



North Central London
Clinical Commissioning Group

Homeless Health in North London

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Homeless health inequalities in London

- **NHS long term plan** (LTP) recognises poor health outcomes of those affected by homelessness – likely to die **30 years earlier** than the general population
- Often living with **multi-morbidities**, accessing healthcare through Emergency Departments & discharged back to street
- LTP led to NHS England **targeted funding** to identified areas, including **Haringey**, to support mental health needs of homeless population
- Pre-Covid development of the **London Vision** – no deaths on street and no discharge to street
- Homelessness rising in London over last 10 years and socio-economic impacts of COVID-19 is likely to see that grow further in NCL particularly Enfield/Haringey

Needs analysis of homeless population shows that:

24% No Recourse to Public Funds

52% Black, Asian and Minority Ethnicity (BAME)

15% over 55 years

23% Not registered with a GP

35% Drug, Alcohol or Mental Health Problems

9% Problems getting up stairs

12% Clinically Extremely Vulnerable (Shielding)

38% Vulnerable (Have one of a range of conditions increasing risk)

Covid-19: impact and response

Impact of Covid on homeless health

- During wave 1, London policy of no discharge to street, however Covid funding to local authorities to maintain this was not sustained
- Challenge of homeless population being able to access health services e.g. primary care currently running a “digital first” approach to appointments
- Difficult for hospital discharge teams to get homeless patients out of hospital into appropriate longer term accommodation
- Anticipated difficulties with providing Covid vaccine to this cohort due to vaccine scepticism and need to attend for two doses – expecting that homeless patients will be prioritised for AstraZeneca vaccine, delivery plans TBC
- Rough sleeping increasing due to unemployment, poverty etc. but many shelters are unable to accommodate people due to infection control and social distancing restrictions

London offer in response

- UCLH Find and Treat team responding to health needs of rough sleepers, GLA funded through wave 2.
- 14 specialist intermediate care beds for London established until March 2021 - referral via find and treat
- @16 isolation beds at London City Airport Ibis Hotel
- GLA funding hotel places in Waterloo and Wandsworth – currently no sites in North London
- NHE/I homeless flu vaccination emphasis in ICS areas and commissioning Find and Treat too - preparation for priority in Covid vaccination plans

The NCL Homelessness Vision - DRAFT

To support all rough sleepers, multiple exclusion homeless, those in encampments, vulnerable people in temporary accommodation, hidden homeless. To move people on to appropriate permanent accommodation and provide access to integrated housing, health, care, employment and community support to transition into a sustained recovery from homelessness

Infrastructure/Enablers

- Data & evidence
- Contract management
- Info Sharing Agreements
- IT Systems
- Joint Commissioning

Governance

- Borough Health & Wellbeing Board
 - Borough Partnership (ICP)
- Rough Sleeping Strategic Board
 - MEAM Strategic Board
 - NCL Homelessness Leads

Healthcare

- Support to register with GP
- Frailty, palliative care and end of life provision
- Mental health pathways (including dedicated homelessness services)
- 111 and ED support
- Support to access to wound care, dentistry, podiatry, immunisation etc.

Public Health

- Access to substance misuse services (specialist for homelessness or generic)
- Dual diagnosis support and care planning
- Sexual health, BBV testing, smoking cessation

Income, employment, education

- Range of education, employment and training opportunities in each borough
- Benefits and immigration support, legal advice

Social Care

- Safeguarding for vulnerable groups (including DV and modern slavery)
- Dedicated social workers and care act assessments where appropriate

Accommodation

- Supported Housing
- Social Letting Quotas
- Night Shelters with support from Housing First
- Floating Support Services and Outreach Team

VALUES

psychologically informed

trauma informed

strengths-based

co-produced

BUSINESS CONTINUITY PLANNING

Covid19 response / cohorting approach

Health assessment priority needs for housing, with range of accommodation to address needs

Second wave planning / winter planning & flu vaccination

Support staff health & wellbeing

Dedicated homeless health services by NCL borough



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Borough	Primary care	Outreach	Substance misuse	Wound care
Barnet	GP homeless satellite clinic commissioned by CCG	Barnet Homes rough sleeper outreach		
Camden	Camden Health Improvement Practice (CHIP) – dedicated homeless GP practice	Routes off the street team	Homeless expertise within substance misuse service and rapid access to treatment	Dedicated service for CHIP-registered patients
Enfield		Housing outreach and support services , outreach via Thames Reach out of hours	Expertise within substance misuse service but no dedicated service	
Haringey	Joint appointments with outreach team in certain practices	Homeless health inclusion team (HHIT). BEH provide health outreach	Dedicated dual diagnosis navigator and in-reach roles for homelessness	Yes, paramedic in the HHIT
Islington	Priority access to same day appointments via extended access	Homeless outreach. Health navigation via Groundswell	Better Lives provides dedicated outreach to homeless	

Emerging priorities in NCL

Immediate (Jan – Mar 2021)

- Improving wound care for homeless people through specialist nurse provision
- Streamlining hospital discharge using “move on coordinator” roles in each NCL borough
- More detailed priority setting for 2021-22 using dedicated programme management resource

Longer term (2021 – 2022)

- “Level up” funding and investment between NCL boroughs – accessing Shared Outcomes Funding 21/22
- Development of consistent specialist services across NCL (e.g. mental health, substance misuse)
- Improving homeless access to general NHS services (e.g. registration with a GP)

Questions for North London directors of housing

1. What are the priorities for homeless health (both during the Covid pandemic and longer term) as you perceive them? How can we work more closely to tackle them?
2. How can we work together to streamline hospital discharge for homeless people into suitable ongoing accommodation?
3. How do you want to be involved in the further development and delivery of our priorities for homeless health and more broadly re health and housing?

Housing and Health – a wider discussion?

Ageing Better Good Home Inquiry with Kings Fund suggests 18% of homes not decent. Warmth, mould and trip hazards are main risks to health. £1 spent on warmth = £4 health benefits. Disabilities Facilities Grants can be used to make low cost changes to prevent falls – key seems to be about linking housing with admission avoidance and discharge pathways.

Derby City Council – Healthy Housing Hub demonstrated a reduction in A&E attendances of 39%, reduction in length of stay of 53% and 20% fewer admissions

Nottingham City Homes – representative sits on ICP Board and has led to closer working with community matrons and changes in sort of provision made to more closely reflect needs of population.

Fylde Coast CCG – using population health management approach to tackle health needs of people in homes of multi-occupation (HMOs). Identified 2-3000 people at risk. GP data and Council data re people in HMOs – live data so GPs can make inquiries of housing issues linked to health and wellbeing workers.

What opportunities are there to work more closely on these issues?