Homelessness in Leicester City: A Health Needs Assessment

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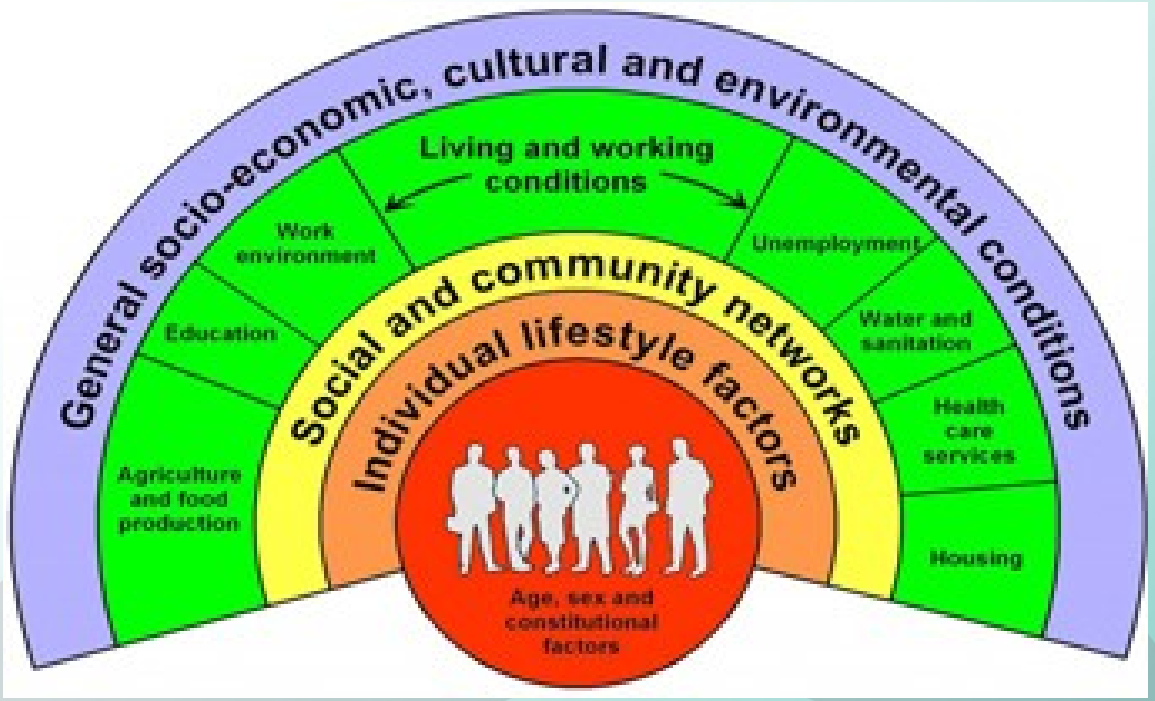
What is a Health Needs Assessment?

- A systematic approach to reviewing the specific health needs of a population and whether or not they are met
- Can be condition specific (e.g. diabetes, CVD), population specific (e.g. care-leavers, older people) or service-based (e.g. sexual health service)
- Can be epidemiological, corporate or comparative (though generally a mixture of all three methods)

Why do we need an HNA?

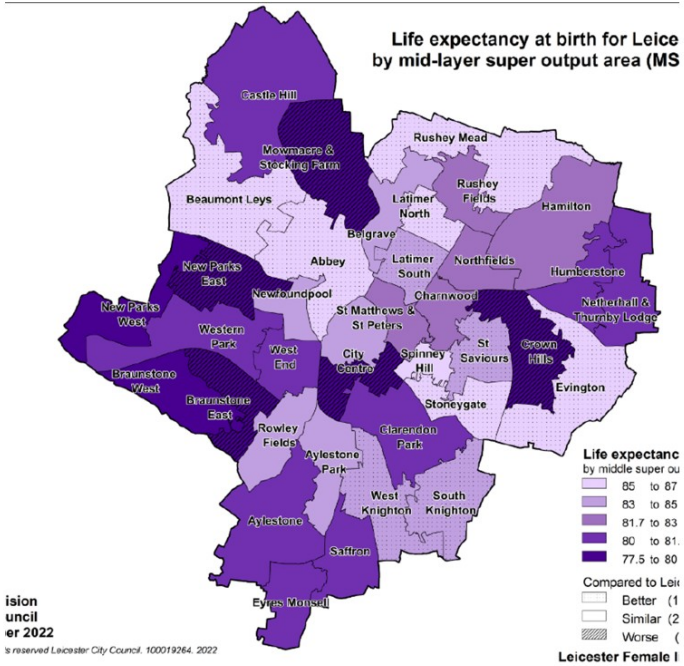
- Public Health: Last version was published in 2016 - needed updating
- Housing: Homelessness review has a health and wellbeing chapter – recognised the need for the evidence base to be refreshed
- NHS Integrated Care Board: Initial request to inform commissioning of primary care services. Timescale was too short for this, and it was decided that a more in depth needs assessment considering changes since pandemic and impact of cost-of-living crisis would be more helpful

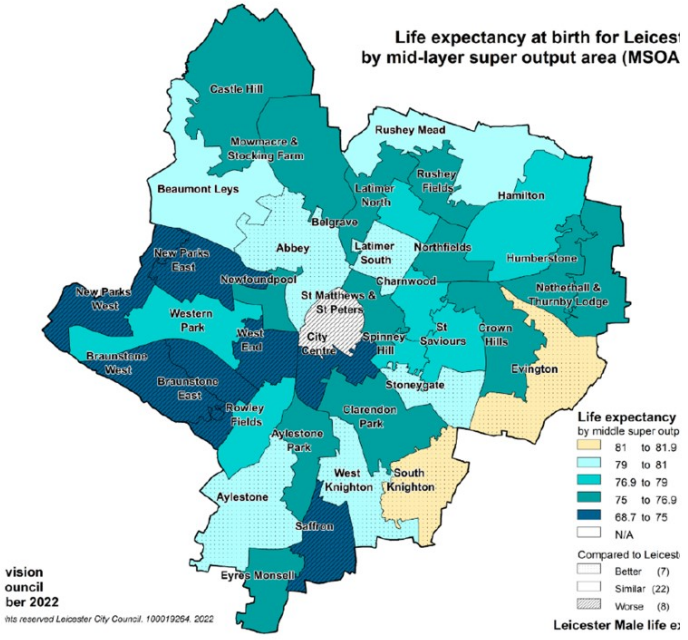
Why is homelessness important to our work in Public Health?



Dahlgren and Whitehead, 1991. The Health Determinants 'Rainbow' Model

Not everyone experiences health equally





fingertips: https://fingertips.phe.org.uk/profile/local-health

The Kings Fund specifically highlights people experiencing homelessness as a group at risk of inequalities:

Inequalities between who?

Differences in health status and the things that determine it can be experienced by people grouped by a range of factors. In England, health inequalities are often analysed and addressed by policy across four types of factors:

- socio-economic factors, for example, income
- geography, for example, region or whether urban or rural
- specific characteristics including those protected in law, such as sex, ethnicity or disability
- socially excluded groups, for example, people experiencing homelessness.

Content of the document

1) Intro
2) Who is at risk and why?
3) Level of need
4) Local Stakeholder engagement
5) Local services
6) Projected housing need
7) Unmet needs and gaps
8) Recommendations

Who is at risk?

- Visible homeless and hidden homeless
- Homelessness is a complex issue that can be influenced by various factors, including individual circumstances, structural challenges, and systemic issues.
- Groups at higher risk for homelessness include:
  - Those with financial issues
  - Those with mental health issues
  - Those with substance misuse
  - Those with experience of trauma, abuse or violence
  - Those with experience of the criminal justice system
  - Those with multiple and complex needs
  - Gypsies and travellers, sex workers, migrant workers, refugees and asylum seekers
- Individuals are also more likely to experience homelessness on more than one occasion in their lifetime, as homelessness itself is a risk factor for another period of homelessness

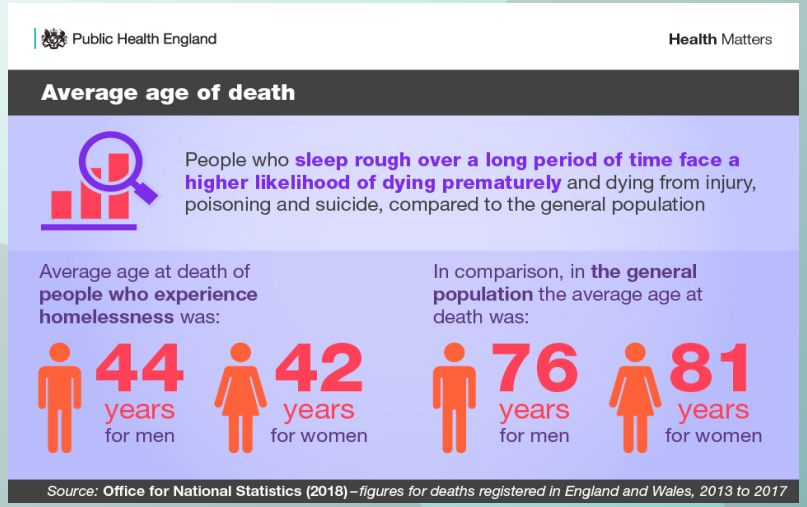
Who is at risk? - Leicester

- Leicester is one of the fastest growing cities in England, with the population having increased by 11.8% since 2011.
- There are higher levels of income deprivation than the national average with 40% of Leicester's population residing in the 20% most income deprived areas nationally.
- It has a relatively low wage economy, with higher levels of unemployment than the national average.
- The city is ethnically diverse, with residents from over 50 countries across the world. In 2020, over 1/3 of the City's residents were born outside of the UK.
- It is also a City of Sanctuary; a place of safety and welcome for people who have fled situations of extreme danger in their own countries. As a designated National Asylum Seeker dispersal city, Leicester is home to a community of asylum seekers. Since the COVID-19 pandemic, there has been a noted increase in the number of cases being referred to the Local Authority.

Why homeless individuals are at risk of poor health outcomes

- Social gradient in health
- Lower Life Expectancy: Figure 2.
- In 2021, the Office for National Statistics (ONS) found the leading causes of death were:
  - drug-poisoning, accounted for 35%
  - suicides accounted for 13%
  - alcohol-specific deaths accounted for 10%
- Poorer health: respiratory diseases, skin issues, mental health problems, substance misuse issues, dental problems etc
- Life course: cyclical nature of homelessness
- Children in temporary accommodation face challenges in accessing healthcare, leading to increased vulnerability to infections and accidents. They are also more likely to experience stress, anxiety, depression, and behavioural issues. Homelessness also impacts educational attainment, with higher school absenteeism, bullying, and isolation more likely. This negative impact on health and development is not limited to the time spent in homelessness but also extends beyond the homelessness period

Figure 2. Average life expectancy for homeless individuals and that of the general population (Eng & Wales)



Source: Office for National Statistics (ONS)

Level of Need: Prevalence

National and local statistics provided where available for:

- Rough sleeping
- Known to local authority through Homeless Prevention and Support services. Demographic breakdown including:
  - Families
  - Single and childless couples
  - Repeat homelessness
  - Young people
  - Persons from abroad with restricted eligibility to services
  - Offenders/ ex-offenders
- Known to Local Authority through Domestic Abuse services
- Known to Primary Care (via Inclusion Healthcare)
- Overcrowding
- Concealed Households
- Known through the 'Everyone In' Initative during Covid-19 pandemic
- Sofa Surfing

Level of need: Health Needs/Prevalence

Patient experience at GP/ access to healthcare

- There is limited data available on all of the wider determinants of health
- 92% of patients had a positive experience at Inclusion. This compares to 64.2% for the rest of the GP's in LLR
- Over three quarters of Inclusion patients were satisfied with appointment times (86.5% of patients) compared to less than half of the national average (48.6%) and all other GP's in LLR (47.1%)
- Inclusion Healthcare patients face greater challenges in accessing paid work or full-time education – significantly worse than the national and local average (6.4%, 63% and 65.5% respectively)

Figure 3. Patient experience at GP & Wider Determinants of Health

Indicator	Time period	Count	Inclusion Healthcare	England	LLR ICB
% who have a positive experience of their GP practice	2023	-	92%	71.3%	64.2%
% satisfied with practice appointment times	2023	-	86.5%	48.6%	47.1%
% patients enabled to book and cancel appointments online	March 2024	64	7.3%	45.8%	37.3%
% satisfied with phone access	2023	-	77.7%	49.8%	44.5%
% with caring responsibility	2022	-	9.4%	18.9%	N/A
% reported to be in paid work or in full time education	2022	-	6.4%	63.0%	65.5%

Source: Fingertips

Note: Statistical significance is a measure of the likelihood that the observed differences or relationships are not due to chance. Where there is a large difference, but this finding is not significant, this can be related to small sample sizes leading to uncertainty in the estimate.

Significantly worse than national average

Significantly better than national average

Not significantly different to the national average

Significantly lower than national average

Level of Need: Health Needs/Prevalence

Mental Health

- Mental ill health is significantly higher in IH patients compared to LLR and England (11.6%, 1.07% and 1% respectively). Since 2018/19, the proportion of patients with mental health conditions registered with IH has increased. It is now approximately double what it was 5 years ago with 51 individuals recorded in 2018/19 compared to 99 in 2022/23, or proportions of 5% and 11.65% respectively.
- Depression diagnoses higher amongst IH patients (44.4% compared to 13.2% in England. Increasing over the last 5 years. There are now 377 patients recorded with depression, compared to 233 (or 24.8%) when reporting began in 2012/13. The 2022/23 figures are also significantly higher than all figures preceding 2020/21.
- These findings support existing literature which highlights the mental health of people who are homeless is worse than the general population.

Figure 4. Patient experience at GP & Wider Determinants of Health

Indicator	Time period	Count	Inclusion Healthcare	England	LLR ICB (04C)
Depression: QOF prevalence (18+ yrs) (%)	2022/23	377	44.4%	13.2%	10.9%
Depression: QOF incidence (18+ yrs) - new diagnosis (%)	2022/23	22	2.6%	1.4%	1.2%
Newly diagnosed patients with depression who had a review 10-56 days after diagnosis (%)	2022/23	7	31.8%	65.9%	58.6%
Dementia: QOF prevalence (all ages) (%)	2022/23	56	6.6%	0.7%	0.5%
Alzheimer's disease or dementia (%)	2021	-	5.0%	0.6%	0.6%
Mental health: QOF prevalence all ages) (%)	2022/23	99	11.65%	1.0%	1.07%
% reporting a long-term mental health problem	2023	-	43.2%	12.7%	12.8%
Patients with severe mental health issues having a comprehensive care plan	2022/23	53	57.0%	68.5%	83.4%
Record of a BP check in the last 12 months for patients on the mental health register	2022/23	65	69.9%	79.0%	88.4%
Record of BMI in the last 12 months for patients on the mental health register	2022/23	72	77.4%	77.1%	87.6%
Patients with psychosis who have a current record of alcohol consumption	2022/23	64	68.8%	76.4%	89.1%
Patients with psychosis who have a current record of a lipid profile	2021/22	37	39.8%	70.6%	81.2%

Source: Fingertips

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Not significantly different to the national average

Significantly lower than national average

Significantly higher than national average

Level of need: Health Needs/Prevalence

Physical Health

- Literature indicates the physical health of people who are homeless is worse than the general population with lower rates of vaccinations, oral health problems, women-specific health problems, and poorer nutritional health. It also indicates multi-morbidity in this cohort, referring to the presence of two or more long-term conditions.
- Proportion of those with long term conditions is reported to be higher in those who are homeless compared to the national and local average (70.5%, 54.6% and 48.2% respectively)
- Smoking prevalence is significantly higher compared to the general population (67.1% compared to 14.7% nationally and 15.5% in LLR). This accounts for 570 individuals. Smoking is a known risk factor for heart disease, lung cancer and strokes.
- Between April 2022 and March 2023, over 200 individuals engaged in drugs and alcohol treatment were either at risk of rough sleeping, or rough sleeping.

Figure 5. Physical Health Indicators

Indicator	Time period	Count	Inclusion Healthcare	England	Leicester City ICB (04C)
% with a long-standing health condition	2023	-	70.5%	54.6%	48.2%
Hypertension: QOF prevalence (all ages)	2022/23	38	4.5%	14.4%	12.3%
Smoking: QOF prevalence (15+ yrs)	2022/23	570	67.1%	14.7%	15.5%
% Active smokers (GPPS)	2023	-	54.2%	13.6%	15.7%
% Former smokers (GPPS)	2023	-	16.2%	26.3%	15.9%
Record of offer of support and treatment in the last 24 months for smokers aged 15+ yrs: QOF	2022/23	419	73.5%	91.9%	92.3%
Epilepsy: QOF Prevalence (18+ yrs)	2022/23	16	1.9%	0.8%	0.7%
Diabetes: QOF Prevalence (17+ yrs)	2022/23	34	4.0%	7.5%	10%
COPD: QOF Prevalence (18+yrs)	2022/23	20	2.4%	1.8%	1.3%
Asthma: QOF Prevalence (6+ yrs)	2022/23	79	9.3%	6.5%	5.1%
Cancer: QOF Prevalence (all ages)	2022/23	8	0.9%	3.5%	1.7%
New Cancer Cases (crude incidence rate)	2021/22	N/A	223	540	331

Source: Fingertips

Note: Statistical significance is a measure of the likelihood that the observed differences or relationships are not due to chance. Where there is a large difference, but this finding is not significant, this can be related to small sample sizes leading to uncertainty in the estimate.

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Level of need: Support needs of accommodation service users

- From 2018/19 to 2021/22, 6,951 people presented to Leicester City Council (LCC) funded accommodation services (not including domestic abuse safe accommodation).
- 3,722 customers presented with no support needs, accounting for over 53% of presentations.
- For the remaining cohort, the top 3 support needs in each year were mental health issues, physical health issues and those with an offending history.
- The number of individuals with mental health problems was the highest by some margin, showing mental health to be the most prevalent health issue for people who are homeless or at risk of homelessness in Leicester.
- Many customers present with more than one support need. About 25% of clients have mental health support needs and over 20% have many/complex needs (two or more support needs).

Level of Need: Healthcare Services

- Growing recognition of **tri-morbidity**, and a need for **holistic care** which spans mental and physical health and wellbeing, as well as the recognition that the wider determinants of health have on health status

- Compared to the general population, street homeless individuals are over six times more likely to present at A&E and four times more likely to be admitted to hospital. They are also more likely to be admitted for emergency episodes and have three times longer hospital stays (20). This is due to complex healthcare needs, characterised by **multiple co-morbidities, later presentation, and complications with discharge**. Together, these factors can make the cost of treatment of this vulnerable population more **expensive**.

- **Bespoke, specialised services** (e.g., GPs) exclusively serving homeless patients are one way of **overcoming barriers** improving access to healthcare for individuals who are homeless. Studies show these services were rated more **favourably** by the homeless than mainstream services, with improved patient management and **continuity of care, reduced hospital admissions**, including emergency admissions**, reduced outpatient DNAs** , and a considerable reduction in healthcare spend, demonstrating **cost-effective**ness.

Stakeholder Engagement

Methodology:

- Between April-June 2023: 13 semi-structured interviews undertaken with service providers (including Turning Point, No. 5, The Bridge, Action Homeless, Inclusion Health, Prison services, YMCA, Addiction services, Street Outreach) and a focus group with roughly 30 people who are homeless
- Service providers include: Thematic analysis

Key themes:

- Service provision and quality
- Attitudes and feelings
- Service barriers and gaps
- Individual, structural and/or systemic factors
- Challenges
- Substance misuse culture
- Policy changes
- Integrated care

Stakeholder Engagement

Service provision and quality

- High satisfaction with Inclusion Healthcare's service operations, provision, staff commitment, competency and a clear preference for IH over mainstream GP's
- Positive attitudes expressed towards Turning Point and No. 5, with staff reported to go above expectations

Attitudes and feelings

- Homeless individuals expressed gratitude for bespoke services – forming relationships with healthcare providers is important to them.
- Homeless individuals were often fatalistic when thinking about authority figures, and they were guided by previous experiences of being let down by the system.
- A lot of homeless individuals are used to being failed by authorities - healthcare professionals feel they need to work hard to disprove this.

Stakeholder Engagement

Service barriers and gaps

- Homeless individuals expressed dissatisfaction with A&E
- Limited provision for basic needs e.g. shelter, warmth, and food, resulting in homeless individuals "dreading" weekends
- The majority of providers expressed concerns re services due to gaps and barriers. Felt the system was failing to protect and cater to all homeless individuals, including those who are banned and those with learning difficulties.
- Reduction of drop-in services following the COVID-19 pandemic considered disruptive and limits access - emphasised that many individuals prefer drop-in services over fixed appointment, with appointments increasing risk of late arrivals and being turned away.
- Booking appointments via phone – barrier to access

Individual, structural and/or systemic factors

- Concerns around: Housing stock shortage and decline over the last decade, lack of council-owned properties and abundance of private landlords, and bed shortages
- Individuals housed in temporary accommodation for protracted periods of time – disruptive and causes sense of instability
- Bureaucratic nature of the system difficult to understand, particularly for those with complex needs or poorer literary skills
- Inadequate healthcare pathways – basic healthcare needs not met
- Stigmatisation – homeless individuals viewed as '*too difficult*' and felt rejection from A&E due to perception that they were there for shelter rather than legitimate reasons.
- Discrimination against LGBTQ+ individuals akin to '*a prison mentality*'

Stakeholder Engagement

Challenges

- Challenges in breaking the homelessness cycle and the complexity of cases
- 'Cuckooing' (when the home of a vulnerable person is taken over by a criminal in order to use it to deal, store or take drugs, facilitate sex work, as a place for them to live, or to financially abuse the tenant) - a major challenge in Leicester. Often cuckooing occurs due to *"friends of friends"* who were invited to stay at an individual's new flat. Feelings of isolation when suddenly moving into a flat on their own can exacerbate the risk of cuckooing resulting in vulnerable individuals being abused by others in the community. Cuckooing can sometimes result in individuals finding it difficult to regain any housing support.

Substance use

- Many using drugs and alcohol as coping mechanisms, despite wanting and trying to abstain.
- Many individuals wanted to avoid The Dawn Centre due to its perceived drug culture.

Stakeholder Engagement

Policy changes

- COVID-19 pandemic negatively impacted longstanding services.
- Other changes included the loss and lack of outreach, loss of day centres, and the shortage of community psychiatric nurses (CPNs) to support with the mental health of the homeless.
- It was implied that provision was not what it used to be in Leicester; service provision and quality had decreased.

Integrated care

- Multi-partnership, co-ordinated working was identified as important to support homeless individuals.
- Stakeholder buy-in from the police and pharmacies were noted as very useful; with police bringing heavily intoxicated individuals to No. 5, and pharmacy staff passing on messages for patients. It was suggested that a liaison nurse between Inclusion Healthcare and the hospital would also be valuable.
- Several participants commented that communication between partners could be improved.
- More could be done, especially integration between primary care, mental health, and housing.

Projected housing needs

- **Housing stock** – shortages locally and nationally
- **Home ownership** – growing difficulty for those in a lower income bracket to afford homes
- **Private rented sector** – rise
- **Social housing** – demand outstrips supply

Unmet Needs, Gaps and Recommendations

30+ recommendations under the following key themes:

- Housing
- Understanding prevalence / knowledge gaps
- Health care service provision
- Wider determinants of health/ wrap around and support services
- System working

- Local authority recommendations to be included in next revision of Homelessness Strategy Action Plan