



Frontline agencies in partnership

Reducing health inequalities - issues for London & priorities for action

Homeless Link response

September 2007

Homeless Link is the national membership body for organisations supporting people experiencing homelessness and those working to end homelessness across England. It provides support to members to improve services to tackle homelessness and a strong voice to influence policy, strategy and investment at all levels of government.

Homeless Link believes the Mayor's *Health Inequalities Strategy* (HIS) represents a significant opportunity to reduce the often severe health inequalities experienced by homeless Londoners. As such, we have endeavoured to engage with the drafting of the HIS.

We submitted findings from two of our research projects to the call for evidence early in 2007 and encouraged our member agencies to submit useful evidence from their organisations. We were gratified by the strong response from the homelessness sector to the call for evidence and the focus given to homelessness issues in the *Reducing Health Inequalities* paper. We were pleased to provide an opportunity for the GLA health team to engage with the homelessness sector and to highlight the HIS in our June good practice sharing event on Health and Homelessness. Homeless Link welcomes the opportunity to respond to *Reducing Health Inequalities: issues for London and priorities for action* and to continue engaging with the development of the HIS.

Our response highlights areas where the HIS could be further developed, proposes actions the Mayor could take and suggests ways Homeless Link and our member agencies could support these.

Does the Issues and Options paper broadly reflect the concerns and priorities for your community or sector, or are some key issues missing?

Homeless Link welcomes the focus given to reducing the health inequalities experienced by homeless people, particularly in the section regarding *Responding to Existing Health Inequalities*. However, an increased focus on socially excluded groups in other areas of the HIS would ensure a stronger preventative approach is achieved.

In particular, consideration should be given to ensuring Mayoral initiatives to reduce worklessness, increase access to sport and leisure activities and increase participation for health reach all currently excluded groups, including those experiencing deep exclusion. This would support the HIS in achieving best value in terms of combating the social exclusion which contributes to health inequalities.

What specific policy commitments should the Strategy make to ensure good progress to effectively dealing with the identified priorities?

1. Life Chances for Health - Reducing Worklessness

1.1 As shown in the *Reducing Health Inequalities* paper, engaging in stable and fulfilling employment or training can be extremely successful in enhancing individuals' health and well-being. For many groups experiencing prolonged worklessness, especially those who are multiply excluded, flexible and stimulating (voluntary or paid) work placements can be key to achieving 'work readiness', by building self confidence, work experience and gaining employment references. This is evidenced by initiatives which provide 'back to work' support, vocational training and links into work placements for socially excluded groups. Homeless Link members, St Giles Trust and Thames Reach are two examples of organisations offering a range of support services to people experiencing homelessness to enable them to escape cycles of worklessness.

The Mayor is well placed to support such initiatives. Exploring opportunities for teams within the GLA group to offer work placements to individuals engaged in 'back to work' schemes could greatly contribute to the outcomes achieved by individuals. By offering such placements, the Mayor would also be able to maximise his influence in encouraging other employers to do the same.

2. Healthy Places

2.1 Homeless Link welcomes the recognition given in the *Reducing Health Inequalities* paper to the significant impact housing has on health. We support the Health team's commitment to work with the Housing team to ensure the Mayor's forthcoming Housing Strategy achieves the greatest possible impact to reduce health inequalities. Homeless Link is keen to continue our engagement with the Mayor's Housing Strategy and to support any joint working between the Housing and Health teams where appropriate.

2.2 However, general housing initiatives are unlikely to meet the accommodation needs for some groups. The Coalition of Older Homelessness' recent 'needs audit' found there is a group of older people, many in the 45 - 65 years age bracket, living in homelessness hostels who have significant health and social care needs that hostels are not equipped to meet. It found that the most appropriate accommodation for the majority of this group would be sheltered accommodation (with either initial or on-going support). However there are also a significant number whose needs are such that they would not manage to live independently and who need specialist accommodation and support projects.

The Mayor could use his influence to highlight the, often over-looked issue, of older homelessness and encourage social services, housing and health to increase the priority given to securing appropriate accommodation and support for older homeless people. Further information on the methodology and reports of the audits can be obtained by contacting Sarah Gorton, UK Coalition on Older Homelessness Project Co-ordinator, at: 0207 960 3057 / sarah.gorton@homelesslink.org.uk

2.3 As outlined in the *Reducing Health Inequalities* paper, physical exercise and leisure activities can be of significant benefit to an individual's health and well-being, not least for socially excluded groups. Homeless Link welcomes the proposals to encourage more low cost leisure and sport opportunities in London and believes promoting these through the voluntary sector to socially excluded groups would maximise their benefit. We would also encourage the Mayor to support and promote sport initiatives targeted at socially excluded groups; the football clubs run in homelessness services by Homeless Link member agency, Street League, are a good example of this work.

3. Participation for Health

3.1 Homeless Link welcomes the consideration given to facilitating the involvement of excluded groups in participation initiatives. Working to ensure physical and practical accessibility and tailoring language and format to the needs of people experiencing social exclusion allows them to participate in wider initiatives and ensures their valuable perspective is recognised.

The GLA has a record of good practice in this area. Homeless Link is aware of the joint working with the homelessness sector to ensure people experiencing homelessness directly had the opportunity to input to the *Towards the Mayor's Housing Strategy* consultation in early 2007. This experience could provide a useful model for other Mayoral consultations and for other agencies; in terms of developing consultation materials targeted to excluded groups and working with agencies which already engage positively with them to provide consultation opportunities.

The HIS could promote and identify this and other examples of good practice in providing accessible participation opportunities for deeply excluded people and recognising the valuable contribution they can make. Gathering such a pool of good practice would also support the aims in the *Learning for Health* section of the *Reducing Health Inequalities* paper.

4. Responding to Existing Health Inequalities

4.1 Homeless Link welcomes the consideration given in *Reducing Health Inequalities* to ensuring equal access to health care services for Londoners who are experiencing homelessness. In particular, we would support initiatives to facilitate health care registration for excluded groups, particularly highly mobile service users. The Mayor could use his central role to make a significant contribution in identifying and drawing together existing efforts to increase GP registration among excluded groups. This could serve to facilitate efforts to develop a pan-London or borough level registration scheme, as proposed in the *Reducing Health Inequalities* document.

4.2 Homeless Link would also like to highlight innovative methods of service delivery, which provide health care services in a way that is more consistent with the lifestyles of deeply excluded groups. Outreach health care services are often extremely successful in engaging hard to reach groups, as they deliver health care in locations convenient for excluded groups (such as day centres for homeless people), often on a drop-in or flexible appointment basis. Where a need is spread across many areas, mobile service delivery can be particularly effective. The TB Mobile X-Ray Screening Unit, run by the Infection Directorate at the Hospital for Tropical Diseases, visited high-risk groups for TB at locations across London, reaching an often hard to engage client group to safeguard individual and public health.

The key to the success of such initiatives seems to be using the method of service delivery most suitable to the patient and their lifestyle. Homeless Link would urge

the Mayor to work with partners in the health care sector and the voluntary sector to promote the continuation and development of such user focused initiatives.

4.3 Accessing intermediate care is often particularly problematic for people experiencing homelessness. The purpose of intermediate care is to prevent inappropriate admission to hospital and to support timely and appropriate discharge, providing an opportunity for faster recovery and maximising independent living. A Pilot Project is being developed in Lambeth to test whether intermediate care is an appropriate process for improving the health of homeless people with complex and enduring health problems, including drug addiction. Lambeth PCT along with a group of health professionals and managers in the homeless sector have been meeting to discuss ways to address the issues of poor access to health care, high rates of attendance at A&E and hospital admission and difficulty staying in hospital experienced by homeless people. The idea of the pilot is to develop an intermediate care service in a hostel to give people the care they need to recuperate in a setting that is familiar and acceptable.

The Mayor could monitor the development of this project and assist in the dissemination of its findings. By highlighting such innovative projects, potentially through *Learning for Health* initiatives, the HIS could encourage to development of similar schemes, building on the lessons learned in this pilot.

4.4 In addition to promoting equal access to health care, the HIS could also address ensuring equal outcomes and treatment of all Londoners accessing health care services. The proposed action, identified in the *Reducing Health Inequalities* document, to develop anti-stigma training for public sector staff delivered by excluded groups could greatly enhance equality of service given to those accessing health care.

We would encourage the Mayor to build on existing experience in developing training by socially excluded people. Homeless Link member agencies Cardboard Citizens and Groundswell have delivered training by socially excluded people, and their skills and experience in this may be adapted to developing anti-stigma training for public sector staff.

4.5 With regards to ensuring equality of outcomes, the timely and safe hospital admission and discharge of people who are homeless from remains an area of concern. Without co-ordinated consideration and action by all agencies, an unsafe discharge of the patient from hospital, in extreme cases discharge onto the street, can too often result. To enable agencies to avoid unsafe hospital discharges Homeless Link, the Homelessness group of the London Network for Nurses, Communities and Local Government and the Department of Health have published a *Hospital admissions and discharge protocol*. This protocol should be used to develop a local protocol jointly between the hospital, social services, housing departments, community based health service and homelessness agencies.

The HIS is well placed to promote the use of the protocol across London, due the strong cross-sectoral links the Mayor has developed. The Mayor could use his influence with key stakeholders, particularly in the statutory health care sector, to secure commitment to implement this protocol across London. Please contact Alice Evans, Homeless Link's Head of Policy, at alice.evans@homelesslink.org.uk / 020 7960 3028 for more information. Copies of the protocol are available at: <http://www.homeless.org.uk/policyandinfo/issues/health/discharge/>

How can you further contribute and/or become involved in the delivery of the Strategy?

As the membership organisation for homelessness agencies, Homeless Link is well placed to broker contacts and promote joint working between the GLA group, the homelessness sector and people experiencing homelessness.

For further information on any aspect of this response, please contact:

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