Inclusion health

Samantha Dorney-Smith, Nursing Fellow, Pathway / Homeless Health Programme Lead, Queen's Nursing Institute

Dr Zana Khan, GP Clinical Lead KHP Pathway Homelessness Team, NIHR in-practice GP research fellow UCL, Education Fellow, Pathway





'Inclusion health is a research, service, and policy agenda that aims to redress extreme health and social inequities among the most vulnerable and marginalised in a community.'







Inclusion health groups - how many individuals...?

- 320,000 homeless people, including children
- **70,000** sofa surfing
- **83,787** prisoners
- **170,559** asylum seekers
- ? **500,000** illegal migrants
- ? 300,000 Gypsies and Travellers
- ? 200,000 Roma
- ? **72,800** sex workers
- 500,000 experiencing factors of severe and multiple disadvantage
- 14 million people (1:5 of the UK population) are in poverty



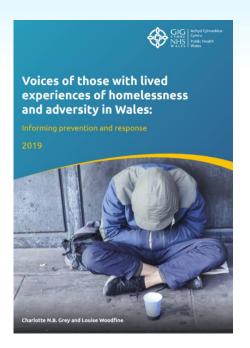


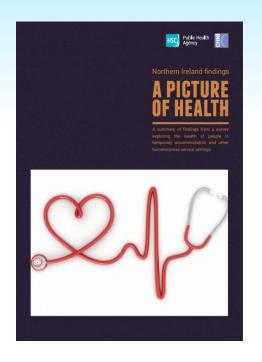
4 country perspective

Differences in legislation and responses across countries and even across areas e.g. Homelessness Reduction Act, local connection, sex worker



responses









Homelessness and Health, Complex needs & Trimorbidity

- Substance misuse > 60% history of substance misuse
- Mental health 70% reach criteria for personality disorder
- Physical health >80% at least 1 health problem,
 20% > 3 health problems
- Onset of related functional impairment 10-15 years early





HOMELESS HEALTH MORBIDITY

Neurological:

Traumatic brain injury

Alcohol withdrawal seizures, epilepsy

Korsakoff – Wernicke syndrome

Cerebellar degeneration

Syphilis

Skin:

Cellulitis

Abscesses

MRSA

Eczema

Psoriasis

Fungal

infections

Scabies

Lice

Dental

Respiratory:

COPD / asthma Pneumonia

Gastrointestinal:

Peptic and duodenal ulcers

Oesophageal varices

Alcoholic liver disease and cirrhosis

Cancer of the oesophagus and stomach

Malnutrition

Gastritis

Crack lung

TB

Mental health:

Substance misuse Depression / anxiety Self harm / suicide

Personality disorder

Psychosis

Thiamine deficiency

Pancreatitis

Cardiac:

Endocarditis

Cardiomyopathy

Hypertension

Vascular:

DVT PE Stroke

Feet:

Trauma, cellulitis

Athletes foot

Venous stasis, oedema, infection

Peripheral neuropathy

Frostbite

Myocardial infarction

Leg ulcers

Genitourinary:

Erectile dysfunction

STIs

Recurrent UTIs

Cervical cancer

Bladder cancer

Systemic:

BBVs

Septicaemia

Anthrax

Diabetes

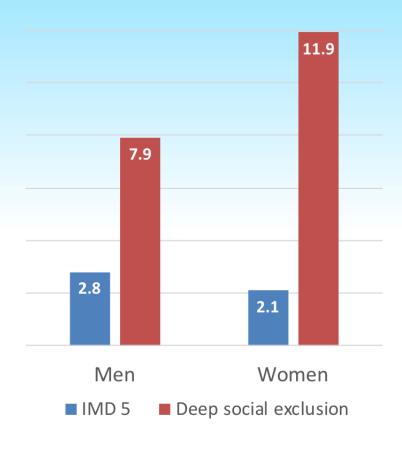
Overdose





Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high income countries

Standardised mortality ratios (SMRs)







Homelessness

Homeless deaths rise by a quarter in five years, official figures show

Office for National Statistics say estimated number rose to nearly 600 last year

Patrick Greenfield

Thu 20 Dec 2018 10.16 GMT















▲ The average age of a rough sleeper at death was 44 years for men and 42 years for women. Men made up 84% of homeless deaths, ONS figures show. Photograph: Christopher Furlong/Getty Images

1 October 2019 at 10:08am

Deaths of homeless people in Wales more than doubles in a year



Credit: PA Images





NHS

Figures show soaring number of homeless hospital patients

NHS Digital figures show admissions in England rose from 1,539 in 2008/9 to 10,259 in 2017/18

Sarah Marsh and Patrick Greenfield

Wed 20 Feb 2019 14.37 GMT







This article is over 1 month old



▲ Experts put the rise in hospital attendances down to cuts to services and austerity. Photograph: Yui Mok/PA

Thousands of homeless people in England are arriving at hospital with





Practitioner level barriers to care for inclusion health groups

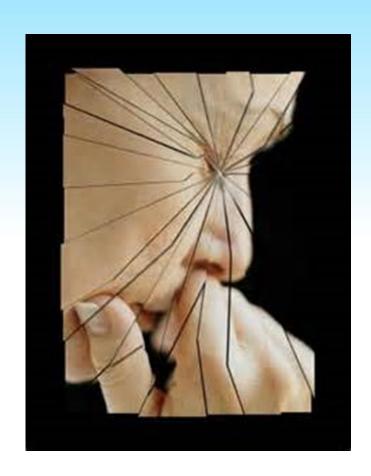
- Patients are stigmatised⁵
- Medical reductionist model health care managed in silos⁶
- Patients turned away from GP registration⁷
- NHS Charging Regulations 8
- Chances to Make Every Contact Count are missed⁹
- CPD options for qualified staff are limited (on a background of inconsistent pre-reg training)¹⁰







Patient level barriers to health services engagement



- Registration barriers
- Literacy
- Language
- Complex trauma
- Acquired brain injury / cognitive issues
- Practical challenges who will look after my dog
- Stigma and assumptions
- Power dynamics





What works

- Strengthening Primary Care provision
- Specialist hospital provision
- Step down and intermediate care
- Inter-professional education and CPD

Underpinning principles

- Every contact is an opportunity to intervene
- No one discharged from hospital to homelessness





Actions

- 1. Immediate Enable GP registration, provide resources for primary and secondary care to offer flexible access, and provide training
- 2. Medium term social prescribing and peer support, housing access from hospital and/or primary care, housing status recording
- 3. Longer term specialist primary care and outreach, hospital discharge teams, inclusion health post graduate training and CPD





Specialist GP practices



HEALTH E1





Outreach...

Nursing on the Streets







by

Suzey is no ordinary nurse. Thanks to the success of a recent fundraising appeal, she is now attached full time to our Street Outreach teams in Nottingham and Nottinghamshire – bringing professional care to street homeless people in often desperate situations.

Because physical and mental illnesses are so common among

VouTube GB

Search









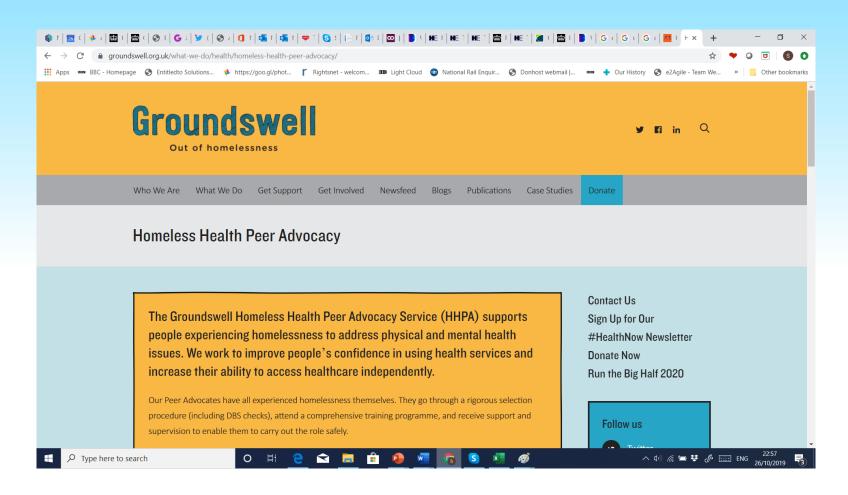
Homelessness in the area has halved over the last two years, the local authority has said, bucking a national trend.

and bus and van outreach...



INCLUSION HEALTH

Homeless health peer advocacy







'My rights to access healthcare' card

The London Homeless Health Programme, has produced a 'My Rights to Access Healthcare Card' which has been distributed widely in London.

Plastic cards, designed to be carried by people who are homeless in London to remind practice staff of the national patient registration guidance from NHS England.

Patients who have difficulty registering, are advised to contact <u>Healthwatch</u> for support and advice.





There is no requirement for a homeless person to register with a specialist homeless practice even if there is one available

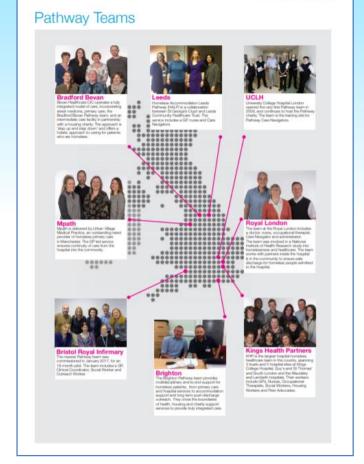




The Pathway model

- Secondary care based multidisciplinary, multi-agency care coordination for inclusion health groups
- First team launched 2009
- Now 12 teams
- Rigorous evaluation positive outcomes in all services
- All teams recurrently funded
- Cited as best practice in NHS long term plan (p42)

https://www.england.nhs.uk/long-term-plan/







Step down care

Specification:

- Pastoral care, and good food
- Accessible
- Clinical space for primary health team in-reach / hospital teams to support ongoing health care needs
- Housing worker available to continue housing, benefits work
- Substitute prescribing protocols
- 'Dry' if possible







Recording housing status in health data sets

- Homelessness is rendered visible and searchable
- Health outcomes for homeless people are rendered visible
- Patient record templates already created and used
- What happens in Wales?







Inclusion health education...

- Bite size / introduction PHE
 Homelessness, All our Health;
 Health Matters Rough Sleeping,
 Fairhealth
- Ongoing CPD <u>Faculty of</u>
 <u>Homeless and Inclusion Health</u>,
 <u>Queen's Nursing Institute</u>
- Specialist modules <u>Master</u> <u>modules at UCL</u>; <u>University of</u> <u>Edinburgh</u>



Inclusion Health

Academy of Medical Royal Colleges and Faculty for Homeless and Inclusion Health Joint Position Statement

8 May 2017

"Inclusion health is a research, service, and policy agends that aims to redress extreme health and social inequities among the most vulnerable and marginalised in a community."

To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universal lam.²⁷

Inclusion Health is a universal concept but responds to local needs. The Academy of Medical Royal Colleges the Academy) and the Faculty for Homeless and Inclusion Health are committed to highquality care for all who use the NHS. Those who are living on the margins of society are too often poorly served. We believe that care must be stillored to reflect the particular needs of each patient, with climicians addressing the patients 'rotal health, care and social needs.

There is a growing understanding of the impact of health inequalities on patients and healthcare providers. Whilst many people experiencing deprivation will face the health impact of inequality, this impact is particularly acute for the most marginalised. People in this situation may include homeless people, vulnerable migrants, sex workers, Gypsies and Travellers and those in contact with the criminal lustice system.

The Academy and the Faculty of Homeless and Inclusion health are committed to:

- Promoting "Proportionate Universalism" health resource distribution that favours the disadvantaged and actively reverses the "inverse care law"
- Meeting the health needs of excluded groups with respect, dignity, and compassion
- Ensuring prompt access to emergency care for all
- Offering GP registration to all who need healthcare
 Addressing cost recovery only after the patient receives urgent treatment
- Integrated care that considers patients' physical, psychological and social care needs, with complexity managed by individual care coordination supported by a multi-disciplinary team
- Empowering patients to make decisions about their health, and involving patients in the design and delivery of care
- Improving awareness that health care alone cannot transform health inequalities. It requires societal change, reducing poverty and inequality to tackle the root causes of homelessness and multiple disadvantage





'To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.'







Numbers of inclusion health individuals

- Homelessness figures, Shelter, 2018
 https://england.shelter.org.uk/media/press releases/articles/320,000 people in britain are now homeless, as numbers keep rising
- Prison population figures: 2019 https://www.gov.uk/government/statistics/prison-population-figures-2019)
- 37,453 people applied for asylum, 88,848 asylum cases 'in progress', 44,258 asylum seekers receiving government support (Asylum statistics, 2018) House of Commons Library, 2018
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- Casciani, Dominic (14 June 2006). "An illegal immigration amnesty?". BBC News.
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- University of Salford, <u>Migrant Roma in the United Kingdom: Population size and experiences of local authorities and partners</u>, (October 2013), p7
- Brooks-Gordon, B.; Mai, N.; Sanders, T. (2015). Calculating the Number of Sex Workers and Contribution to Non-Observed Economy in the UK (Report), for the Office for National Statistics
- Bramley EG, Fitzpatrick S, Edwards J, et al. Hard Edges Mapping Severe and Multiple Disadvantage.; 2015
- Joseph Rountree Foundation (2017) UK Poverty 2017 A comprehensive analysis of poverty trends and figures. Report by the JRF analysis unit.





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- 13. Davies J, Mary L. Inclusion Health: Education and Training for Health Professionals.; 2016.
- 14. David N. Blane (2018) Medical education in (and for) areas of socio-economic deprivation in the UK, Education for Primary Care, 29:5, 255-258
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