Taking forward a homelessness health needs assessment in North Lanarkshire

How a strong partnership and a "can do" attitude can make all the difference

Elspeth Russell, Assistant Health Improvement Manager
North Lanarkshire Health and Social Care Partnership

North Lanarkshire Health and Social Care Partnership

Background

- Homelessness identified as a community planning priority in 2015
- Strong partnership already in place:
  - Health and Wellbeing Group
  - Local Housing Strategy 2016-21
  - Housing Contribution Statement
  - Locality Planning Groups
  - Health and Homelessness Team

North Lanarkshire Health and Social Care Partnership

The approach

- Review of literature
- Profile of people experiencing homelessness
- Service provision and local service data
- Focus groups with staff
- Interviews with clients
- NLC homeless applications and NHS Information Services Division data linking exercise
- Key recommendations

North Lanarkshire Health and Social Care Partnership

What does the homelessness literature tell us?

- Stark health inequalities - higher morbidity and mortality
  - Substance misuse, poor mental health, smoking, COPD, infectious diseases, and musculoskeletal disorders, skin problems, poor nutrition, dental decay
  - Long term conditions at earlier age and present to services later
  - Average age of death for a homeless male is 47 compared to 77 in the general population
- Poor life circumstances
  - **Poverty,** relationship breakdown, domestic violence, social isolation, **childhood trauma**, multiple exclusion homelessness, **hopelessness**
- Homelessness as cause and consequence of poor health and wellbeing
- NHS Health Scotland and ScotPHN published *Restoring the Public Health Response to Homelessness* in Scotland in 2015

North Lanarkshire Health and Social Care Partnership

Who is experiencing homelessness locally?

- Homeless applications in NLC have halved over the last decade
- In 2014/15 there were 1957 homeless applications made
- Two thirds of applicants are aged 26-59 and under 25's are disproportionately affected
- Just over half are male
- Single people the largest group (59%) and one parent families the next largest cohort (26%)
- One third of applications involve children and young people
- Most common reason for homelessness was that family/friends were no longer able to accommodate them or relationship breakdown
- Not homogenous group

North Lanarkshire Health and Social Care Partnership

Service provision and local data

- Services
  - Housing support services – Council and Third sector
  - Temporary and supported accommodation
  - Health and homelessness service

- Housing data
  - Half of all applicants had support needs and 23% had multiple needs with mental health needs increasing over last 10 years
  - Prevention and sustainability information showed 1500 high risk and 2227 medium risk – opportunity for early intervention

- Health and Homelessness data
  - 466 referrals during 2014/15
  - Most frequent reasons for referrals were mental health, addictions and families affected by homelessness

North Lanarkshire Health and Social Care Partnership

Focus group findings

- People who are homeless often experience **barriers** accessing services due to services being inflexible to their needs and circumstances and unhelpful attitudes of staff towards this client group.

- There are particularly issues with regards to **access to GP services** and this is perceived to lead to inappropriate use of A&E services.

- **Communication and information sharing between services** and the need for better understanding of how services can be accessed was noted particularly for discharge from acute services and prison.

- Services for people who are homeless are perceived to be fragmented and required to be **better coordinated, sustained over time** and given more priority than at present.

North Lanarkshire Health and Social Care Partnership

Service user consultation

- 12 interviews and two focus groups
- Clients reported a broad range of complex issues including substance misuse, family breakdown, chronic mental health issues, offending issues
- Some felt their experience of homeless had negatively affected their health however others felt being in supported accommodation helped them access support services
- GP registration was not generally an issue for the clients interviewed however keeping appointments could be challenging
- Mixed experiences of health care services with some feeling they were not given adequate support in a timely manner

North Lanarkshire Health and Social Care Partnership

Data linkage exercise

- NHS Fife pioneered the approach of linking housing and health data sets
- Compared HL1 applicants to the rest of the Lanarkshire population – note only able to look at data on main applicant.
- The HL1 cohort (1856 in total) was linked to the following datasets through CHI seeding using a probability matching algorithm (surname, forename, date of birth, gender and postcode.
  - Age, gender
  - Accident and Emergency
  - Emergency admissions
  - Psychiatric admissions
  - Outpatients
  - Obstetrics
  - Prescribing
  - Dental
  - Finance

North Lanarkshire Health and Social Care Partnership

Summary of data linkage findings

HL1 applicants experienced:

- 3 times higher A&E attendances overall and 5 times higher for multiple attendances
- 20 times higher rate of A&E attendances due to self harm
- Double the rate of emergency admissions and 3 times higher rate of multiple admissions with drugs, alcohol and self harm admissions much higher
- 10 times higher rate of psychiatric admissions
- 3 times higher rate of DNA's for outpatient appointments
- 4 times higher rate of live births for under 20 age group

North Lanarkshire Health and Social Care Partnership

Healthcare costs

- The HL1 population cost £1895 in total, 71% more than the North Lanarkshire population, which was £1109 per head.
- 4% (60 people) accounted for 50% of the total costs
- 60 people cost 1.4 million
- Does not include housing, social care or criminal justice costs

North Lanarkshire Health and Social Care Partnership

Priority areas for action

- Priority should be given to upstream approaches which tackle wider life circumstances, support parenting and better support those with mental health and addiction issues as early as possible
- Proactive multi- agency working, particularly at transitional points. Routine inquiry, data sharing and tagging of records between agencies may help facilitate an more integrated approach.
- Undertake a needs assessment to assess the impact of homelessness on children's health and wellbeing including regnant women affected by homelessness.
- For clients with complex needs, consider the development of a multi agency case management model should be developed with a focus on developing and embedding sustainable pathways and supporting service redesign to ensure a more coordinated response within mainstream services.
- Improve service responses through a focus on workforce development approaches which challenge stigma, build health improvement capacity and promote core values and responsibilities.

North Lanarkshire Health and Social Care Partnership

Progress to date

- Two stakeholder workshops held in May and August 2016 to develop key outcomes and action plan
- Report to H&SC Senior Leadership Team on key action and resource requirements and Homelessness included as a priority in the H&SC Commissioning plan
- Homelessness actions included in the Local Outcome improvement plan for North Lanarkshire and a paper going to North Lanarkshire Partnership to outline the resources required to deliver on the action plan.
- Establishment of North Lanarkshire Health and Homelessness Steering group
- ISD pilot in North Lanarkshire to include HL1 data in the national joint Health and Social Care data set (SOURCE)
- Third sector led Assertive Outreach worker model in South Lanarkshire – learning for North Lanarkshire

North Lanarkshire Health and Social Care Partnership

What helped progress this work?

- Trust in the wealth of experience and intelligence across the partners as to the key issues to be addressed and the needs to improve the outcomes for people experiencing homelessness
- Senior buy in at Chief Executive level from NLC and NHS and across Community Planning partners
- Right place, right time! Opportunity to demonstrate value of Joint Strategic Needs Assessment
- Willingness from all partners to “just do it”

North Lanarkshire Health and Social Care Partnership

"I always wondered why somebody doesn't do something about that. Then I realised I was somebody."

Lily Tomlin, Actress and Supporter of Civil Rights