

# **The new UCL Collaborative Centre for Inclusion Health**

Chantal Edge  
University College London

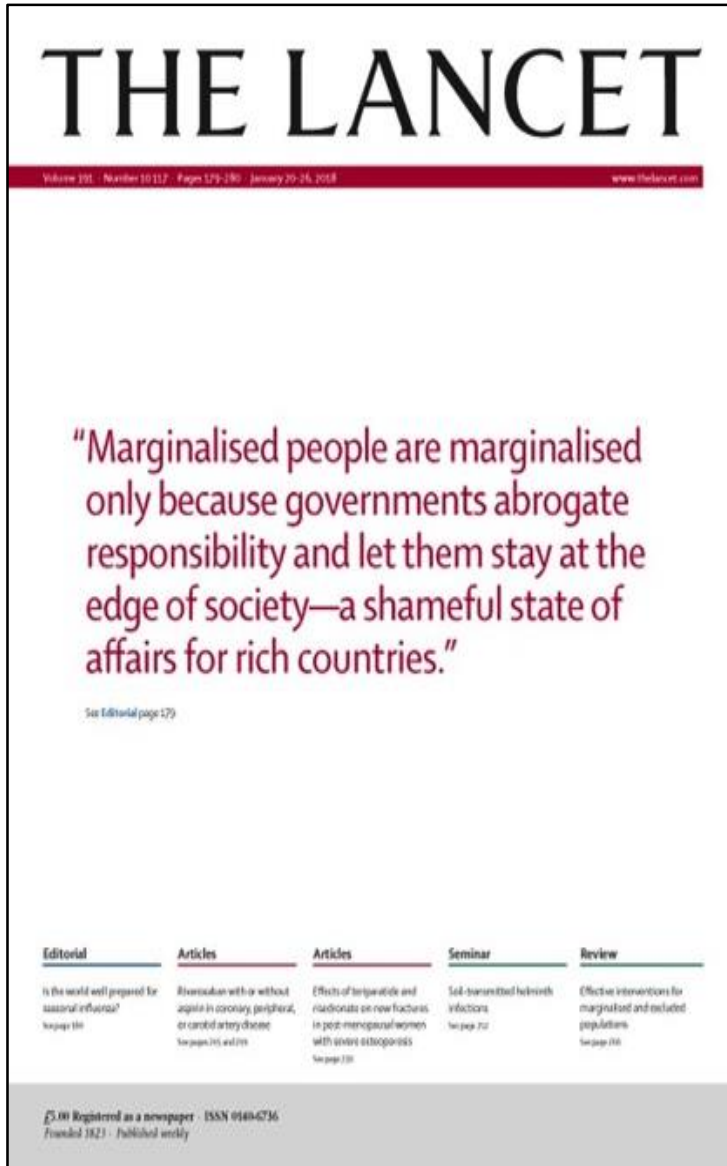
# The UCL Collaborative Centre for Inclusion Health (CCIH)



Chantal Edge

Specialty Registrar in Public Health  
NIHR Clinical Doctoral Research Fellow

# The start of the UCL Inclusion Health Agenda....



## Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis

Robert W Aldridge, Alistair Story, Stephen W Hwang, Merete Nordentoft, Serena A Luchenski, Greg Hartwell, Emily J Tweed, Dan Lewer, Srinivasa Vittal Katikireddi, Andrew C Hayward

## What works in inclusion health: overview of effective interventions for marginalised and excluded populations

Serena Luchenski, Nick Maguire, Robert W Aldridge, Andrew Hayward, Alistair Story, Patrick Perri, James Withers, Sharon Clint, Suzanne Fitzpatrick, Nigel Hewett

*“The challenge is to bring socially excluded populations in from the cold—literally and metaphorically—and to provide them with the opportunity to be part of a diverse and flourishing society.”*

**Michael Marmot**

**Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis**

*Robert W Aldridge, Alistair Story, Stephen W Hwang, Merete Nordentoft, Serena A Luchenski, Greg Hartwell, Emily J Tweed, Dan Lewer, Srinivasa Vittal Katikireddi, Andrew C Hayward*

## **Overall standardised mortality ratios**

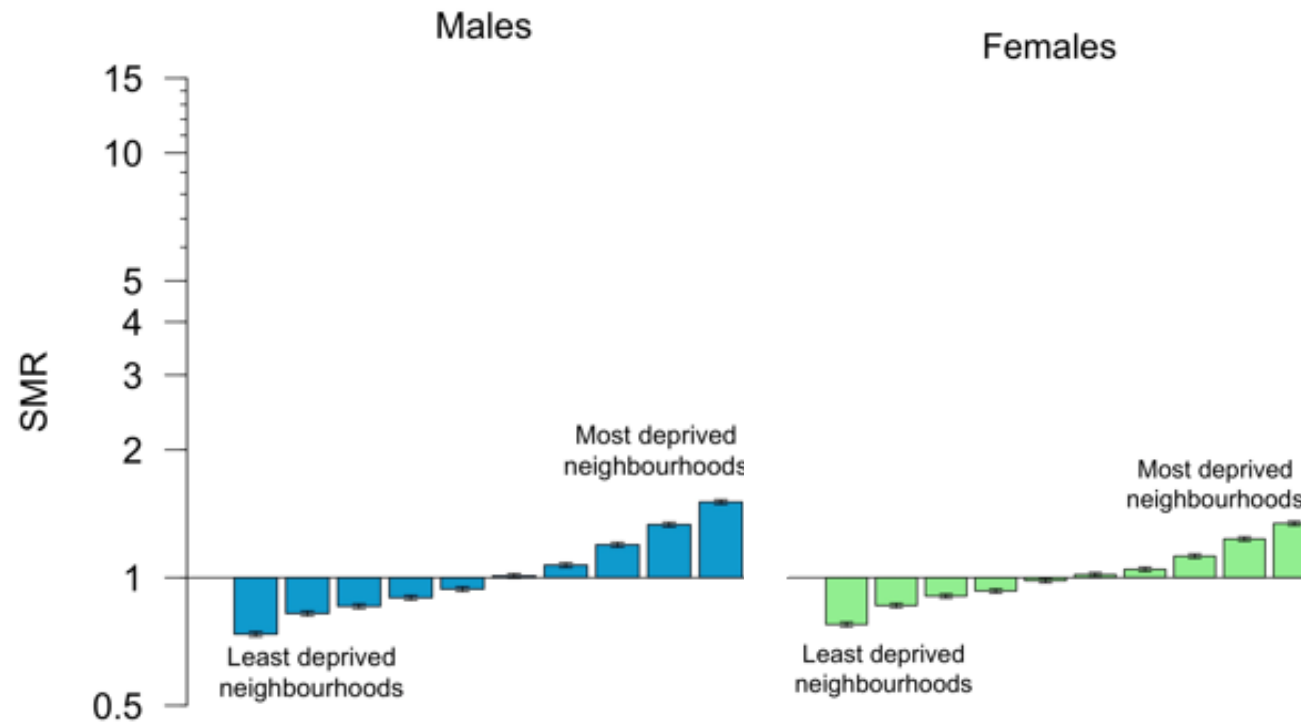
(1 = the number of deaths is what we would expect to see)

Women **11.9** (95% CI 10.4–13.3;  $I^2$  94.1%)

Men **7.9** (95% CI 7.0–8.7;  $I^2$  99.1%)

# Standardised mortality ratios by deprivation

Standardised mortality ratio (SMR) for the general population in England, 2015, by neighbourhood deprivation, with 95% confidence intervals.



## Notes

1. SMRs for the general population are calculated using ONS mid-year population estimates by IMD decile for 2015 and ONS number of deaths in 2015 by IMD decile. Standardisation is conducted using 5-year age groups. The reference population is the whole population of England in 2015.

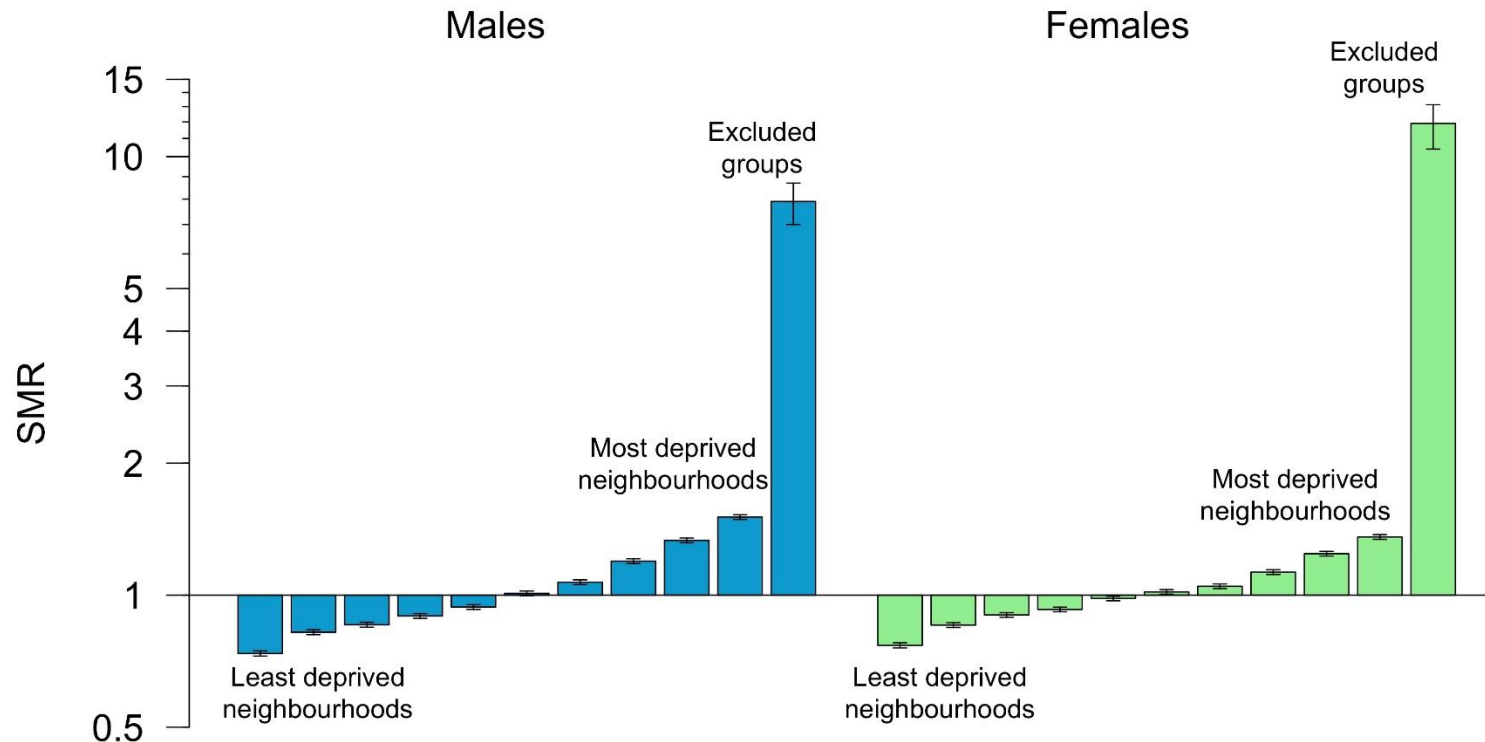


# Slope Index of Inequality (SII)



# Standardised mortality ratios by deprivation and exclusion

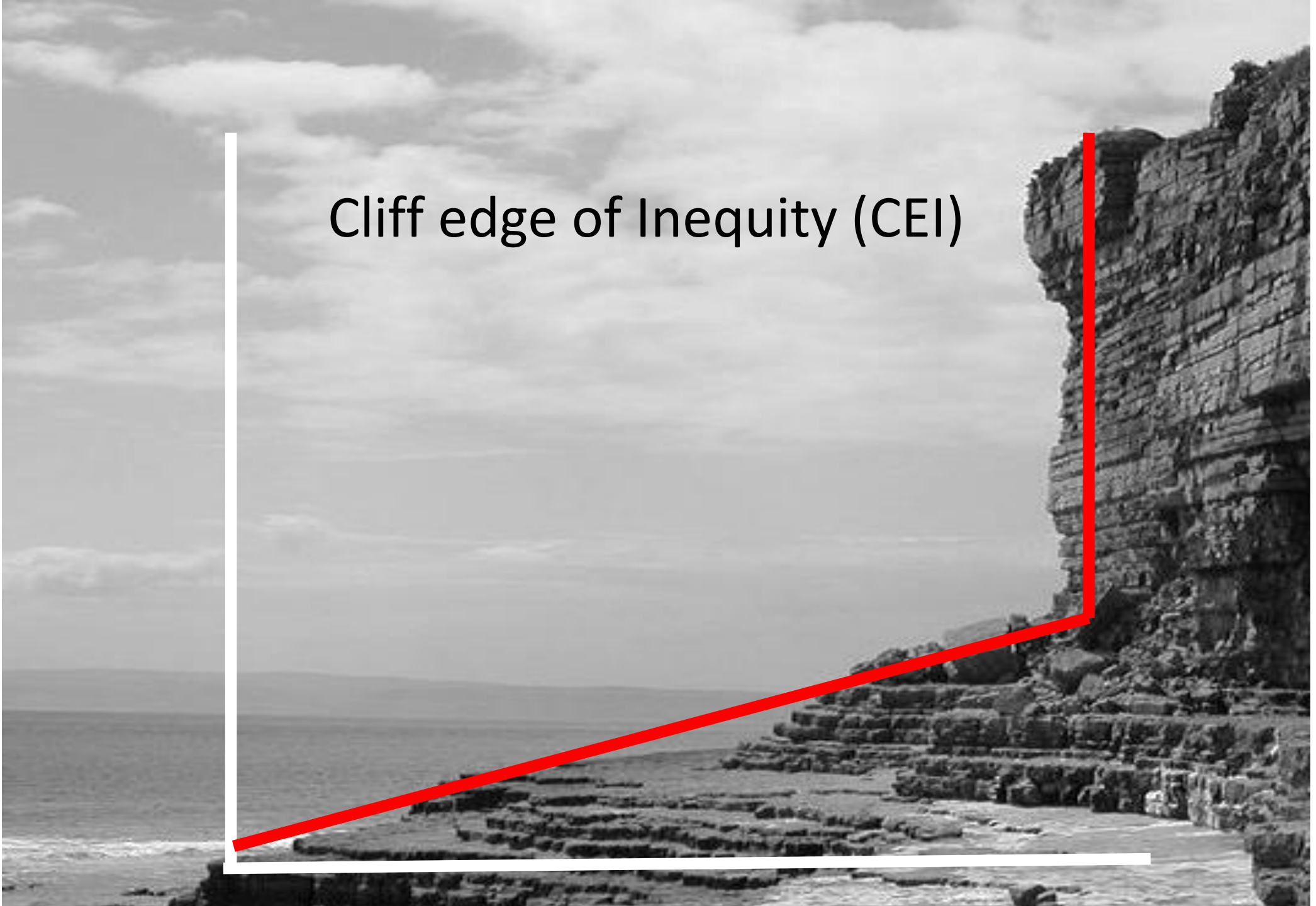
Standardised mortality ratio (SMR) for the general population in England, 2015, by neighbourhood deprivation, compared to SMR for excluded groups, with 95% confidence intervals.



## Notes

1. SMRs for the general population are calculated using ONS mid-year population estimates by IMD decile for 2015 and ONS number of deaths in 2015 by IMD decile. Standardisation is conducted using 5-year age groups. The reference population is the whole population of England in 2015.
2. SMRs for excluded groups are taken from Aldridge RW, Story A, Hwang SW, et al. *Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis*. *Lancet* 2017; 6736: 1–10. Note that these estimates are made from studies from a number of high-income countries, while the SMRs for the general population are for England only. Also note that the studies that contribute to the SMR estimate for excluded groups use a range of comparison groups.

# Cliff edge of Inequity (CEI)



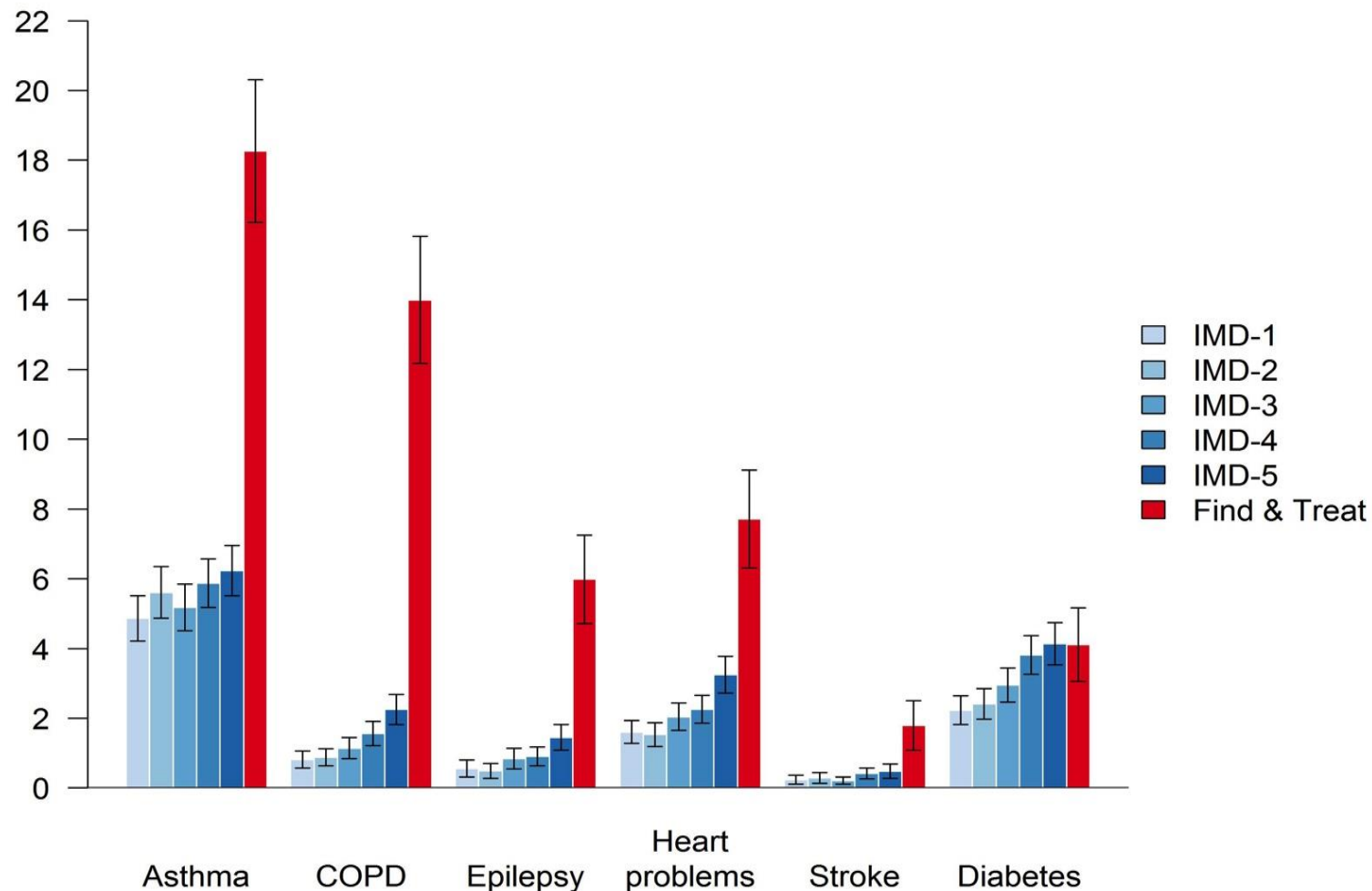


# The UCLH Find and Treat Service



# The UCLH Find and Treat Service – prevalence of long-term conditions

Age and sex-adjusted prevalence of long-term conditions, housed and homeless people ('Find & Treat'), England (percentage with 95% CIs)

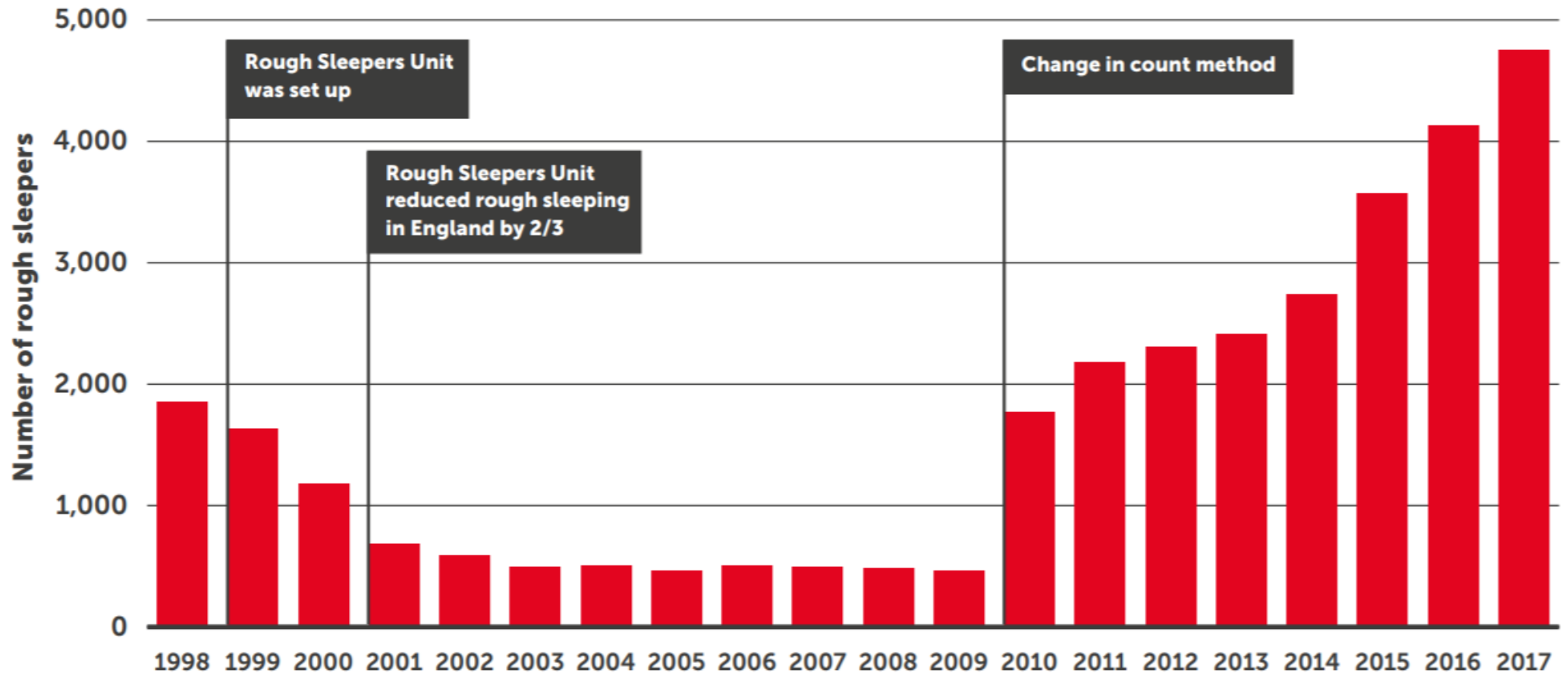


## Notes

1. Prevalence in housed participants is from Health Survey for England 2008, 2010, 2011, 2012 and 2014. IMD-1:5 refer to quintiles of index of multiple deprivation of LSOA of residence
2. Prevalence in homeless participants is from a survey of 1336 homeless people using a 'Find & Treat' service in London and Birmingham conducted in 2012 and 2015
3. Adjustment is done using age groups 16-24, 25-34, 35-44, 45-54 and 55-64. The reference group is the Find & Treat sample.

# Homeless population increasing

**Figure 2.3: Rough sleeping in England**



Source: MHCLG and RSU

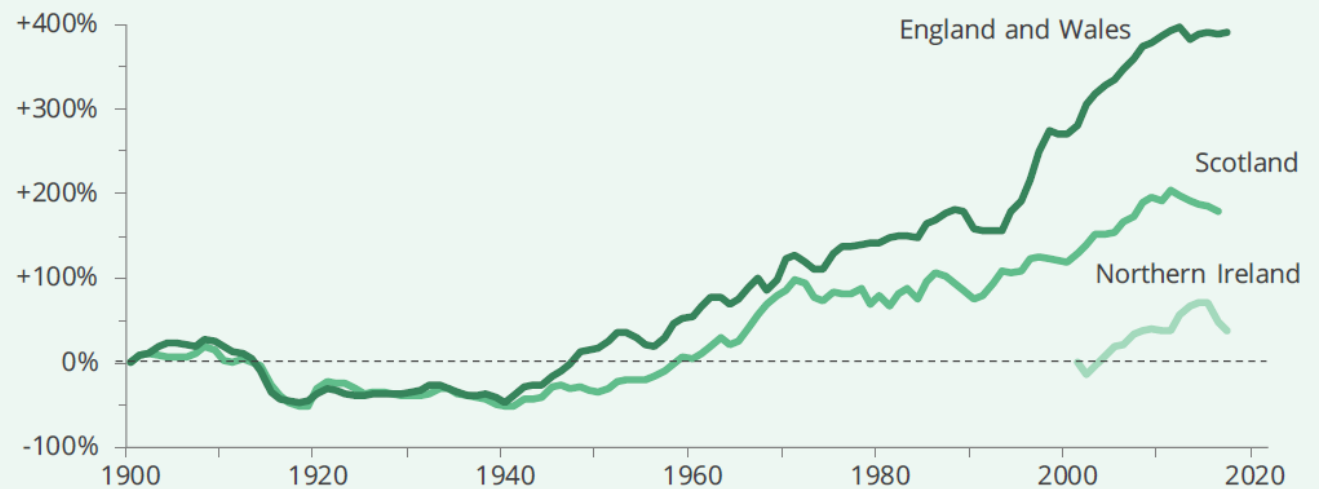
## Suicide and self-harm in prisons hit worst ever levels

Public spending watchdog says it is unclear how inmates' mental health can be improved with current levels of funding and insufficient data



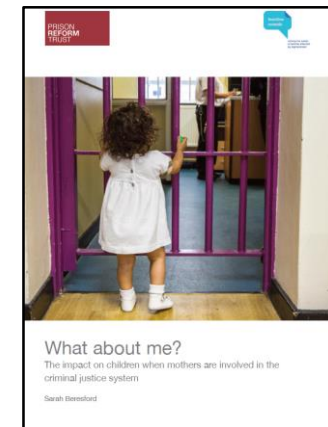
## CHANGE IN THE PRISON POPULATION OF GREAT BRITAIN SINCE 1900

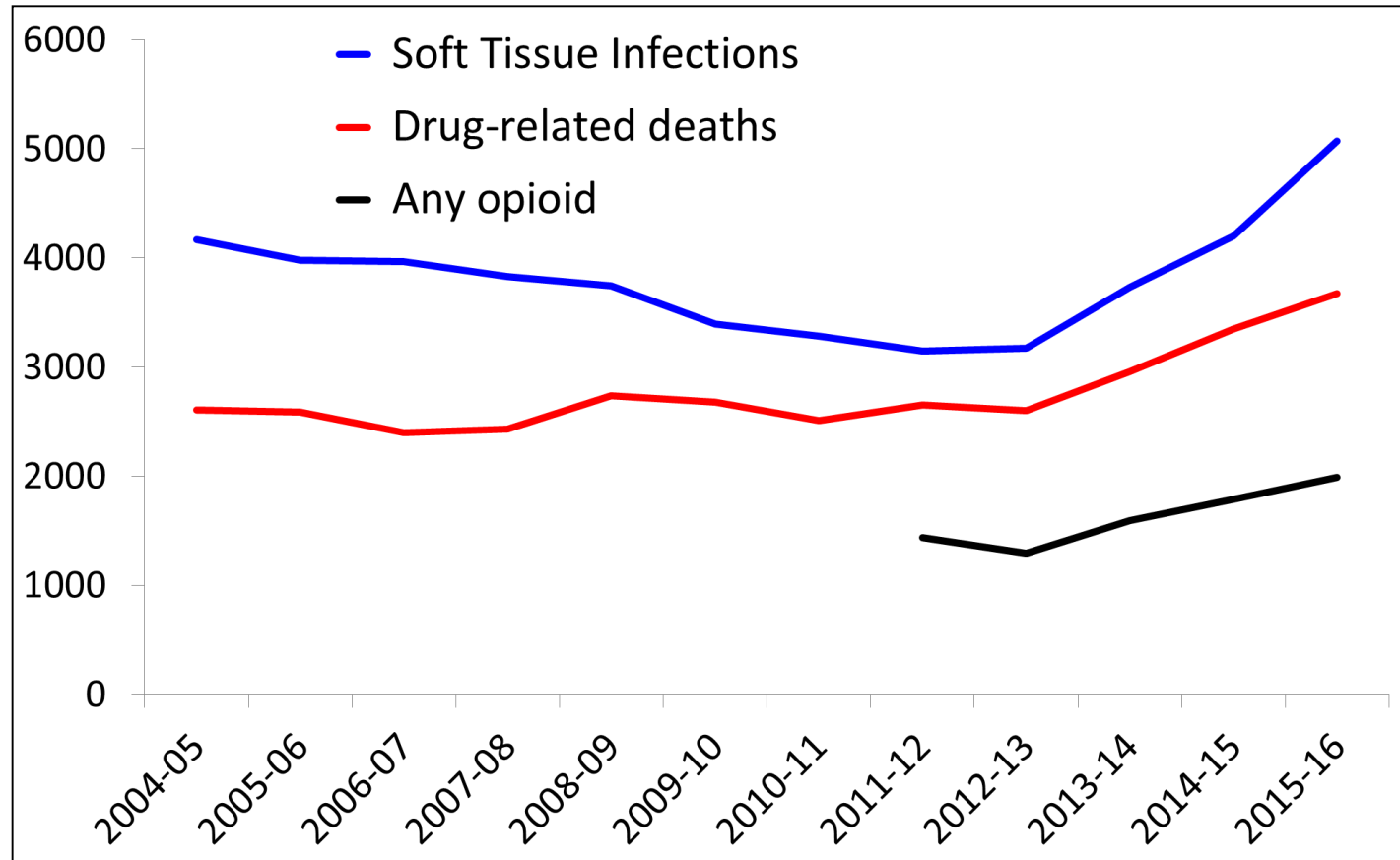
Also shows change since 2000 in Northern Ireland



Source: MoJ (England and Wales) *Offender Management Statistics Quarterly*, various years; Scottish Government, *Prison statistics and population projections*; DoJ (Northern Ireland) *The Northern Ireland Prison Population 2016 and 2016/17*.

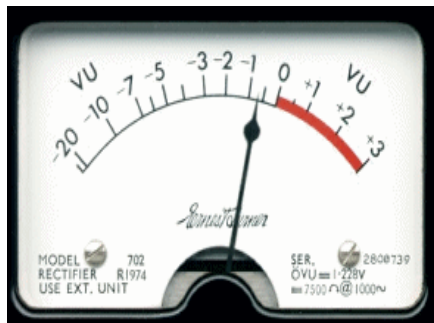
*Only 5% of children remain in their family home when a mother goes to prison. As well as a change of home and carer, many children encounter other significant changes such as moving school and being separated from siblings. (Prison Reform Trust- What About me? Report 2018)*



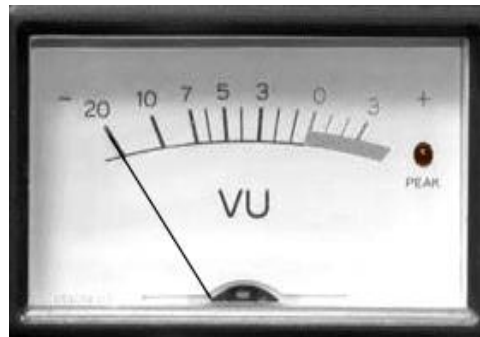


Substantial increase in episodes of serious infection and opiate-related deaths among people who inject drugs since 2012

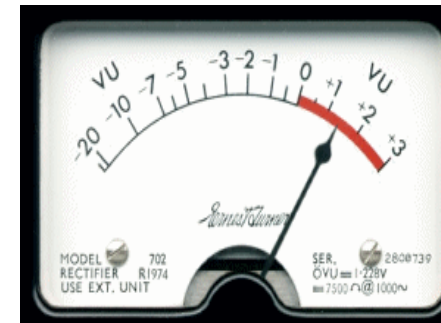




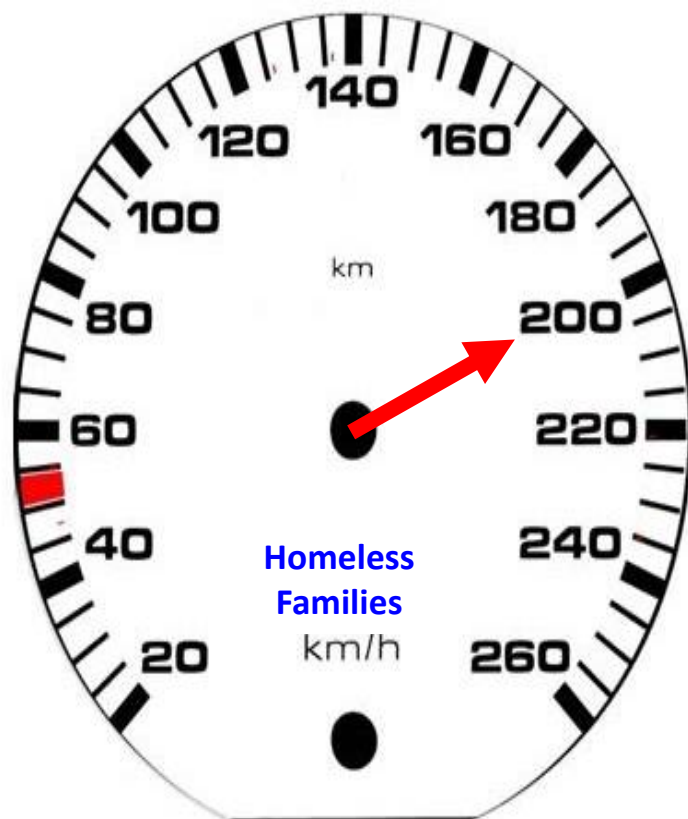
**Welfare cuts**



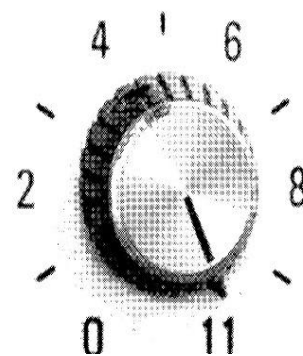
**DESPAIR**



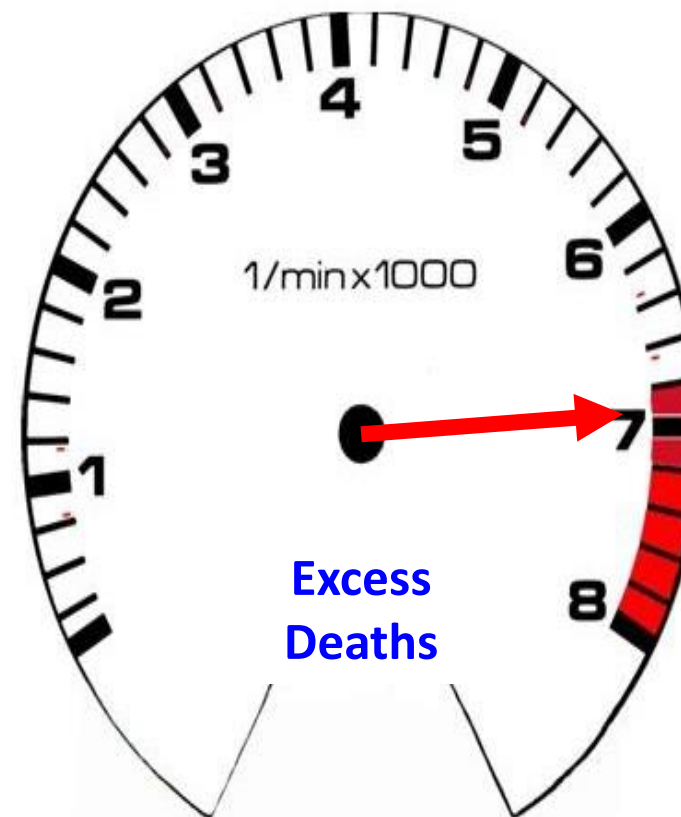
**Prisoners**



**Homeless Families**



**AUSTERITY**



**Excess Deaths**

# CCIH founded!



Professor Andrew Hayward



Dr Alastair Story

# And expands...



.... a service, research, and policy agenda that aims to prevent and redress health and social inequities among the most vulnerable and excluded populations.

.... focuses on people in, or at risk of, extremely poor health due to poverty, marginalisation, and multi-morbidity.

.... **research, teaching, service design** and **policy** must be developed “with” not just “for” those affected.



# Recent and Ongoing Research

**TB management and Control**

NIHR

**Effectiveness of homeless health peer advocates**

NIHR

**Homeless health teams in secondary care**

NIHR

**Cardiovascular disease in homeless**

NIHR

**Homeless nutrition**

NHS



**Preventative secondary care for homeless**

NIHR fellowship

**Prison Telemedicine**

NIHR fellowship

**Sexual and Reproductive Inclusion Health**

Wellcome fellowship

**Migrant Health**

Wellcome post doctoral fellowship

**Hepatitis C screening and treatment**

NIHR fellowship

**Health needs of Heroin and Crack Users**

NIHR fellowship

**Developing inclusion health interventions in A&E**

(fellowship in development)

**ACE interventions in maternity settings**

(fellowship in development)



# Recent and Ongoing Research - Partners



Lorraine Hewitt House

UCL INSTITUTE OF EPIDEMIOLOGY  
AND HEALTH CARE



## Do you help, care or advocate for the health of vulnerable or marginalised groups?

Many clinicians, charity workers and other healthcare professionals work day-to-day on tackling health inequities among vulnerable and marginalised populations. Previously, there was little provision to bring you and your colleagues together, and even less provision for study and accreditation in this area.

## Homeless and Inclusion Health will change this

Initiated by The Faculty for Homeless and Inclusion Health and delivered by UCL's Institute of Epidemiology and Health Care, this MSc module is available as both a short and taster course for those working with excluded communities. It will enable you to learn from world-class UCL researchers, experienced service providers and former/current members of the very communities which you help.

The module will run on Wednesdays (reading days) and Thursdays (face-to-face days) from 25 April to 7 June 2018. Short course students will receive a certificate of attendance upon course completion. Taster course students will undertake assessments, and receive transferable UCL credit.

For more information, including fees and eligibility, please contact Emma: [e.whitney@ucl.ac.uk](mailto:e.whitney@ucl.ac.uk)

[www.ucl.ac.uk/msc-population-health/short-courses](http://www.ucl.ac.uk/msc-population-health/short-courses)

[www.pathway.org.uk/faculty](http://www.pathway.org.uk/faculty)



*"It went above and beyond my expectations."*

*"I have found every week stimulating and it has given me tools and motivation to impact change."*

*"Thank you, this module has been really brilliant. Emphasis and focus has been just right."*

*"The Experts by Experience have all been amazing and award brilliant insights and learning opportunities"*

*"Wow, what a brilliant module!"*

- Current MSc Module/short course
- Considering integrated IH iBSc for medical students
- Identifying opportunities to deliver lectures in disciplines with overlap in the field of inclusion health e.g. Urban Health
- EBE involved in content development and delivery of lectures

## Impact on guidelines, strategies and policies

- NICE TB guidance for hard to reach groups
- Rough Sleepers Strategy
- Proposed NICE guidance on Homeless Health
- Input into Government consultation on illicit drug use
- Faculty for Homeless and Inclusion Health Standards
- Liaison with APPG on homelessness
- Liaison with PHE Inclusion Health Team

## Impact on services

- Development of Find & Treat Street Outreach model
- Development of Video Observed Therapy for TB for socially excluded groups
- Development of hostel accommodation models for TB patients with no recourse to public funds

More to follow as fellowships progress....

- Collaboration with Bureau of Investigation over homeless deaths (C4)
- Wellcome trust project to produce an animation about the experience of accessing secondary care as a prisoner (in progress)
- Working with NIHR Comms team to publicise CCIH





## INFORM OUR RESEARCH PRIORITIES

THINK ABOUT HOW WE  
WORK TOGETHER



RAISE AWARENESS OF  
THE WORK WE ARE  
DOING

AIM: TO WORK TOGETHER TO IMPACT RESEARCH – SERVICE – POLICY

Working with UCL/UCLH to develop an inclusion health PPI panel

- Standing contracts with voluntary sector organisations OR a set of panel members?
- PPI work led by EBEs or by researchers?
- How to involve panel in ALL types of research (not just inclusion health topics)?

# Future research – upstream factors



## UCL Collaborative Centre for Inclusion Health

<https://www.ucl.ac.uk/iehc/research/epidemiology-public-health/research/collaborative-centre-for-inclusion-health>

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# Questions?