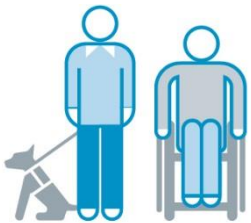


# Access to health services for rough sleepers

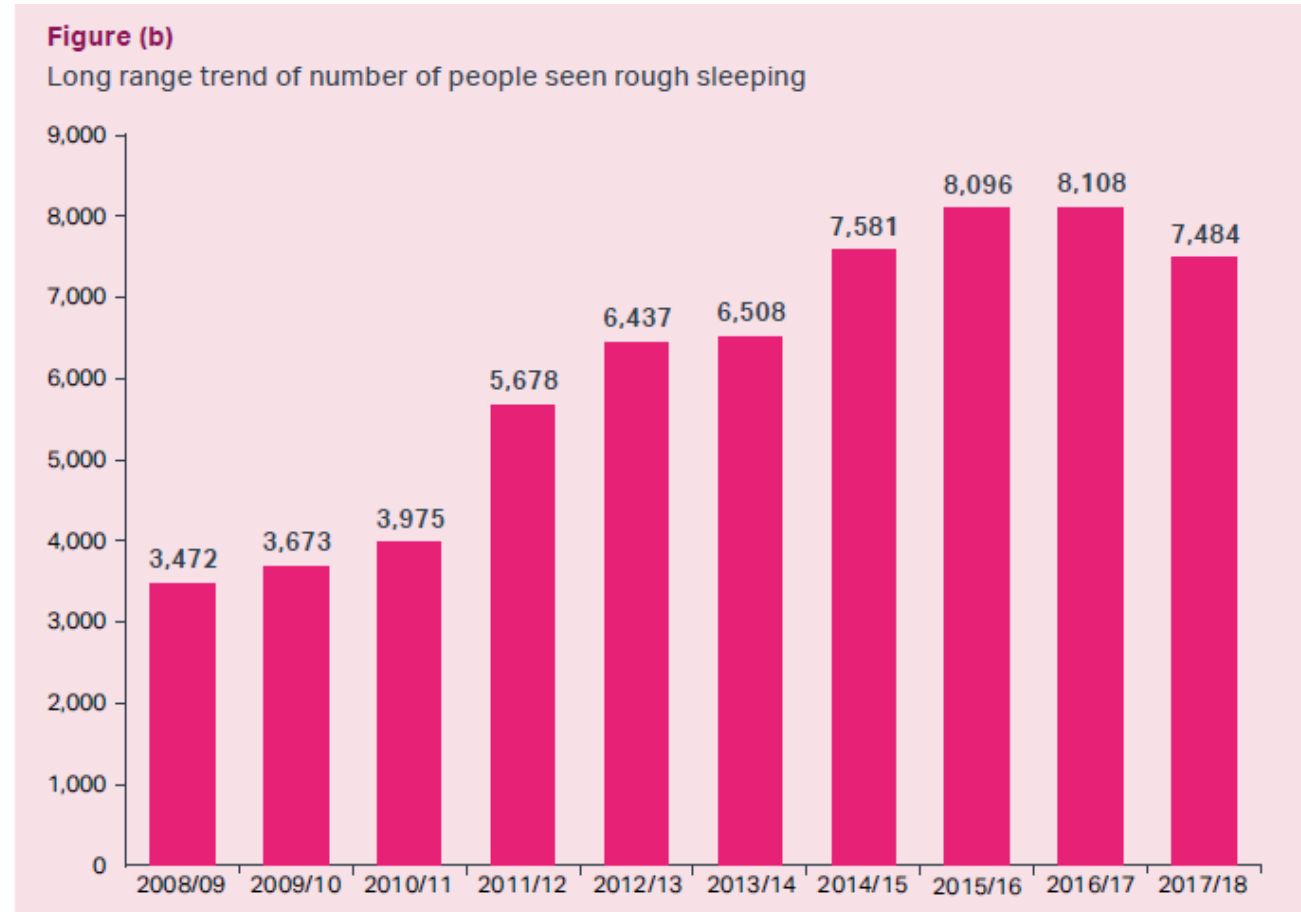
Will Norman

Service Manager, Homelessness & Rough Sleeping

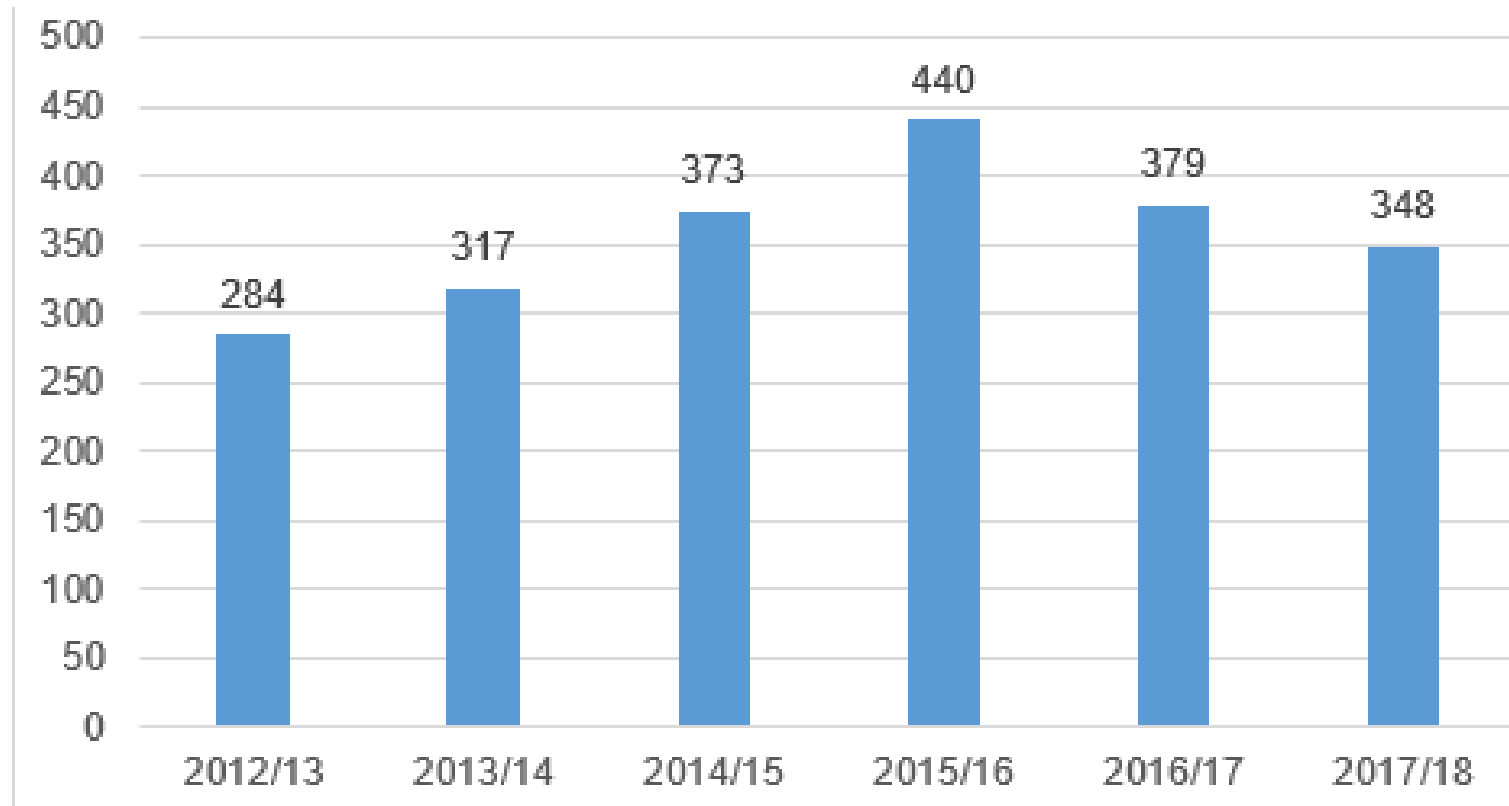


What do we know?

# Rough sleeping has been more prevalent



# A trend reflected in the City

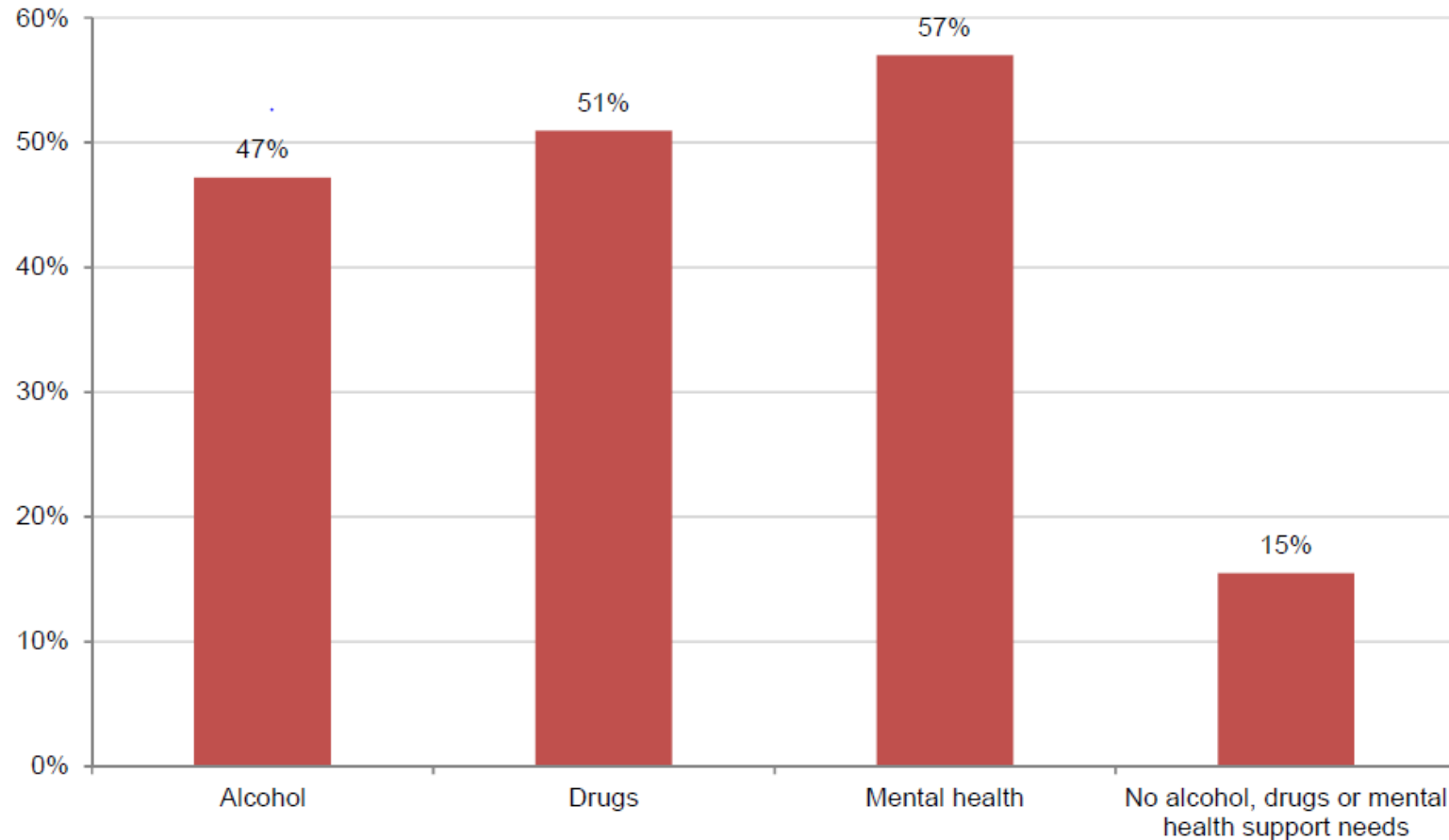


# The picture in the City

- 348 people rough slept in the City in 2017/18 – down 8% from last year
- 63% were only seen once
- 72% UK
- 25% EEA
- 14% female
- 59% 36-55yrs



# Rough sleepers have complex and composite support needs



Rough sleepers suffer chronic ill-health



# Rough sleepers die young

- Average age at death for men – 47
- For women – 43
- 9 times more likely to commit suicide
- Seven times the chance of dying from HIV and hepatitis than the general population
- Three times the chance of dying from chronic lower respiratory diseases
- Twice as likely to die from heart attacks and chronic heart disease



“.....being homeless is incredibly difficult both physically and mentally and has significant impacts on people’s health and well being. Homelessness leads to very premature mortality and increased mortality rates. Ultimately, homelessness kills”

# 'Healthcare for people sleeping rough in the City of London' - June 2018

- Why?
  - As long as there is rough sleeping and other forms of homelessness in the City of London, the Corporation, City and Hackney CCG and other partners to the Joint Health and Wellbeing Strategy ***will not achieve their ambition for longer, happier, healthier lives in the City of London.***
  - To ensure that healthcare services are part of the solution to enabling people who are rough sleeping in the Square Mile to move on in their lives, towards a home of their own.

# 'Healthcare for people sleeping rough in the City of London' - June 2018

- Who?
  - Gill Leng – consultant in homelessness/health/housing sectors
  - Revolving Doors – specialist agency mobilising the voice and experiences of formerly homeless people

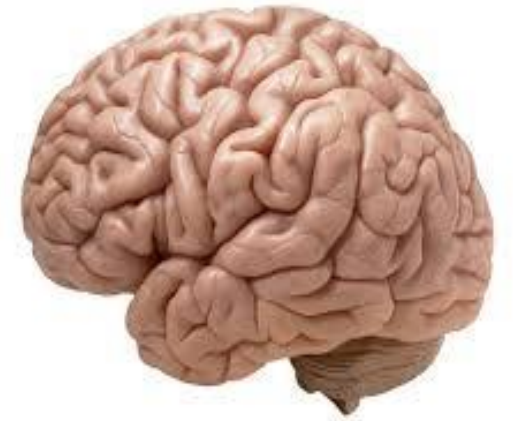
# 'Healthcare for people sleeping rough in the City of London' - June 2018

- Method
  - Interviews with 19 individuals representing 11 local organisations
  - Attendance at a Royal London Hospital Pathway Team multi-disciplinary team meeting (Barts Health NHS Trust)
  - Interviews and forums with people with lived experience
  - A review of available information provided by the local authority and partners
  - Written report – findings, recommendations, proposals
  - April to August 2018

# Findings

- Health needs & service preferences not known or shared
- Accessing health services elsewhere in London
- Unclear if access to care & support is equitable with housed residents
- Mental ill-health: no clear pathway & gaps
- Many services engaging with rough sleepers: different & potentially conflicting outcomes
- Weighted towards reactive care & crisis management
- No single case management approach
- Accountability and learning opportunities?

Favour to ask.....



- Given the findings, what service models, adaptations or additions would you recommend?

# Proposals?

1. Specialist nurse practitioner to identify, treat and refer clients – based within existing service settings
2. Peer-led service navigation and treatment adherence service to support access to and maintenance of health care
3. Specialist mental health practitioner to provide therapeutic intervention, referral and guidance to outreach practitioners
4. Single multi-disciplinary team approach