North Central London Integrated Care System

NCL Inclusion Health Needs Assessment Islington Health and Wellbeing Board

Alexandra Levitas, London Borough of Islington
Sarah D'Souza, Director of Communities, NHS North Central London ICB

July 2023

Why is Inclusion Health important for NCL?

North Central London Integrated Care System

- People in Inclusion Health groups face **the most significant health inequalities of any group in our population** – often compounded by the impact of intersectionality/multiple disadvantage:
    - Average age at death 46 years for people experiencing homelessness. This is 30 years below national average. High levels of early frailty across groups.
    - High level of complex health need – childhood trauma, mental health issues, drug and alcohol use, sexual health, infectious diseases, poor perinatal outcomes, impact of violence.
    - Complex barriers to accessing planned healthcare – stigma and discrimination, lack of trust, trauma triggers, rigid appointment systems, digital exclusion, language, travel costs
    - Compounded by lack of visibility within our system/early intervention/joined up approaches to complex need
- Tackling inclusion health inequalities requires integrated service approaches and **partnership working at system, place and neighbourhood level** to address the complex set of needs these populations experience.
- Integrating care around these underserved groups is fundamentally linked to improving **how we use our resources most effectively**. The annual cost of unplanned care for patients experiencing homelessness is eight times that of the housed population and homeless patients are overrepresented amongst frequent attenders in A&E
- Addressing health inequalities faced by inclusion health groups is a key component of the **NCL Population Health and Integration Strategy** and one of our **locally identified PLUS populations.**

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 inform ICS plans

Phase 1 (April-May June 2022)

Rapid evidence review

- Reviewed over 100 local and national data sources
- Meetings and correspondence with ~20 stakeholders

Phase 2 (July–December 2022)

Frontline staff survey (n=142)

Key stakeholder interviews (n=24)

Estimates of overlaps of severe multiple disadvantage using existing data

Conducted by Groundswell Sept-Dec 2022

Lived experience interviews / Service user journeys (n=24)

Phase 3 (December 2022-January 2023)

Final report to synthesise all evidence sources

Develop recommendations

Inclusion health groups (IHGs)

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

Key findings summary

North Central London Integrated Care System

Inclusion health group

- Greatest awareness and provision for people experiencing homelessness
- High prevalence of multiple disadvantages
- Gap in understanding and service provision for sex workers and GRT communities
- Gaps in services for sex workers and vulnerable women

Service area

- Many examples of specialist services
- Gaps in access and experience:
  - mainstream primary care
  - mental health services
  - dental services
  - dual diagnosis
- Experience in hospitals and discharge pathways can be improved
- Better coordination of release from prison

Enablers

- Pockets of excellent integrated working
- Improve cross-borough collaboration and partnership with mental health services
- Greater education and awareness of inclusion health groups
- Role of place-based delivery and system-leadership

Intersectionality:
People Experiencing Multiple Disadvantage

North Central London Integrated Care System

Housing and Sleeping Rough

Substance Dependency & Mental Health

Discrimination eg race, sexuality, transgender

Methadone Access

"Okay, so I've been struggling with homelessness and my drug addiction on and off for 10 years. I've been in and out of jail for things like shoplifting and theft. I've just come out of prison, on tag and had to use the tag agencies in prison because I didn't have an address to go to.
(Enfield resident, multiple disadvantage)

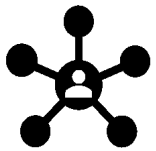
Personal Safety

Other Healthcare Needs

Social Distrust

Transition out of Criminal Justice

Lack of Support Networks & Estrangement



Lack of Recognition by Services

Lack of Formal Identification

Individuals Experiencing Multiple Disadvantage
CASE STUDIES

North Central London Integrated Care System

Mike, sleeping rough after exit from criminal justice system

CAMDEN

Mike came to London from Manchester and has a history of both serious **mental health needs** (schizophrenia) and **epilepsy**. He has also struggled with **substance dependency,** and has been in-and-out of prison for multiple years. **Upon release from prison he often finds himself street homeless** and **lacking any support for his physical and mental health.**

Most recently he was **approached while rough sleeping** by a support organisation and moved into **supported accommodation** in Camden, where he feels much better due to helpful staff and provision of food. It is also through this supported accommodation that he has been **directed to a psychologist, psychiatrist, and some medical support**. However, he struggles to stay in supported accommodation and has **moved hostels frequently.**

Mike **continues to struggle with substance dependency** and is **waiting for detox** and rehab services; he expresses some **frustration at the amount of time he's needed to wait.** His **physical health is also deteriorating** due to alcohol and other drugs, but he finds it difficult to take care of his physical health while still dependant on substances. Due to his experiences sleeping rough, he has **PTSD and a lot of social anxiety**, making group therapy such as AA meetings incredibly difficult. He finds **that people treat him differently or judge him due to his circumstances**, making in **especially difficult to engage.**

"Sometimes, yeah, sometimes people look at you different and you can just tell they're judging. Some people shouldn't be in a job what they're in because their attitude and things like that. Not everybody – most of them are all right. It's just there's a bad few […] they look down on you and stuff like that."

"I feel everywhere is closed. They tell me, "Hi, you need ID". I don't have address, "OK, you need address", bye-bye. You need […]to make it, I don't have it, so how I …? Even they told me, "How I can help you?"

Andrei, Romanian man disengaged from all services

ENFIELD

Andrei **arrived to the UK from Romania** some time ago, and has since **lost his job and house**. His relationship has also deteriorated and he is **currently alone rough sleeping** on the streets of London. He suffers from **severe depression and has engaged in self-harm** but is not receiving any support for this. In the past he received some medication but **could no longer afford the £12 fee he was charged per box.**

Given Romania's EU status, it is likely Andrei entered the UK on a EU passport and he could **apply for pre-settled or settled status** and access benefits such as universal credit. However, Andrei has **no passport, ID, or formal documentation** and has thus struggled with accessing any support. He had a GP in the past, but has since struggled with access because of lack of address and ID. The lack of ID has also left him without a bank account and he is worried he will not be able to rent a flat. He uses the words **"handcuffed" and "gridlocked" to describe his situation.**

Andrei has attempted to apply for support using the **internet connection at his local library.** He has also **tried to contact his council's housing services, however after making an application he has never heard back.** He currently is not in touch with any services and expresses bitterness that UK citizens and those with drug dependencies seem to get more support.

Individuals Experiencing Multiple Disadvantage
CASE STUDY which includes sex work

North Central London Integrated Care System

Sarah, experiencing multiple disadvantage with a history of sex work

HARINGEY

Sarah rebelled against her parents in her teenage years and has since been **dependant on alcohol and other drugs,** as well as experiencing **domestic violence from male partners**, including her daughter's father. She has been **separated from her daughter** who now lives with extended family. She has **experience with the criminal justice system** and has spent time in prison for multiple drug abuses. She has also spent time in prison abroad for fraud. Time in prison led Sarah to lose her property, making her **street homeless** for multiple years. Sarah feels that **coming out of jail put her in a very vulnerable place** with no support to address housing insecurity, substance dependency, or mental health needs.

Sarah now **lives in supported accommodation** after being **approached by StreetLink** and helped into accessing homelessness services. Before that she sometimes slept in a church charity on the floor, but she disliked this as there were too many men sharing the space. She is now also being supported by her **probation officer and key worker** who coordinate around her care. She **uses a methadone replacement service** and **walk-in GP surgery;** however, she also feels that in the past she has experienced poor medical care, for example when she was prescribed morphine despite her substance dependency.

Sarah has also **engaged in on-street sex work** to make money in order to buy alcohol and drugs. While she describes this as **a choice she made to be in control of her own finances**, she also mentions this generating **trauma and leading to PTSD**. **Violent experiences while rough sleeping**, including witnessing a murder, have also contributed to poor mental health. Because of these experiences she **values women-only spaces and services**, including ones that help with social integration by providing a casual social environment.

Sarah feels that de-stigmatization of experiences like hers are incredibly important, and hopes that in the future, the system will become more compassionate and focused on individual needs.

"Because you know in jail there's no security, nowhere to live, nowhere to find yourself because remember you're coming out of jail, you're being forced to come off methadone, you're being forced to come off ... You've got emotions that you forgot you even had in jail, they all start coming back again because you're not supressed anymore. So when you come out you're just like, "Hey wow, what's going on, let's go and have a smoke quick," because you don't know no better."

"The [professionals] need to be all put in a room or you know, like a virtual reality, put them in one of them on a day I live in my life for the last 30 years, a GP or a certain key professional, put them in a virtual reality room of whatever I've done with my life, then they will have understanding of what I'm trying to say to you. They think, "You chose that." We might have chose that, we don't know where we're coming from, we don't know why we chose that life. You know like Star Trek where you could press the button and it goes into any scenario you want to go into, virtual reality, make them see what it is. Because technology that is easy. […] Yeah, put them in my world, make a day of a female who's a prostitute and a drug addict and what they go through, sleeping rough at night time in the bushes, you know, plant that scene as a dramatic drama scene, put that down. […] I really should hope so because if it doesn't [change perceptions] then there's no hope for us. There is no hope for the system. If that doesn't change your perception of trying to do something like that with someone, it doesn't make sense because there's no hope."

Journey: Individuals Experiencing Multiple Disadvantage

North Central London Integrated Care System

Possible traumatic pasts

Homelessness & Sleeping Rough

Some women may turn to sex work

Most will struggle with destabilizing substance dependency

Unstable life sleeping rough leads to an inability to focus on long-term support

Personal safety on the street is a huge concern

Fragmented service engagement

Criminal justice interactions

Upon release many lack support

Creates vulnerability during transition

Lack of formal documentation

"It started from my teenage days really. […] I was [pause], before me was my brother who died of cot death. I came along, my parents wrapped me up in cotton wool when I was growing up. I rebelled, ended up rebelling, in and out of care."
[Haringey resident, sleeping rough, with criminal justice history & history of sex work]

"No, they kept on telling us we needed to sort out housing, but I was struggling to sort it out, I was struggling with addiction and things like that, I missed one appointment, and they only gave me one chance."
[Enfield resident in temp. housing, with criminal justice history]

North Central London Integrated Care System

Emerging recommendations

- Integrated approaches for sex workers and vulnerable women from inclusion health groups
- Co-ordinated prison release
- Dual diagnosis – mental health and substance use
- Improved offer for dental and MSK care
- Access to mainstream primary care
- Co-design/coordination of services around multiple disadvantage
- Partnership working and integrated models of care
- Workforce training and awareness on inclusion health

Activities in progress

NCL	Asylum seekers LCS
	Co-occurring conditions programme
	Community of Practice for homelessness health and care
	Cancer screening for people experiencing homelessness
	Out of Hospital Care Model
	Pan-London Find and Treat for inclusion health groups
Barnet	Borough of Sanctuary application for migrants and refugees Homeless health LCS
Camden	Homelessness Transformation Programme Camden Adult Pathway Partnership, CHIP Homelessness GP
Enfield	Enfield homeless health GP outreach service, sex workers outreach pilot, Doctors of the World outreach to GRT communities
Haringey	Homeless Health Inclusion Team Inclusion Health Summit
Islington	Homeless health GP outreach service Wellbeing support for contingency hotels

North Central London
Integrated Care System

Islington

Inclusion Health

North Central London Integrated Care System

History of imprisonment	No local estimates, 80K currently in prison in the UK 96% male, 50% low literacy, 20x more likely to be excluded from school, 13x more likely to have been in care, be unemployed					
Sex workers	No local estimates, ~32K in London 30-40% male or trans, profile varies by worksite (off or on-street)					
		Barnet	**Camden**	**Enfield**	**Haringey**	**Islington**
Gypsy & Travellers	Census (2011)	151	167	344	370	163
	GP registered	421	69	784	1,113	82
Vulnerable migrants	Receiving LA Section 95 support (Home Office 2021)	706	292	1,639	921	335
	Receiving LA NRFP support (NRFP Network 2021/22)	46	12	159	184	92
	Asylum seekers in Home Office Initial Accommodation Centres (IAC) (Feb 2023)	1453	602	0	145	775
Experiencing homelessness	Rough Sleepers (CHAIN 2020/21)	282	630	326	405	388
	Statutory Homelessness (MHCLG 2020/21)	2,030	1,098	1,905	2,383	1,623
	HealtheIntent (GP)	77	916	64	113	155
	CCG/LA (Oct-Nov 2021)	282	847	550	633	533
	Rough sleepers: 80% male, majority 26-45 years old					
	Statutory homeless: 13-20% main applicant 16-24 years old, 18-40% dependent children, dominant ethnicity varies by borough					

Homeless health

North Central London Integrated Care System

Islington Hostel Outreach GP Service Clinical Model

4 x GP sessions per month

- Islington divided into four geographical clusters; Angel, Highbury, Hilltop and Holloway
- Each GP works exclusively with a dedicated cluster of hostels
- GPs visit their cluster of hostels once per month on an agreed day
- Clients can book to see the GP in advance or opportunistically during the visit
- Monthly GP drop-in hub clinic every third Wednesday of the month at Solidarity Hub, Seven Sisters Road

2 x Nurse sessions per week

- Nurse works pan-Islington and supports all GPs with their cluster hostels
- Weekly nurse drop-in clinic every Monday for women at Solidarity Hub, Seven Sisters Road
- Facilitates joint visits with cluster GP to assess street homeless clients

Services provided by our outreach nurse

- ✓ Wound care surveillance and wound dressing
- ✓ Phlebotomy
- ✓ Point of Care Hepatitis and HIV testing
- ✓ Cervical screening
- ✓ Long term condition reviews
- ✓ Routine diagnostic screening (B/P, urinalysis, BMI)

Migrant health

North Central London Integrated Care System

Asylum seekers in Home Office Initial Accommodation Centres (IACs)	Primary Care Locally Commissioned Service to offer initial holistic healthcare assessments for individuals and families accommodated in IACs. Wellbeing support, advocacy and counselling services provided by the VCS within the hotels: - Legal and health access workshops - Wellbeing activities and volunteering opportunities - English classes (ESOL) - Mental health is a key concern Outbreak management and safeguarding support through partnership between ICB and PH LBI Find and Treat service provides COVID testing, vaccination, flu vaccination. Coordinating NCL health response to Home Office Asylum Seeker increases
Ukraine arrivals	Primary Care Locally Commissioned Service to offer initial holistic healthcare assessments for individuals and families
Vulnerable migrants	Mid 2019-20, 8,870 new migrant GP registrations completed in Islington (Source: ONS/Patient register data from NHS digital)

Proposed next steps

North Central London Integrated Care System

	Q1	Q2	Q3	Q4	24/5
System	Complete strategic needs assessment	Develop NCL delivery plan aligning provider, borough and system priorities	Establish accountability arrangements for NCL delivery plan	• Enable shared system learning • Convene discussions on system resourcing new models	
	Stakeholder engagement on high impact system priorities		• Develop network of inclusion health leadership across system • Enable cross borough/system working on priorities		
Place	Develop local priorities through engagement with Place Partnerships and wider Place governance	Contribute to system prioritisation based on local engagement	Implementing Place plans, integrating service offers Drawing down system and provider support		
Providers	Develop organisational responses to IHNA	Identify leadership of cross provider work	Implementing Provider plans and collaborating around place and system priorities delivery		

Next steps and discussion

North Central London Integrated Care System

The Inclusion Health Needs Assessment supports **Islington's Joint Health And Wellbeing Strategy,** in particular, the programme to improve outcomes for people with multiple and complex needs through partnership working and greater focus on prevention.

We are working with **Islington Borough Partnership** to identify connections with existing programmes of work on addressing inequalities, particularly:

- Improving engagement, healthcare provision and community connection for **asylum seekers** in Home Office accommodation
- Developing approaches for meaningful **co-production** with people in inclusion health groups and learning from previous programmes
- Connections with VAWG services to improve services and support for **vulnerable women in inclusion health** groups

What are the additional opportunities for Islington to use the insights from the IHNA to improve outcomes for inclusion health groups?

What would it be helpful for the system to do around Inclusion Health which would support the borough?

North Central London Integrated Care System

Appendix

1) Phase 1 Rapid Evidence Review Summary
2) Case studies

Homelessness

North Central London Integrated Care System

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

- Specialist GP provision in all 5 NCL boroughs.
- Haringey Health Inclusion Team (HHIT) and Camden Adult Pathway Partnership (CAPP) provide multi-agency care and support.
- 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)	HealtheIntent (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
• Suicide • Bipolar disorder, personality disorder, schizophrenia, PTSD, major depression • Substance misuse	• 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

North Central London Integrated Care System

- 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.

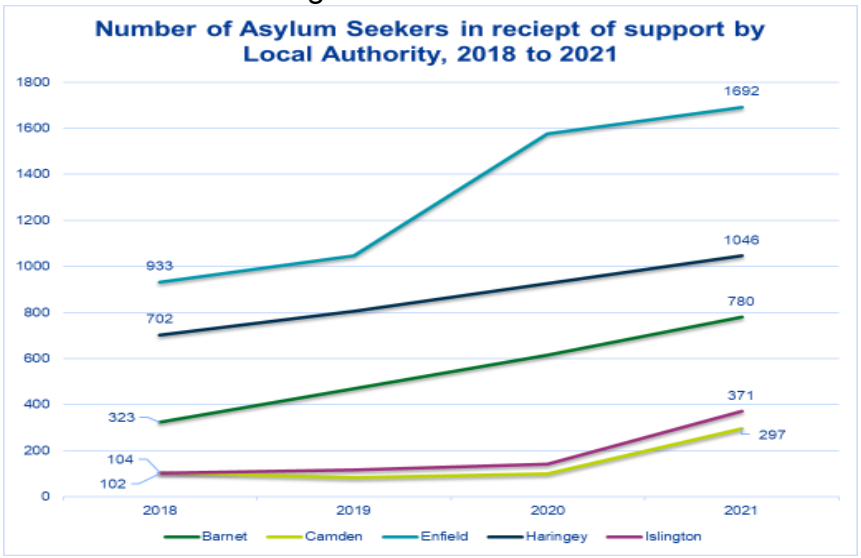
Barriers in accessing healthcare nationally

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

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



Source: MHCLG Resettlement Statistics

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

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 form 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

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.

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

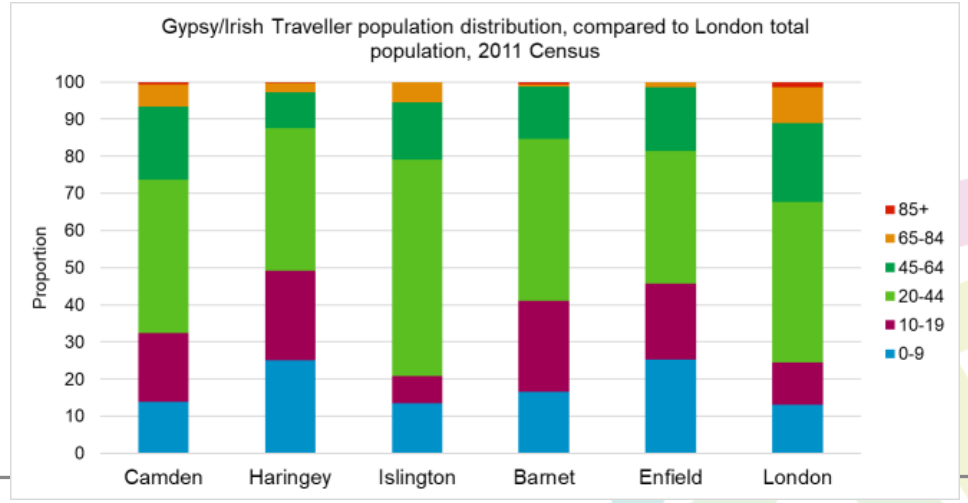
Service landscape

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

Gypsy and traveller population

Borough	2011 Census	GP Registered (HealtheIntent)	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

- 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



Source: Census 2011

Sex workers

North Central London Integrated Care System

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

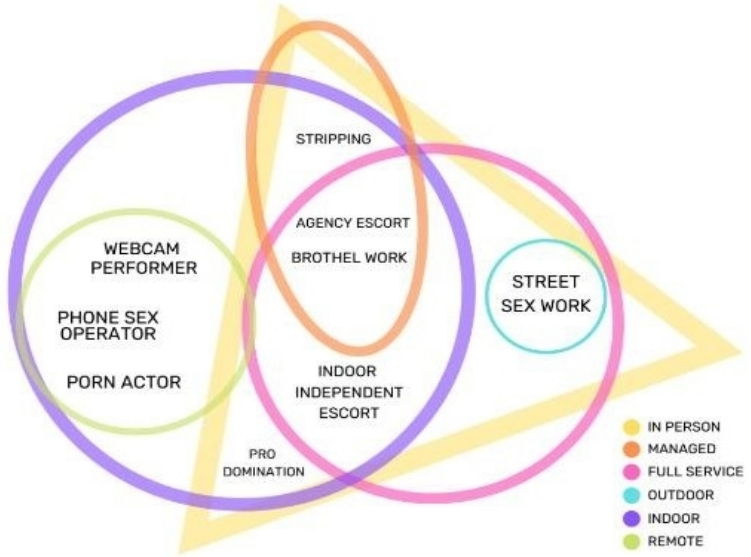
No local estimates available; from October 2020 to March 2021 (Q3/Q4) sexual health services (Haringey) engaged with a total of 86 sex workers through their clinics and outreach, as well as 137 on-street workers

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 dentation 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

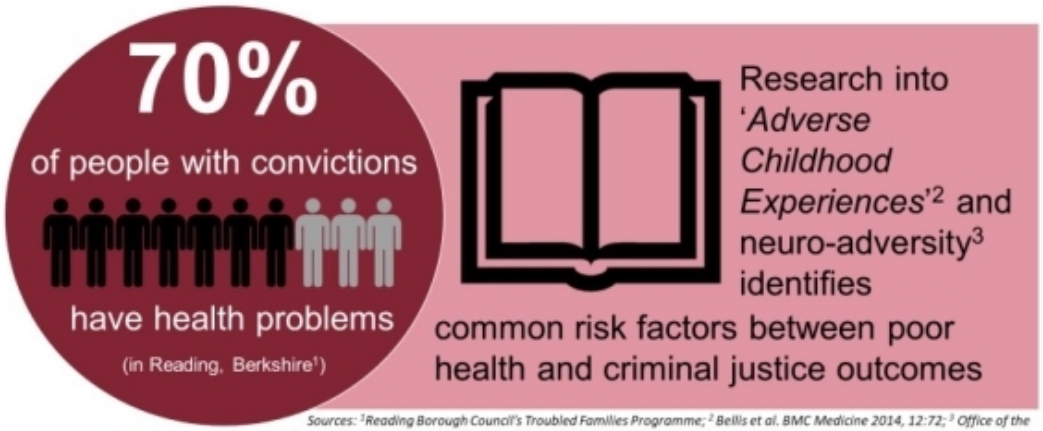
13x more likely to be unemployed

And 50% have low literacy levels

Mental health needs	Physical health needs
• Suicide, suicide attempt and self-harm rates • Personality & psychotic disorders • Substance misuse	• 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 release[10]
- 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[3]
  - Sexual health is an exception, with robust pathways between prison and specialized services leading to an uptake of STI testing and treatment



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