North Central London Integrated Care System

Overview of Inclusion Health in Enfield and North Central London

Public Health, London Borough of Enfield

Communities Team, North Central London ICB

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NCL Inclusion Health Needs Assessment

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The needs assessment aims to synthesize evidence on the health needs of targeted populations across the five boroughs, identifying the size and demographic profile, health needs, services and gaps in order to inform the ICS commissioning strategy and articulate need for sustainable funding.

Rapid Evidence Review for Inclusion Health groups

Phase 1

Phase 2

Lived Experience interviews person journeys

Strategic insight through interviews with key senior stakeholders

Frontline staff experience via staff survey

Estimating severe multiple disadvantage using existing data sources

Engagement and workshop with partners and people with lived experience

Developed with DsPH across NCL

Recommendations

ICS plan for homelessness and inclusion health

Scope - People experiencing homelessness, Gypsy, Roma and Traveller communities, sex workers, vulnerable migrants and those with a history of imprisonment.

Context

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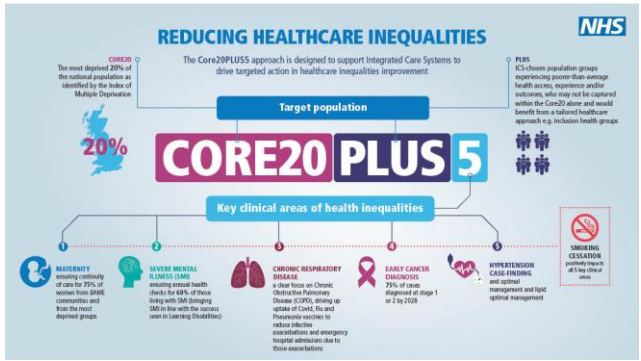
- The Inclusion Health Needs Assessment supports the **Enfield Joint Health and Wellbeing Strategy 2020-2023** to improve the health and wellbeing of the local community and reduce health inequalities for all.
- The Inclusion Health Needs Assessment also aligns with a range of Council strategies:
  - Preventing Homelessness and Rough Sleeping Strategy
  - Children and Young People Plan
  - Violence against Women and Girls (VAWG) Strategy
  - Safeguarding Adolescents from Exploitation and Abuse Strategy
  - Enfield Poverty and Inequality Commission Report 2020
  - Fairer Enfield, Equality, Diversity and Inclusion Policy 2021-2025
  - Enfield Early Help for all Strategy 2021-2025



- **Health and Wellbeing Board guidance:** Inclusion Health is included in guidance for Health and Wellbeing Boards https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement.
- **Integrated Care Strategy**: Inclusion Health is specifically mentioned within the statutory guidance for developing ICS Integrated Care Strategy; https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies.
- **CORE20PLUS5:** Inclusion health groups feature in the 'PLUS' element to support the reduction of health inequalities at both national and system level.
- **NICE Guidance (214)** on Integrated health and social care for people experiencing homelessness recognise the additional and specialist care required by this population to improve health outcomes:

Phase 1 overview

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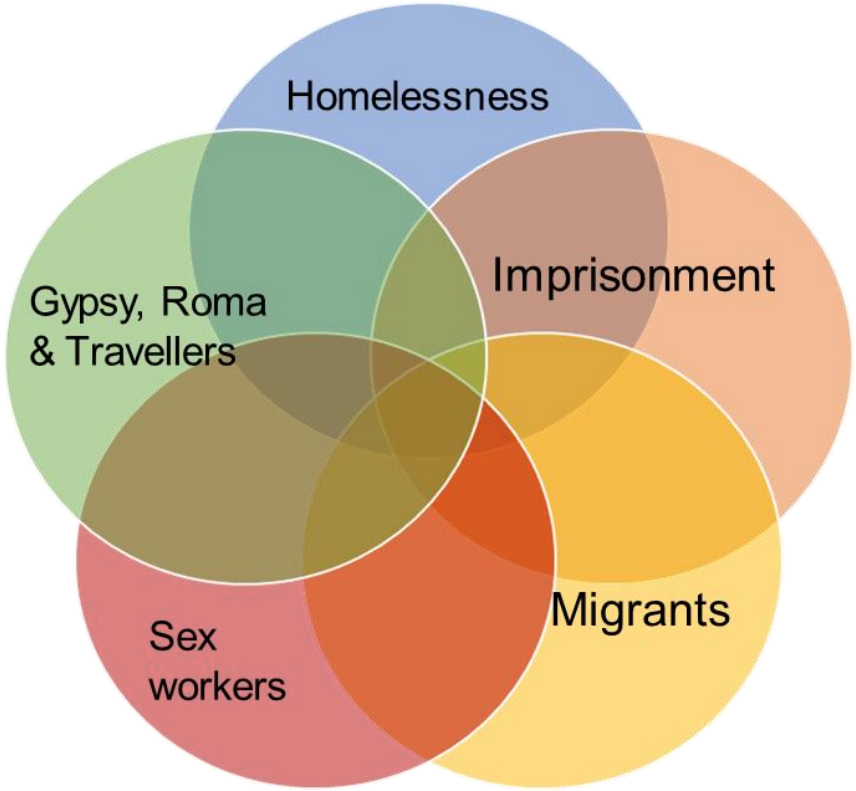

- There are overlaps among inclusion health groups, with many individuals facing severe **multiple disadvantage** and common drivers of social exclusion that push people into homelessness, sex work and prison.
- There are **overlaps among inclusion health groups**, with many individuals facing severe multiple disadvantage and common drivers of social exclusion that push people into homelessness, sex work and prison.
- Inclusion health groups often have many similar **health needs**, particularly related to mental health, substance abuse, TB and STIs and untreated long-term conditions, leading to higher mortality.
- Within the 5 broad inclusion health categories, there is also **substantial diversity** : people with a history of imprisonment; those engaged in direct (on and off street), survival and indirect sex work; Romany Gypsies, Irish travellers, Roma people, travelling show people, new travellers and liveaboard boaters; asylum seekers, refugees and undocumented migrants; rough sleepers, statutory, single and hidden homelessness.

Gypsy, Roma and Traveller community

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Romany Gypsies, Irish Travellers and Roma People are recognised in law as being an ethnic group protected against discrimination by the Equality Act 2010. Additionally Travelling show people, New Travellers and Liveaboard boaters may have a nomadic lifestyle.

Barriers in accessing healthcare

Nationally, among Gypsy and Traveller communities:

- GP registration rates are low – between 50-91% – with some evidence of higher rates of use of A&E services
- This is often related to lack of proof of identity and permanent address, low literacy, language barriers and fear of stigma and discrimination.
- Compared to the general population, they are less likely to visit the practice nurse, a counsellor, chiropodist, dentist, optician or alternative medical workers, or to contact NHS Direct or visit walk-in centres than their counterparts.

Among Bulgarian Roma communities in Edmonton:

- 33% of households had a family member who was not registered with a GP. The most prominent reason for this was a lack of trust and language barrier, followed by being unable to provide a proof of address.
- 80% reported they would reject an opportunity to have the Covid-19 vaccine.
- They would like better access to children's health services and sexual health services; however, respondents also reported that they were most reluctant to access sexual health services.
- Barriers to health services included language, lack of knowledge of services, lack of trust, low digital literacy and access to digital equipment. Respondents indicated that information campaigns in their own language, presence of frontline workers representing their community and a telephone line in Bulgarian/Roma would help to improve access.

Mental health	Physical health
Anxiety, depression Suicide	Lower life expectancy, fewer years in good health LTC or disability Poor birth outcomes & maternal health Low childhood immunization

Gypsy and traveller population

Borough	2011 Census	GP Registered	Traveller caravan count (2018 – 2021) MHCLG
Barnet	151	421	11
Camden	167	69	39
Enfield	344	784	0
Haringey	370	1,113	43
Islington	163	82	0

- In NCL, the majority are aged between 20-44 and compared to London, there is a higher proportion of under 19s in all boroughs apart from Islington.
- There are no current estimates of the Roma population in NCL, although the 2021 census will have this information.

Service landscape

- Edmonton Community Partnership and Healthwatch Enfield – supporting the Bulgarian/Roma community in Edmonton
- Enfield Council Doctors of the world mobile clinics - weekly mobile health clinics offering GP registration, health assessments, dental, sexual health and pregnancy services and advice on health costs

Vulnerable migrants

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- Migrant: who leaves their country of origin to reside in another for the purpose of work, study or closer family ties.
- Forced migrants: who has been forced to leave their country of origin due to war, conflict, persecution or natural disaster.
- Asylum seeker: have applied for asylum under the 1951 Refugee Convention on the Status of Refugees on the grounds that they have a well-founded fear of persecution should they return to their home country.
- Refugee: status of refugee has been conferred under the 1951 Refugee Convention on the Status of Refugees.
- Undocumented migrant: who has entered the UK in a forced or unforced manner but has lost or never obtained the right to residence.

Barriers in accessing healthcare nationally

In the UK, all asylum seekers, refugees and victims of modern slavery/human trafficking are entitled to primary care NHS services free of charge. However many face barriers to access including:

- Denial of GP registration if applicant does not have identification or proof of address
- Transport costs
- Language barriers and digital exclusion
- Lack of understanding or knowledge of their health rights and healthcare system
- Fear of arrest or immigration enforcement if they access healthcare services.
- Trauma triggers that may not be considered when providing healthcare.

Mental health	Physical health
• Depression, anxiety, PTSD, psychotic disorders	• TB, Hep B & C, HIV; other communicable diseases • Diabetes • Cancer diagnosed at later stage • Poor perinatal outcomes

Service landscape in Enfield

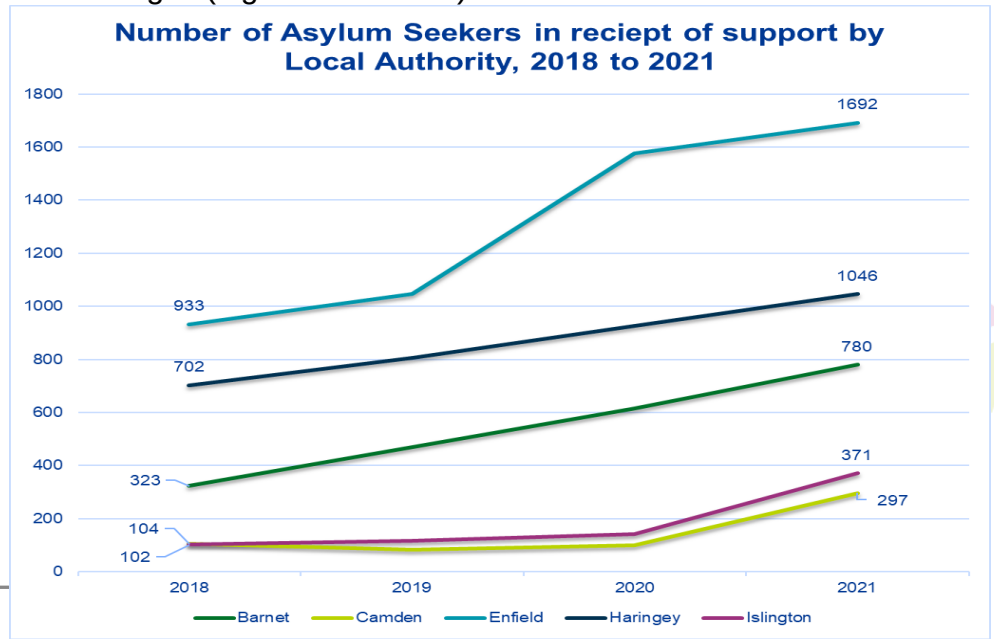
- Promotion of Safe Surgeries that welcome migrants and allow individuals to register with a GP without asking for documents
- Primary care holistic assessment for adults and children arriving from Ukraine

Migrants comprise 31-47% of borough populations

Borough	Non-UK born residents	% of total resident population
Barnet	164,000	41%
Camden	124,000	47%
Enfield	**122,000**	**36%**
Haringey	87,000	31%
Islington	90,000	37%

Source: Annual Population Survey

The number of asylum seekers in receipt of LA support has risen in all NCL boroughs (highest in Enfield).



Source: MHCLG Resettlement Statistics

Homelessness

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Includes
- Rough sleepers
- Statutory homelessness people meeting specific criteria to whom LA has a duty,
- Single homelessness
- Hidden homelessness

Insight into lived experience and COVID response

- **Women's homelessness** is unique and often 'hidden' compared to men. Women have high levels of support needs and experienced sustained homelessness. Contact with child protection systems were widespread, as were experiences of domestic abuse and poor health[10].
- **Families with children under 5 living in temporary accommodation** faced a range of health impacts during the pandemic including limited access to primary care, higher hospital admission, poor nutrition, substance use, suicide risk, and other mental health impacts[12].
- **Barriers to healthcare** include stigma and discriminatory practices by healthcare professionals, lack of trauma informed approaches, limited integration of health and social care services, particularly for people facing multiple disadvantage, fixed appointment times and lack of awareness around GP registration and entitlement to healthcare[13-16].
- **During Covid**, people experienced isolation and loneliness, digital exclusion and a lack of meaningful activities to keep them engaged; there was also a need for supported accommodation and additional increased emotional support[8].

Health service landscape

- Specialist GP service for rough sleepers and people experiencing homelessness with complex needs based at Somewhere Safe to Stay Hub (in mobilisation) – Inequalities Fund
- Promotion of Safe Surgeries that welcome migrants and allow individuals to register with a GP without asking for documents
- Move on coordination following hospital discharge, part of the NCL Out of Hospital Care Model for improving discharge care and support for people experiencing homelessness
- Appendix 1 describes the NCL vision for homeless health

Borough	Rough Sleepers (CHAIN 2020/21)	Statutory Homelessness (2020/21)	HealtheIntent (GP)	NCL LA** (Oct-Nov 2021)
Barnet	282	2,030	77	282
Camden	630	1,098	916	847
Enfield	**326**	**1,905**	**64**	**550**
Haringey	405	2,383	113	633
Islington	388	1,623	155	533

* LA estimates based on RS, single homelessness and those in temporary accommodation

Crisis estimates that **62%** of homeless people are **hidden homeless** and 75% have never stayed in temporary accommodation organised by the local authority, nor stayed in a hostel (57%)[1].

Mental health	Physical health
• Suicide • Bipolar disorder, personality disorder, schizophrenia, PTSD, major depression • Substance misuse	• Lower average age of death • Average age of death is 30 years lower than the national average; 46 overall and 43 for homeless women. • Joint & muscular problems, dental issues, chest pain, breathing problems, eye problems, skin and wound conditions • Asthma, TB, heart disease and Hep C

Sex workers

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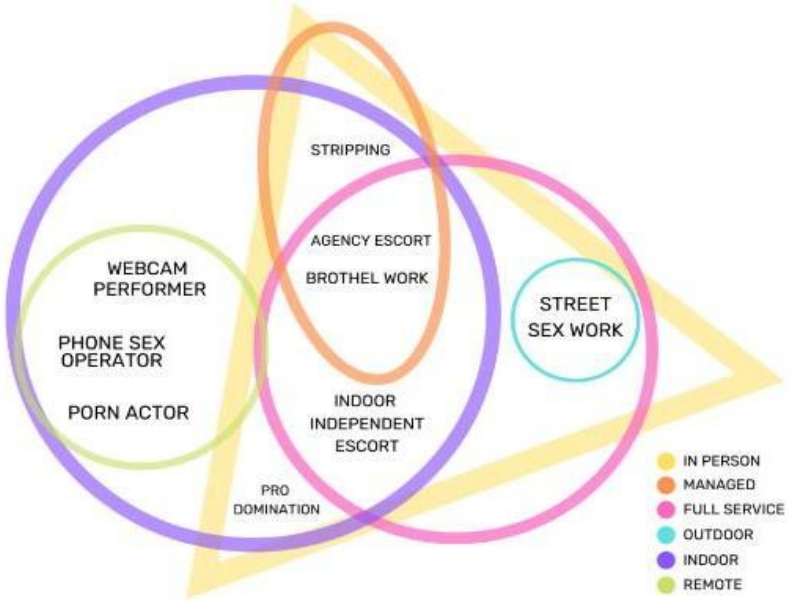
The term “sex worker” refers to any person who provides sexual services in exchange for money or other basic necessities such as food or shelter**.** This includes direct sex work, survival sex work and indirect sex work.

Demographics

No local estimates available

London demographics show that

- Approximately 32,000 of sex workers are estimated to work in London. London has a higher proportion (30-40%) of male and trans sex workers. Many are from Latin America and are more likely to have completed higher education.
- The Open Doors service for sex workers found that the majority of the sex workers they engage with are 18-40 years old and come from a mix of ethnic backgrounds, though more of their service users are British-born.
- A study conducted by the Hackney Open Doors service found:
  - **On-street workers**: Mostly female of white, black, or mixed UK heritage; local borough residents, age 25-45, often struggle with homelessness, substance misuse, and poor mental health.
  - **On street migrant workers:** Mostly female Eastern European, mobile across London, living in HMOs, age 19-35, less likely to struggle with drugs, but often experience immigration issues and language barriers
  - **Off-street:** Mostly migrant, more likely to be male or trans compared on on-street workers, mix of nationalities depending on changes in visa restrictions.



Intersections across types of sex work.

Barriers in accessing healthcare nationally

- Fear of stigma and discrimination leading to avoidance of care or not disclosing their work status.
- Fear of prosecution and zero-tolerance policies
- Gender insensitivity, particularly for trans sex workers
- Lack of flexibility around appointment times
- GP registration. Data on GP registration varies, with some services reporting low-levels of registration (especially among sex workers experiencing homelessness), while others point to relatively high GP registration
- Sexual health and substance misuse services were perceived to be the most accessible, and mainstream general practice and mental health services less accessible.6 Sex workers are likely to present with severe health needs in A&E settings

Mental health	Physical health
• PTSD, anxiety, depression and eating disorders • Substance misuse (alcohol & drug use, chemsex amongst males)	• TB and other respiratory illnesses, Hep B & C, STIs • Untreated LTCs • Terminated pregnancy • Injuries & violence

People with a history of imprisonment

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- A person with a history of imprisonment, or a person with a history of contact with the criminal justice system are preferred terms for individuals who have spent time in dentation or custody.
- Individuals with experiences of a variety of criminal justice institutions, including
  - Prisons (both private and public)
  - Young offenders institutions
  - Secure colleges or secure training centres
  - Parole or probation protocols
  - IRCs (Immigration Removal Centres)

Demographics

No local estimates available

National demographics data shows that:

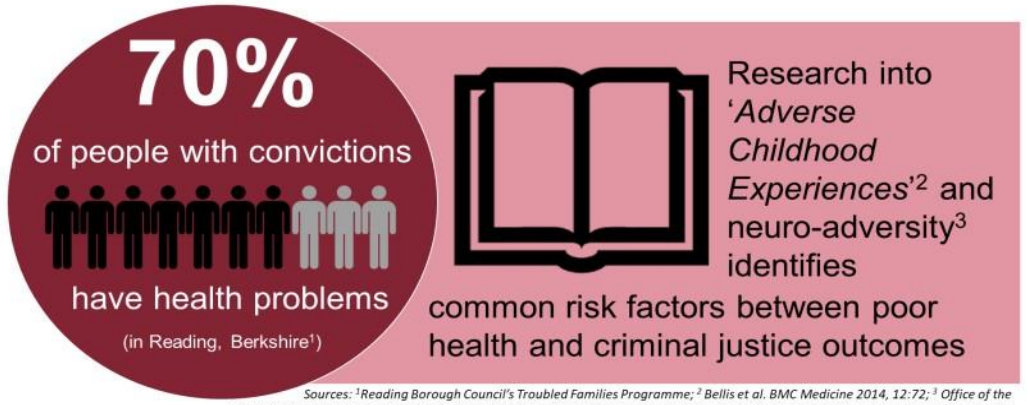
- 96% are male
- Nearly a third are 30-39 years old (32.7%), however older people are the fastest growing group among the prison population, with 17% already being over 50 years old.
- 46% re-offend within a year of release
- Most are sentenced for less than 12 months (74%), with almost half (43%) sentenced for less than 6 months, though they will still experience the negative effects of incarceration on health.
- Compared to the general population, those with a history of imprisonment are:

20x more likely to have been excluded from school
13x more likely to have been in local authority care
13x more likely to be unemployed
And 50% have low literacy levels

Mental health	Physical health
• Suicide, suicide attempt and self-harm rates • Personality & psychotic disorders • Substance misuse	• Mortality • TB, Hep A, B, C, syphilis, HIV • Chronic illness

Barriers in accessing healthcare nationally

- **Fear of stigma and discrimination**
- **GP registration**, with 50% lacking a GP on release[10]
- Inadequate **mental health services** both in and post prison
- **Lack of continuity of care** once leaving prison:
  - Particularly for drug treatment, methadone maintenance and dental health
  - Because of this gap in care and the huge level of vulnerability post-prison, in terms of physical health, time in prison may almost act as a protective factor, with health likely to deteriorate further upon release[3]
  - Sexual health is an exception, with robust pathways between prison and specialized services leading to an uptake of STI testing and treatment



Sources: [1] Reading Borough Council's Troubled Families Programme; [2] Bellis et al. BMC Medicine 2014, 12:72; [3] Office of the Children's Commissioner for England, 2012. Nobody Made the Connection: The prevalence of neurodisability in the youth justice system

Discussion and next steps

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Questions

- How does the insight from Phase 1 support Enfield's plan for addressing health inequalities?
- What are the key priorities for Enfield for Phase 2 of the Inclusion Health Needs Assessment?

Next steps

- Complete engagement for Phase 2 of the Inclusion HNA
- Co-produce a set of recommendations for Enfield Borough Partnership, Enfield Health and Wellbeing Board and NCL Integrated Care Partnership (ICP)
- Co-produce an Enfield and an ICP plan for health improvement for Inclusion Health Groups
- Plan presented and discussed at Enfield HWBB in the new year

Appendix 1: NCL vision for people experiencing homelessness

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NCL vision for people and families affected by homelessness

To support rough sleepers, multiple exclusion homeless, those in encampments, vulnerable people, families in temporary accommodation and hidden homeless by providing access to integrated housing, health, care, employment and community support to transition into a sustained recovery from homelessness.

Developed with borough homelessness leads – used as format for borough planning/priorities

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

Governance

Borough Health & Wellbeing Board
Borough Partnerships
Rough Sleeping Strategic Board/MEAM Strategic Board
ICB Strategic Commissioning Committee

VALUES embedded through training

- psychologically informed
- gender informed
- trauma informed
- strengths-based
- co-produced
- accessible and inclusive services

Healthcare

- Mainstream services

GP registration
Dentistry, Optometry
Community Health
Mental health
Specialist nursing
Health peer advocacy

- Primary and integrated care

Specialist GP and LCS
Dedicated / specialist MDT - mental health, substance misuse, physical health
Health peer advocacy
Children's services
Safeguarding

- Out of Hospital Care

Dedicated Intermediate Care
Move on coordination and system coordination
Health peer advocacy
End of Life Care
NHS 111

Drug & Alcohol

- Ongoing stabilisation
- Substitute prescribing
- Care planning / Detox support / Dual diagnosis support

Prevention

- BBV testing
- Sexual health
- Smoking cessation
- Immunisation and vaccination
- Cancer screening
- Nutrition

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

Benefits, legal and other specialist advice

- Benefits support
- NRPF
- immigration support
- Other legal advice

Interdependencies

- Violence Against Women and Girls
- Adult and child Safeguarding
- COVID-19 response
- Staff health and wellbeing

Accommodation

Supported Housing, Social Letting Quotas
Night Shelters with support from Housing First

Floating / peer / keyworker support to connect up the system of health, care, housing and other support including engagement in social connections and meaningful activities