

Overview of Inclusion Health in Haringey and North Central London

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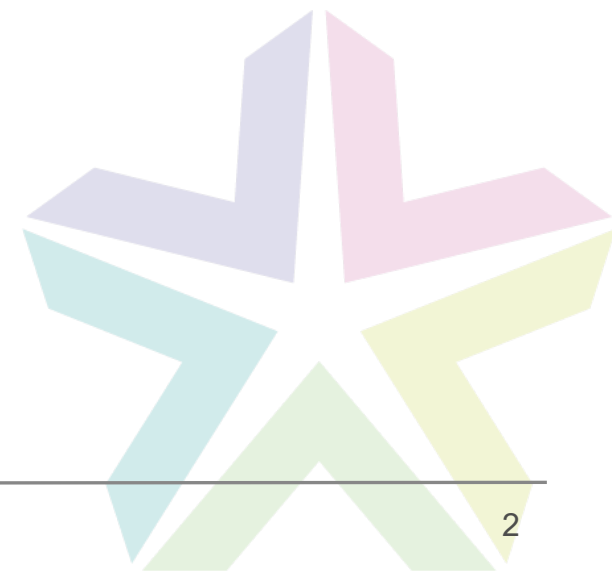
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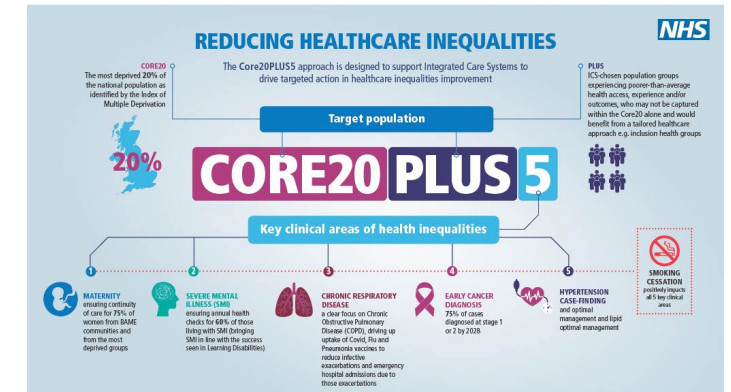
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1. Background and context
2. Focus on specific health inclusion groups in Haringey within an NCL picture:
 - People experiencing homelessness
 - Vulnerable migrants
 - Gypsy, Roma and Traveller communities
 - Sex workers
 - People with a history of imprisonment
3. Discussion and next steps



Context

- The Inclusion Health Needs Assessment supports **Haringey's Health And Wellbeing Strategy 2020-24 (draft)** to improve the health and wellbeing of the local community and reduce health inequalities for all.
- The Inclusion Health Needs Assessment also aligns with a range of Council strategies:
 - Haringey Homelessness Strategy 2018
 - Haringey Rough Sleeping Strategy 2018
 - Housing Strategy 2017-2022
 - Welcome Strategy 2018
 - Haringey Fairness Commission 2019
 - Haringey's 10 Year VAWG Strategy 2016-2026
 - Looked After Children and Care Leavers Strategy 2018
 - Young People at Risk Strategy 2019-2023
 - Haringey Early Help Strategy 2021-2023
- **Health and Wellbeing Board guidance:** Inclusion Health is included in guidance for Health and Wellbeing Boards <https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement>.
- **Integrated Care Strategy:** Inclusion Health is specifically mentioned within the statutory guidance for developing ICS Integrated Care Strategy; <https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>.
- **CORE20PLUS5:** Inclusion health groups feature in the 'PLUS' element to support the reduction of health inequalities at both national and system level.
- **NICE Guidance (214)** on Integrated health and social care for people experiencing homelessness recognise the additional and specialist care required by this population to improve health outcomes:



NCL Inclusion Health Needs Assessment



North Central London
Integrated Care System

The needs assessment aims to synthesize evidence on the health needs of targeted populations across the five boroughs, identifying the size and demographic profile, health needs, services and gaps in order to articulate need and inform the ICS strategy

Developed with
Directors of Public
Health across NCL

Rapid Evidence Review for
Inclusion Health groups

Phase 1 (completed June 2022)

Lived Experience

interviews with people from
inclusion health groups in scope

Phase 2 (estimate completion February 2023)

Strategic insight

through interviews with
key senior stakeholders

Engagement with
partners and
people with lived
experience

Recommendations

ICS plan for
homelessness and
inclusion health
which supports and
builds on borough
work

Frontline staff experience
via staff survey

**Estimating severe multiple
disadvantage** using existing data
sources

Scope

- People experiencing homelessness
- Vulnerable migrants
- Gypsy, Roma and Traveller communities
- Sex workers
- People with a history of imprisonment

Addressing inequalities in Haringey

Inclusion Health Group

Health service provision and interdependencies

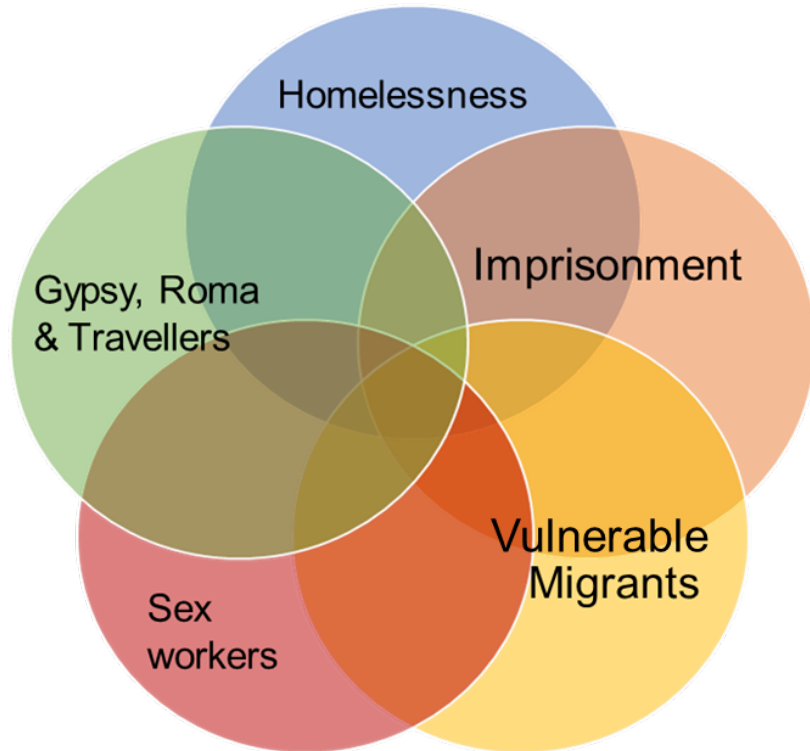
People experiencing homelessness

- Haringey Health Inclusion Team (HHIT) provides specialist GP, paramedic, psychology and outreach care for people experiencing homelessness and living in supported housing pathways
- Move on coordination following hospital discharge, part of the NCL Out of Hospital Care Model
- UCLH Find and Treat service providing outreach Covid-19 and flu vaccination and screening for infectious diseases
- Dedicated Social Worker and drug treatment services supporting people living in supported housing
- Haringey street outreach service
- Wellbeing and holistic health support as part of Mulberry Junction resource centre offer
- Input in pan-London task and finish group on cancer screening

Vulnerable migrants (refugees, asylum seekers, undocumented migrants, forces migrants)

- Primary care healthcare assessments for adults and children arriving from Ukraine and asylum seekers accommodated in Home Office accommodation
- UCLH Find and Treat team providing Covid vaccination and screening for infectious diseases for asylum seekers in Home Office accommodation in the borough
- Over a third of Haringey GP practices have signed up to be Safe Surgeries offering GP registration without requesting proof of identification or address.
- Data available from NHS digital Patient Register reports that there were a total of 43,176 new GP migrant registrations between Mid-2019 and Mid 2020 across NCL
- 3 Welcome Hubs across the borough and Connected Communities offering a wide range of support and guidance
- Haringey Migrant Support Centre, other VCS orgs and Community Networks
- Haringey Welcome Advisory Board

Phase 1 overview



- Across the five groups, evidence on people experiencing homelessness is the most recent, local and comprehensive. There is **limited available local evidence** on the other inclusion health groups in NCL.
- There are overlaps among inclusion health groups, with many individuals facing severe **multiple disadvantage** and common drivers of social exclusion that push people into homelessness, sex work and prison.
- Inclusion health groups often have many similar **health needs**, particularly related to mental health, substance abuse, TB and STIs and untreated long-term conditions, leading to higher mortality.
- Common **barriers in accessing healthcare** across groups include: fear of stigma and discrimination, lack of identification or proof of permanent address, lack of awareness of the healthcare system and entitlements, trauma triggers, language and digital exclusion. Sex workers and undocumented migrants face additional fears of prosecution.
- Within the 5 broad inclusion health categories, there is also **substantial diversity**: people with a history of imprisonment; those engaged in direct (on and off street), survival and indirect sex work; Romany Gypsies, Irish travellers, Roma people, travelling show people, new travellers and liveaboard boaters; asylum seekers, refugees and undocumented migrants.

Homelessness

Includes

- Street homeless community
- Statutory homelessness people meeting specific criteria to whom LA has a duty,
- Single homelessness
- Hidden homelessness

Insight into lived experience and COVID response

- **Women's homelessness** is unique and often 'hidden' compared to men. Women have high levels of support needs and experienced sustained homelessness. Contact with child protection systems were widespread, as were experiences of domestic abuse and poor health.
- **Families with children under 5 living in temporary accommodation** faced a range of health impacts during the pandemic including limited access to primary care, higher hospital admission, poor nutrition, substance use, suicide risk, and other mental health impacts.
- **Barriers to healthcare** include stigma and discriminatory practices by healthcare professionals, lack of trauma informed approaches, limited integration of health and social care services, particularly for people facing multiple disadvantage, fixed appointment times and lack of awareness around GP registration and entitlement to healthcare.
- **During Covid**, people experienced isolation and loneliness, digital exclusion and a lack of meaningful activities to keep them engaged; there was also a need for supported accommodation and additional increased emotional support.

Health service landscape

- Haringey Health Inclusion Team (HHIT) provides specialist GP, paramedic and outreach care for people experiencing homelessness
- Move on coordination following hospital discharge, part of the NCL Out of Hospital Care Model for improving discharge for people experiencing homelessness
- UCLH Find and Treat service providing outreach Covid-19 and flu vaccination and screening for infectious diseases

Borough	Street homeless community (CHAIN 2020/21)	Statutory Homelessness (2020/21)	HealthIntent (GP)	NCL LA** (Oct-Nov 2021)
Barnet	282	2,030	77	282
Camden	630	1,098	916	847
Enfield	326	1,905	64	550
Haringey	405	2,383	113	633
Islington	388	1,623	155	533

* LA estimates based on RS, single homelessness and those in temporary accommodation

Single homelessness approaches in Haringey (2018-20)

- Relative to the general population, there were a disproportionately higher number of people ages 18-30 and of black ethnicity
- Residents identifying as female, trans and Black/Black British were likely to be younger compared to their counterparts

Crisis estimates that **62%** of homeless people are **hidden homeless** and 75% have never stayed in temporary accommodation organised by the local authority, nor stayed in a hostel (57%).

Mental health needs	Physical health needs
<ul style="list-style-type: none"> • Suicide • Bipolar disorder, personality disorder, schizophrenia, PTSD, major depression • Substance misuse 	<ul style="list-style-type: none"> • Lower average age of death; Average age of death is 30 years lower than the national average; 46 overall and 43 for homeless women. • Joint & muscular problems, dental issues, chest pain, breathing problems, eye problems, skin and wound conditions

Vulnerable migrants

- Migrant: who leaves their country of origin to reside in another for the purpose of work, study or closer family ties.
- Forced migrants: who has been forced to leave their country of origin due to war, conflict, persecution or natural disaster.
- Asylum seeker: have applied for asylum under the 1951 Refugee Convention on the Status of Refugees on the grounds that they have a well-founded fear of persecution should they return to their home country.
- Refugee: status of refugee has been conferred under the 1951 Refugee Convention on the Status of Refugees.
- Undocumented migrant: who has entered the UK in a forced or unforced manner but has lost or never obtained the right to residence.

Vulnerable migrants in Haringey

- People from over 75 different countries
- Over 100 languages are spoken
- Approximately 61,000 Haringey residents come from non-EU European countries, Asia, Sub-Saharan Africa, and the Americas
- Approximately 53,000 Haringey residents were born in the EU
- Highest number of non-British residents live in Tottenham Hale, Tottenham Green, and Bruce Grove wards.

Welcome Strategy. Haringey: A Welcoming Borough for All, 2018

Barriers in accessing healthcare nationally

In the UK, all asylum seekers, refugees and victims of modern slavery/human trafficking are entitled to primary care NHS services free of charge. However many face barriers to access including:

- Denial of GP registration if applicant does not have identification or proof of address
- Transport costs
- Language barriers and digital exclusion
- Lack of understanding or knowledge of their health rights and healthcare system
- Fear of arrest or immigration enforcement if they access healthcare services.
- Trauma triggers that may not be considered when providing healthcare.

Among asylum seekers that are not part of the Afghanistan or Ukraine responses:

- 84% are male
- 85% are between 18-64 years old
- 11% are of school age, predominantly primary and early years
- Kurdish, Arabic and Farsi are the most common languages spoken

Throughout 2021/22, there were a total of 184 NRPF households and 306 dependents financially supported in Haringey

Mental health needs

- Depression, anxiety, PTSD, psychotic disorders
- Additional negative impact for those in contingency hotels: lack of social spaces, repeated Covid lockdowns without opportunities to take part in meaningful activities, feeling isolated and lonely in confinement, with some reports of residents self-harming or experiencing suicidal ideation

Physical health needs

- TB, Hep B & C, HIV; other communicable diseases
- Diabetes; Cancer diagnosed at later stage
- Poor perinatal outcomes

Service landscape

- Primary care healthcare assessments for adults and children arriving from Ukraine and asylum seekers accommodated in Home Office accommodation
- UCLH Find and Treat team providing Covid vaccination and screening for infectious diseases in Home Office accommodation
- Data available from NHS digital Patient Register reports that there were a total of 43,176 new GP migrant registrations between Mid-2019 and Mid 2020 across NCL.

Gypsy, Roma and Traveller community North Central London Integrated Care System

Gypsy and traveller population

Borough	2011 Census	GP Registered (HealthIntent)	Traveller caravan count (2018 – 2021) MHCLG
Barnet	151	421	11
Camden	167	69	39
Enfield	344	784	0
Haringey	370	1,113	43
Islington	163	82	0

Romany Gypsies, Irish Travellers and Roma People are recognised in law as being an ethnic group protected against discrimination by the Equality Act 2010.

Additionally Travelling show people, New Travellers and Liveaboard boaters may have a nomadic lifestyle.

Barriers in accessing healthcare

Nationally, among Gypsy and Traveller communities:

- GP registration rates are low, between 50-91%, with some evidence of higher rates of use of A&E services
- This is often related to lack of proof of identity and permanent address, low literacy, language barriers and fear of stigma and discrimination.
- Compared to the general population, they are less likely to visit the practice nurse, a counsellor, chiropodist, dentist, optician or alternative medical workers, or to contact NHS Direct or visit walk-in centres than their counterparts.

- In NCL, the majority are aged between 20-44 and compared to London, there is a higher proportion of under 19s in all boroughs apart from Islington.
- The 2011 census shows that 88% of Gypsy and Travellers were born in the UK and 74% currently reside in bricks and mortar.
- It has been estimated that there were at least 197,705 migrant Roma living in the UK in 2012

Mental health needs	Physical health needs
Anxiety, depression	Lower life expectancy, fewer years in good health
Suicide	LTC or disability
	Poor birth outcomes & maternal health
	Low childhood immunization

Service landscape

- Over a third of GP Practices have signed up to be Safe Surgeries, registering individuals without requirement of ID and address



Source: Census 2011

Sex workers

The term “sex worker” refers to any person who provides sexual services in exchange for money or other basic necessities such as food or shelter. This includes direct sex work, survival sex work and indirect sex work.

Demographics

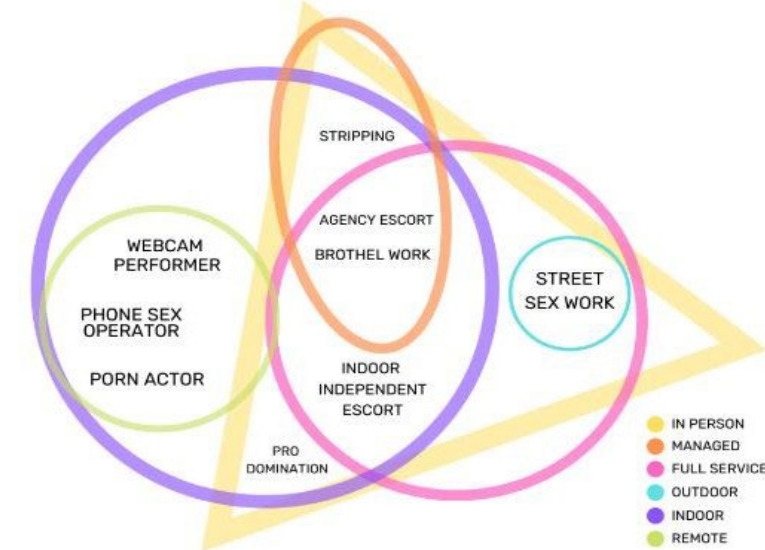
No local estimates available; from October 2020 to March 2021 (Q3/Q4) sexual health services (Haringey) engaged with a total of 86 sex workers through their clinics and outreach, as well as 137 on-street workers

London demographics show that

- Approximately 32,000 of sex workers are estimated to work in London. London has a higher proportion (30-40%) of male and trans sex workers. Many are from Latin America and are more likely to have completed higher education.
- A study conducted by the Hackney Open Doors service found:
 - **On-street workers:** Mostly female of white, black, or mixed UK heritage; local borough residents, age 25-45, often struggle with homelessness, substance misuse, and poor mental health.
 - **On street migrant workers:** Mostly female Eastern European, mobile across London, living in HMOs, age 19-35, less likely to struggle with drugs, but often experience immigration issues and language barriers
 - **Off-street:** Mostly migrant, more likely to be male or trans compared on on-street workers, mix of nationalities depending on changes in visa restrictions.

Barriers in accessing healthcare nationally

- Fear of stigma and discrimination leading to avoidance of care or not disclosing their work status.
- Fear of prosecution and zero-tolerance policies
- Gender insensitivity, particularly for trans sex workers
- Lack of flexibility around appointment times
- GP registration. Data on GP registration varies, with some services reporting low-levels of registration (especially among sex workers experiencing homelessness), while others point to relatively high GP registration
- Sexual health and substance misuse services were perceived to be the most accessible, and mainstream general practice and mental health services less accessible. Sex workers are likely to present with severe health needs in A&E settings



Intersections across types of sex work.

Health Need	UK	Migrant	Common to Both
GP Registration			✓
Contraception			✓
GU Screening			✓
Termination of pregnancy		✓	
Pregnancy Tests			✓
Dental Services	✓		
Skin conditions, abscesses, cellulitis	✓		
Domestic Violence Injuries	✓		
Mental Health Needs	✓		
Opiate substitute prescribing	✓		

Common health needs among London sex workers by place of birth

People with a history of imprisonment



North Central London
Integrated Care System

- A person with a history of imprisonment, or a person with a history of contact with the criminal justice system are preferred terms for individuals who have spent time in detention or custody.
- Individuals with experiences of a variety of criminal justice institutions, including
 - Prisons (both private and public)
 - Young offenders institutions
 - Secure colleges or secure training centres
 - Parole or probation protocols
 - Immigration Removal Centres (IRCs)

Demographics

No local estimates available; 80K currently in prison in the UK

National demographics data shows that:

- 96% are male
- Nearly a third are 30-39 years old (32.7%), however older people are the fastest growing group among the prison population, with 17% already being over 50 years old.
- 46% re-offend within a year of release
- Most are sentenced for less than 12 months (74%), with almost half (43%) sentenced for less than 6 months, though they will still experience the negative effects of incarceration on health.
- Compared to the general population, those with a history of imprisonment are:

20x more likely to have been excluded from school

13x more likely to have been in local authority care

13x more likely to be unemployed

And 50% have low literacy levels

Mental health needs

- Suicide, suicide attempt and self-harm rates
- Personality & psychotic disorders
- Substance misuse

Physical health needs

- Mortality
- TB, Hep A, B, C, syphilis, HIV
- Chronic illness

Barriers in accessing healthcare nationally

- **Fear of stigma and discrimination**
- **GP registration**, with 50% lacking a GP on release¹⁰
- Inadequate **mental health services** both in and post prison
- **Lack of continuity of care** once leaving prison:
 - Particularly for drug treatment, methadone maintenance and dental health
 - Because of this gap in care and the huge level of vulnerability post-prison, in terms of physical health, time in prison may almost act as a protective factor, with health likely to deteriorate further upon release³
 - Sexual health is an exception, with robust pathways between prison and specialized services leading to an uptake of STI testing and treatment



Research into 'Adverse Childhood Experiences'² and neuro-adversity³ identifies

common risk factors between poor health and criminal justice outcomes

Sources: ¹Reading Borough Council's Troubled Families Programme; ²Bellis et al. BMC Medicine 2014, 12:72; ³Office of the Children's Commissioner for England, 2012. Nobody Made the Connection: The prevalence of neurodisability in the youth justice system

Discussion and next steps

Questions

- How can the Health and Wellbeing Board help to develop insights and data for inclusion health groups – particularly the groups where this has been difficult?
- How does the insight from Phase 1 align with and support Haringey's plans for addressing health inequalities?

Next steps

- NCL intends to:
 - Complete engagement for Phase 2 of the Inclusion HNA (expected completion February 2023) and
 - Develop a set of recommendations in collaboration with people with lived experience and others for the NCL Integrated Care Partnership (ICP)
- Connect with existing Haringey Borough Partnership programmes to see how the Inclusion HNA can inform and support to address health inequalities
- NCL would like to present Phase 2 and draft recommendations to the HWBB later in 2023