Wolverhampton Homeless Health Needs Audit 2023

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CITY OF WOLVERHAMPTON COUNCIL

Contents

Introduction

Ill health can be both a cause and consequence of homelessness. People experiencing homelessness often face some of the most significant health inequalities of all; with average life expectancy around 30 years lower than that of the general population.

To help people sustain stable accommodation, more action is required to enable better integration of health and social care, and to help people access the healthcare services they require.

The Wolverhampton Homeless Health Needs Audit (HHNA) 2023 aims to improve health outcomes and reduce heath inequalities for single adults experiencing homelessness in the City by:

- Bringing statutory and voluntary services together to develop responses to local priorities and address gaps in services,
- Increasing the evidence available about the health needs of people experiencing homelessness and the wider determinants of their health, as well as the effectiveness of current services,
- Enabling local strategic and operational decisions to be driven by evidence of local need, and
- Ensuring that the voices of people experiencing homelessness are incorporated into local commissioning processes and service design.

The HHNA recognises the importance of gaining a deeper understanding of the barriers that people experiencing homelessness may face in accessing services, as well as how equipped healthcare services are to work with people who are experiencing often complex, interacting social and health challenges.

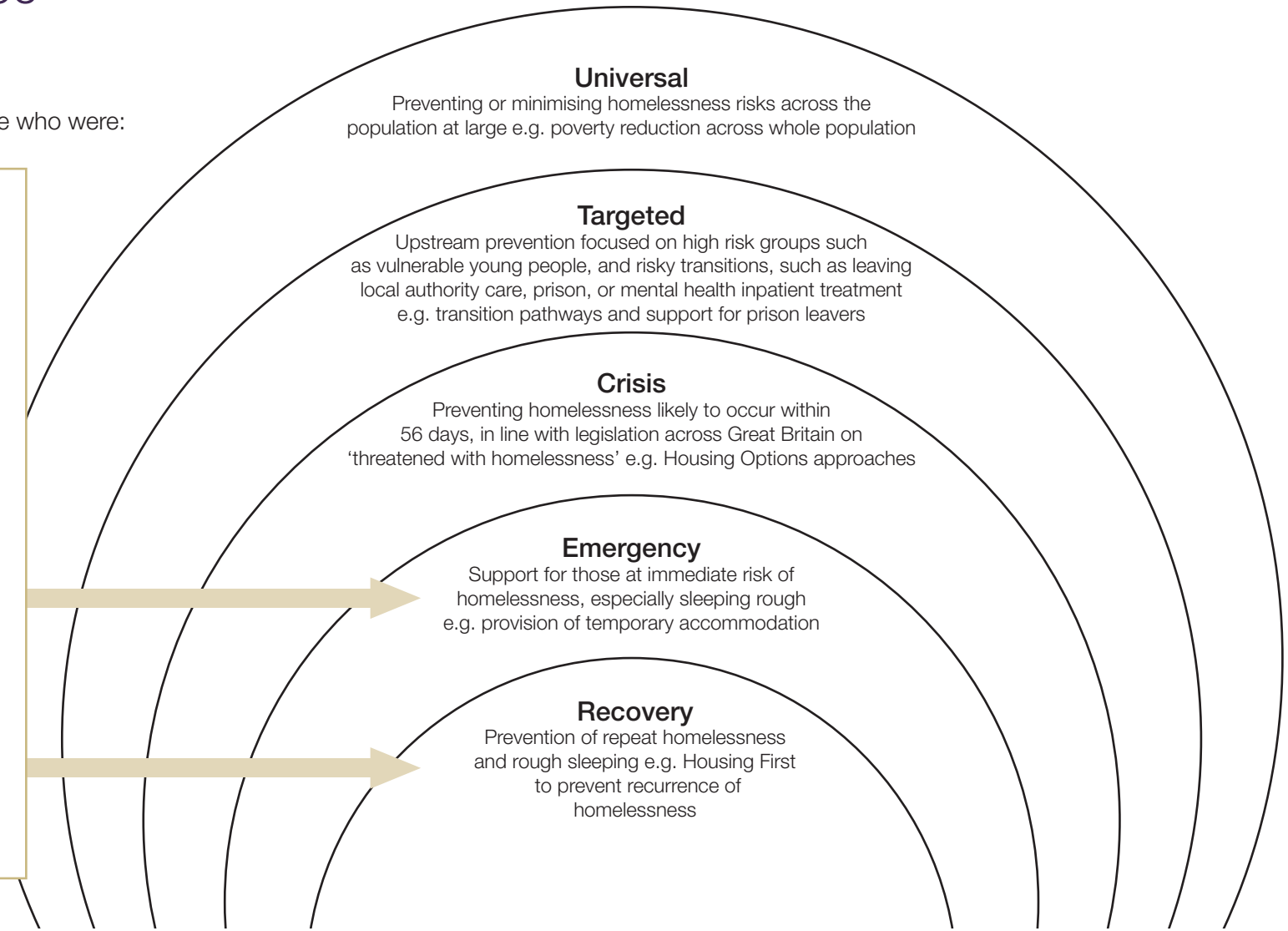
The HHNA represents a collective commitment to improving the outcomes for people experiencing homelessness in our City, and has been developed in conjunction with:

- Wolverhampton Rough Sleeper Partnership
- People experiencing homelessness in Wolverhampton
- Professionals who work with people experiencing homelessness
- Homeless Link.

Cohort in Scope

The HHNA focused on people who were:

- Rough sleeping
- Sofa surfing and who had main homeless duty accepted
- In emergency accommodation to prevent or relieve rough sleeping
- In longer term accommodation including:
  - Supported accommodation for rough sleepers / preventing rough sleeping
  - Tenancies with support provided by a Rough Sleeper Service.



Credit: UK Collaborative Centre for Housing Evidence

Summary of Key Findings

The following section presents a summary


Professionals


Profile of People Completing the Audit


Physical Health


Mental Health


Drug and Alcohol Use


Access to Services

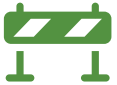

Staying Healthy

Professionals said:

The ability to access healthcare appointments is impacted by a range of factors, such as **long call queues, appointment format** and **geographical location**.

Further education on multiple and complex needs may be required for some healthcare professionals to better support this group.

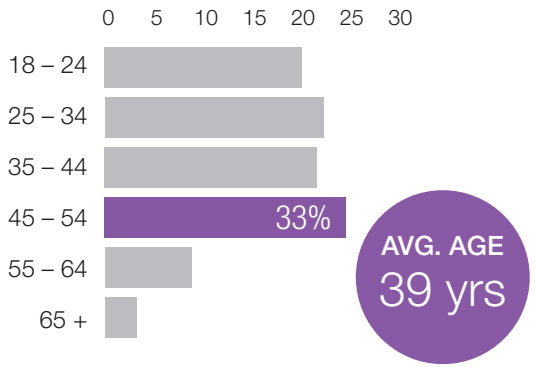
Good levels of **communication** and **service coordination** were considered key to positive experiences.



Inflexible / rigid nature of service pathways and provision can exacerbate barriers to access.

Profile of People Completing the Audit

AGE



SEX

23.1% **female**

76.9% **male**

TYPES OF HOMELESSNESS

85% experienced multiple types of homelessness in their lifetime.

Most frequently experienced:

Hostels, foyers, night shelters, B&Bs, sofa surfing and making a homelessness application to the Council.

66.9% currently sleeping in a hostel or supported accommodation.

LIFE EXPERIENCES

Most common life experiences or risk factors experienced related to homelessness:

admitted to hospital because of a mental health condition

spending time in prison

One fifth said they had not experienced any of the life experiences or risk factors highlighted.

DISABILITY

54.1% 18.0%

Disability amongst cohort

Disability amongst local population

Over half of people consider themselves to have a disability, three times higher than that reported by the local population.

FINANCIAL WELLBEING

80.9% not in employment, education or training (NEET).

22.8% said they have **no recourse to public funds** (or were unsure whether they did)

Physical Health

PHYSICAL HEALTH CONDITIONS

73.7%

of people said they were told by a doctor/health care professional they had 1+ physical health problems.

Almost four out of five people were living with **multiple physical health problems**.

Top three most commonly reported physical health problems were:

- **Joint aches/problems with bones and muscles**
- **Dental/teeth problems**
- **Difficulty seeing/eye problems**.

ACCESS TO SERVICES

40.7%

would like support or treatment

Two fifths of people would like support or treatment for their physical health problems, or more help if they already receive some.

Almost a third said that there was at least one occasion during the last twelve months where, in their opinion, they needed a medical examination or treatment for a physical health problem, but they did not receive it.

32.6%

felt they needed treatment but did not receive it.

SMOKING

Smoking prevalence was high amongst the audit cohort.

- Non smokers (23.3%)
- Total smokers (76.7%)
- Smokers who would like to stop altogether (30.3%).

Just over a quarter of all smokers (26.6%) said they had been **offered support by a health professional to stop**; half of whom had taken up the offer.

TUBERCULOSIS (TB)

Locally there was a higher prevalence of TB reported (5.9%) than found by Homeless Link nationally (1.0%).

Positively, everyone locally had received treatment for their condition

Mental Health

MENTAL HEALTH CONDITIONS

77.4% Mental health conditions amongst cohort

12.3% Mental health conditions amongst national population

Over three quarters of people considered themselves to have one or more mental health conditions.

91.5% said that they **experienced depression** compared to 16% of adults in Britain.

ACCESS TO SERVICES

Nearly 40% of people who had a mental health condition would **like support or treatment for their condition**, or more help if they already received some.

Types of support most commonly accessed to help with mental health conditions were:

- **medication** (60.6%)
- **Specialist Mental Health Workers** (42.4%)
- **talking therapies** (31.8%).

31.3% said that at least once in the last 12m they felt they needed a medical examination or treatment for a mental health condition, **but did not receive it**.

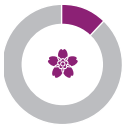
The main reasons cited were:

- **difficulty with accessing appointments** (48.7%)
- **drug and alcohol use** (23.1%).

COGNITIVE CONDITIONS

35.8% considered themselves to have a **cognitive developmental condition**(s).

Of those who considered themselves to have a cognitive developmental condition, **69.4%** reported having a **learning disability or difficulty** (the most commonly reported).



12.2% with a **cognitive condition** reported **developing dementia after they became homeless.**

SELF-MEDICATING

Almost half of the people stated that they use **drugs or alcohol** to help them cope with their mental health (48.5%).

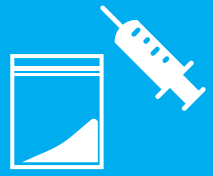
Drug and Alcohol Use

ILLICIT DRUG USE

55.5%
said that they had taken **illicit drugs** in the last 12 months.

Most commonly used were:

- Cannabis
- Crack
- Heroin.



30.1%
of people used drugs **almost every day.**

29.9%
currently had a drug problem or were **in recovery.**

61.3%
said that their drug use was **not problematic.**

ALCOHOL USE

71.5%
of people had drank alcohol in the last 12 months.

Reported unit volumes and frequency suggest people experiencing homelessness are **less likely** than the general population to regularly exceed low risk drinking guidelines.

ACCESS TO SERVICES

48.8%
of the people who used drugs were **receiving treatment or support** and felt as though it met their needs.

The most commonly accessed were:

- **One to one support** (64.3%)
- **Prescribed medication** (60.7%)
- **Group support** (17.9%).

20.4%
said that they **have or are recovering from an alcohol problem**; 28.6% of whom were accessing support that they were happy with.

The most commonly accessed were:

Advice and information

Counselling or psychological support

Being **unable to get to appointments** and **waiting too long** were common barriers identified in accessing treatment for both drug and alcohol use.

Access to Services

ACCESS TO SERVICES

90.2%

were registered with a GP in the local area

57.5%

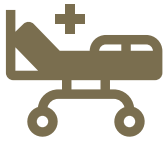
were listed with a dentist in the local area

Differences in people not listed with and being refused access to a dentist suggest there may be a group not engaging with universal dental services despite dental/teeth issues.

The availability of the **Special Care Dental Service** locally may offer a positive alternative for some people though this was not directly explored by the audit.

EMERGENCY CARE

People experiencing homelessness were more than **twice as likely to have attended A&E in the past 12 months** than the general population.



28.7%

went on to be admitted to hospital at least once during that period.

Physical health problems or conditions were the most common reason for attending A&E, using an ambulance and being admitted into hospital.

Neither drug use or domestic violence were reported as reasons for A&E attendance or ambulance use locally (both 0%) - inconsistent with Homeless Link findings.

DISCHARGE FROM HOSPITAL

26.5%

were not asked by hospital staff if they had **somewhere suitable to go** when discharged.

More than one in five people were discharged:

- into accommodation that was not suitable for their needs (12.9%)
- to the street (9.7%).

However, locally people were more likely to be discharged to suitable accommodation than those hospitalised in other areas.

Staying Healthy

PICTURE OF HEALTH

Health compared to 12 months ago:

32.6% said their health was **worse**

28% said their health was **better**

39.4% said their health was **about the same**

60.9% **Prescription medication amongst cohort**

54% **Prescription medication amongst most deprived areas**

Close to two thirds of people said that they were taking prescribed medication which is higher than in the most deprived areas in the country.

SCREENING

19% **had a sexual health check in the last 12 months**

27.5% **did not know where to access free contraception**

24% **did not know where to access sexual health advice**

For those eligible:
(within the relevant screening periods)

43.8% **had not had a cervical smear**

80% **had not had a breast examination / mammogram**

SANITARY PRODUCTS

9 out of 10 people who required sanitary products had access to them.

VACCINATIONS

20.7% **Vaccination against Hepatitis B amongst cohort**

37% **Vaccination against Hepatitis B nationally**

Take up of full or partial (at least one) vaccination against Hepatitis B was lower than found by Homeless Link nationally.

FOOD INSECURITY

There were clear indications of **poor nutrition** and **food insecurity**.

30% said that they ate on average **one meal or fewer** each day.

66.4% ate **one or fewer portions of fruit & vegetables** per day.

Recommendations

Local System

- Agree an all-partner commitment to undertake the NG214 - Integrated health and social care for people experiencing homelessness self-assessment to identify good practice and respond to areas for further development.
- Consider the introduction of an integrated commissioning response involving health, social care and accommodation services, informed by people with lived experiences of homelessness.
- Establish a Wolverhampton Health Inclusion steering group (or equivalent) as a subgroup of the One Wolverhampton and Homelessness Prevention strategy governance structures.

Professionals

- Building on the summary findings from the professionals' survey, gain a more detailed understanding of the views and experiences of healthcare professionals working with people experiencing homelessness.

Profile of Participants

- Ensure effective general practice registration in line with NHS England guidance for people experiencing homelessness. This should also include the localisation of the Groundswell 'My Right to Healthcare' yellow cards for use across all Wolverhampton Primary Care Networks.
- Promote the message that everyone is welcome in dental and general practice utilising key resources such as the Primary Care Network Health Inclusion Planning Toolkit, Doctors of the World Safe Surgeries Toolkit, and the Everyone Welcome in General Practice Campaign.
- Develop and deliver a Rights and Entitlements training programme for healthcare professionals who work with people experiencing homelessness, particularly those who have no recourse to public funds, or whose immigration status is uncertain.
- Work with Department for Work and Pensions (DWP), City of Wolverhampton Council (CWC) and the local voluntary and community sectors to better understand the barriers to accessing employment, education and training and design solutions that ensure people experiencing homelessness are supported to be economically active.
- Consider the introduction of an inclusive apprenticeship offer for people with lived experience of homelessness.

Physical Health

- Introduce an annual health check offer (including health action plan) to encourage people experiencing homelessness to access primary care to help them stay well, identify any problems early, and review any medication / treatment.
- Test a tailored, brief intervention smoking cessation support offer delivered by specialist support and accommodation providers. This could be supported by an information campaign to raise awareness of the universal smoking cessation offer available in the city.

Mental Health

- Co-design and implement a model of mental health peer support delivered by peers with experience to improve engagement with mental health services and support wellbeing.
- Work with One Wolverhampton Adult Mental Health Strategic Working Group to improve access to targeted support for people experiencing homelessness who have co-existing substance misuse and mental health problems.

Drug and Alcohol Use

- Undertake further investigation into reported alcohol consumption levels amongst people experiencing homelessness.
- Develop and implement a fast-track pathway for people who are homeless and require specialist drug and/or alcohol treatment (including aftercare).

Access to Services

- Secure additional funding for the Healthier Hostel pilot to ensure continuation of in-reach delivery whilst the evaluation is completed, and recommendations are made.
- Work with NHS England Specialist Commissioning, Black Country Integrated Care Board (ICB) and Royal Wolverhampton Trust (RWT) Specialist Dental Service to investigate the low level of dental access reported by people experiencing homelessness, to better understand barriers faced and how these can be addressed.
- Undertake a review of homeless hospital discharge pathways from RWT New Cross Hospital and BCHT Penn Hospital, along with any associated process / protocols, to ensure that patients are discharged into suitable accommodation.
- Ensure that the local end to end process for Duty to Refer is effective and efficient, enabling specified public authorities to identify and refer a person who is homeless or may be threatened with homelessness, to a local housing authority of their choice, and where Wolverhampton is the receiving authority, that a timely and appropriate response is in place.
- Pilot the introduction of specialist navigator capacity into RWT New Cross Hospital Emergency Department, alongside the High Intensity User Service, to work with people experiencing homelessness who frequently attend emergency care and whose needs could be better met elsewhere, and to reduce repeat attendances

Staying Healthy

- Ensure equitable access to screening services, providing targeted promotion and support for people experiencing homelessness to make an informed choice about participation.
- Provide cancer screening promotion training to organisations who work with people experiencing homelessness in Wolverhampton.
- Explore the possibility of trailing access to the third-party ordering system to increase access to and uptake of bowel screening for people experiencing homelessness.
- Expand the current provision of cooking and food preparation courses to other specialist homeless support service providers in the city.
- Introduce targeted engagement within the forthcoming sexual health services consultation to ensure the voices of people experiencing homelessness (and other inclusion health groups) are reflected and are representative.
- Work with CWC and RWT Embrace to enhance the sexual health outreach offer for people experiencing homelessness.

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City of Wolverhampton Council, Civic Centre, St. Peter's Square, Wolverhampton WV1 1SH

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