

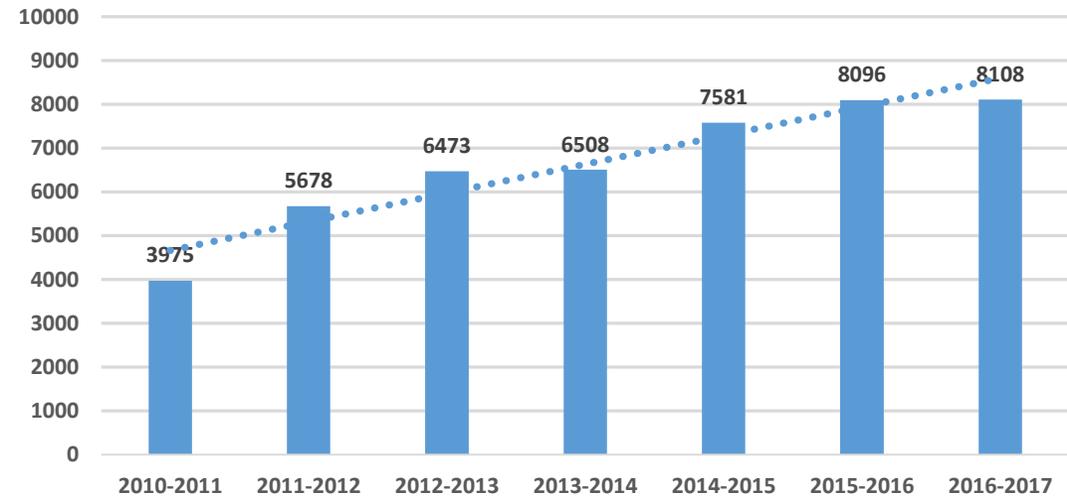
# **Overview of Homelessness and Health**

# Rough Sleeping in London

There was an **increase of 104%** in the number of people seen rough sleeping on the streets of London between 2010-2011 and 2016 – 2017

In 2016-2017 53% of these people sleeping rough were non UK born, and many had No Recourse to Public Funds... **however ALL of these people are entitled to receive immediately necessary treatment at a GP practice**

No of people seen rough sleeping by outreach teams per year (CHAIN data)



Visit [CHAIN](#) to find out the numbers of people seen rough sleeping in your area by outreach teams

# Other forms of homelessness

## 1. Homeless hostels

9,186 bed spaces for single people who are homeless in London in 2015-2016 (a 26% decrease from 2011-2012 – Homeless Link)

## 2. People experiencing homelessness in temporary accommodation e.g. B&Bs

54,280 households in temporary accommodation in London in 2016-2017

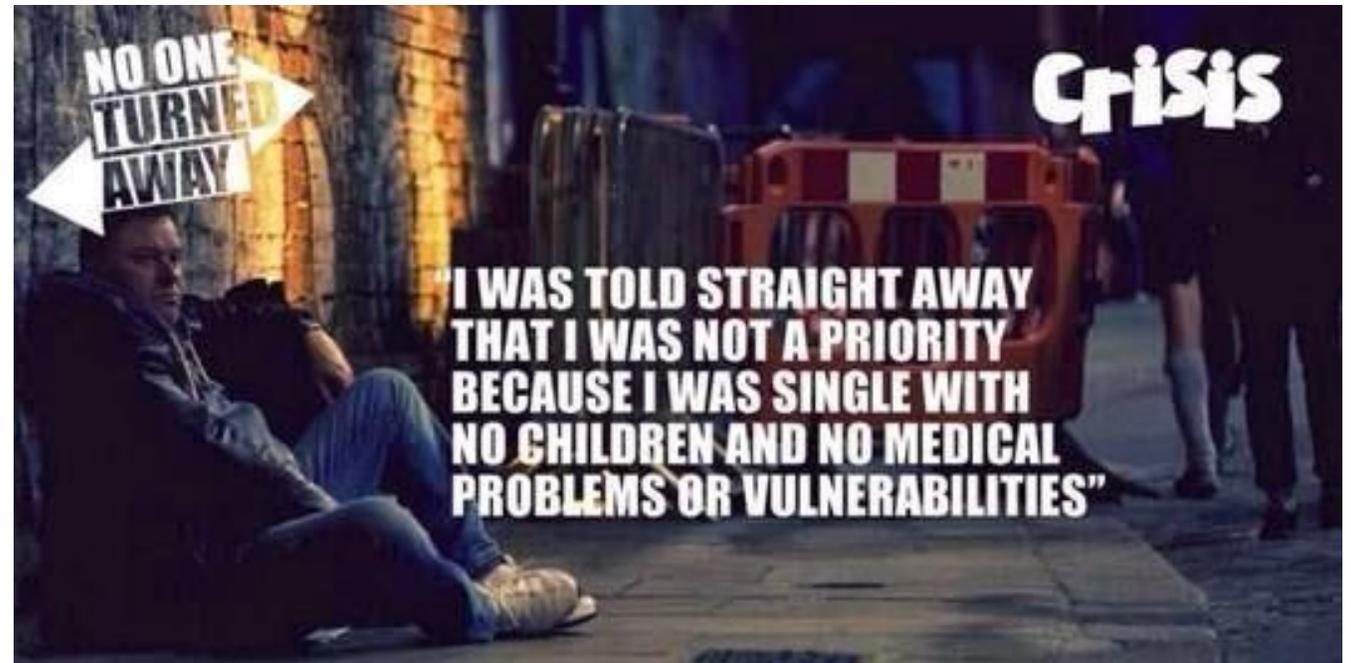
## 3. Hidden homelessness

– e.g. sofa surfing, squatting, living on buses etc. How many?



# Local Authority Homelessness Services

- ‘Mystery shopper’ exercise
- 4 typical stories – a person homeless due to losing their job, a young person thrown out of home, domestic violence, a vulnerable person with learning disabilities
- In 50 out of 87 cases actors received little or no help



# Key demographics: 2016-2017



- **15% women**
- **UK born 47%**
- **EEA nationals 30%**
- **Other Europe 10%**
- **Rest of the world 13%**
- **9% under 26**
- **11% over 55**
- **63% new to the streets**
- **Only 3% seen in all four quarters**
- **49% declared having been in prison, care, or the armed forces (or a combination)**

# Why concentrate on homeless people?

- Homeless people attend A&E 5 times as much, are admitted 3 times as often, and stay 3 times as long as the general public. Overall they cost 8 times as much.
- The average age of death of homeless men is just 47 years.
- Tri-morbidity is often central to the challenge of managing homeless patients in an acute hospital setting.



## **Story A. (2013) Slopes and cliffs: comparative morbidity of housed and homeless people. The Lancet.**

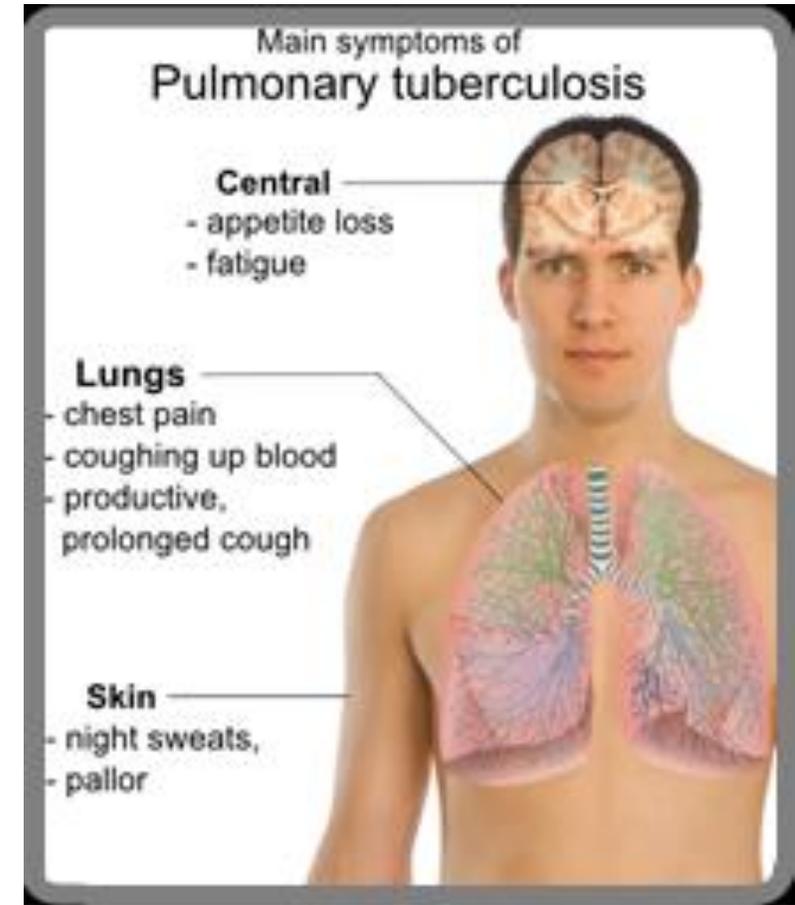
- **2.5 x more likely to have asthma**
- **6 x more likely to have heart disease**
- **5 x more likely to have a stroke**
- **12 x more likely to have epilepsy**
- **5 x more likely to have co-morbidity**
- **Onset of related functional impairment 10-15 years early**
- **Unequal access to treatment e.g. only 3% of homeless people receive Hep C treatment**



# Infectious disease prevalence

- Hepatitis C – 50 x higher
- TB – 34 x higher
- HIV – 2 – 20 x higher (no UK studies)

Beijer U et al (2012) Prevalence of tuberculosis, hepatitis C virus, and HIV in homeless people: a systematic review and meta-analysis. *The Lancet Infectious Diseases*; 12: 11, 859–870.



**Neurological:**  
Traumatic brain injury  
Alcohol withdrawal seizures, epilepsy  
Korsakoff – Wernicke syndrome  
Cerebellar degeneration  
Syphilis

**Dental**

**Mental health:**  
Substance misuse  
Depression / anxiety  
Self harm / suicide  
Personality disorder  
Psychosis

**Respiratory:**  
COPD / asthma  
Pneumonia  
Crack lung  
TB

**Skin:**  
Cellulitis  
Abscesses  
MRSA  
Eczema  
Psoriasis  
Fungal infections  
Scabies  
Lice

**Cardiac:**  
Endocarditis  
Cardiomyopathy  
Hypertension  
Myocardial infarction

**Vascular:**  
DVT PE Stroke  
Leg ulcers

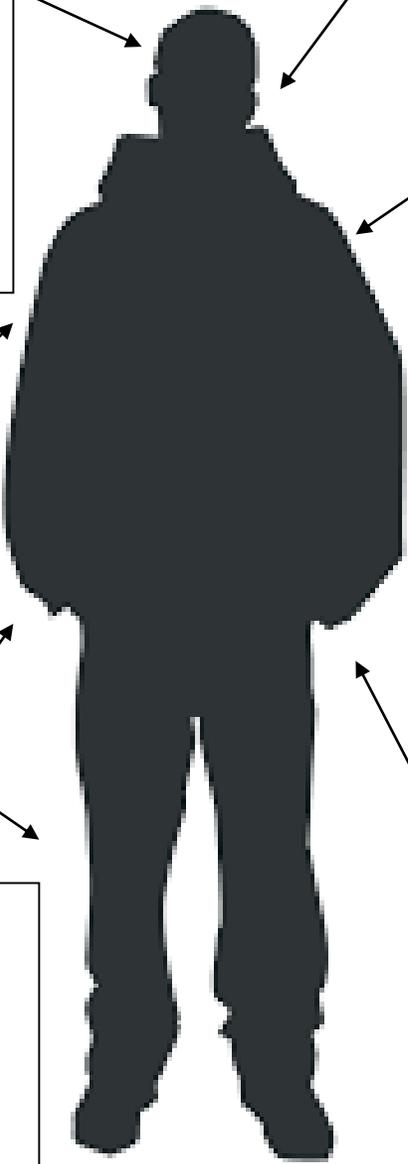
**Gastrointestinal:**  
Malnutrition Thiamine deficiency  
Gastritis Pancreatitis  
Peptic and duodenal ulcers  
Alcoholic liver disease and cirrhosis  
Oesophageal varices  
Cancer of the oesophagus and stomach

**Genitourinary:**  
Erectile dysfunction  
STIs  
Recurrent UTIs  
Cervical cancer  
Bladder cancer

**Systemic:**  
BBVs  
Septicaemia  
Anthrax  
Diabetes  
Overdose

**Feet:**  
Trauma, cellulitis  
Athletes foot  
Venous stasis, oedema, infection  
Peripheral neuropathy  
Frostbite

**HOMELESS  
HEALTH  
MORBIDITY**



# Cancer... a particular concern?

## Example: Cervical cancer

**‘There is strong evidence that both incidence and mortality are worse in patients living in deprivation. This is probably linked to linked to higher rates of smoking, earlier onset sexual activity, and lower screening coverage.’**

**Cancer risks: alcoholism, poor diet, smoking, BBVs / STIs, sun exposure, lack of screening**

# Acquired Brain Injury



- **45% of homeless people had a traumatic brain injury. 87% occurred *before* the onset of homelessness. (Topolovec-Vranic et al, 2014)**
- **Alcohol related brain injury – potentially leading to Wernicke – Korsakoff syndrome (memory loss, confusion, impaired attention, difficulty processing information, reduction in initiative, depression, irritability – double vision, abnormal eye movements, reduced reflexes abnormal gait)**
- **Cognitive deficits – problems with information processing**

# The Challenge of Complex Trauma – Personality Disorder

- 70% of single homeless populations (Maguire et al 2009)
- 73% of prison populations (Ministry of Justice, 2007)
- 77% of suicides (DH, 2009)
  
- 4% of general population (Cold and Yang, 2006)



# What can be done?

- Don't blame
- Provide an 'enhanced' response
- Set boundaries (negotiate these)
- Develop a trusting relationship
- Do what you say you are going to do
- Be consistent
- Liaise with other providers
- Explore ambivalence / set goals (motivational interviewing)
- Ensure patients know what to do in a crisis
- Treat depression



# Literacy

Turning the key:

Portraits of low literacy amongst people with experience of homelessness

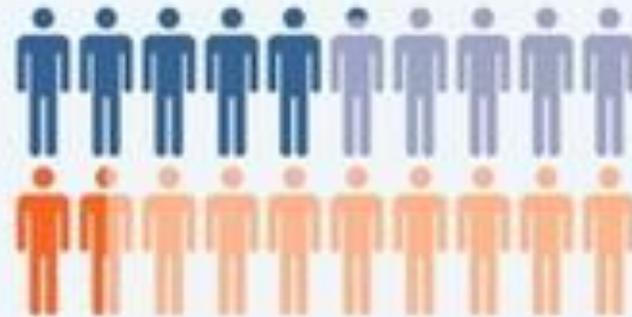
Thamesreach (April 2010)

- 10% totally illiterate
- 34% had difficulty reading books or leaflets
- 55% had trouble filling in forms
- Dyslexia common

St Mungos Broadway Study  
Data, 2014

[http://www.mungosbroadway.org.uk/press\\_office/1928\\_half-of-homeless-people-lack-reading-and-writing-skills-new-study-shows](http://www.mungosbroadway.org.uk/press_office/1928_half-of-homeless-people-lack-reading-and-writing-skills-new-study-shows)

51% of homeless people lack the basic English skills needed for everyday life, compared to 15% of the adult population in England.



# How can you help?

**Acquired brain injury** - Support with information processing, give extra support to understand medications / treatment regimes / appointment timings etc

**Personality disorder** - Don't blame, set boundaries (but negotiate these), develop a trusting relationship, do what you say you are going to do, liaise with other providers, ensure patients know what to do in a crisis

**Literacy** – don't assume literacy (or English language fluency)

# Other management considerations...

- **Likely multiple co-morbidities – longer appointments**
- **OPAs – realistic times (not early morning, not late afternoon), address to send appointments to, who will remind - key worker? advocate?**
- **Medication – once a day where possible, dossett boxes are very useful in hostels**
- **Substance misuse / mental health need to be managed**
- **Health care opportunities need to be maximised e.g. vaccination, bloods**

## Rough sleepers health and healthcare:

A review of the health needs and healthcare costs of rough sleepers in the London boroughs of Hammersmith and Fulham, Kensington and Chelsea, and Westminster (February 2013)

<http://www.jsna.info/sites/default/files/Rough%20Sleepers%20Health%20and%20Healthcare%20Summary.pdf>

## Barriers to health care

- **GP registration policies**
- **Discrimination / attitudes from health professionals**
- **Formality of the environment / process**
- **Communication difficulties (not supported to express needs)**



# 'My Rights to Access' card

The London Homeless Programme, part of the Healthy London Partnership, has produced a 'My Rights to Access Healthcare Card' which have been issued in London. 20,000 cards have been issued in London.

Patient refused registration have the right to contact Healthwatch for support and advice.



**There is no requirement for a homeless person to register with a specialist homeless practice even if there is one in your area. Patients should be given a choice.**

# Help for people sleeping rough

## Street outreach services

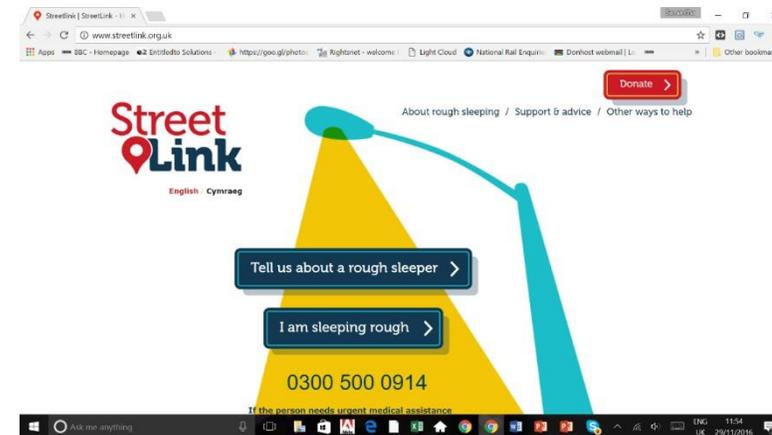
**Call: 0300 500091**

Information that will help:

- Description of person and belongings
- Sleep site location description
- Times of day
- Risks
- Contact details (if they have)



**Or use the website:**



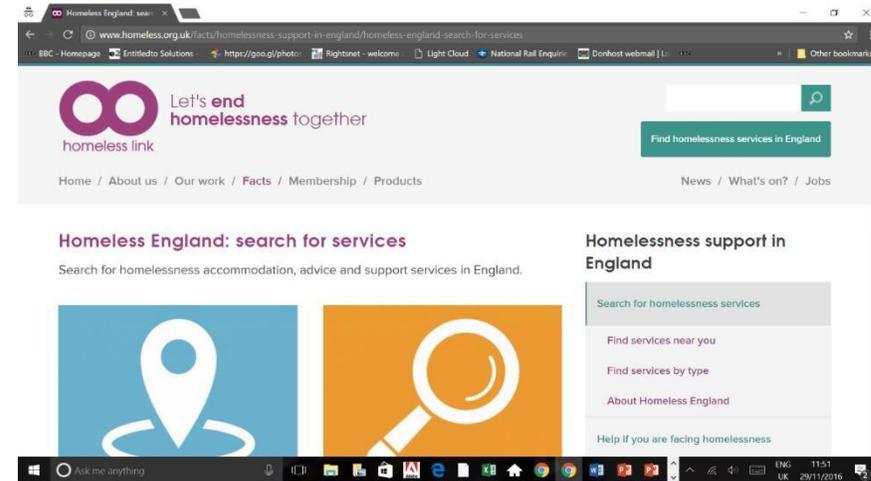
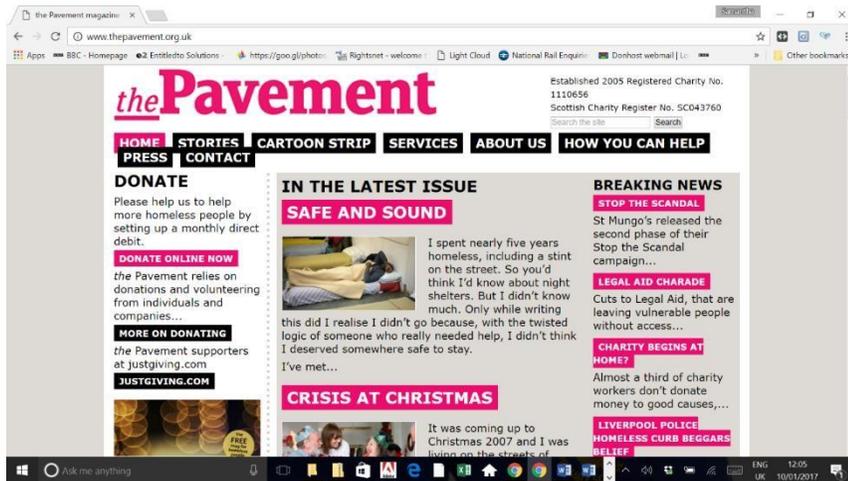
<http://www.streetlink.org.uk>

# How to find local homeless services

These websites can be used to help a homeless person find suitable support services in the area that they are staying

[www.thepavement.org.uk](http://www.thepavement.org.uk)

[www.homeless.org.uk](http://www.homeless.org.uk)



# Vulnerable Migrants and NRPF

**No Recourse to Public Funds Network**

<http://www.nrpfnetwork.org.uk/Pages/Home.aspx>

**Asylum Support Advice Network and London Destitution Advice Network**

<http://www.asaproject.org/what-we-do/advice-networks/>

**Aire Centre (e-mail enquiries)**

<http://www.airecentre.org/>

**Praxis (appointments available on 020 77297985)**

<http://www.praxis.org.uk/index.php>

**Refugee Council destitution services (Brixton Tues and Thurs 10-14.00, Hackney Fri 11-16.00)**

[http://www.refugeecouncil.org.uk/how\\_can\\_we\\_help\\_you/i\\_need\\_destitution\\_support](http://www.refugeecouncil.org.uk/how_can_we_help_you/i_need_destitution_support)

# Thanks for listening!

- Faculty of Homeless and Inclusion Health – regular newsletter and meetings: <http://www.pathway.org.uk/faculty/join/>
- London Network of Nurses and Midwives Homelessness Group - hosts resources and runs cheap conferences, welcomes students: <http://homeleshealthnetwork.net>
- Queens Nursing Initiative Homeless Health Network - hosts resources, and runs newsletter: <https://www.qni.org.uk/explore-qni/homeless-health-programme/>
- London Homeless Health Program hosts resources: <https://www.healthy london.org/homeless/our-work>

# References

- **Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance misuse disorders in high income countries: a systematic review and meta-analysis.** Aldridge R, et al. (2017) Lancet, 11 Nov 2017.
- **CHAIN data 2016-2017** – accessed at <https://data.london.gov.uk/dataset/chain-reports>
- **Homeless Link ‘Support for Single Homeless People’ Annual Reviews** – accessed at: <http://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england>
- **Crisis (2014) Turned Away: The treatment of single homeless people by local authority homelessness services in England**
- **Department of Health (2010) Healthcare for single homeless people** - accessed at: [http://webarchive.nationalarchives.gov.uk/20130123201505/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_114250](http://webarchive.nationalarchives.gov.uk/20130123201505/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114250)
- **Crisis (2011) Homelessness: a silent killer.** London Dec 2011 - accessed at: <http://www.crisis.org.uk/data/files/publications/Homelessness%20-%20a%20silent%20killer.pdf>
- **Hewett N et al (2012) A general practitioner and nurse led approach to improving hospital care for homeless people.** BMJ 2012;345:e5999

# References 2

- **Beijer, U et al (2012) Prevalence of tuberculosis, hepatitis C virus, and HIV in homeless people: a systematic review and meta-analysis. The Lancet Infectious Diseases; 12:11, 859–870. Office of the Chief Analyst, Department of Health (March 2010) Healthcare for Single Homeless People. Department of Health.**
- **Topolovec-Vranic, J et al (2014). Traumatic brain injury among men in an urban homeless shelter: observational study of rates and mechanisms of injury. CMAJ Open. 2014 Apr-Jun; 2(2): E69–E76**
- **Maguire, N.J. et al (2009) Homelessness and complex trauma: a review of the literature. University of Southampton.**
- **Ministry of Justice (2007) Predicting and understanding risk of reoffending. Ministry of Justice.**
- **Thamesreach (2010) Turning the key: Portraits of low literacy amongst people with experience of homelessness**
- **St Mungos Broadway (2014) Reading counts. Why English and maths skills matter in tackling homelessness.**
- **Story, A. (2013) Slopes and cliffs: comparative morbidity of housed and homeless people. The Lancet. Nov 29. Volume 382. Special issue. S1-S105**