

# Overview of Inclusion Health in Islington and North Central London

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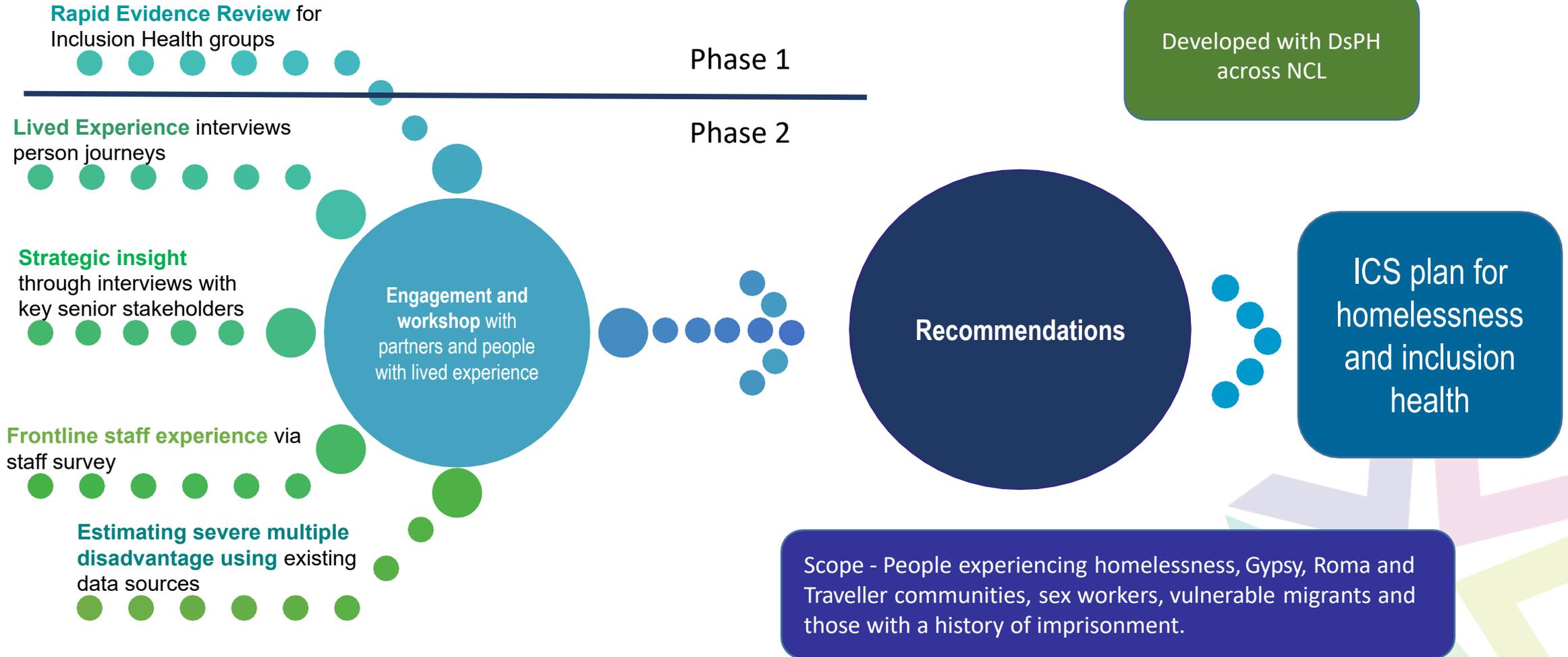


# NCL Inclusion Health Needs Assessment



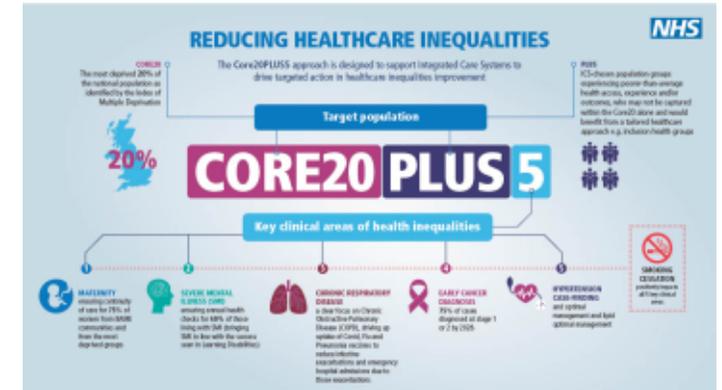
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The needs assessment aims to synthesize evidence on the health needs of targeted populations across the five boroughs, identifying the size and demographic profile, health needs, services and gaps in order to inform the ICS commissioning strategy and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



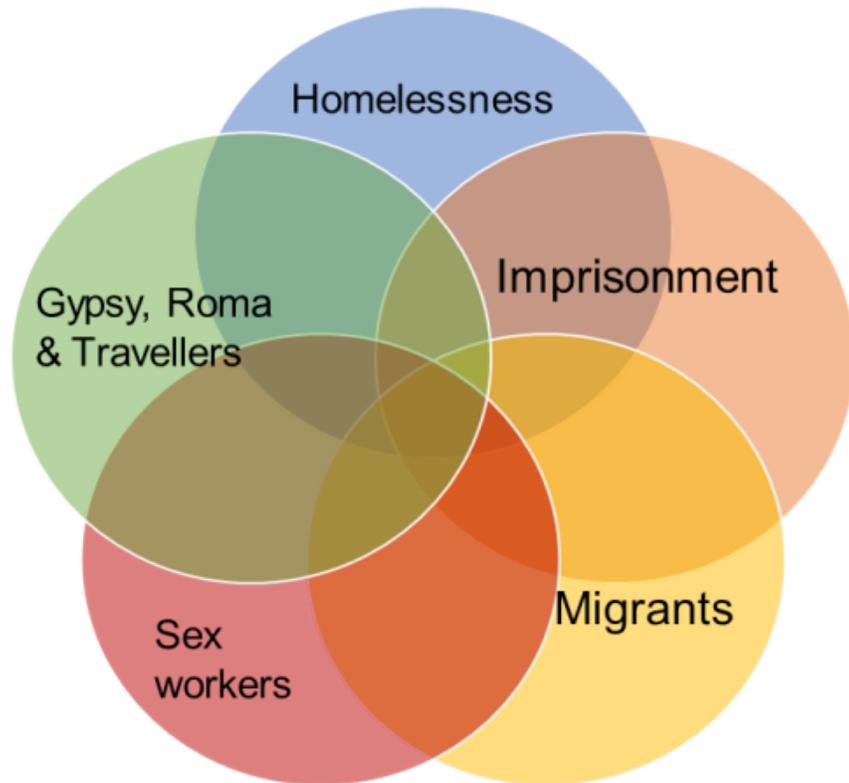
# Context

- The Inclusion Health Needs Assessment supports **Islington's Joint Health And Wellbeing Strategy** 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:
  - Homelessness and Rough Sleeping Strategy 2019-2023
  - Children and Young People's Health Strategy
  - Violence against Women and Girls (VAWG) Strategy 2021
  - Safeguarding Adults Board Strategic Plan 2022-25
  - Challenging Inequality Strategy 2021
  - Fairer Together Borough Partnership
  - Early Intervention and Help Strategy



- **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:

# Phase 1 overview



- 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.
- 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.
- 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; rough sleepers, statutory, single and hidden homelessness.

# Homelessness

## Includes

- Rough sleepers
- 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<sup>10</sup>.
- **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<sup>12</sup>.
- **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<sup>13-16</sup>.
- **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<sup>8</sup>.

## Health service landscape

- Specialist GP service for rough sleepers and people experiencing homelessness with complex needs – Inequalities Fund
- Move on coordination following hospital discharge, part of the NCL Out of Hospital Care Model for improving discharge care and support for people experiencing homelessness
- UCLH Find and Treat service providing outreach Covid-19 and flu vaccination and screening for infectious diseases
- Appendix 1 describes the NCL vision for homeless health

| Borough          | Rough Sleepers (CHAIN 2020/21) | Statutory Homelessness (2020/21) | HealthIntent NCL LA** (GP) | (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            |
| <b>Islington</b> | 388                            | 1,623                            | 155                        | 533            |

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

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%)<sup>1</sup>.

## Mental health

- Suicide
- Bipolar disorder, personality disorder, schizophrenia, PTSD, major depression
- Substance misuse

## Physical health

- 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
- Asthma, TB, heart disease and Hep C

# 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.



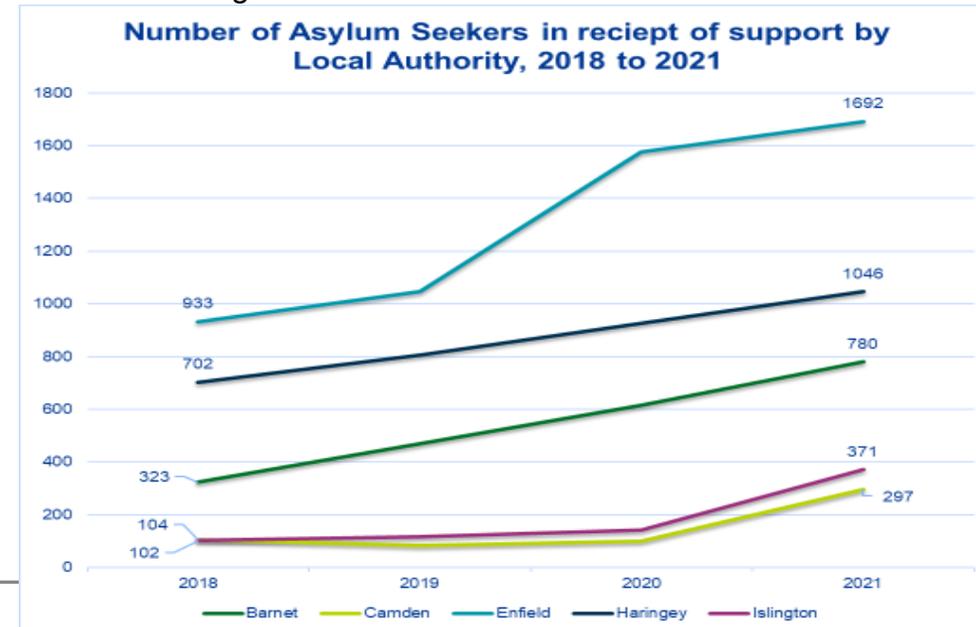
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Migrants comprise 31-47% of borough populations

| Borough          | Non-UK born residents | % of total resident population |
|------------------|-----------------------|--------------------------------|
| Barnet           | 164,000               | 41%                            |
| Camden           | 124,000               | 47%                            |
| Enfield          | 122,000               | 36%                            |
| Haringey         | 87,000                | 31%                            |
| <b>Islington</b> | <b>90,000</b>         | <b>37%</b>                     |

Source: Annual Population Survey

The number of asylum seekers in receipt of LA support has risen in all NCL boroughs



Source: MHCLG Resettlement Statistics

## 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.

## Mental health

- Depression, anxiety, PTSD, psychotic disorders

## Physical health

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

## Service landscape

- Primary care holistic assessment for adults and children arriving from Ukraine and asylum seekers accommodated in IAC hotels
- UCLH Find and Treat team providing Covid vaccination and screening for infectious diseases in IAC hotels

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

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 Liveboard boaters may have a nomadic lifestyle.

## Barriers in accessing healthcare

### Nationally, among Gypsy and Traveller communities:

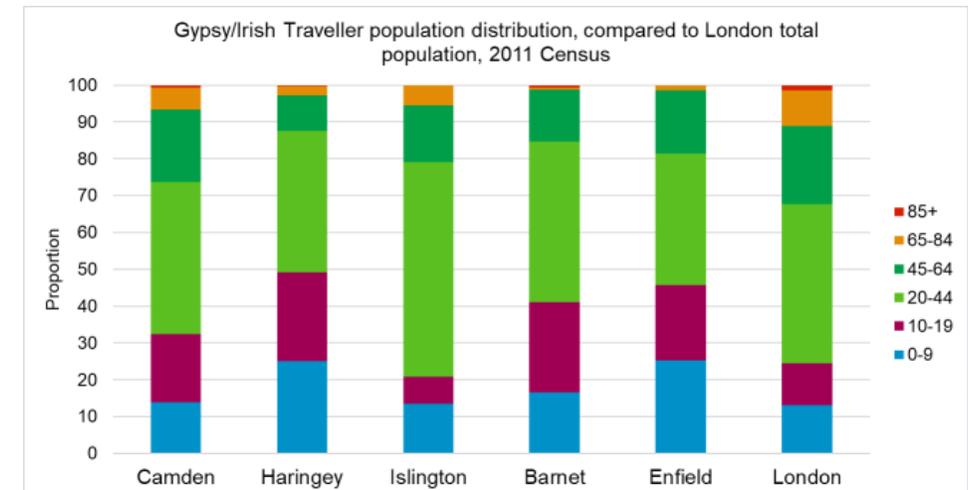
- GP registration rates are low – between 50-91% – with some evidence of higher rates of use of A&E services
- This is often related to lack of proof of identity and permanent address, low literacy, language barriers and fear of stigma and discrimination.
- Compared to the general population, they are 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.

## Gypsy and traveller population

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

- 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.
- There are no current estimates of the Roma population in NCL, although the 2021 census will have this information.

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



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

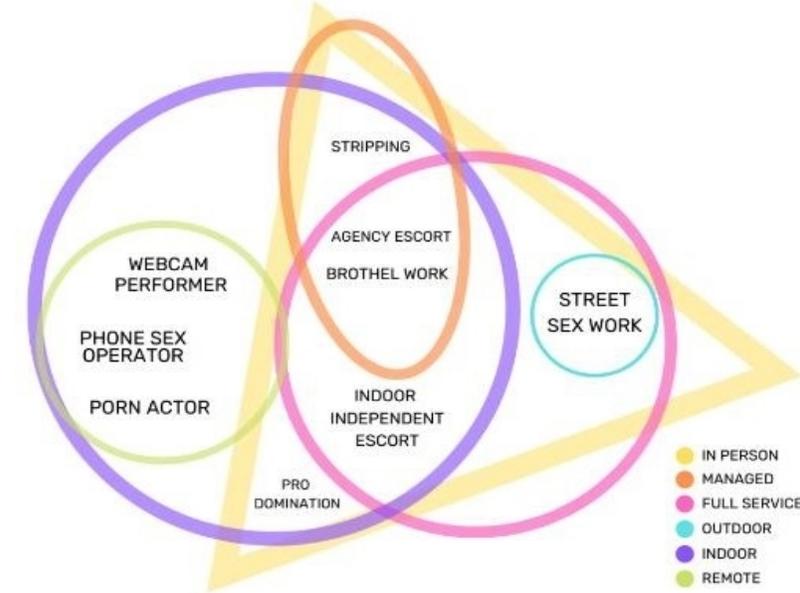
No local estimates available

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.
- The Open Doors service for sex workers found that the majority of the sex workers they engage with are 18-40 years old and come from a mix of ethnic backgrounds, though more of their service users are British-born.
- 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.<sup>6</sup> Sex workers are likely to present with severe health needs in A&E settings



Intersections across types of sex work.

## Mental health

- PTSD, anxiety, depression and eating disorders
- Substance misuse (alcohol & drug use, chemsex amongst males)

## Physical health

- TB and other respiratory illnesses, Hep B & C, STIs
- Untreated LTCs
- Terminated pregnancy
- Injuries & violence

# People with a history of imprisonment



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- 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
  - IRCs (Immigration Removal Centres)

## Demographics

No local estimates available

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

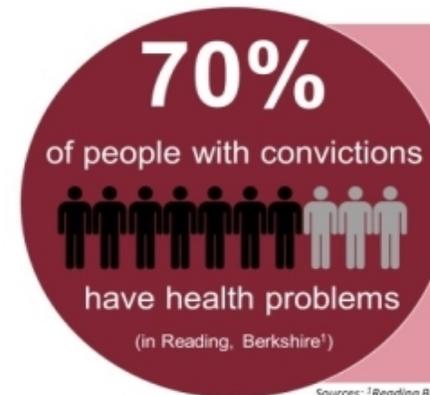
## Barriers in accessing healthcare nationally

- **Fear of stigma and discrimination**
- **GP registration**, with 50% lacking a GP on release<sup>10</sup>
- 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 release<sup>3</sup>
  - Sexual health is an exception, with robust pathways between prison and specialized services leading to an uptake of STI testing and treatment

### Mental health

### Physical health

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Suicide, suicide attempt and self-harm rates</li><li>• Personality &amp; psychotic disorders</li><li>• Substance misuse</li></ul> | <ul style="list-style-type: none"><li>• Mortality</li><li>• TB, Hep A, B, C, syphilis, HIV</li><li>• Chronic illness</li></ul> |
|---|--|



Research into  
'Adverse  
Childhood  
Experiences'<sup>2</sup> and  
neuro-adversity<sup>3</sup>  
identifies

common risk factors between poor  
health and criminal justice outcomes

Sources: <sup>1</sup>Reading Borough Council's Troubled Families Programme; <sup>2</sup>Bellis et al. BMC Medicine 2014, 12:72; <sup>3</sup>Office 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 does the insight from Phase 1 support Islington's plans for addressing health inequalities?
- What would be the key priorities for Islington for Phase 2 of the Inclusion Health Needs Assessment?

## Next steps

- NCL intends to:
  - Complete engagement for Phase 2 of the Inclusion HNA; and
  - Develop a set of recommendations for the NCL Integrated Care Partnership (ICP). These recommendations would be developed in collaboration with people with lived experience and others.
- NCL would like to present Phase 2 and draft recommendations to the HWBB in Islington in 2023
- The NCL team would like to work with local teams to develop the plan for health and care services with Islington's Borough Partnership and Health and Wellbeing Board for Homelessness and other Inclusion Health Groups. This would be based on the recommendations and would build on strategies, services and work already in place in the borough

# Appendix 1: NCL vision for people experiencing homelessness

## NCL vision for people and families affected by homelessness

To support people who sleep rough, multiple exclusion homeless, those in encampments, vulnerable people, families in temporary accommodation and hidden homeless by providing access to integrated housing, health, care, employment and community support to transition into a sustained recovery from homelessness.

