Joint Strategic Needs Assessment

Quarterly Newsletter / Issue 20 September 2016

Do you want to know more about how we are addressing the health needs of rough sleepers?

Read on for more information about the health of rough sleepers and the work we are carrying out locally with partners to improve their health and wellbeing.

Welcome to the 20th issue of the JSNA Newsletter - a rolling publication produced by Public Health that describes the health, social care and wellbeing of local residents. In this issue we provide information about the outcomes from a grant funded project to support and improve the health of rough sleepers and ex-rough sleepers.

Many rough sleepers have complex needs, experiencing a mix of poor mental and physical health, substance misuse and social care needs. The 2014 Health Needs Assessment (HNA) identified the real health inequalities facing rough sleepers.

It is positive, therefore, to report on some of the health outcomes achieved through the Homeless Health Link service, developed with our local rough sleeper charity SPEAR. The service works across a number of boroughs to support rough sleepers to engage with GP services, dentistry and secondary mental health services. Health outcomes have been measured using the Homeless Link health toolkit and we report on some of the health outcomes achieved amongst a small cohort of rough sleepers over a six month period. With an average GP appointment costing £31 (compared to the average cost of A&E attendance costing £114 and an ambulance journey to hospital costing £235) the observed reductions in hospital activity also highlights the potential cost saving to the NHS.

If you would like to contribute to future editions of this JSNA newsletter please get in touch with us at **jsna@richmond.gov.uk**. We will gladly receive and consider your feedback, data, information and intelligence for future newsletter publications.

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National policy and local strategies

The last national housing strategy was published by the coalition government and, to date, there has been no new strategic document on rough sleeping and homelessness from the new government. That said, government ministers have announced a number of funding initiatives for rough sleepers and have outlined key priorities for addressing rough sleeping. The 'Help for Single Homeless' bidding round (2014) identified the complex needs of rough sleepers and the need for focused services delivering health, probation and work programmes to work better together and with local authority partners. In December 2015, the Minister for Local Government, outlined a government commitment to work with homeless organisations and across departments to prevent more people becoming homeless. Funding was identified for hostel refurbishment (including delivering better healthcare and training from hostels), young people at risk of homelessness, social impact bonds to address entrenched rough sleeping, and a future fund of £139 million for innovative approaches to address and prevent homelessness.

The London Housing Strategy outlines the Mayor's rough sleeping priorities and a mayoral rough sleeping group was established to develop a more detailed response to rough sleeping. Objectives include minimising the number of new rough sleepers, No Second Night Out (NSNO), no one living on the streets, and no-one returning to the streets. There are also a number of cross cutting objectives including improving the availability of appropriate accommodation, physical and mental health of rough sleepers, partnership working on enforcement, data collection and tackling rough sleeping by non UK nationals.

Key documents of interest include:

National & Regional

- Homes for London, the London Housing Strategy 2014 – GLA.
- Mayor's Rough Sleeping Group, information is available here

Local

- Richmond upon Thames Homelessness Strategy 2012 – 2016
- Homelessness Health Needs Assessment 2014 – (available here)

What we are doing locally

The Council, in conjunction with SPEAR, successfully bid for £249,000 in grant funding from central government to set up a homeless health link service. This operates across Richmond, Wandsworth, Kingston, Sutton, and Merton. A team of five works with rough sleepers and ex-rough sleeper clients to engage with GP and dentistry services. They also support clients to engage with secondary mental health, substance misuse and specialist health services. The team operate a 'trauma informed care approach', recognising many rough sleepers have experienced trauma at some point in their lives. The service will run for 18 months (up to October 2016) and we are currently investigating ways to sustain this valuable service, including exploring how proven services can be mainstreamed within the context of outcome based commissioning.

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Selected snapshots

Health needs of rough sleepers

In 2014/15 there were 120 newly verified rough sleepers in Richmond. Numbers are much lower than that found in central London but are high compared to some neighbouring boroughs (40 in Kingston, 55 in Merton) and similar to Wandsworth (125)..

- Nationally the average age of death of a rough sleeper is 47 for men and 43 for women (compared to 77 for the general population).
- Rates of severe depression are 8 times higher and the prevalence of psychosis is 50-100 times higher than the general population.
- 60% of rough sleepers are estimated to have a personality disorder.
- Rates of TB are around 300 times the rate of the general population.
- Dental problems are faced by a third of rough sleepers.
- Around 1 in 3 rough sleepers have Hepatitis C.
- In Richmond, only 57 out of 134 rough sleepers during 2014/15 had a GP and none were registered with a dentist.

Engaging rough sleepers with health services

During 2015/16 the Homeless Health Link Team supported the following outcomes for Richmond rough sleepers:

- 34 rough sleepers were supported to register with and engage with GP practices, allowing many long term health issues to be addressed.
- 28 rough sleepers were supported to register with a dental practice.
- 29 rough sleepers were referred to Community Mental Health Teams for assessment.
- Seven rough sleepers were referred to IAPT services (talking therapies for depression and anxiety).
- 16 clients were referred to specialist alcohol services and 3 to substance misuse services.

A&E, ambulance and hospital activity

There was a reported reduction in levels of A&E, ambulance and hospital activity after 6 months of engaging with the service:

- The number who reported attending A&E services one to two times in the previous six months, which reduced from 11 to four.
- The number of clients using A&E three or more times in the previous six months halved from four to two.
- The number of rough sleepers who said they attended A&E for mental health reasons reduced from 13 to zero.
- The number who had called an ambulance one or two times in the previous six months reduced from 13 to three.
- The number reporting they had been admitted to hospital one or two times in the previous six months reduced from nine to four.

Measuring health outcomes

Health outcomes have been measured for the first 'cohort' of 29 Richmond rough sleepers who have accessed the homeless health service and been with the service for at least six months.

- The number of rough sleepers reporting they do not eat at least two meals a day declined from 15 to six.
- The number who said they used alcohol or drugs to better cope with mental health issues (self-medication) reduced from 15 to 11.
- The number reporting dental problems decreased from 17 to 10.
- The number reporting joint and muscle/bone problems decreased from 20 to 11.
- The number of clients with liver health problems increased from three to four; this may reflect better engagement with clients (screening).
- There was a reduction in number reporting chest pain and breathing problems from 15 to 10.

Mental health

Lack of engagement with mental health services, means many rough sleepers have an undiagnosed mental health need.

- The number of clients with post-traumatic stress disorder, increased slightly from five to six, as did the number with schizophrenia (from three to four) and bi-polar disorder (one to three). This may be due to increased diagnosis amongst previously unengaged service users.
- 22 of the homeless health link cohort reported 'often feeling anxious' which had reduced to 18 at follow-up.
- The proportion saying they had problems with aggression or violence towards others decreased from 11 to four.

What next?

Future needs assessments

Throughout the year short topic-based reports are published on the Local Authority's website, enabling key messages to be shared with local partners. Topics that are planned for future JSNA reports include:

- Child Sexual Exploitation
- Community Access to Sport and Leisure
- Health Visiting

Look out for our newsletters and have a look at some of the resources we have highlighted below. All health needs assessments and quarterly newsletters are available via: **www.richmond.gov.uk/jsna**.

Further resources

- Homelessness health needs assessment
http://www.datarich.info/jsna/wider-determinants-of-health/homelessness

- Homelessness Review (evidence base) and Homelessness Strategy
http://www.richmond.gov.uk/home/services/housing/housing_strategy_and_policy/housing_strategies/homelessness_strategy.htm

- The Annual Report of the Director of Public Health
www.richmond.gov.uk/annual_public_health_report

- Public Health Outcomes Framework
http://www.phoutcomes.info/

Contact us

If you have any topics or issues you think the JSNA team could analyse, or if you would like to get involved in any of the work currently underway, please email us at: **jsna@richmond.gov.uk**