



Healthier City and Hackney Fund Key Priorities:
***Navigating health and social care for homeless people and
Rough sleepers***

Navigating health and social care for homeless people and rough sleepers is one of the four priorities for our **Healthy Activities** grant.

Topic in a nutshell

Ill health can be both a cause and consequence of homelessness. Many homeless residents face real or perceived barriers to accessing healthcare, caused primarily by the complexity of the care system and the challenges caused by their transitory circumstances. The notion of [inclusion health](#) begins to address this, and we would welcome bids from VCSE groups that support homeless people to confidently access the right care within our local systems.

Why is this important?

The London Borough of Hackney, The City of London and City and Hackney Clinical Commissioning Group (CCG) want to ensure healthcare services are part of the solution for insecure housing and poor health, enabling people who are homeless or rough sleeping to lead independent lives and work towards a home of their own.

In 2017/18, 949 households were accepted as homeless in Hackney, a steep rise from 2011/12, when 686 households were accepted as homeless. In 2015/16, the City took 48 applications from households who were homeless or at risk of homelessness, which also represents a marked increase in recent years.

In Hackney in 2015/16, 148 people were identified as sleeping rough and 440 people were seen sleeping rough on the City streets in the same year.¹

Homelessness has well-documented negative health impacts. Homelessness and rough sleeping are strongly associated with poor physical and mental health and short life expectancy. For example, according to a 2011 report by the homeless charity Crisis, the average age of death of a street homeless person was just 47 years, 30 years younger than average in general population. This was backed by a 2018 study of mortality in patients at the Greenhouse, Hackney's specialist GP practice for homeless residents, which also found that the average age of death was 47 years old.²

A common cause of death among homeless people is drug and alcohol abuse; suicides, fatal traffic accidents, infections and falls are also much more common causes of deaths in this population.

¹ City and Hackney JSNA

² 'Homeless mortality data from East London'

https://www.tandfonline.com/doi/full/10.1080/17571472.2018.1458443?scroll=top_needAccess%3Dtrue&#.WuNf4SI9KtY.linkedin

As well as homelessness causing or exacerbating health problems, health needs are often the reason that people become homeless in the first place. The longer people remain without a stable and safe place to live, the more these problems multiply and the harder they are to overcome.

Physical mental and substance misuse issues remain prevalent among the homeless population at levels that are much higher than those experienced by the general population. Analysis conducted by Homeless Link found that almost all long-term physical problems are more prevalent in the homeless population than the general population³.

The proportion of homeless people diagnosed with mental health problems (45%) is nearly double that of the general population, with depression especially prevalent. The analysis also found that 77% of homeless people smoke, 35% eat fewer than 2 meals a day and two thirds consume more than the recommended amount of alcohol each time they drink. Poor health outcomes for those in insecure housing affects people across the lifecourse.⁴

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Research has found that many homeless people die in unsupported, unacceptable situations. There are complexities in identifying whether a homeless person or rough sleeper is palliative, particularly in combination with substance misuse services.

What do we know about the [navigation of health and social care services for rough sleepers and homeless people in Hackney and the City of London?](#)

It is difficult to understand exactly which services people experiencing rough sleeping in City and Hackney access, and benefit from, i.e their quality and continuity of care.

Health needs and preferences of people experiencing rough sleeping are often not known or shared between services working with them. In City and Hackney there is often no clear pathway for services, and there are gaps in services across the spectrum for people in this situation. Provision is often reactive and focuses on crisis management rather than planned and preventative.

Services are available such as **the Greenhouse** which is a long-established specialist homeless health service. Services provided include full health assessment, GP registration, welfare and benefits support, help with access to employment, training and volunteering; legal advice for people registered at the medical practice; and links to other support

³ Homeless link - <https://www.homeless.org.uk/facts/our-research/all-research-reports/homelessness-and-health-research>

⁴ 'The impact of homelessness on health: a guide for local authorities'
https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF

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services. The Practice list has increased from 860 patients to 1,076 patients in the last four years.

What are our areas of interest?

We would welcome bids from VCSE groups that support homeless people to confidently access the right care within our local systems, with focus on the following particular areas:

- Increasing GP and dentist registration for homeless people and rough sleepers.
- Projects that proactively help homeless people and rough sleepers to understand and manage their health and wellbeing more independently, .
- Projects that highlight and reduce the barriers to homeless people and rough sleepers accessing health and social care services.
- Reducing re-admittance to hospital and decreasing A&E attendances of homeless people and rough sleepers.
- Improving End of Life care provision for homeless people and rough sleepers-. H homeless people may have specific issues and needs that make accessing end-of-life care difficult for them. These things can also make it challenging for health and social care professionals to plan and deliver end-of-life care.

Topics areas to avoid

- Solutions for housing provision for homeless and rough sleepers.
- Projects that solely provide information and wayfinding for homeless residents
- General support services to homeless and rough sleepers that are not health specific (or include a strong element of health).