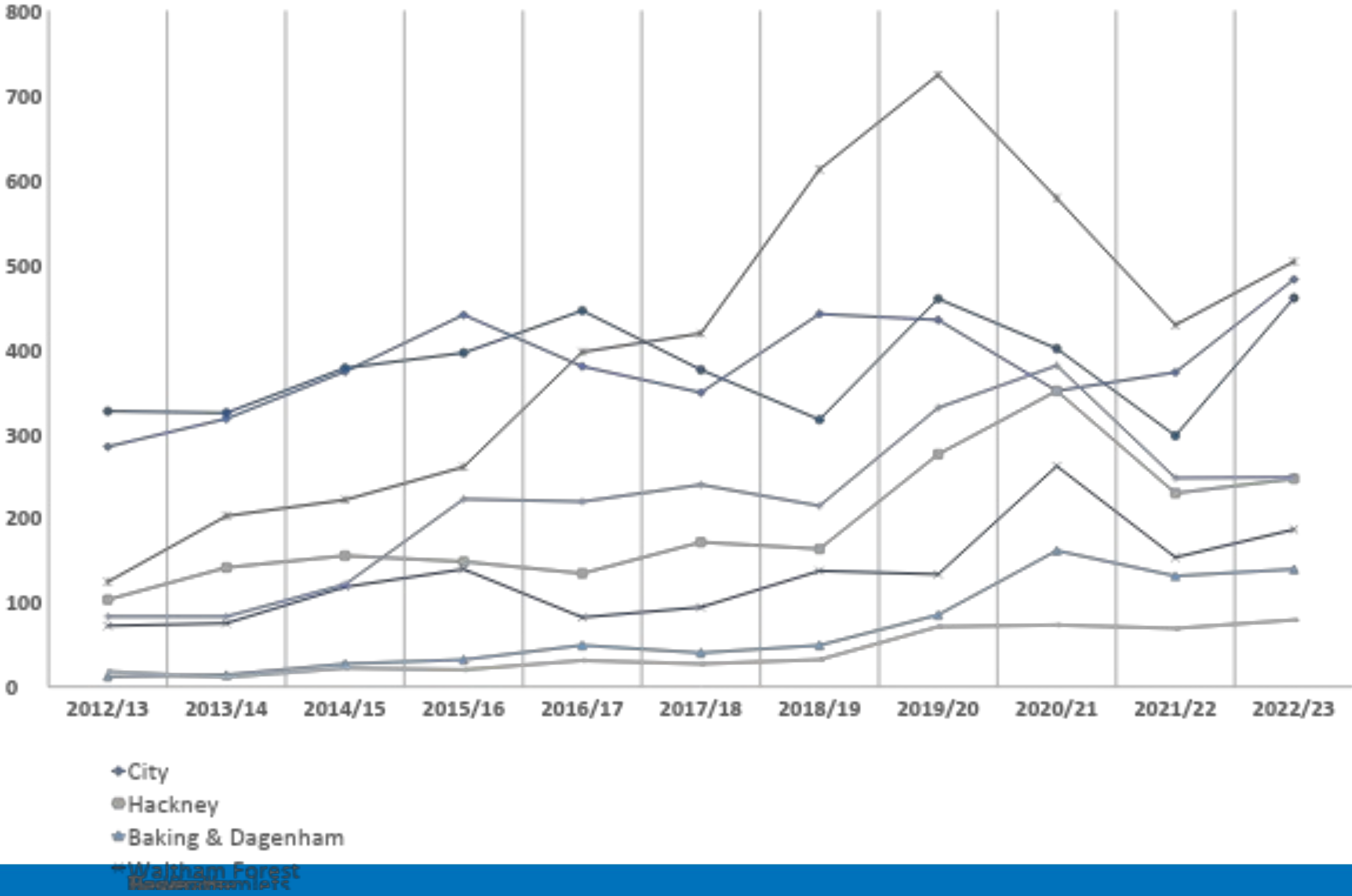
- **The housing system is a major driver of health inequalities across the life course, and of poverty**. When housing costs are taken into account, 38% of children in London were living in poverty in 2019/20, compared with 29% in the rest of the UK.[2]

- Increasing numbers of people experiencing homelessness including rough sleeping and the **poor health outcomes** associated with rough sleeping. **The average age of death in those who are homeless is 44 years** (on the street/in hostels).

- Many of **those in the poorest housing will also be facing a number of other challenges impacting their health**. Ethnic minority groups, young people, those with a disability are disproportionately impacted.

North East London Context, Rough sleeping: 2013 - 2023

- Since 2013, there has been a year on year increase in rough sleeping in North East London until 2020.
- During the COVID-19 pandemic there was a decrease in rough sleeping due to an increase in government funding for those experiencing homelessness via schemes such as the 'Everyone in' campaign and the 'Rough sleepers initiative’
- However, between 2013 and 2023 there has been an increase of **129.5%** in those rough sleeping



Improving the health outcomes of the homeless in North East London – emerging vision and priorities 22/23 – 23/24

Scope

Those experiencing homelessness includes; rooflessness (without a shelter, sleeping rough on the streets); houselessness (place to sleep but its temporary, in institutions or a shelter including refugee and asylum seekers); living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence, or staying with family and friends) ; and living in inadequate housing (in caravans on illegal campsites, extreme overcrowding)

Outcomes

To ensure the vulnerably housed in NEL have integrated health, housing, care, employment and community pathways that support a sustainable move away from homelessness resulting in improved health and social outcomes and a reduction in premature mortality.

Our approach

Population health management approach which is data and evidence driven

Our values

Trauma informed
Co-produced

Emerging Priorities – and ICB actions					
1. Equity across NEL identifying gaps in provision in outer boroughs and addressing unmet health needs accordingly • NEL outreach review • WF primary care review • Clinical leadership	2. Improving pathways for hospital discharge and step-down - OOHCM evaluation and business case OOHCM • Community of practice • OOHCM – NEL Bed base modelling / review	3. Improving access to primary and community provision • Registration - safer surgeries • universal proportionalism for health inclusion groups – MDT/ Care planning • Outreach review • Roll out of EMIS template to improve coding	4. Development of integrated specialist services across NEL • Co-occurring conditions review • RAMH	5. Preventing young people experiencing homelessness - System working to identify opportunities to prevent homelessness up stream – to be scoped	6. Supporting refugee and asylum seekers and those with no recourse to public funds • Estab NEL RAS working group • Outreach / pre-assessment model • Social prescribing / care navigators • Vaccination / imms

Enablers & required infrastructure

- Workforce: staff health & well-being, building communities of practice and training on trauma informed care
- Data, impact assessments, IT systems, information sharing agreements, primary care / acute coding
- Co-production, peer support and lived experience
- Addressing wider determinants of health through partnership working

City & Hackney ICB Commissioned Services

- The Greenhouse Practice (East London Foundation Trust – ELFT)
- Rough Sleeping and Mental Health Programme (RAMHP, ELFT)
- Pathway Homeless Team (ELFT and Homerton Healthcare Foundation Trust - HHFT)
- Lowri House (Peabody)
- Routes to Roots (Providence Row Charity)
- NEL Refugee and Asylum Seeker health outreach (April 24)

NEL Homeless Provision Specialist Practices, Outreach & OOHCM

Key:

Outreach:

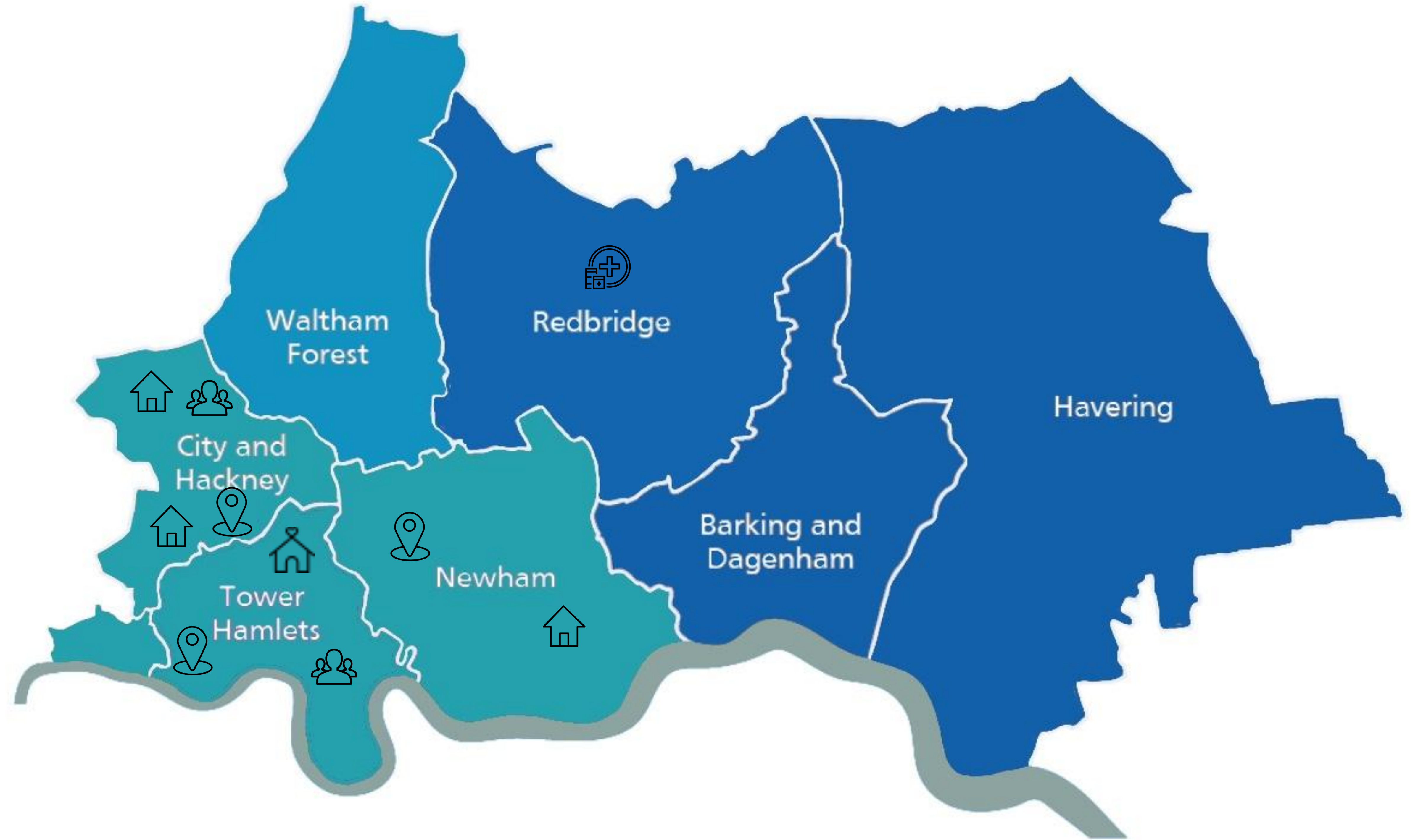
- ELFT
- NELFT
- PELC

Primary Care Specialist Practices:

- Greenhouse
- Health E1
- Transition

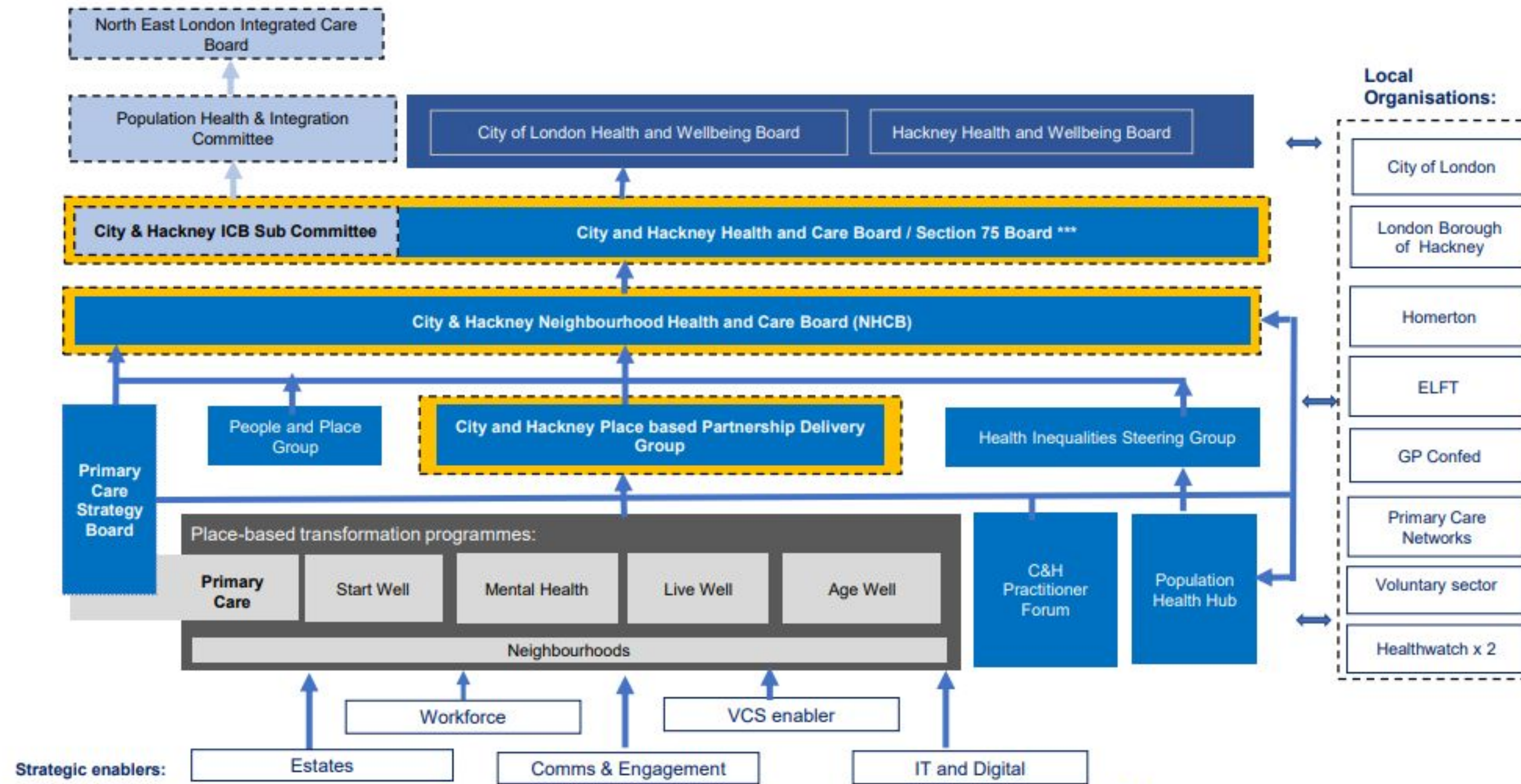
OOHCM Provision/ Step-down:

- Lowri House/ Gloria House/ Leggat House
- Mildmay
- Pathway/Routes to Root workers
- Welcome Centre



City and Hackney Place-based Partnership Governance

City and Hackney Place Based Partnership (PbP) Governance



*** = The Section 75 Board brings together sub-committees from the City of London Corporation, the London Borough of Hackney and the North East London Integrated Care Board to enable aligned decision-making between the statutory partners under powers conferred by section 75 of the NHS Act 2006 ('Section 75') and associated secondary legislation. Discussions under this arrangement take place within the City & Hackney Health and Care Board

= The **City and Hackney PbP key governance routes**

= Formal meeting of NHS NEL ICB

= Support meeting / function to the City and Hackney PbP

= Statutory meeting of the City and Hackney Place

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OFFICIAL

City and Hackney Governance - Summary of core function & responsibility of Board / Committee / Group

Board / Committee / Group	Summary of role and purpose
Health and Wellbeing Boards for the City and Hackney (HWBs)	• Statutory committees of the London Borough of Hackney and the City of London and statutory role is to improve the health and wellbeing of local people and reduce health inequalities. • Responsible for overseeing the development of the JSNA and producing a Joint Health and Wellbeing Strategy. • The significant overlap in membership between the Health and Wellbeing Boards and the CHHCB ensures that there is oversight across health and Care as well as those wider determinants of health
City and Hackney Health and Care Board (CHHCB)	• Non-statutory partnership board that sets the vision and strategy for the integrated care partnership - strategy that reflects national, NEL ICS and local priorities • Works in partnership with HWB ensuring that the PbP plan is appropriately aligned with the joint local health and wellbeing strategies produced by the HWBs; works as the health and care component of the Joint Health and Wellbeing Strategies. • Membership with representation from health and care organisations, the VCS and the two local Healthwatch organisations. There is clinical representation on the board and elected members from the City of London and Hackney are represented. There is Non Executive representation through Non-Executive Directors of provider organisations • Oversees system delivery of performance against national targets, NEL-level Long Term Plan commitments and Place strategy including the development of a local outcomes framework. • Develops regular mandate between CHHCB and NHCB that sets out expectations for the system • Oversees the use of resources within delegated financial allocations and promoting financial sustainability • Reports regularly to the NEL Population Health & Integration Committee, and through that Committee to the NEL ICB Board.
City & Hackney Neighbourhood Health and Care Board (NHCB)	• Executive partnership group tasked with delivering the strategy agreed by the CHHCB. This includes joint decision making by partners in relation to operational delivery, use and prioritisation of local system resources and management of local system performance. • The membership includes Chief Executives and Executive reps from health, social and voluntary care partners. • The NHCB is responsible for the development and recommendation of joint proposals for local services or transformation that would be submitted to the CHHCB for final approval
City and Hackney Place based Partnership Delivery Group (DG)	• The Delivery group is the vehicle for operational collaboration on the delivery of local services for the partnership • Membership of the Delivery Group is made up of Senior Service leads from health, social and voluntary care partners • The group ensures that all proposals meet the requirements around the delivery of strategic priorities and focus areas of the partnership as well as suggests transformation proposals to be considered by the Neighbourhood Health and Care Board. • The group is responsible for the development of an Integrated Delivery Plan and Priorities; Providing oversight and assurance on the delivery of the plan to the NHCB and ensuring that the range of transformation work across the system involves the right partners.