Health and wellbeing needs of Southwark's rough sleepers

Southwark's Joint Strategic Needs Assessment

People & Health Intelligence

Southwark Public Health & DAAT

December 2018

GATEWAY INFORMATION

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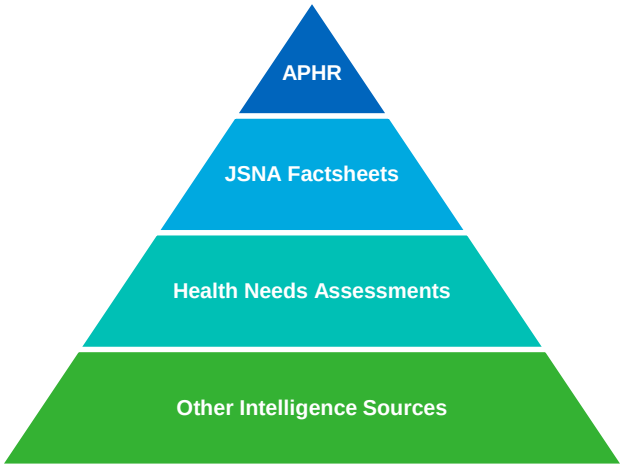
Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



Tier I: The Annual Public Health Report provides an overview of health and wellbeing in the borough.

Tier II: JSNA Factsheets provide a short overview of health issues in the borough.

Tier III: Health Needs Assessments provide an in-depth review of specific issues.

Tier IV: Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

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The homeless population, including rough sleepers, are widely acknowledged to have poor health outcomes

BACKGROUND

A report for the Local Government Association entitled '*The Impact of Homelessness on Health*' highlighted the health needs of the homeless population in England:

- Ill-health can be a causative factor for homelessness, just as homelessness itself can exacerbate existing health problems, or predispose individuals to new health conditions.
- People who experience homelessness can struggle to access quality health and care.
- A number of population groups that are viewed as most likely to become homeless also have high rates of other co-morbidities, compounding their ill-health.
- Homeless people are much more likely to die young, with an average age of death of 47 years of age, compared to 77 amongst the general population.

A Lancet evidence series entitled '*Homelessness*' provides further understanding of the health issues faced by the homeless population:

- Homeless people are often less engaged with health services, but are more likely to attend emergency departments.
- Increased prevalence of communicable diseases, mental disorders and substance misuse, in addition to higher rates of non-communicable diseases and evidence of accelerated aging are often found in this population.
- Causes of excess mortality in the homeless were highlighted to be communicable disease (HIV/Tuberculosis), ischaemic heart disease, substance misuse and external factors such as unintentional injury, suicide and poisoning.

References

1. The Impact of Homelessness on Health – A Guide for Local Authorities 2017, Local Government Association
2. The health of homeless people in high-income countries: descriptive epidemiology, health consequences and clinical and policy recommendations. Lancet. 2014 Oct 25; 384(9953): 1529–1540.
3. Crisis – Homelessness A Silent Killer

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This Health Needs Assessment evaluates the unmet health needs of Southwark's rough sleeping population

AIMS & OBJECTIVES

This review will form part of the Joint Strategic Needs Assessment (JSNA) for Southwark. It aims to provide an overview of the unmet health need among Southwark's rough sleeping population, informing and aiding the procurement of future services in the borough. This is will be achieved through the following objectives:

- Consider national and local policy guidance in addition to the available evidence-base in order to identify the current health and wellbeing needs of rough sleepers.
- Engage with stakeholders and service providers within Southwark in order to better understand the health needs of the local rough sleeping population
- Explore the ways in which we could optimise service provision in Southwark in order to better identify and meet those needs.
- Identify potential barriers to accessing suitable data and implementing change within this hard-to-reach population.
- Identify service gaps and areas for improvement and make recommendations.

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While this needs assessment focuses on rough sleepers, there are a range of terms used relating to homelessness

DEFINITIONS

While homelessness is often considered to refer to people living on the streets, the term 'homelessness' encompasses a range of circumstances, which are typically categorised into the following:

Category	Definition
Rough sleepers	The most visible form of homelessness, when somebody is sleeping on the street either permanently, intermittently, or for the first time
Temporary accommodation	Unstable accommodation such as a hostel, B&B, shelter or women's refuge
Hidden homeless	Also known as those who are 'sofa surfing', squatting, or moving between friends' or relatives houses
Statutory homeless	Persons who have been determined to be eligible for housing assistance from the local authority after meeting necessary criteria following a homelessness application.

For the purposes of this health needs assessment, our scope is limited to the rough sleeping population due to the heightened health need of this population and the reprocurement of Southwark's outreach service.

References

1. Types of homelessness, Crisis, 2018.
2. About homelessness, St Mungo's, 2016

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There is a range of national legislation that sets out the responsibilities of local authorities to tackle homelessness

NATIONAL POLICY CONTEXT

The Housing Act (1996) sets out the duties local authorities have to support homeless people. This was limited to those of 'priority need', defined as "*those who are vulnerable due to old age, mental illness, handicap, physical disability*".

The responsibilities of local authorities were widened under the **Homelessness Act (2002)**, which seeks to ensure a more strategic approach to tackling and preventing homelessness. The document broadens the definition of priority need, meaning that the councils have a duty to provide interim accommodation to a wider range of the homeless population. This includes previously institutionalised persons, the young, and persons fleeing domestic violence.

The **Homelessness Reduction Act (2017)** sets out broader legal requirements on local government to aid all homeless persons. Local authorities are now required to provide support to persons that do not fall into a 'priority need' category.

References
1. Housing Act 1996, Ministry of Housing, Communities and Local Government.
2. Homelessness Act 2002, Ministry of Housing, Communities and Local Government.
3. Homelessness Reduction Act 2017, Ministry of Housing, Communities and Local Government.

New government strategy launched in 2018 aims to completely end rough sleeping by 2027

NATIONAL POLICY CONTEXT

'The rough sleeping strategy' was published by the Ministry of Housing, Communities and Local Government in August 2018, laying out HM Government's plans to help people who are sleeping rough and put in place structures to end rough sleeping. It sets out three main pillars:

- **Prevention –** a focus on providing timely support before somebody becomes homeless
- **Intervention** – targeted strategies to help people that are already in crisis, allowing them to receive rapid support to get them off the streets.
- **Recovery** – an emphasis on supporting people suffering from homelessness to find a new home and rebuild their lives via rapid rehousing approaches. This involves a commitment to invest £9 billion in affordable housing.

This strategy involves a commitment of £100 million additional funding across England over the next two years. This funding will be used to fund a broad range of services, including funding a number of innovative pilots. Southwark Council's homelessness unit has obtained approximately £1.2 million from this fund to aid in the reduction of rough sleeping.

This strategy set a target to halve rough sleeping by 2022, with an aim to end it completely by 2027.

References
1. Rough Sleeping Strategy 2018, Ministry of Housing, Communities & Local Government

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On the back of this policy, a national health needs audit of rough sleepers was initiated in October 2018

NATIONAL POLICY CONTEXT

Following the announcement of this strategy, Public Health England have set out to perform an audit of the current provision of services attending to the health needs of the rough sleeping population.

- This will take input from public health departments, CCGs and local stakeholders from 71 ‘Rough Sleeping Initiative’ (RSI) areas in order to develop an understanding of the available health provision across the country.
- Subsequently, 15 of these areas will then be further investigated and data obtained, for subsequent analysis.
- This analysis is predicted to be completed and presented in April 2019.
- This will be utilised to guide future policy on rough sleeping and develop an overarching plan that addresses these concerns.
- Southwark is one of the 71 RSI areas that has been selected to participate in this audit – this project is being overseen by the Southwark Public Health Division.

References
1. Rough Sleeping Strategy 2018, Ministry of Housing, Communities & Local Government

The office of the Mayor of London declared tackling homelessness a priority across London

REGIONAL POLICY CONTEXT

The Mayor of London's Rough Sleeping Commissioning Framework outlined a goal to reduce rough sleeping and provide better care to the homeless population, funding and supporting a number of initiatives across London (as illustrated in the adjacent figure).

The Healthy London Partnership's commissioning guidance for London outlined commitments to improve health outcomes for people experiencing homelessness:

- This provided guidelines for CCG's to address the health needs of the homeless.
- It outlined a requirement to eliminate health inequalities and exclusion at a local level.
- A key recommendation was for periodic assessments of homeless populations, utilising local health needs assessments.
- It also highlighted the need for improved data collection, enabling a better understanding of the health needs presented by rough sleepers.

Services provided within the Mayor of London's Rough Sleeping Framework

References

1. Rough Sleeping Commisioning Framework, 2018, Greater London Authority

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Southwark have recently published a four-year strategy aimed at tackling homelessness in the borough

LOCAL POLICY CONTEXT

Southwark published its Homelessness Strategy 2018-2022 in November 2018, focusing on five priority areas over the coming years:

- Homelessness prevention
- Tackling rough sleeping
- Focus on vulnerability and health
- Responding to the local housing market
- Responding to welfare reforms

In particular, regarding health, the document highlighted the following priority areas:

- Better co-ordination between public health, housing solutions, adult social services and the drug and alcohol team (DAAT) to facilitate achievement of joint strategic goals.
- Mental health to be targeted as a focus in homelessness prevention.
- Better support for domestic abuse victims.
- Improved identification of pathways for people to move out of supported housing.
- Provision of accommodation for clients that successfully undertake rehabilitation programmes.
- Ensuring that hospital discharge protocols for homeless individuals meets individual need.

However, the document did not set out a wider strategy through which health need in the homeless (including rough sleepers) would be systematically addressed over the coming years. This suggests a potential gap in local policy at present.

References
1. Homelessness Strategy 2018-2022, Southwark Council, October 2018.

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Obtaining an accurate picture of the homeless population is difficult, however a number of methods are available

LOCAL PICTURE

Rough sleepers are acknowledged to be an extremely difficult population to collect consistent data from.

- This is due to a number of issues, including the transient nature of the population and unwillingness to engage with support services.
- Therefore, estimates of the extent of homelessness vary greatly between sources.

The two primary methodologies described in use across England are explained below:

Performing a one-off count or evidence-based estimate of the number of rough sleepers sleeping in a given area on a 'typical night'.	▪ Introduced in 2010 and utilised in official national rough sleeping estimates ▪ Reviewed by the UK Statistics Authority in 2015 (who oversee the validity of official government data), who concluded that this data doesn't meet the standards required to be considered national statistics, falling short in terms of 'trustworthiness, quality and value'
Recording the number of individual rough sleepers that are identified by outreach teams over the course of a single year in a given area	▪ Methodology adopted by CHAIN system funded by the Greater London Authority ▪ Caveats to this methodology include a possible lack of consistency in the way that data is gathered by different outreach teams across London, in addition to a reliance on subjective assessments of need by outreach team workers that are often required to balance multiple competing priorities during assessments.

Accordingly, for the purpose of this JSNA, we have utilised the methodology adopted by the London-wide CHAIN data system, provided by Southwark's Street Population Outreach Team (SPOT).

References

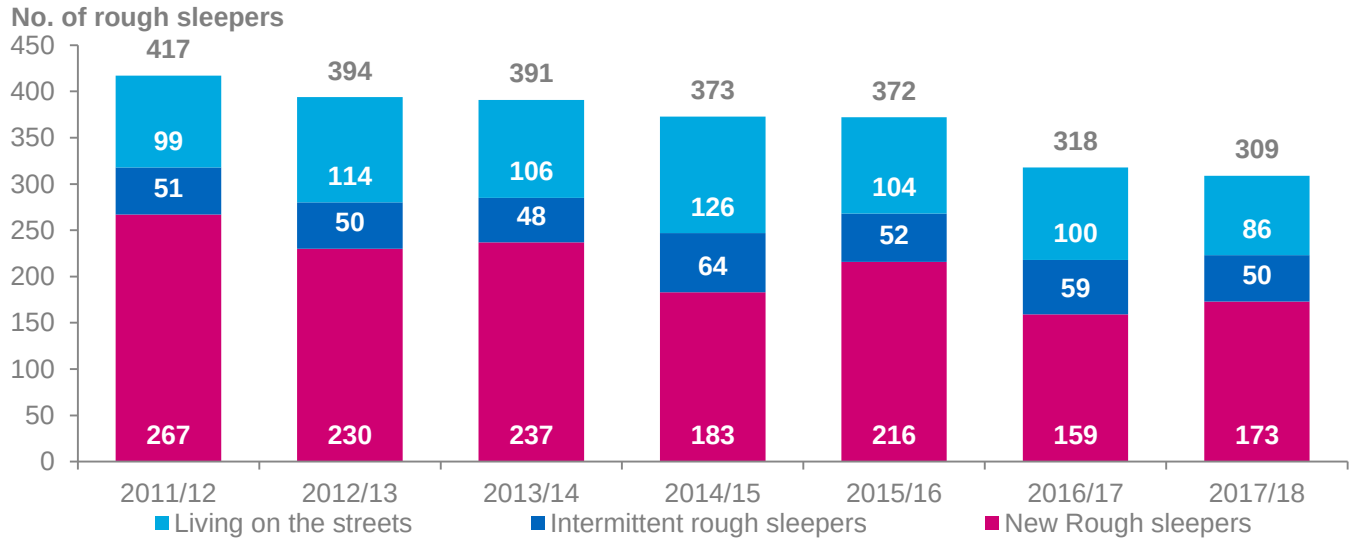
1. Counts & Estimates Toolkit 2018, Homelesslink
2. CHAIN Borough Annual Reports, Southwark, 2011/12 to 2017/18.

Over the year 2017/18, 309 individuals were identified by the outreach team as rough sleepers in Southwark

LOCAL PICTURE

Individuals identified to be rough sleeping in a given year in Greater London have increased by 33.6% (from 5,678 to 7,584) since 2011/12.

- However, in Southwark, there has been a gradual decrease in the number of people identified to be rough sleeping in any given year since 2011/2012.
- The most substantial contribution to this decrease is a reduction in the number of new rough sleepers each year, from 267 in 2011/12 to 173 in 2017/18.
- Reasons for the large drop in numbers of identified rough sleepers between 2015/16 and 2016/17 are unknown.
- While these figures estimate the number of rough sleepers identified in a given year, they do not demonstrate the duration of homelessness.



References

1. CHAIN Borough Annual Reports, Southwark, 2011/12 to 2017/18.

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In 2017/18, Southwark had the 7th largest population of rough sleepers in Greater London

LOCAL PICTURE

Levels of rough sleeping are particularly high within central London, as might be expected, particularly within the boroughs of Westminster and Camden.

- Despite reductions in recent years, Southwark continues to have one of the largest rough sleeper populations within Greater London.
- In 2017/18 Southwark had the 7th largest number of rough sleepers in the capital, with 309 rough sleepers compared to a London median of 171.

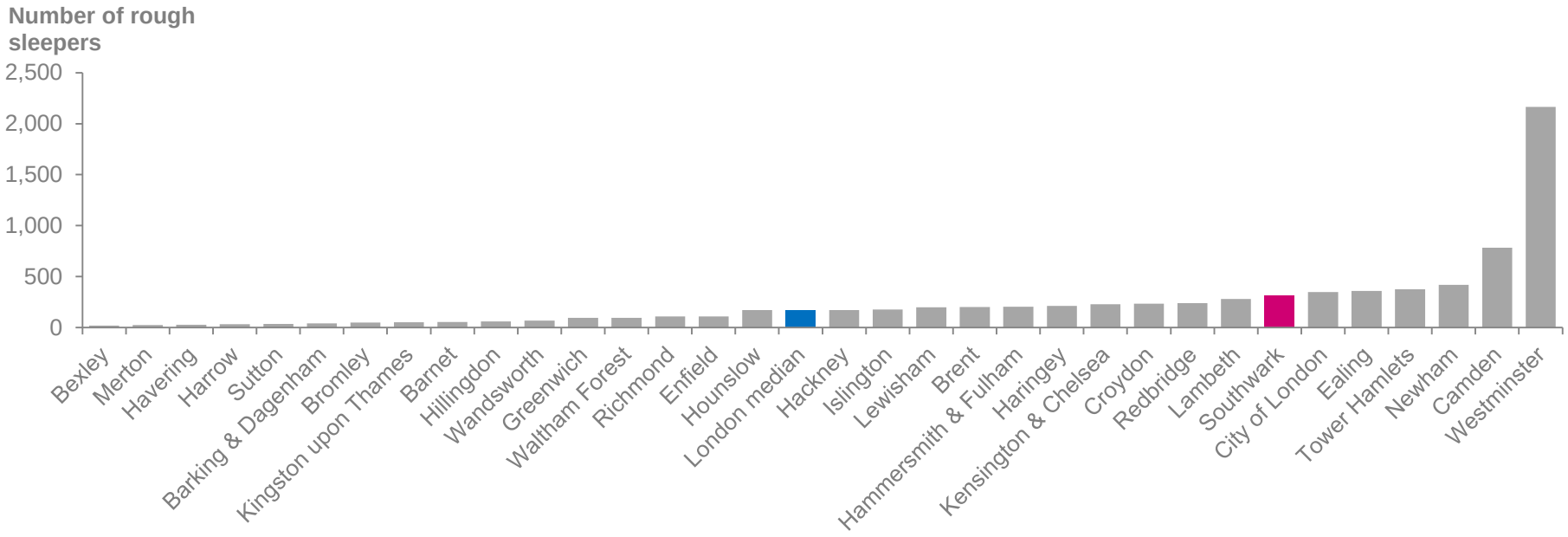

Figure 2: Number of rough sleepers identified by outreach teams by borough during 2017/18

References

1. CHAIN Annual reports, Greater London, April 2014 – March 2018

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Drivers of homelessness are similar in Southwark as those reported across Greater London

LOCAL PICTURE

Investigating the drivers that lead to a person rough sleeping for the first time can provide an insight into the issues that often affect the rough sleeping community:

- Across London, difficulties with accommodation including eviction or being asked to leave a property contributed to a large proportion (35.2%) of new rough sleepers. Problems including employment (17.5%) and relationship difficulties (14.7%) also contributed significantly.
- However, in Southwark, drivers were largely similar, but a greater proportion had been driven to rough sleeping by issues surrounding accommodation (46.5%).
- 102 out of 173 new rough sleepers identified in Southwark over 2017/18 did not have this information recorded, indicating limitations with accuracy and completeness of collected data.

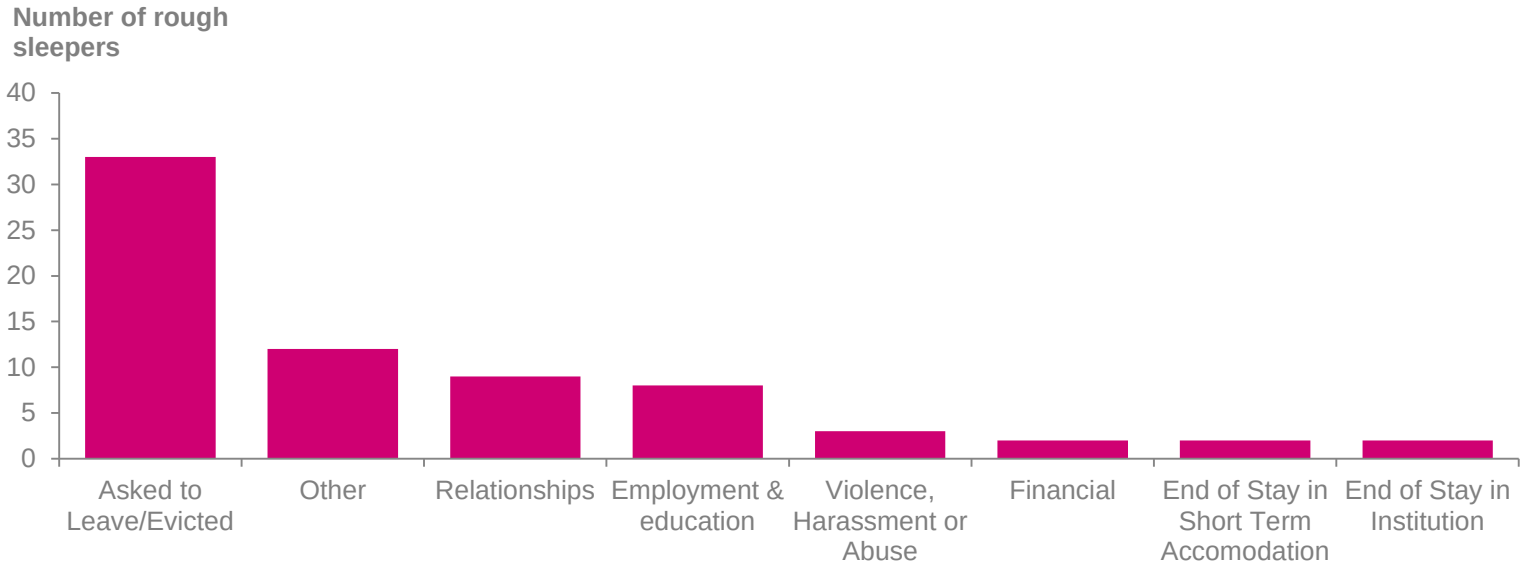

Figure 3: Recorded reason for new rough sleeper leaving previous accommodation in Southwark, 2017/18

References

1. CHAIN Annual reports, Greater London, April 2014 – March 2018

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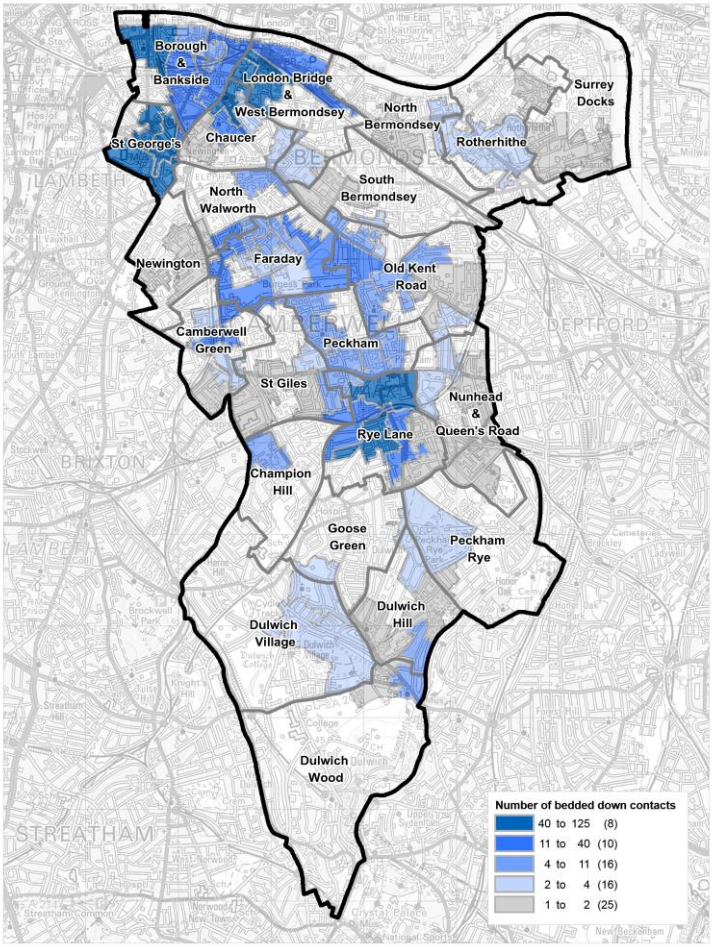
Rough sleepers in Southwark are concentrated within two main areas, in the north-west of the borough and Peckham

LOCAL PICTURE



Number of bedded down contacts across Southwark in 2017-18

Data source: CHAIN
Southwark Public Health Division | People & Health Intelligence | publichealth@southwark.gov.uk.
October 2018.
© Crown copyright and database rights 2018, Ordnance Survey (0)100019252

The number and location of individual encounters with a rough sleeper by the SPOT team illustrates the areas within the borough in which our rough sleeping population are typically focused.

- The areas in which rough sleepers are found to be concentrated are within two of the main urban centres in Southwark in addition to known estates that are blind spots for rough sleepers and intravenous drug use.

Research has been undertaken into the reasons for high concentrations of rough sleepers in urban centres:

- A noticeable trend between the concentration of the homeless population and the location of public institutions such as homeless shelters, food banks and other service providers was identified by focused research and replicated in further local government research in Toronto.
- They proposed that rough sleepers may congregate around often-limited social services provision in a city to increase likelihood of access, while service providers will in turn locate themselves where their client base is focused.
- This may explain in part the reason behind these high concentrations of rough sleepers in Southwark.

References

1. Landscapes of Despair, From deinstitutionalisation to homelessness, Dear & Wolch, 2016.
2. Housing Stability Service Planning Framework 2014-19, Toronto Shelter Support and Housing Administration, 2014
3. CHAIN Borough Annual report, Southwark 2017/18

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The demographic of the rough sleeping population in Southwark is extremely varied

LOCAL PICTURE

Demographic information collected by outreach teams in 2017/18 revealed the following:

- **Nationality** – the majority of rough sleepers were UK nationals (54%), with 30% from European states, 10% African countries, and the remainder from Asia and the Americas.

- **Gender** – 87% of identified rough sleepers were male, 13% were female.

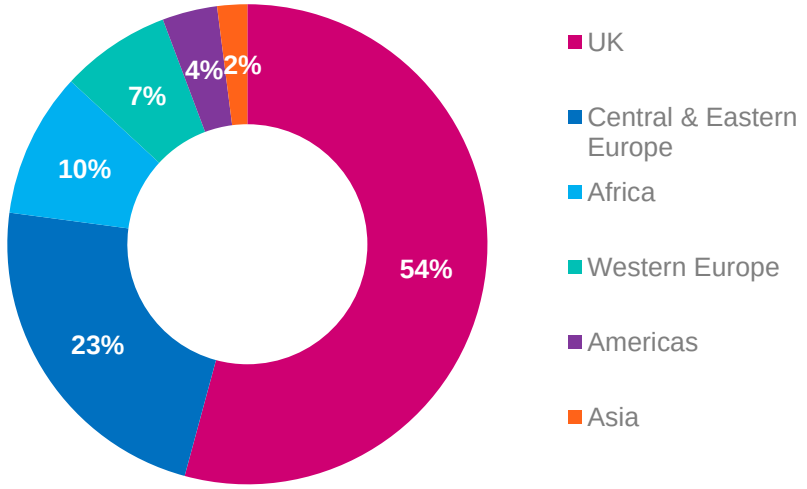

Figure 4: Proportion of rough sleepers by recorded nationality, Southwark 2017/18

- **Ethnicity** - 68% were of White ethnicity, 21% Black, 2% Asian, 1% Arab, 1% Mixed, 5% Other, while 2% refused to answer. This is broadly comparable to Greater London, however Southwark contains a higher proportion of Black rough sleepers, but fewer Asian persons.

- **History of institutionalisation** - 52% of identified rough sleepers had previously been institutionalised: 39% were previously imprisoned, 13% in care and 9% had been in the armed forces. This figure is comparable to the average across Greater London (51%).

References

1. CHAIN Annual reports – Southwark 2017/18 | 2. CHAIN Annual reports - Greater London 2017/18

Four out of five of our rough sleeping population in Southwark have at least one complex support need

LOCAL PICTURE

Support needs data derived from assessments made by outreach team workers demonstrates the high prevalence of alcohol use, substance misuse and mental health in the rough sleeping population. 215 support needs assessments were completed, demonstrating:

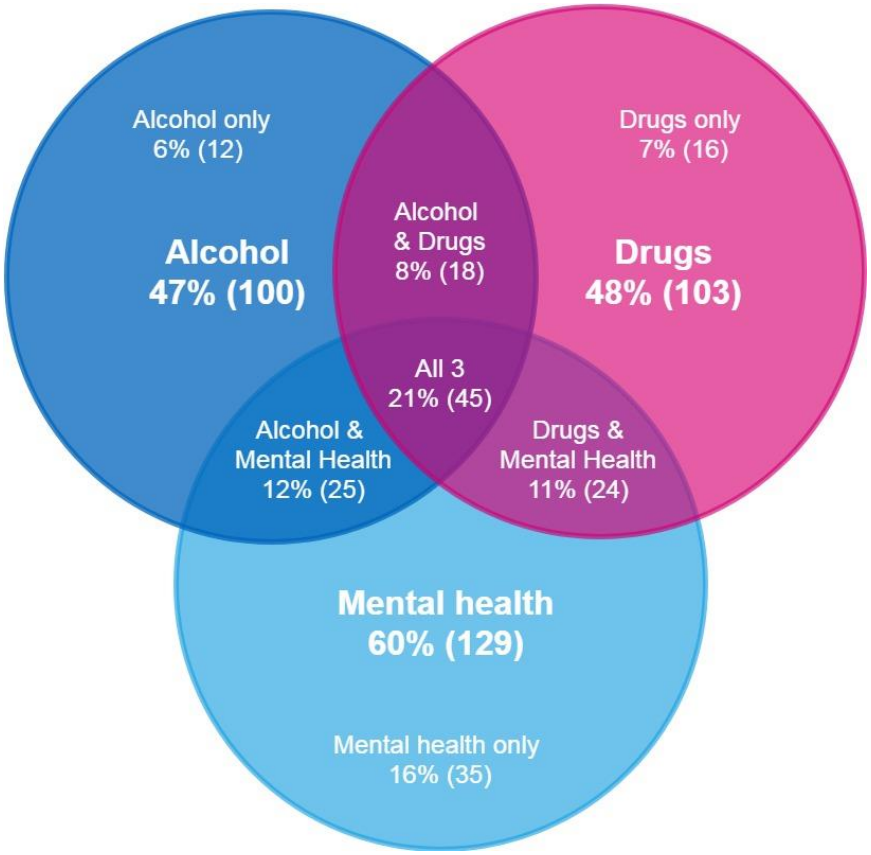

Figure 5: Recorded support needs of rough sleepers in Southwark, 2017/18. n = 215

- Alcohol use was recorded in 47% of rough sleepers (compared to 43% across Greater London), drug use in 48% of rough sleepers (40% in Greater London), while mental health problems were reported in 60% of rough sleepers (50% in Greater London).
- 52% of rough sleepers possessed at least two of these complex support needs, while 21% of service users suffered all three of alcohol use, drug use and mental health issues.
- Support needs assessments that are utilised to gather this data were only undertaken or completed for 70% of the 309 rough sleepers identified by the outreach team in 2017/18. Accordingly, these figures may underestimate the extent of these problems in the Southwark rough sleeping population.

References

1. CHAIN Annual reports – Southwark 2017/18

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However, accurate data regarding the specific health needs of the street population in Southwark is lacking

LOCAL PICTURE

We know that long term health conditions and acute illness are a major problem within this cohort.

- Extensive research, including papers in The BMJ and The Lancet, has illustrated the numerous health problems that face rough sleepers and the contribution to increased morbidity and early mortality that these cause.

However, accurate information surrounding specific acute and chronic health conditions is not recorded consistently by Southwark's outreach team and therefore data on this is unavailable.

- The only data that is collected by outreach teams reflecting physical health support need uses criteria of 'No need', 'Low need', 'Medium need' or 'High need'.
- Outreach teams are provided limited guidance on making this assessment through an advisory 'Support Needs Indicator', which is also utilised to guide assessments of substance misuse and mental health.
- Presence of a physical health need was reported in 58% of assessed service users (11% high need, 22% medium need, 24% low need).
- However this is a subjective assessment - it is unclear what level of training outreach team workers have in assessing health need for this purpose, or how commonly the guidance provided for staff members to make this judgement is utilised.

Difficulty in collecting high quality data in this hard-to-reach group is evidently a barrier to identifying and quantifying the health needs of the street population.

References

1. CHAIN Annual reports – Southwark 2017/18
2. The health of homeless people in high-income countries: descriptive epidemiology, health consequences and clinical and policy recommendations. Lancet. 2014 Oct 25; 384(9953): 1529–1540.
3. Health, health promotion and homelessness. BMJ. 1999 Feb 27, 318(590)

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Data collected nationally can aid us in understanding the health issues facing rough sleepers

NATIONAL PICTURE

Although we currently possess limited high quality data about the health needs of the Southwark street population, a national audit tool created by the charity Homeless Link has resulted in the development of a dataset focused on the health needs of approximately 300 rough sleepers, illustrating the health needs of the homeless population in the UK.

- This tool was created in association with Public Health England with an aim to facilitate local authorities, charities and health services in gathering accurate data about the health of people experiencing homelessness in their area.
- Health needs audits were performed and data analysed from 27 boroughs across the UK in the years leading up to 2015, including a number of inner city areas with similar demographics to Southwark (such as Lambeth). Further audits that are not yet published have been performed since then, such as in Southwark in 2015/16.
- However, Southwark's health needs audit of its homeless population in 2015/16 did not collect data on rough sleepers and therefore we cannot draw conclusions about our street population from this data.
- The utility of the national dataset for the purpose of this needs assessment is reduced by the limited number of rough sleepers contained within the audit.
- However, it is widely accepted to be the best data source that is presently available regarding the health needs of the rough sleeping population.
- Accordingly, this data can be utilised to draw conclusions regarding the health needs of the street population that may currently be unmet.

References
1. Health Needs Audit, Southwark/National, Homelesslink2015.

This data illustrates the impact that a high physical health need of rough sleepers may present to our frontline services

NATIONAL PICTURE

Data collected on just under 300 rough sleepers nationally across the Homelesslink Health Needs Audit illustrated the following:

Physical health conditions are extremely prevalent in the rough sleeping population

- 88% of rough sleepers reported suffering from a physical health problem – over half (54.1%) of these individuals reported that they were not receiving adequate help with this issue.
- Musculoskeletal problems were the most common complaint, followed by dental problems, chest pain/respiratory conditions and problems with vision.

Psychiatric illness and mental health problems affect the majority of those sleeping rough

- 91% of rough sleepers reported a mental health difficulty.
- 45% of rough sleepers had been diagnosed with a mental health condition.
- Depression was particularly prevalent, with 34% of rough sleepers suffering from the condition (just under two thirds of whom had experienced it for over a year).
- 11% of rough sleepers suffered from a personality disorder.
- 9% reported suffering from post-traumatic stress disorder (PTSD).
- Schizophrenia and bipolar disorder were reported in 8% and 6% of rough sleepers respectively.

Rough sleepers present a substantial burden on frontline health services,

- 67.0% had visited their GP at least once in the previous 6 months (23.9% over 5 times).
- 20% reported that they had been refused registration at a GP practice.
- 44.5% had attended A&E at least once in the previous 6 months (10.7% over 5 times).
- 29.8% had been admitted at least once in the previous 6 months (5.1% over 5 times).
- Hospital staff reported ensuring a suitable discharge for only 34.29% of rough sleepers.

References

1. Health Needs Audit, Homeless Link, 2015

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The extent of support needs such as substance misuse and mental health was also explored in depth

NATIONAL PICTURE

Prevalence of substance misuse nationally is comparable to reported prevalence in Southwark:

- 54% of rough sleepers reported to be either using illicit drugs or were in recovery from using illicit drugs.
- The most commonly reported drugs were cannabis (60%), crack cocaine (37%) and heroin (34%).
- 44% of rough sleepers reported issues with alcohol misuse.
- 38% of these rough sleepers reported drinking every day.
- 18% of rough sleepers had a dual diagnosis of alcohol and illicit drug misuse.
- 83% of rough sleepers reported to be smokers, with over a quarter (28%) reporting wanting to stop smoking.

Communicable disease is evidently a substantial problem in the vulnerable population – progress is required to further improve levels of immunisations and testing:

- Only 29% of rough sleepers had received a flu vaccine in the last 6 months.
- 43% had received the hepatitis A vaccine, while 50% had received a hepatitis B vaccine.
- 31% of rough sleepers reported having undergone a sexual health check.
- 43% of rough sleepers had been tested for hepatitis C – over a quarter of these people (11% of all rough sleepers) tested positive.
- 33% had been tested for tuberculosis – just over one in six (6% overall) tested positive.
- 43% had been tested for HIV – approximately one in nine (5% overall)tested positive.

References
1. Health Needs Audit, Homeless Link, 2015

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Our limited data demonstrates that Southwark's rough sleeping population have highly complex health needs

SUMMARY

There is limited accurate, high quality data on the health needs of the street population
Southwark has a substantial street population, although estimates vary:

- Despite improving figures, Southwark has the 7th largest rough sleeping population in London.
- The demographic of rough sleepers in Southwark is extremely varied

These are a vulnerable and at risk group, with complex health needs:

- The vast majority of rough sleepers report suffering from a physical health problem
- Prevalence of communicable disease is extremely high in this cohort
- Substance misuse is extremely prevalent in the rough sleeping population
- Southwark rough sleepers report a higher prevalence of mental health problems than the average across Greater London
- Over half of our rough sleeping population possess two or more complex support needs

However, access to health services may be restricted in this population

- The prevalence of drug and alcohol use is extremely high in the rough sleeping population
- Southwark rough sleepers report a high prevalence of mental health problems than the average across Greater London
- Over half of our rough sleeping population possess two or more complex support needs

References
1. Health Needs Audit, Homeless Link, 2015

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Southwark Council commissions a number of additional services to attend to the needs of the street population

LOCAL RESPONSE

The range of services available in Southwark that attend to the needs of rough sleepers are as follows:

Physical health care:
Street Population Outreach Team (SPOT), Health Inclusion Team (HIT), Manna Centre, GP Practice provision of registration/appointments, Community Special Care Dentistry, A&E, Secondary care, Homeless Pathways Teams

Mental health services:
Mainstream mental health services, Homeless Outreach Team (START) - a small multi-disciplinary assessment team for at-risk street homeless people across Lambeth, Southwark and Lewisham

Alcohol services:
Change Grow Live (CGL) provide engagement team, one to one support, clinical support, involvement in GP shared care, recovery group work programmes, talking therapy, access to mutual aid

Illicit substance misuse services:
CGL drug service, involving community outreach, shared care between CGL and GP in substitute prescribing, harm reduction promotions, pharmacy involvement in methadone prescriptions and needle exchange

Communicable disease & sexual health:
GUM clinic walk-in provision, HIT team clinics, SHRINE LARC service, Grounswell women's health promotion
TB van, needle exchange services, opportunistic Hepatitis C/HIV testing

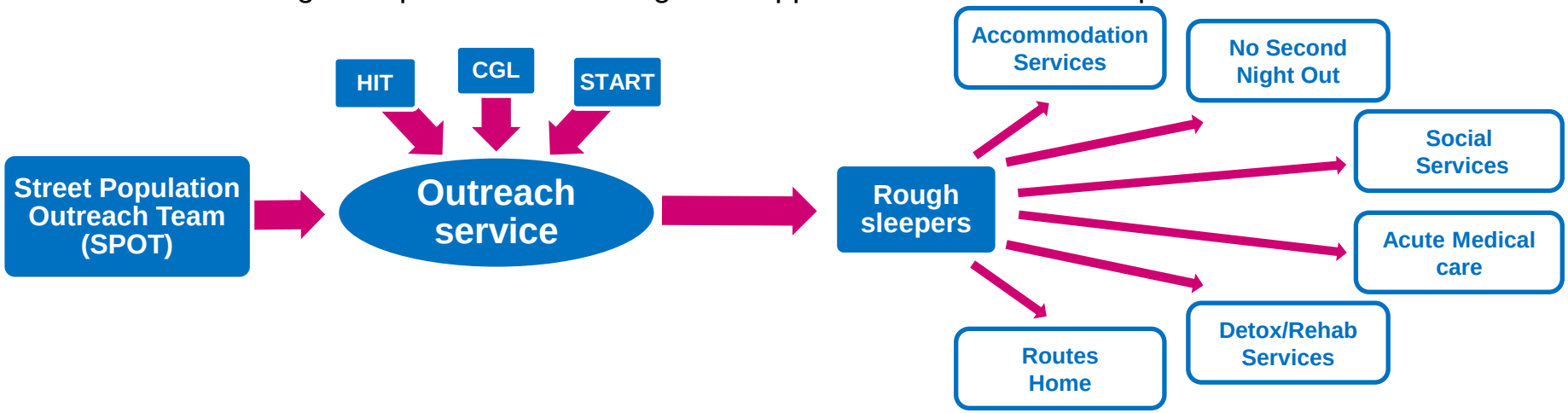
Accommodation & Reablement:
SPOT, Hostel/B&B provision, No First/No Second Night Out, Divine Rescue, Severe Weather Emergency Protocol
Social Services, Housing Solutions services, Housing First, Routes Home, Clearing House, Shelter Southwark

The outreach team represents the frontline of our service provision to the Southwark street population

LOCAL RESPONSE

Since 2013, Southwark Council have commissioned St Mungo's to run the Street Population Outreach Team (SPOT), providing an outreach service to the street population:

- Their objective is to provide a comprehensive service, engaging with clients, motivating change in lifestyle, assessing needs and referring on to accommodation and specialist support agencies.
- The team undertake shifts searching for rough sleepers on the streets of Southwark. This involves responding to information from members of the public via services such as StreetLink, in addition to using local knowledge and patrolling hotspots to find new rough sleepers.
- Additionally, the SPOT team are accompanied by members of the Health Inclusion Team, CGL and START teams in order to address clients substance abuse, physical and mental health concerns.
- This enables rough sleepers to receive targeted support on the streets as required.



SPOT staff have reported high levels of unmet need (physical and mental health, as well as substance misuse) in the rough sleeping population in Southwark.

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A review of the current SPOT service offered an insight into many of the problems facing the street population

LOCAL RESPONSE

In March 2018 the Housing and Modernisation Department commissioned the Children, Adults and Families Commissioning Business Unit to carry out an independent review of the SPOT service, covering the following areas:

- Whether current resources available are effective at targeting and responding to rough sleepers' needs.
- Identify what works best
- Identify any gaps in service provision

The key findings from the independent review were as follows:

- The service fared well when mapped out against the objectives set out in the Pan-London protocol for rough sleeping outreach services
- SPOT delivers a service which demonstrates value for money
- SPOT service is respected by key stakeholders, praising it for its partnership work
- Highlighted a need for more targeted women's work
- A need to determine how best rough sleepers can be safeguarded was highlighted

However, there was little assessment of how SPOT addresses the health needs of the street population:

- Although rates of illicit substance abuse, alcohol use and mental health problems were included in the review, the manner in which SPOT successfully attends to these needs, or manages the wider health needs of the street population, was not a primary consideration. Lack of relevant data on these topics was highlighted as a barrier.

This further demonstrates the difficulty we have in assessing whether service providers are adequately meeting this health need with insufficient data.

References

1. Street Population Outreach Team Service Review and Options Appraisal 2018, Children Adult and Families Commissioning Business Unit.

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Qualitative research was undertaken in order to assess how our local response is meeting health needs

STAKEHOLDER ENGAGEMENT

In order to assess the extent to which the local response is meeting the needs of rough sleepers in Southwark, a range of local stakeholders were consulted over a two month period.

A small group of local service providers including the SPOT team and local hostel managers were consulted in semi-structured interviews, describing what they felt the main issues to be surrounding the health needs of the local street population. Key points that emerged from this engagement were as follows:

- Wide agreement that there is a substantial unmet health need in rough sleepers across Southwark.
- Substance use, alcohol use and mental health produce enormous barriers against accessing other forms of healthcare that currently we are unsuccessful in overcoming.
- That although a wider focus on substance abuse, alcohol use and mental health is warranted, we may also be neglecting a number of other health issues beyond these areas.
- Improved communication and co-ordination between service providers could result in substantially improved outcomes for service users.
- There is an appetite for any new outreach service to take into account these broader health needs.

A series of prominent topics were identified through these interactions. This information was utilised to guide development of a questionnaire, which was then circulated to a wider range of stakeholders and service providers in Southwark. Input was received from the following stakeholders:

- Hostel managers (3)
- CCG GP clinical leads (2)
- SPOT Team (2)
- Pathways Homeless Team (2)
- START Team (1)
- Health Inclusion Team (1)
- CGL Outreach Team (1)
- Manna Society Day Centre (1)

Key themes identified through this research are summarised in the following slides.

References
1. Stakeholder engagement - Questionnaire and semi-structured interviews, October 2018

Southwark Council
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Access to and discharge from acute medical care is highlighted as an important area that requires optimisation

STAKEHOLDER ENGAGEMENT – PHYSICAL HEALTH CARE

Primary care and community roles in reducing inappropriate A&E attendances were highlighted

- High attendance in this setting may be due to a lack of appropriate primary care and community services.
- Value was demonstrated in the utilisation of hostel spaces and day centres for acute medical reviews and interventions in rough sleepers that are in crisis - this requires optimisation.

Acute medical services such as A&E were highlighted as the primary point of contact through which rough sleepers feel able to gain regular access to with a guarantee receiving good care.

- Inpatient care in South London is felt to be well-facilitated by the inpatient homeless pathways teams – however a lack of appropriate transitional care and step down care can undermine progress made while in the inpatient setting.
- These interactions could be utilised to provide a full workup and review of the main health issues that are known to face the rough sleeping population, for example communicable disease testing/mental health assessment.

Safely discharging rough sleepers poses a serious problem for acute services – however available pathways to facilitate this are not being utilised consistently enough.

- Clients are reported to often be discharged back to unsafe environment following admission, falling into a revolving door.
- Stakeholders report successes by the Homeless Pathways Teams, however they are often not referred to.
- Earlier identification and flagging of persons with no fixed abode on arrival to hospital and again in the ward setting could better facilitate improved inpatient support and discharge planning for rough sleepers.
- Stronger links between hospitals and Housing Solutions re-housing pathway services in combination with the 'Duty to Refer' may help to improve outcomes upon discharge.

References

1. Stakeholder engagement - Questionnaire and Semi-structured interviews, October 2018

Southwark Council
southwark.gov.uk

Impact on frontline emergency services may stem from a primary care provision that is not fit to serve this population

STAKEHOLDER ENGAGEMENT - PRIMARY CARE

Innate circumstances of rough sleepers that prevent access to any form of primary care services was acknowledged by stakeholders

- Pre-existing chronic conditions may be masked by new problems brought around by rough sleeping, being left untreated until patients are acutely unwell, while prescription medications are often lost/stolen.
- GPs within our survey acknowledged that many practices are still refusing to register or treat rough sleepers that have no proof of address despite a push to educate practices that they must do so.
- Issues such as difficulty keeping to appointments, lack of proof of ID, poor literacy, cognitive impairment and challenging behaviour in rough sleepers are prominent barriers to access.
- HIT/CGL input into Outreach team and Housing Solutions visits, facilitating care provision on the streets, has demonstrated success in negating these issues, also building client trust in health services.

Southwark's absence of a specialist street population primary care service for rough sleepers was highlighted as an area in which the borough is lacking compared to other London boroughs

- Systems that are in place in regular primary care settings in Southwark are not tailored to attend to the specific needs of rough sleepers.
- Many service users report stigma from GPs, particularly regarding substance misuse and alcohol use, driving them away from seeking medical attention.
- Continuity in the clinicians that rough sleepers are able to see, particularly with clinicians that are more accustomed to treating rough sleepers, is felt to increase trust and adherence to treatment.
- Specialist GP walk-in-services for rough sleepers, such as those present in neighboring boroughs such as Lambeth, are reported by stakeholders to provide a solution to a number of these issues.

References
1. Stakeholder engagement - Questionnaire and Semi-structured interviews, October 2018

Southwark Council
southwark.gov.uk

Mental health was highlighted regularly by stakeholders as one of the major barriers to accessing healthcare

STAKEHOLDER ENGAGEMENT - MENTAL HEALTH

Problems with the commissioning of mental health services for rough sleepers are identified as having undermined the quality of care available.

- The recent separation of mental health services from social work, in addition to a lack of supported accommodation in Southwark, are suggested to have impacted on mental health service provision.
- Provision of multi-faceted care to clients under one umbrella with familiar staff, particularly regarding those with mental health issues, could illicit better results and lasting improvements.
- A solution to this may be commissioning Acute Mental Health Practitioners (AMPs) to act as part of the outreach team, as they are in Westminster.

Mental health services are not felt to be adequately meeting the high need in this population.

- The quality of overall mental health service provision to rough sleepers is perceived to be poor.
- The number of clients with extremely complex dual-diagnoses was reported to be extremely high, with alcohol and substance use to cope with mental health problems not uncommon.
- Accessing mainstream mental health services is reported to be extremely difficult for service users.

The START team are reported by stakeholders to be extremely efficient at bridging this gap to accessing mainstream services for rough sleepers.

- However, the high threshold required for a rough sleeper to qualify for START support means that a huge number of people that do require support are missed.
- Mental health support that is available to those people that do not meet these strict criteria is felt to be poor and represents an enormous unmet health need.
- The START team report that better collaboration between mental health services and substance/alcohol services could help to negate this issue.

References

1. Stakeholder engagement - Questionnaire and Semi-structured interviews, October 2018

Southwark Council
southwark.gov.uk

Substance misuse is acknowledged to be a problem in which substantial further progress is needed

STAKEHOLDER ENGAGEMENT - SUBSTANCE MISUSE

Substance misuse in itself was identified as a serious barrier preventing rough sleepers accessing and engaging with CGL or with other available health services.

- Stigma against substance users is perceived to be a common reason for avoidance of acute or primary care health services by rough sleepers, eroding trust in the healthcare system and adding to a broader unwillingness to engage.
- Chronic withdrawals lead to individuals prioritising making money begging, compromising service user attendance at other appointments.

Stakeholders reported good outcomes in those rough sleepers that do successfully engage with services.

- Common substances used in Southwark are similar to those demonstrated in national data – heroin and crack cocaine are reported to pose the most significant concern, in addition to alcohol misuse.
- Collaboration between hospital pathways teams and in-house drug and alcohol-liason teams facilitates better adherence to treatment and discharge planning.
- Services provided by pharmacies regarding needle exchange and methadone scripts are invaluable.

However, there were aspects highlighted surrounding how we support these clients that require improvement.

- CGL and HIT team highlighted the importance of rapid and appropriate dosing of methadone in the community to clients at-risk of withdrawal or relapse – however this is often restricted by lengthy systematic processes regarding paperwork, delaying initiation and often resulting in relapse.
- Poor understanding of methadone dosing in hospitals and low starting doses leads to withdrawal and often absconding – it was felt that education in medical professionals on this topic was poor.
- Opportunities to refer to specialist drug and alcohol services during brief admissions are often missed, returning substance users to the same situation from which their problems arose. 19

References
1. Stakeholder engagement - Questionnaire and Semi-structured interviews, October 2018

Southwark Council
southwark.gov.uk

Many innovative interventions targeting communicable disease are demonstrating success in Southwark

STAKEHOLDER ENGAGEMENT - COMMUNICABLE DISEASES & GUM

Available services that manage blood-borne viruses are highly regarded by stakeholders.

- Specialist clinical and pharmacy involvement has demonstrated to be of enormous support to frontline teams in dealing with complex conditions such as HIV.
- Recent advances in Hepatitis C treatment combined with streamlined channels into specialist gastroenterology care is enabling at risk clients to be targeted and followed up successfully.
- Hepatitis B has less clear channels for referral, but is felt to be less common in our population.

The multidisciplinary 'Find and Treat' service for Tuberculosis is viewed as an example as to how many other services for rough sleepers could be provided

- Tuberculosis is felt predominantly to be an issue in refugee and asylum-seeking rough sleepers
- The mobile services provided by the TB van are felt to be appropriately tackling this issue.
- An area highlighted for improvement is improved opportunistic screening for both tuberculosis and blood-borne viruses when service users present in-hospital or to outreach teams.

Sexual health education and uptake is acknowledged to be poor in this community.

- Rough sleepers were felt to be unlikely to prioritise their sexual health, particularly if asymptomatic.
- Stigma in GUM clinic waiting rooms or from clinicians may prevent service users from attending.
- Education, support and contraceptive provision for rough sleepers that are sex working is acknowledged to be poor, presenting a potential public health risk due to further exposures.
- However, specialist sexual health and reproductive services provided by the HIT/GSTT negate these barriers and should be viewed as the way forward regarding sexual health in this population.
- Primarily, chlamydia and trichomonas vaginalis were identified by the HIT team to be the most common sexually transmitted diseases affecting rough sleepers.

References

1. Stakeholder engagement - Questionnaire and Semi-structured interviews, October 2018

Southwark Council
southwark.gov.uk

There were a number of further complex issues that were highlighted by stakeholders

STAKEHOLDER ENGAGEMENT - COMPLEX ISSUES

Sex work in the rough sleeping community was identified as a serious public health concern.

- The prevalence of substance misuse in the sex working rough sleeper community is reported to be high, with sex workers often known to exchange sex for drugs as payment.
- Sexual health education and engagement is extremely poor in this group, with barrier contraceptive use poorly adhered to and sex workers often receiving higher payment for sex without condoms.
- Accordingly, this represents an extremely high risk group for transmission of blood-borne viruses.

Concerns were raised regarding the risk of abuse and violence towards rough sleepers sleeping on the street as well as in supported accommodation and hostels

- Random acts of violence have been reported against rough sleepers in Southwark.
- Accordingly, rough sleepers will often hide themselves from public view and detection in order to avoid violence – however this in turn makes them less likely to be identified by outreach services.
- Additionally, treating rough sleepers that have suffered abuse is difficult, as perpetrators of abuse are often reside in the same locations that are relied upon to provide places to treat these persons.

Rough sleepers suffer difficulty in accessing available benefits, services and support.

- Accessing services proves difficult for rough sleepers both due to frenetic lifestyles and also substantial difficulties in keeping records, appointments and personal belongings.
- A large percentage of persons within the street are from areas meaning that they have no recourse to public funding, including asylum seekers and members of the European Economic Area (EEA).
- This adds a further layer to the difficulty that outreach teams face when accessing services.

Specialist services available through additional funding help to address complex issues.

- A local palliative care service for rough sleepers is reported to achieve good outcomes for rough sleepers.
- A specialist women's outreach worker targets victims of domestic abuse and sex work.
- EEA outreach team staff assist in accessing services for rough sleepers from the EEA.

References

1. Stakeholder engagement - Questionnaire and Semi-structured interviews, October 2018

A number of barriers to accessing support are present we must help our service users to overcome

BARRIERS TO ACCESS

Stakeholders universally reported that rough sleepers often feel stigma from healthcare professionals in addition to the public, which prevents them from seeking support.

- This was highlighted in particular in relation to substance misuse, in which service users often feel unable to be honest about substance use for fear of judgement or exclusion from access to services – however stigma was noted as a barrier in all areas of healthcare.
- Healthcare professionals with better education, experience and skills in dealing with and being empathetic towards rough sleepers may successfully negate this barrier.

A number of processes involve lengthy paperwork when registering service users, such as for GP or drug and alcohol services, acting as a deterrent against engagement

- Delays in initiation of treatment while waiting for such paperwork can lead to drop-out, or in the case of delays in obtaining methadone scripts, may result in clients using heroin.
- Ultimately, this can result in a loss of trust in the healthcare and support system, resulting in an unwillingness to co-operate with service providers and poorer outcomes in the future.

Rough sleepers struggle to access the available funding and support.

- Accessing services proves difficult for rough sleepers both due to frenetic lifestyles and also the difficulty in keeping records, appointments and personal belongings.
- A large percentage of persons within the street are from areas meaning that they have no recourse to public funding (NRPF), including asylum seekers and members of the EEA.
- These persons may have complex health needs that our current service provision is unable to attend to due to lack of eligibility.
- This adds a further layer of difficulty for outreach teams accessing services on their behalf.

References

1. Stakeholder engagement - Questionnaire and Semi-structured interviews, October 2018

Southwark Council
southwark.gov.uk

Stakeholder engagement revealed a number of areas for improved collaboration between service providers

OPPORTUNITIES FOR IMPROVEMENT

Areas highlighted for improved collaboration between services throughout this project include the following:

- Improved use of available space provided by homeless organisations such as hostel and day centres to enable the health inclusion to provide urgent medical care and manage rough sleepers medical needs in the community.

- Utilising opportunities such as A&E attendances, outreach sightings and extreme weather protocols to deliver health promotion, provide support and signpost rough sleepers to appropriate services.

- Enhanced relationships and communication between hostels, service providers and hospital-based services, to facilitate better information sharing and management of long-term conditions.

- Better collaboration between drug, alcohol and mental health services to aid in removing barriers to access for rough sleepers, particularly considering the substantial known overlap in service users requiring each of these services.

- Developed referral streams between outreach services and appropriate GP/acute medical services, enabling more timely access to healthcare and overcoming barriers to engagement such as difficulties with GP registration, obtaining previous records and stigma.

References
1. Stakeholder engagement - Questionnaire and Semi-structured interviews, October 2018

Limitations on our ability to draw conclusions about the health needs of our street population exist with this data

CAVEATS TO STAKEHOLDER ENGAGEMENT

Limitations to the qualitative data that has been collected for this assessment is as follows:

- Time limitations led to restrictions in utilising service users as a direct source of qualitative data during this study – further qualitative data collected in future may benefit from consulting the views of service users in parallel with those of service providers.

- Input was obtained from a broad range of commissioned and uncommissioned services, however some aspects of the rough-sleeping sector were better represented than others with regards to their responses and input.

- Further questionnaires or interviews with additional stakeholders that were identified at later stages of the research and those areas of service providers that were less well-represented would have enabled our output to be more well-rounded.

- Though the conclusions that can be drawn using this data in combination with currently available quantitative data are valid, they may be superseded by quantitative data that may be gathered and analysed through the PHE RSI health audit forthcoming in 2019.

References
1. Stakeholder engagement - Questionnaire and Semi-structured interviews, October 2018

Southwark Council
southwark.gov.uk

Stakeholder engagement revealed a number of areas for improved collaboration between service providers

SUMMARY

In summary, stakeholder engagement revealed the following:

- There are a number of available services providing a high-quality service for rough sleepers, attending to a wide range of health conditions and health needs.
- Bespoke services such as Find & Treat, the Hepatitis C pathway, START and Homeless pathways teams demonstrate success in targeting and treating this hard-to-reach group.
- Barriers to accessing services exist in the form of stigma, poor utilisation of referral pathways, insufficient collaboration between service providers or ineligibility for funding.
- Particularly, mental health and substance misuse appear to be areas in which we are struggling to fully address the needs of rough sleepers, while these needs have a severe detrimental effect on service users' interaction with other health services.
- Opportunities to improve service user experience and access to care exist in better- educating and training healthcare professionals in the unique, often complex needs of rough sleepers, including highlighting appropriate referral pathways and services.
- Additionally, improved collaboration and co-ordination between service providers was repeatedly highlighted as an avenue through which substantial progress could be made.

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The health need of the Southwark street population could be better met through improved organisation of services

KEY FINDINGS

- The street population in Southwark demonstrate unique and complex health needs that require the implementation of equally complex solutions in order to address those needs.

- Currently, available data is insufficient to draw accurate conclusions regarding the precise health needs of our street population – better data collection is required.

- Primary health issues affecting rough sleepers include substance misuse, mental health problems, access to acute healthcare, chronic illness and communicable disease.

- Current service provision involves a number of individual services, both commissioned and non-commissioned, working alongside one another, with interactions between services facilitated by outreach and homeless pathways teams.

- A number of areas for improved co-ordination between services and barriers to appropriate access despite these services have been identified, in addition to a number of further opportunities to enhance co-operation between services.

- Accordingly, future commissioning of services must be directed towards enabling services such as the outreach team to better co-ordinate and signpost to appropriate services, in addition to tackling barriers to accessing services.

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The following opportunities to address the unmet health need of rough sleepers in Southwark were identified (1 of 3)

RECOMMENDATIONS & NEXT STEPS

Recommendation	Details	Suggested owner
COMMISSIONING		
Explore the opportunities to develop a rough sleeping action plan	Building on aspects of the Southwark Homelessness Strategy 2018-2022 and the RSI audit, consider the development of a strategic group to oversee the development of a rough sleeping action plan which addresses the health and wellbeing need of our street population.	**CCG, Housing & Modernisation,** DAAT, Public Health
Restructuring of service provision to improve co-ordination between services	As a number of services have contracts due to end imminently, there is an opportunity to restructure provision of services in a way that better co-ordinates and enhances these valuable resources in the form of a multi-disciplinary team model, particularly targeting service users with complex support needs that require input from a broad range of service providers.	**CCG, Housing & Modernisation,** Service Providers, DAAT
Development of a specialist primary care service	Development of a dedicated primary care service specific to rough sleepers in Southwark, drawing on successes made in neighbouring boroughs such as Lambeth.	**CCG,** Primary care, Public Health

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The following opportunities to address the unmet health need of rough sleepers in Southwark were identified (2 of 3)

RECOMMENDATIONS & NEXT STEPS

Recommendation	Details	Suggested owner
COMMISSIONING		
Target existing services towards the most vulnerable	Commissioners should work to ensure that the most vulnerable members of the street population, such as women, sufferers of domestic abuse, sex workers and NRPF individuals receive appropriate support to meet their individual needs.	**DAAT**, Public Health, HIT, START, CGL, NRPF Team
Develop a preventive and screening offer	Utilisation of individual encounters at primary care, secondary care or with HIT team to perform full screens for known health conditions and infectious diseases that are known to be prevalent in rough sleepers	**CCG,** Primary Care, Public Health, GUM
Promote opportunistic health care	Making every contact count by utilising encounters with rough sleepers to provide broader health promotion advice focusing on commonly unmet health needs and signpost individuals to relevant services.	**DAAT,** Outreach, CGL, HIT, START, GPs
Education and awareness programmes	Education and awareness of the specific health needs of rough sleepers to be provided to healthcare professionals, particularly focusing on General Practices, A&E, Mental Health services and GUM staff, aiming to reduce stigma and improve quality of care.	**Public Health**

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The following opportunities to address the unmet health need of rough sleepers in Southwark were identified (3 of 3)

RECOMMENDATIONS & NEXT STEPS

Recommendation	Details	Suggested owner
INTELLIGENCE		
Contribute towards National Health Needs Audit	Contribute towards PHE's rough sleeping health needs audit, identifying further areas for improvement and development of services in Southwark	**PHE, Public Health,** CCG
Explore opportunities to obtain quantitative data	Explore opportunities arising from the PHE health needs audit to capture further quantitative data regarding the health needs of rough sleepers in Southwark.	**Public Health,** Outreach, PHE, Homelesslink
Develop tools to enhance collection of health data	Public health to work with commissioners to develop a methodology to enhance the collection of robust information regarding the physical health, mental health and support needs of rough sleepers.	**DAAT, Outreach,** CHAIN, Public Health
Improved data sharing and referral pathways	Improve data sharing between service providers regarding the health needs of rough sleepers, enabling rapid access to important information and streamlining complex referral processes that delay access to specialist treatment.	**DAAT, CCG,** HIT, Outreach, CHAIN, CGL, START,

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