St Mungo’s

Hammersmith and Fulham Health Audit Report October 2016 – January 2017

Jess Clark – Health and Homelessness Project Coordinator

March 2017
About St Mungo’s

St Mungo’s vision is that everyone has a place to call home and can fulfil their hopes and ambitions.

As a homelessness charity and housing association our clients are at the heart of what we do.

We provide a bed and support to more than 2,500 people a night who are either homeless or at risk, and work to prevent homelessness.

We support men and women through more than 250 projects including emergency, hostel and supportive housing projects, advice services and specialist physical health, mental health, skills and work services.

We work across London and the south of England, as well as managing major homelessness sector partnership projects such as Street Link and the Combined Homelessness and Information Network (CHAIN).

We influence and campaign nationally to help people to rebuild their lives.
CONTENTS
INTRODUCTION ........................................................................................................... 5
Methodology ............................................................................................................... 6
Data Analysis ........................................................................................................... 6
Snap Shot of Findings .............................................................................................. 6
DEMOGRAPHICS: ..................................................................................................... 7
Hostels ...................................................................................................................... 7
Gender ....................................................................................................................... 7
Age ............................................................................................................................ 8
REGISTRATIONS ...................................................................................................... 9
GP ............................................................................................................................... 9
Dentist ....................................................................................................................... 12
Ocular Health .......................................................................................................... 15
  Homeless Health Service ......................................................................................... 18
PHYSICAL HEALTH CONDITIONS ......................................................................... 19
  Respiratory Conditions (Asthma, COPD) ................................................................. 21
  Flu Vaccinations .................................................................................................... 23
  Foot Problems ....................................................................................................... 23
  Infectious Diseases ................................................................................................. 24
  Cervical Screening (Smear Tests) ........................................................................... 27
  Sexually Transmitted Infections (STI’s) ................................................................. 28
MENTAL HEALTH DIFFICULTIES (Self-reported mental health issues) ............... 28
  Anxiety .................................................................................................................. 29
  Feeling Low ........................................................................................................... 30
  Poor Sleep ............................................................................................................. 30
  Difficulty remembering things .............................................................................. 30
  Feeling Hyper/Upbeat ........................................................................................... 30
  Getting angry easily .............................................................................................. 30
  Hearing voices ...................................................................................................... 30
  Aggression ............................................................................................................ 31
  Suicidal thoughts .................................................................................................. 31
  Self-Harm ............................................................................................................. 31
DIAGNOSED MENTAL HEALTH ISSUES ............................................................... 32
  Schizophrenia ....................................................................................................... 32
  **Depression ....................................................................................................... 32
  Dual Diagnosis .................................................................................................... 33
  Personality Disorder ............................................................................................. 33
  Post-Traumatic Stress Disorder ............................................................................ 33
Bipolar Disorder ................................................................. 33
Autism .................................................................................. 34
Attention Deficit Hyperactivity Disorder ............................ 34
Mental Health Support .......................................................... 34
SUBSTANCE USE .................................................................. 35
Drug Use ................................................................................ 35
Alcohol Use .......................................................................... 36
Cigarette Smoking and Vaping ............................................. 36
Community Health Services ............................................... 37
Nurse Services ................................................................. 37
Walk-In Clinic ..................................................................... 37
Outpatient Service ............................................................ 37
USE OF ACUTE SERVICES .................................................. 38
A&E ...................................................................................... 38
Ambulance Call Outs .......................................................... 39
Hospital Admissions ........................................................... 39
Service Feedback ............................................................... 41
Support for Health Needs/Healthy Living ......................... 42
Nutrition .............................................................. 43
Exercise .......................................................................... 43
Living, Employment, Training and Education ....................... 43
Living .............................................................................. 43
Training and education .................................................... 44
Volunteering ................................................................. 44
Employed ....................................................................... 45
WHAT WORKS ALREADY? .............................................. 46
IS MORE HELP NEEDED? .................................................. 47

Abbreviations and acronyms

CHAIN Combined Homelessness and Information Network
CHAT Common Health Assessment Tool
CLCH Central London Community Healthcare
COPD Chronic Obstructive Pulmonary Disease
EASL Enabling Assessment Service London
HHP Health and Homelessness Project
HHPA Homeless Health Peer Advocacy
IAPT Improving access to Psychological Therapies
LAS London Ambulance Service
MHU Mobile Health Unit
INTRODUCTION

Homeless and temporarily housed people currently experience some of the worst health problems in society. There is substantial evidence to show that physical, mental and substance misuse issues remain prevalent among the homeless population and at levels that are much higher than those experienced by the UK’s general population. On average, people who are homeless die 30 years before people in the general population.

National research shows that few people who are homeless have just one health problem. Many present with a combination of mental and physical health needs which they have experienced over a number of years. 41% have been diagnosed with a long term physical health problem compared to 28% of the general population, 45% have been diagnosed with a mental health issue compared to 25% of the general population and 41% report they use alcohol or drugs to cope with mental health issues.

Homelessness continues to be a particularly pressing issue in London, where half of England’s rough sleepers are located. According to CHAIN database, 241 people were seen rough sleeping in Hammersmith and Fulham in 2015/16, which represents a 50% increase compared to 2014/15. 70% of people seen were rough sleeping for the first time, 17% were also seen rough sleeping during 2014/15 and 13% were returners (people who were first seen rough sleeping prior to 2014/15, but were not seen during 2014/15). To accommodate the health and housing support needs of the rough sleepers in Hammersmith and Fulham, the St Mungo’s Day Centre in Market Lane offer a large range of homeless health services ranging from an in-reach nurse to a podiatry clinic. The Market Lane Centre Health Team support clients to access accommodation and with a wide range of health needs. The Barons Court Project (Talgarwth Road) also offer a wide range of services ranging from support groups to life skill activities.

Over the last few years and with a growing evidence base, crucial areas for improvement in the provision of healthcare services for homeless people have been highlighted;

- Barriers to use of primary care services
- Costly use of secondary healthcare services
- Hospital admission and discharge

The Hammersmith and Fulham Health and Homelessness Project (HHP) commenced in 2010 to tackle some of these issues and improve access and decrease the health inequalities of those living in supported accommodation projects throughout the borough. The HHP supports 33 projects throughout Hammersmith and Fulham to improve health access and decrease health inequalities of those living in supported housing, rough sleeping or using a floating support service. Part of the remit of the HHP is to run an annual health needs audit with service users to further the understanding of current service user health needs. The health audit was developed by the HHP Coordinator and was conducted from 1st October 2016 to 31st January.

1 Based on analysis of CHAIN data, which suggests that between 2009 and 2014, 307 people who had slept rough in London died. The mean average age of death was 47 for men, and for women 43.

2 Homeless Link (2014) The unhealthy state of homelessness: Health Audit Results
   http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf

3 CHAIN (Combined Homelessness and Information Network)
   https://data.london.gov.uk/dataset/chain-reports
The health needs audit was developed to ensure all service users in supported accommodation within the borough are receiving access to health care within the tri-borough.

Methodology

The health audit was designed by the HHP Project Coordinator. Each audit was completed either one-to-one with the service user or by the service user’s keyworker. Services were asked to complete an audit for all new and existing clients in their projects between October 2016 and January 2017. The anonymous data was submitted online using the platform Typeform and a user friendly hard copy of the audit was produced for service users without computer access. Typeform was deemed the most suitable online platform to collate this data as it provided the resources to design a bespoke survey to satisfy the data parameters. To support services to complete the audit a team of health audit volunteers was recruited and one volunteer was assigned to several projects. Health audit volunteers liaised with project staff to meet with clients and conduct the audits. If staff encountered problems whilst completing the audit the HHP coordinator was on hand to provide support and answer questions.

Data Analysis

The data collated from the health needs audit was exported into a spreadsheet programme, cleaned and compiled into the format visible in this report. The data is compared, where available, to other publicly available data sources including official government statistics and CHAIN data.

Snap Shot of Findings

The data in this report reveals homeless people, living in supported accommodation, have alarming levels of poor physical and mental health, at levels much higher than the general population.

- 85% reported they suffered from a mental health issue
- 67% reported they had a mental health diagnosis
- 62% reported they suffered from a physical health issue
- 99% registered with a GP
- 75% registered with a dentist
- 52% registered with an optician
- 21% reported they had used an ambulance in the last 6 months
- 29% had visited A&E in the past 6 months
- 15% reported they had been admitted to hospital in the last 6 months
- 17% reported they had been diagnosed with an infectious disease
- 38% indicated they self-medicated to cope with mental health issues
- 55% drink alcohol
- 34% use drugs
- 72% smoke cigarettes and only 23 respondents indicated they would like to stop.
DEMOGRAPHICS:

Hostels

A total of 165 clients completed a Health Audit between 1st October 2016 and 31st January 2017, across a total of 32 supported accommodation services, 1 Day Centre service and 1 stand-alone homeless project in the borough of Hammersmith and Fulham. Table 1 below shows the percentage of health audits completed per project.

Table 1: Project and number of Health Audits completed

<table>
<thead>
<tr>
<th>Projects</th>
<th>%</th>
<th>Projects</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>CentrePoint Buffy House</td>
<td>1%</td>
<td>Look Ahead Lakeside Road</td>
<td>2%</td>
</tr>
<tr>
<td>CentrePoint Woodstock</td>
<td>5%</td>
<td>Look Ahead Lena Gardens</td>
<td>1%</td>
</tr>
<tr>
<td>Cyrenians Goldhawk Road</td>
<td>7%</td>
<td>Metropolitan Bassein Park Road</td>
<td>4%</td>
</tr>
<tr>
<td>Cyrenians King Street</td>
<td>6%</td>
<td>Metropolitan Brackenbury Road</td>
<td>2%</td>
</tr>
<tr>
<td>Cyrenians Shepherds House</td>
<td>6%</td>
<td>Metropolitan Seddlescombe Road</td>
<td>1%</td>
</tr>
<tr>
<td>Cyrenians Weltje Road</td>
<td>4%</td>
<td>Metropolitan Spring Cottage</td>
<td>4%</td>
</tr>
<tr>
<td>Hestia Bishops Road</td>
<td>1%</td>
<td>SHP Avonmore Road</td>
<td>0%</td>
</tr>
<tr>
<td>Hestia Coningham Road (incl 160)</td>
<td>3%</td>
<td>SHP Barons Court Road</td>
<td>0%</td>
</tr>
<tr>
<td>Hestia Edgar Wright Court</td>
<td>1%</td>
<td>SHP Perham Road</td>
<td>0%</td>
</tr>
<tr>
<td>Hestia Refuge</td>
<td>3%</td>
<td>St Christophers Fielding Road</td>
<td>1%</td>
</tr>
<tr>
<td>Hestia Lillie Road</td>
<td>0%</td>
<td>St Mungo’s Broadway Day Centre</td>
<td>4%</td>
</tr>
<tr>
<td>Hestia Moore Park Road</td>
<td>2%</td>
<td>St Mungo’s Edith Road</td>
<td>9%</td>
</tr>
<tr>
<td>Hestia Nia House</td>
<td>0%</td>
<td>St Mungo’s Hope Gardens</td>
<td>8%</td>
</tr>
<tr>
<td>Hestia Sulgrave Road</td>
<td>2%</td>
<td>St Mungo’s Horn of Africa Project</td>
<td>0%</td>
</tr>
<tr>
<td>Hestia Talgarth Road</td>
<td>0%</td>
<td>St Mungo’s The Old Theatre</td>
<td>5%</td>
</tr>
<tr>
<td>Look Ahead Irving Road</td>
<td>7%</td>
<td>St Mungo’s Wood Lane</td>
<td>4%</td>
</tr>
<tr>
<td>Look Ahead Kwaanza House</td>
<td>6%</td>
<td>Thomas Pocklington Trust</td>
<td>0%</td>
</tr>
</tbody>
</table>

Gender

Health Audits were carried out with 112 males and 53 females during the time period (figure 1). Rough sleeping data\(^4\) for the year 2015/2016 in Hammersmith and Fulham showed a 91% to 9% split of males to females rough sleeping.

\(^4\) [https://data.london.gov.uk/dataset/chain-reports](https://data.london.gov.uk/dataset/chain-reports)
**Age**

Of the 165 respondents, the most represented group (28%) were 50 – 59 year olds (Figure 2). The most represented group in the 2014 national Homeless Link audit\(^5\) was 16-25 year olds (36.5%). Hammersmith and Fulham CHAIN data for the year 2015/2016 showed that 31% (most represented) of rough sleepers were aged 36 – 45.

---

\(^5\) Homeless Link (2014) *The unhealthy state of homelessness: Health Audit Results*  
[http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf](http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf)
REGISTRATIONS

GP

99% of respondents indicated they were registered with a GP. Of the two respondents not registered with a GP, both indicated they wished to be registered. No respondents reported they did not wish to be registered with a GP. 99% of respondents that took part in the 2014 Homeless Link Health audit\(^6\) indicated they were either temporarily or permanently registered with a GP.

All respondents registered with a GP stated where they were registered with a GP. Table 2 illustrates that the largest amount of registrations are at Brook Green Medical Centre (45, 27%) and Richford Gate Medical Centre (18, 11%). The Bush Doctors had the third highest amount of respondents registered, with a total of 10 (16%). A majority of the GP practices in Hammersmith and Fulham are signed up to the Out Of Hospital (OOH) Homeless Specification, whereby they have agreed to ensure equitable access and quality of service to the local homeless population.

Table 2: The number of GP surgery registrations

<table>
<thead>
<tr>
<th>GP surgeries registered with</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashchurch Medical Centre</td>
<td>3%</td>
<td>N/A</td>
</tr>
<tr>
<td>Askew Road Surgery</td>
<td>1%</td>
<td>North End Medical Practice</td>
</tr>
<tr>
<td>Bridge House Medical Centre</td>
<td>1%</td>
<td>Not known</td>
</tr>
<tr>
<td>Brook Green Medical Centre</td>
<td>27%</td>
<td>Old Oak Surgery</td>
</tr>
<tr>
<td>Bush Doctors</td>
<td>10%</td>
<td>Park Medical Centre</td>
</tr>
<tr>
<td>Canberra Practice</td>
<td>1%</td>
<td>Parklands medical centre</td>
</tr>
<tr>
<td>Cassidy Medical Centre</td>
<td>1%</td>
<td>Parkview Medical Centre</td>
</tr>
<tr>
<td>Claybrook Medical Centre</td>
<td>1%</td>
<td>Richford Gate Medical Practice</td>
</tr>
<tr>
<td>Family Centre</td>
<td>1%</td>
<td>Sands End Health Clinic</td>
</tr>
<tr>
<td>Fulham Road Medical Practice</td>
<td>2%</td>
<td>Shepherds Bush Medical Centre</td>
</tr>
<tr>
<td>Hammersmith Surgery</td>
<td>2%</td>
<td>Sterndale Surgery</td>
</tr>
<tr>
<td>Lillie Road Surgery</td>
<td>5%</td>
<td>The new surgery</td>
</tr>
<tr>
<td>Lilyville Surgery</td>
<td>1%</td>
<td>Westway Surgery</td>
</tr>
<tr>
<td>Maidavale Medical Centre</td>
<td>1%</td>
<td>White City</td>
</tr>
<tr>
<td>Munster Road Surgery</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

In 2015 the Health and Homelessness Project set up the GP Link Project. The GP Link Project promotes joint working of local GP surgeries and supported accommodation providers via the local GP Federation. Should client’s experience issues registering with a GP, the HHP is notified and will liaise with the GP Federation to resolve these issues promptly. 93% of respondents stated they did not experience problems accessing their GP, 1% stated they had difficulty accessing their GP due to mobility.

\(^6\) Homeless Link (2014) *The unhealthy state of homelessness: Health Audit Results*  
http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf
issues, 2% stated they have had a negative experience of their GP service and 4% stated they have struggled to access their GP for ‘other reason’.

The 2016/17 HHP Health Audit also shows that 2% of respondents have been refused registration to a GP only and 1% have been refused registration to GP and dental practice (figure 3).

**Figure 3: The number of respondents refused registration with a GP, Dental practice or both**

![Bar chart showing the percentage of respondents refused registration]

Recently (2016) organizations Healthy London Partnership and Groundswell produced a ‘my right to health care card’. These cards have been distributed to homeless providers pan-London and are used to support homeless clients register with a GP. The card (Fig 4) can be presented at GP receptions (if a client is being refused registration) and will inform the relevant persons that the client has a right to register and receive treatment from the GP practice they are trying to register with. The card references the ‘Patient Registration – Standard Operating Principles for Primary Medical Care (General Practice)’.

---

88% reported they had used their GP within the last six months; 26% indicated they had used their GP over 5 times, 31% visited 3-5 times and 32% visited 1-2 times. The average cost of a GP consultation costs £45.00 for 20 minutes whereas the average cost of a community nurse is £48.00 per hour. Recently a peripatetic nurse programme was established in three key hostels, the nurse runs clinics within these hostels providing treatment, advice and health screening to the residents. This pilot has proven successful and engaged many clients in primary care services. Within the first year of the Peripatetic Nurse pilot, the nurse facilitated 97 new appointments and 1070 follow up appointments (figure 5). The peripatetic nurse remit is very similar to that of local GP’s and the nurse supports residents with all manner of health issues ranging from; abscess treatment, wound care to writing support letters and accompanying clients to the GP.

By being based within the hostel the peripatetic nurse is immediately more accessible to clients with underlying health needs and the number of new and follow up appointments demonstrates the level of success the nurse has had in engaging residents in primary health care. It is recommended that this service is extended to other hostels within the borough and a best practice case study is produced to demonstrate the benefits of this service to other London boroughs.

8 http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf
9 http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf
The 2016/17 HHP Health Audit also shows that 2% of respondents have been refused registration to a GP only and 1% have been refused registration to GP and dental practice.

**Dentist**

It is important to recognize that it is not just those sleeping rough who suffer from poor oral and dental health. People who have experienced homelessness living in temporary accommodation are also likely to experience the same problems that exacerbate oral disease and it is equally important that dental services are accessible for this group. Data captured on a quarterly basis via the HHP CHAT and Wellbeing data has shown a decrease in dental registration between quarters two and three. A majority of dental surgeries de-register patients that fail to attend appointments, this means residents may have to travel further to attend another dental practice. The 2014 Homeless Link Health Audit found that 15% of respondents have experienced a long term dental health issue.

Data from the HHP 2017/17 Health Audit (Figure 6) shows that 75% of respondents are registered with a dentist, 13% of respondents are currently not registered but would like to be and 12% are currently not registered and do not wish to be.

---

11 Homeless Link (2014) The unhealthy state of homelessness: Health Audit Results http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf
Respondents registered with a dentist were asked to give the details of the dental practice with which they are registered. Table 3 illustrates that the largest amount of registrations are at **Goldhawk Road Dental Practice** (23, 14%) and **Smile Dentist** (19, 12%). There is an even distribution of respondents registered with other practices. 25% of respondents did not wish to disclose the name of their practice and 16% did not answer the question.

**Table 3: The number of dental surgery registrations for respondents who stated they were registered with a dentist**

<table>
<thead>
<tr>
<th>Dentist surgeries registered with</th>
<th>%</th>
<th>NHS Dental Practice 355 North End Road Fulham, London SW6 1NW</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Goldhawk Rd, White City, London W12 8QQ</td>
<td>1%</td>
<td>Morgan clinic Kings Street</td>
<td>1%</td>
</tr>
<tr>
<td>134 Askew Rd, London W12 9BP</td>
<td>1%</td>
<td>N/A</td>
<td>25%</td>
</tr>
<tr>
<td>Apple Dental Clinic, Lillie Road. SW6</td>
<td>1%</td>
<td>NHS Dental Practice, North End Rd, W14 9NL</td>
<td>4%</td>
</tr>
<tr>
<td>Askew Dental 149 Askew Rd London W12</td>
<td>1%</td>
<td>NHS dental, Lilly Road</td>
<td>1%</td>
</tr>
<tr>
<td>Batman Close Dental Practice</td>
<td>1%</td>
<td>North End Road NHS dentist Fulham</td>
<td>2%</td>
</tr>
<tr>
<td>Canberra Centre W12 7DA</td>
<td>1%</td>
<td>Not known</td>
<td>1%</td>
</tr>
<tr>
<td>Chiswick Health Centre, Fishers Lane, Chiswick , London, W4 1RX</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentist surgeries registered with</td>
<td>%</td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>-----</td>
<td>----------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Dental care Hammersmith road</td>
<td>1%</td>
<td>Old oak road</td>
<td>1%</td>
</tr>
<tr>
<td>Dental Surgery, 129 Lillie Rd, Fulham, London SW6 7SX</td>
<td>1%</td>
<td>Park Medical, Invermead Close. Inver Court Close</td>
<td>1%</td>
</tr>
<tr>
<td>Edgeware Road dental surgery</td>
<td>1%</td>
<td>Perfect smile</td>
<td>1%</td>
</tr>
<tr>
<td>Ghauri Dental Centre, Shepherds Bush, 1-3 Wormholt Road, London W12 0LU</td>
<td>3%</td>
<td>Richford Gate Medical Practice</td>
<td>1%</td>
</tr>
<tr>
<td>Goldhawk dental practice, 9 Goldhawk road London w12 8qq</td>
<td>14%</td>
<td>shepherds bush dentist</td>
<td>1%</td>
</tr>
<tr>
<td>Hammersmith, King Street</td>
<td>1%</td>
<td>Smile dentist 307-309 King St, Hammersmith, London W6 9NH</td>
<td>12%</td>
</tr>
<tr>
<td>Karma Dental Care, 144 Wandsworth Bridge Rd, Fulham SW6 2UH</td>
<td>1%</td>
<td>Smile for life Chiswick</td>
<td>1%</td>
</tr>
<tr>
<td>Kensal Rise Dental Chamberlayne Road London NW10 3JL.</td>
<td>1%</td>
<td>St Clements Hammersmith 60-62 Fulham Palace Road London W6 9PH</td>
<td>1%</td>
</tr>
<tr>
<td>Kings Dental Clinic, 36 North End Road, Hammersmith, W14 0SH</td>
<td>1%</td>
<td>The Smile Clinic, 86 Fulham Palace Road W6 9PL</td>
<td>1%</td>
</tr>
<tr>
<td>Ladbroke grove dental practise</td>
<td>1%</td>
<td>Unknown</td>
<td>15%</td>
</tr>
<tr>
<td>London Dental Studio</td>
<td>1%</td>
<td>Western Avenue Dental Practice</td>
<td>1%</td>
</tr>
<tr>
<td>27-29 Warwick Way Victoria London, SW1V 1QT</td>
<td>1%</td>
<td>54 Western Avenue London W3 7TZ Tel: 020 8743 3916</td>
<td>1%</td>
</tr>
<tr>
<td>Maida Vale</td>
<td>1%</td>
<td>White city park view</td>
<td>1%</td>
</tr>
</tbody>
</table>

Current best practice in Hammersmith and Fulham is illustrated by the CLCH dental services, which offers oral hygiene awareness sessions facilitated by Oral Health Promoter Alison Fraser and the CLCH Oral Health Promotion Team. Alison and the team frequently attend hostel health promotion sessions to broaden understanding around why it is important to regularly visit the dentist. CLCH dental services have also presented at the HHP Staff and Service User Conference and run a stall at the 2016 HHP Health and Wellbeing Fair. In 2015 the HHP met with the CLCH dental service managers to discuss the possibility of bi-annual dental screenings in the Market Lane Day Centre, however this has not progressed yet.

44% of respondents indicated they had visited the dentist in the past 6 months compared to 55% of the UK general population\(^\text{12}\). The HHP collates dental registration statistics on a quarterly basis and has witnessed a gradual decrease in the number of service users registered with a dentist. The reasons behind this range from; clients being discharged due to missing appointments to client fear of the dentist. 38% of respondents that used the dentist in the past 6 months indicated they had used the dentist 1-2 times, 6% used the dentist 3 -5 times and none of the respondents had used the dentist more than 5 times. 54% of respondents stated despite being registered they had not used the dentist within the past 6 months (Figure 7).

\(^{12}\) [http://content.digital.nhs.uk/searchcatalogue#top](http://content.digital.nhs.uk/searchcatalogue#top)
7% of respondents reported they had encountered issues when trying to access a dentist. 2% stated they had been refused registration, 1% of respondents indicated they had mobility issues that prevented them accessing their dental surgery, 2% had a negative experience of the service and 4% reported ‘other reason’.

Groundswell have recently produced a pocket sized mouth care guide for homeless and temporarily housed individuals. Research indicates that 70% of homeless people have lost teeth since they became homeless and 30% are currently in dental pain. Oral health is a huge issue for homeless people and 29% of homeless people clean their teeth less than once a day. The HHP utilizes the mouth action update cards produced by Groundswell by distributing them at Health Action Group meetings and forwarding the electronic printable version to services. A new review has found that dental patients with substance use disorders have more tooth decay and periodontal disease than the general population, but are less likely to receive dental care.

A list of responsive dental practices is not yet available, however the HHP intends to gather this information and share this with local services to increase the rate of registration within supported accommodation. St Leonard’s Primary Care Centre in Hackney improve dental care access within vulnerable groups by providing a mobile dental treatment van, similar to the mobile ‘Find and Treat’ van which currently visits hostels and tests residents for TB.

Ocular Health

13 [http://groundswell.org.uk/actionupdates/]
15 [http://www.hackneylocaloffer.co.uk/kb5/hackney/localoffer/service.page?id=L_IE1k74o7q]
The 2014 Homeless Link Health Needs Audit found that 14.2% of homeless/vulnerable adults experienced ocular health problems compared to 1.4% of the general population\(^{16}\). There is a limited amount of Ocular health research in the UK, however data from Vision Care Homeless People (VCHP) indicates that homeless people have difficulty in accessing community-based optometric primary care, with 85% of homeless people preferring to access special homelessness services. VCHP figures indicate a greater percentage of eye injuries as a result of results and conclude that 35% of VCHP patients could be considered to have a functional visual impairment\(^{17}\). It is difficult for homeless people to access the optician due to lack of money to cover the cost and the inability to make and attend appointments.

Research from the US illustrates homeless people have more eye problems than the general population. There is a higher risk of macular degeneration as smoking rates are three times greater in the homeless population. General health conditions such as diabetes, hypertension, if left untreated and uncontrolled, can also lead to sight loss\(^{18}\).

Cost is a main barrier to accessing an optician, most homeless/temporarily housed people are unaware that they are entitled to an NHS eye examination and a voucher towards spectacles. Few practices provide spectacles free of charge and those who are eligible for a spectacle voucher only receive one voucher every two years\(^{19}\). Due to the conditions in which this client group are housed/rough sleeping it is likely individuals will have their property stolen or be assaulted resulting in damage to their spectacles before the two year interval.

A best practice example to improve access to eye care services for vulnerable groups is witnessed by Vision Care for Homeless People, who provide weekly in-reach eye tests and glasses at the Market Lane Day Centre in Shepherds Bush. These clinics provide eye care free of charge. Data shows that from January 2015 until February 2017 VCHP have tested 336 homeless/vulnerable adults and provided spectacles to 208 clients (figure 8).

*Figure 8: Vision Care for Homeless People; Ocular Health Treatment and Provision*

\(^{16}\) [http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf](http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf)

\(^{17}\) [http://www.visioncarecharity.org/homelessness/](http://www.visioncarecharity.org/homelessness/)

\(^{18}\) [http://www.visioncarecharity.org/homelessness/](http://www.visioncarecharity.org/homelessness/)

\(^{19}\) [http://www.visioncarecharity.org/homelessness/](http://www.visioncarecharity.org/homelessness/)
Only 52% of the 165 respondents reported they were registered with an optician. Encouragingly 17% of respondents indicated they would like to be registered but 31% of respondents reported they didn't want to be registered with an optician (figure 9).

Figure 9: The percentage of respondents registered with an optician

![Chart showing the percentage of respondents registered with an optician](chart)

Only 29% of respondents indicated they had visited an optician in the past 6 months. 25% having visited 1-2 times and 4% visiting 3-5 times. The data above illustrates there is more work to be done to promote the importance of eye health services within the borough of Hammersmith and Fulham.

3% of respondents indicated they had difficulties accessing an optician, 1% indicated they had mobility issues that prevented them from attending appointments and 2% reported ‘another reason’. Encouragingly none of the respondents reported having a negative experience of the service.

Further data taken from the 2016-2017 health audit shows that 12% of respondents are currently receiving treatment for eye problems and 1% do not wish to receive treatment (figure 10).
Homeless Health Service

The St Mungo’s Market Lane Day Centre is the main Homeless Health Service Provider in the borough. The day centre opens 4 days per week and during this time homeless and vulnerable adults have access to the following drop in health clinics: Nurse Clinic, Podiatry clinic, Optician, Hepatology Clinic, Sexual Health Clinic, substance misuse support sessions and massage and acupuncture. The Market Lane day Centre Health Team also have a trained diabetes prevention advisor and a smoking cessation advisor, who facilitate clinics on an adhoc basis. On an annual basis the HHP runs a flu and pneumonia vaccination clinic with Care Grange Pharmacy at the centre, to ensure clients and front line staff are vaccinated against the flu. The Market Lane Day Centre Health Team work to improve the physical and mental health of rough sleepers in Hammersmith and Fulham whilst providing housing assistance parallel to health support.

Of the 165 respondents, 25% indicated they were registered with a Homeless Health Service, 13% said they would like to be registered and 62% stated they did not wish to be registered (figure 11). Unfortunately none of the day centre clients agreed to partake in the health audit. It is worth noting that 19% of respondents indicated they had used a homeless health service in the past 6 months, 7% indicated they had used the service over 5 times.
4% of respondents indicated they had difficulty accessing a Homeless Health Service for ‘another reason’, none of the respondents reported having had a negative experience of a homeless health service or being unable to access a homeless health service due to mobility issues.

PHYSICAL HEALTH CONDITIONS

People with experience of homelessness are more likely to have unhealthy lifestyles, which can cause long term health problems. The 2014 Homeless Link health audit found that 77% of homeless people smoke, 35% do not eat at least two meals per day and two thirds consume more than the recommended amount of alcohol each time they drink\(^\text{20}\). Further research by Homeless Link found that 41% of the Homeless population experience long term physical health problems compared to 28% of the general population\(^\text{21}\). Furthermore over 15% of respondents with physical health problems reported not receiving support for these problems.

The 2016 – 2017 HHP Health Audit asked respondents to identify the types of conditions and diagnoses they had and whether they were receiving treatment for these. The graph (figure 12) below shows a summary of the conditions/diagnoses;

\(^{20}\) [http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf](http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf)

\(^{21}\) [http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf](http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf)
Figure 12: Number of respondents who stated, at time of health audit, the following health conditions/diagnoses.

The highest physical health condition reported was Asthma (30.18%). Foot problems (26, 16%) being the second highest and allergies (21, 13%) the third highest condition. The fourth highest condition being tooth infection/pain (20, 11%) and the fifth being heart condition (13, 9%).

The top two health conditions Asthma (respiratory health) and foot problems are explored in more detail on pages (20 – 23). Below is a short summary of the other health conditions.

**Allergies:** 13% of respondents indicated they suffer with allergies. 8% of respondents stated they are receiving treatment for allergies, 2% indicated they would like to be referred for treatment and 3% stated they do not want to be treated.

**Cancer:** 2% of respondents indicated they have a cancer diagnoses. All respondents stated they are receiving treatment.

**DVT:** 4% of respondents indicated they have DVT. All respondents stated they are receiving treatment.

**Diabetes:** 9% of respondents indicated they had been diagnosed with diabetes. All respondents stated they are receiving treatment.

**Eating Disorder:** 5% of respondents indicated they had an eating disorder. 3% stated they were receiving treatment for this and 2% stated they wished to be referred for treatment.

**Epilepsy:** 4% of respondents indicated they had a diagnoses of epilepsy. All respondents stated they are receiving treatment.
**Eye Problems:** 13% of respondents indicated they have ocular problems. 12% stated they are receiving treatment and 1% stated they do not wish to receive treatment.

**Heart Condition:** 9% of respondents indicated they have a heart condition. 7% stated they are receiving treatment, 1% stated they would like to be receiving treatment and 1% stated they do not wish to receive treatment.

**Hep B:** 3% of respondents indicated they have a Hep B diagnosis. 2% stated they are receiving treatment and 1% stated they do not wish to receive treatment.

**Hep C:** 4% of respondents indicated they have a Hep C diagnosis. 2% stated they are receiving treatment and 2% indicated they would like to be referred for treatment.

**HIV:** 0% respondents had a diagnosis of HIV

**Leg Ulcer:** 2% of respondents indicated they have a leg ulcer. All respondents stated they are receiving treatment.

**Liver Cirrhosis:** 4% of respondents indicated they have a liver cirrhosis diagnosis. All respondents stated they are receiving treatment.

**Sexually Transmitted Disease:** 2% of respondents indicated they had an STD. All respondents are receiving treatment.

**Sickle Cell:** 1% of respondents indicated a sickle cell diagnosis, the respondent stated they did not wish to receive treatment for this.

**Tooth Infection/Pain:** 11% of respondents indicated oral health issues (tooth infection or pain). 5% stated they are receiving treatment, 4% stated they would like to be referred for treatment and 2% stated they do not wish to be treated.

**TB:** 1% of respondents indicated they have a current diagnosis of TB and are receiving treatment.

**Respiratory Conditions (Asthma, COPD)**

Respiratory conditions were the highest reported health condition with 24% of respondents reporting a diagnosis of chronic obstructive pulmonary disease (COPD) or asthma. COPD usually develops because of long-term damage to the lungs from breathing in harmful substance, usually cigarette smoke, as well as smoke from other sources and air pollution. The British Lung Foundation states that those who are over 35 and have been a smoker are more likely to develop COPD. COPD differs from asthma due to the narrowing of airways. With COPD airways become narrowed permanently, whereas with asthma the narrowing of airways is temporary.

The causes of asthma are unknown, is it a common, long-term or chronic disease which affects about five million people in the UK. Asthma often starts in childhood, it is thought that factors such as genes, air pollution, chlorine in swimming pools and modern hygiene standards are possible causes of asthma.

---

22 [https://www.blf.org.uk/support-for-you/copd/cause](https://www.blf.org.uk/support-for-you/copd/cause)
23 [https://www.blf.org.uk/support-for-you/copd/cause](https://www.blf.org.uk/support-for-you/copd/cause)
24 [https://www.blf.org.uk/support-for-you/copd/cause](https://www.blf.org.uk/support-for-you/copd/cause)
25. [http://www.nhs.uk/Conditions/Asthma/Pages/Causes.aspx](http://www.nhs.uk/Conditions/Asthma/Pages/Causes.aspx)
The 2015/16 HHP Health audit found that 18% of respondents reported they suffered from asthma, compared with 8.4% of the general population\textsuperscript{26}. 16% of respondents indicated they were receiving treatment, 1% indicated they would like to be referred for treatment and 1% indicated they did not wish to be treated. 6% of respondents stated they had COPD, compared with 1.9% of the general population\textsuperscript{27}. 4% indicated they were receiving treatment, 1% indicated they would like to receive treatment and 1% stated they did not wish to receive treatment. As 77% of respondents reported they smoke or vape it is likely that more participants suffer from these conditions than those who reported a diagnosis.

\textit{Figure 13: Percentage of respondents receiving treatment for asthma}

\textit{Figure 14: Percentage of respondents receiving treatment for COPD}

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{asthma_charts.png}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{copd_charts.png}
\end{figure}

Flu Vaccinations

The flu virus can be fatal in anyone with an underlying health issue or a weakened immune system, therefore homeless individuals are encouraged to have the annual flu vaccine to reduce this risk. The HHP works in partnership with CareGrange Pharmacy to run an annual flu vaccination programme during the autumn/winter, at the Market Lane Day Centre. The programme consists of two or three drop in clinics hosted between October and December and is open to both clients and front line staff who may be at risk. To date, 40 clients and staff have been vaccinated against the flu. The pharmacy also provide in-reach clinics at local hostels and hostels have been proactive in organizing these sessions to ensure clients are vaccinated.

The health audit found that of the 165 respondents only 40% (66) had received a flu vaccination in the last 12 months. 52% reported they hadn’t received a flu vaccination within the last 12 months, 4% reported they didn’t know whether they had been vaccinated and 4% felt the question was not applicable to them (figure 15).

Figure 15: Percentage of respondents that reported to have had the flu vaccine in the last 12 months.

Foot Problems

Homeless and temporarily housed people often have a limited choice of socks and shoes and can be outdoors in all weathers. This can lead to blisters, fungal and bacterial infections and, in rarer cases, frostbite or trench foot. Other common foot conditions include chilblains, bunions, ulcers, athlete’s foot and in-growing, overgrown or fungal toenails. Additionally, Intravenous drug users may use their feet as an injection site and people with diabetes are at particular risk of foot conditions

The HHP health audit found that 16% of respondents reported suffering with foot problems. 10% of respondents indicated they are receiving treatment for their foot

problems, 5% indicated they would like to receive treatment and 1% stated they do not wish to receive treatment (figure 16)

Figure 16: Percentage of respondents receiving treatment for foot health issues

A best practice example to improve access to foot care services for vulnerable groups is witnessed by CLCH Community Podiatry Services, who provide weekly in-reach foot checks and treatment at the Market Lane Day Centre in Shepherds Bush. These clinics provide foot checks and treatment free of charge, clients requiring further/ongoing treatment are referred to the mainstream podiatry service. Data shows that from 2015 to 2016 CLCH Community Podiatry Services have checked and treated over 200 homeless and vulnerable adults.

The HHP Health Needs Audit gave respondents the opportunity to indicate whether they had more than one physical health issue. Data from the audit revealed that 27% of respondents had only 1 physical health issue, 33% of respondents had 2-4 physical health issues, 2% had 5-7 physical health issues and 1% had 8-10 physical health issues. In total 62% of respondents reported they suffered from a physical health issue.

Infectious Diseases

Infectious diseases are more prevalent within homeless populations for numerous reasons including compromised immune systems, inadequate nutrition, and an inability to maintain adequate hygiene, as well as possible intravenous drug use and sex working.

Tuberculosis (TB)

TB is a bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person. It mainly affects the lungs, but it can affect any part of the body including the abdomen, bones and nervous system. Symptoms of TB typically include; a persistent cough, weight loss, night sweats, high temperature, tiredness and fatigue, loss of appetite and swellings in the neck. TB is treatable, although medication may be needed for up to six months to clear the infection.
A best practice example to improve access to TB check and treatment services for vulnerable groups, is witnessed by UCLH’s Find and Treat MHU. The Find and Treat MHU frequently visits homeless day centre’s and supported accommodation projects throughout Hammersmith and Fulham, providing screening for TB and onwards referral and treatment for those who are diagnosed. The Find and Treat team are a multidisciplinary team of former TB patients working as peer advocates, TB nurse specialists, social and outreach workers, radiographers and expert technicians. Due to the chaotic lifestyles of the client group the mobile X-ray unit is the most proven effective method to reach vulnerable adults.

The 2015/16 HHP health audit, asked respondents to state whether they have been tested for TB and whether they have received treatment. Of the 165 respondents, only 19% (30) indicated they had been tested for TB, 2% did not wish to answer the question, 18% did not know if they had been tested and 62% indicated they had not been tested. Of the 19% that indicated they had been tested for TB, 4% stated they had tested positive and 15% stated they had tested negative (figure 17).

**Figure 17: Percentage of respondents tested for TB**

<table>
<thead>
<tr>
<th>Tested +ve</th>
<th>Tested -ve</th>
<th>Don't know</th>
<th>Prefer not to say</th>
<th>Not tested</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4%</td>
<td>15%</td>
<td>18%</td>
<td>2%</td>
<td>62%</td>
<td>100%</td>
</tr>
</tbody>
</table>

6% of respondents were offered and accepted treatment for TB, 8% indicated they were not offered treatment, 1% stated they were offered treatment but didn’t take this up, 1% did not wish to answer the question, 18% stated they didn’t know and 67% felt the question was not applicable to them.

**Hepatitis A**

Hepatitis A is a liver infection caused by a virus that’s spread in the faeces of an infected person. It is generally found in certain groups such as travelers to parts of the world with poor levels of sanitation, men who have sex with men and people who inject drugs. Symptoms of Hep A include; tiredness, joint and muscle pain, a high temperature, loss of appetite, nausea or vomiting, abdomen pain, jaundice, dark urine and itchy skin.

29 [https://www.uclh.nhs.uk/OURSERVICES/SERVICEA-Z/HTD/Pages/MXU.aspx](https://www.uclh.nhs.uk/OURSERVICES/SERVICEA-Z/HTD/Pages/MXU.aspx)
24% of respondents indicated they had been tested for Hep A, 44% indicated they had not been tested, 26% did not know if they had been tested and 7% felt the question was not applicable to them.

Hepatitis B

Hep B is an infection of the liver caused by a virus that’s spread through blood and body fluids. According to the British Liver Trust, Hep B affects 2 million people worldwide. Symptoms of Hep B typically include; tiredness, general aches and pains, a high temperature, loss of appetite, nausea, diarrhea, abdominal pain, jaundice and dark urine.

25% of respondents indicated they had been tested for Hep B, 39% indicated they had not been tested, 28% did not know if they had been tested and 8% felt the question was not applicable to them.

Hepatitis C

Hep C is a virus that can affect the liver, and if left untreated can cause serious and potentially life-threatening damage. There is often little or no relation between the seriousness of the symptoms and the damage to the liver and it is not unusual for people with Hep C to be diagnosed as having ME or CFS. Symptoms include; fatigue, anxiety, weight loss, loss of appetite, inability to tolerate alcohol, discomfort in the liver area, nausea, flu-like symptoms and jaundice.

18% of respondents reported they had been tested for Hep C; 8% tested positive and 14% tested negative. 2% of respondents did not wish to disclose whether they had been tested, 22% did not know if they had been tested and 54% indicated they had not been tested (figure 18). Respondents were also asked whether they were being treated or had been treated for Hep C in the past 12 months. 6% of respondents indicated they had received treatment, 8% indicated they had not been offered treatment, 1% stated they had been offered treatment but didn’t take this up, 1% did not wish to disclose this information, 19% did not know if they had received treatment and 65% felt the question was not applicable to them.

Figure 18: Percentage of respondents tested for Hepatitis C

---

31 [http://www.nhs.uk/Conditions/Hepatitis-B/Pages/Symptoms.aspx](http://www.nhs.uk/Conditions/Hepatitis-B/Pages/Symptoms.aspx)
There is a high prevalence of Hep C within the homeless population and best practice is illustrated by the fortnightly Hepatology clinic facilitated by Imperial Trust and hosted at the Market Lane Day Centre. The hepatology clinic offers in-reach Hep C screening and treatment to clients. Clients who test positive are referred to mainstream services for further treatment. The clinic also runs bi-annual Liver Fibro scan tests to check whether the liver is healthy. Since April 2016 the clinic has screened and fibro scanned 102 clients. This service enables those most vulnerable and susceptible to Hep C to access screening and treatment easily and frequently.

**HIV**

HIV is a virus that attacks the immune system, and weakens the ability to fight infections and disease. HIV can be passed on by sharing infected needles and other injecting equipment, and from an HIV-positive mother to her child during pregnancy, birth and breastfeeding. Public Health England statistics shows that 95% of those diagnosed with HIV in the UK in 2013 acquired HIV as a result of sexual contact32. There is no cure for HIV, but there are treatments to enable most people with the virus to live a long and healthy life.

There are various places clients can go for an HIV test; sexual health or GUM clinic, clinics run by charities such as the Terrence Higgins Trust, some GP surgeries, local drug dependency services or antenatal clinics. It is also now possible to order an HIV testing kit to enable tests to take place at home, HIV postal test kits33 can be ordered in some parts of the UK, unfortunately these are not yet available in Hammersmith and Fulham.

The HHP 2016/17 Health Audit asked respondents to indicate whether they had been tested for HIV and (if tested positive) if they have been offered and received treatment. Of the 165 respondents 21% indicated they had been tested for HIV; 2% tested positive and 19% tested negative. 1% did not wish to answer the question, 16% did not know and 62% indicated they had not been tested. As 62% indicated they had not been tested and 16% reported they were unsure if they had been tested, the figure can be expected to be higher, due to the risky behaviours of the client cohort such as sex working and sharing infected needles,

3% of respondents indicated they were receiving treatment for HIV, 2% indicated they were offered treatment but didn’t take this up, 2% did not wish to disclose this information, 6% were unsure if they were being treated for HIV and 83% felt the question was not applicable to them.

**Cervical Screening (Smear Tests)**

A cervical screening test (previously known as a smear test) is a method of detecting abnormal cells on the cervix. The tests are predominantly conducted to detect and remove abnormal cervical cells and prevent cervical cancer. All women who are registered with a GP are invited to a cervical screening once they have reached the age of 25. The frequency of the screening depends on age; 25-49 year olds are screened every three years, 50 to 64 every five years and those over 65 are only entitled to a screening if they haven’t been screened since the age of 50.

53 females took part in the HHP Health Audit and encouragingly all indicated they were registered with a GP. 35 of the female respondents were of an age range (30+) which

32 [http://www.nhs.uk/conditions/HIV/Pages/Introduction.aspx](http://www.nhs.uk/conditions/HIV/Pages/Introduction.aspx)
33 [https://www.test.hiv/order/no-service](https://www.test.hiv/order/no-service)
entitles them to a cervical screening and 18 of the female respondents were under 30 years of age.

Of the 53 female respondents, 16% indicated they had received a cervical screening, 28% indicated they had not received a screening, 5% were unsure and 50% felt the question was not applicable to them. As 35 (66%) female respondents were eligible for a cervical screening you would expect the number of respondents screened to be much higher.

More awareness needs to be raised about cervical screening amongst the female homeless population and female clients should be encouraged to request a screening from their GP.

**Sexually Transmitted Infections (STI’s)**

Sexually Transmitted Infections are passed between individuals during sexual contact. The most common STI’s are; Chlamydia, genital warts, genital herpes, gonorrhoea, syphilis, trichomonas’s, pubic lice and scabies. According to data collated by Public Health England in 2015, the total number of new STI diagnoses in England was 434,456\(^{34}\). Individuals can be tested for STI’s at a sexual health clinic, genitourinary medicine clinic (GUM) or GP surgery.

19% of respondents indicated they have been tested for an STI; 3% tested positive and 16% tested negative. 5% of respondents did not wish to answer the question, 15% did not know if they had been tested and 61% indicated they had not been tested. Respondents were also asked to indicate if they had ever been treated for an STI. 4% of respondents indicated they had been treated, no respondents had not been offered or refused treatment, 1% did not wish to disclose this information and 86% felt the question was not applicable to them.

A best practice example to improve access to sexual health test and treatment services for vulnerable groups is demonstrated by the St Charles sexual health outreach service, who provide monthly drop-in tests and treatment at the Market Lane Day Centre in Shepherds Bush. These clinics provide clients with free and confidential STI tests and fast track services to access treatment if required. The clinic has been running since January 2017. Unfortunately figures regarding number of clients tested are not yet available. Previously, a fortnightly sexual health clinic was facilitated by West London Centre for Sexual Health (now 10 Hammersmith Broadway) from July 2015 until August 2016 and during this time approximately 41 clients received tests and treatment.

**MENTAL HEALTH DIFFICULTIES (Self-reported mental health issues)**

There is a lot of evidence to suggest that mental health problems are more common among homeless and vulnerably housed people than in the general population\(^{35}\). In 2016 St Mungo’s initiated a ‘Stop the Scandal’ campaign calling for the Prime Minister to lead a new national strategy to end rough sleeping and improve mental health services for homeless people. Research conducted by St Mungo’s found that poor

\(^{34}\) [http://www.fpa.org.uk/factsheets/sexually-transmitted-infections#england](http://www.fpa.org.uk/factsheets/sexually-transmitted-infections#england)

mental health is a consequence of sleeping rough and 8 of the 21 people interviewed had attempted or considered suicide.\(^{36}\)

Research completed by Homeless Link\(^{37}\) indicated that 80% of clients reported some form of mental health issue and 45% has been diagnosed with a mental health issue compared to 25% of the general population, 17.5% of clients that took part in the Homeless Link Health Audit, indicated they were not receiving support for their mental health issues but would like it.

The 2016/17 HHP Health Audit asked respondents to indicate whether they experienced some form of mental health issue and to indicate whether they had a formal diagnosis. It is important to note that the respondents taking part in the HHP Health Audit are living in accommodation based services. The data below illustrates that service users experience similar levels of poor mental health to those living on the streets.

Respondents were given the opportunity to indicate whether they suffered from multiple mental health difficulties. The mental health difficulties reported are illustrated in figure 19.

**Figure 19: Percentage of mental health difficulties reported by respondents**

![Figure 19: Percentage of mental health difficulties reported by respondents](image)

**Anxiety**

Anxiety was the highest mental health difficulty reported as 64% of respondents stated they suffered from the condition. 28% of respondents reported feeling anxious on a daily basis, 23% on a weekly basis and 13% on a monthly basis. 19% of respondents indicated they were receiving support for anxiety from their GP, 25% indicated they were receiving support from a mental health team, 2% reported receiving support from another agency, 10% indicated they were not receiving support but would like to access support and 8% indicated they did not want support.


\(^{37}\) [http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf](http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf)
Feeling Low

Feeling low was the second highest mental health difficulty reported as 58% of respondents stated they suffered from this condition. 13% of respondents reported feeling low on a daily basis, 23% on a weekly basis and 22% on a monthly basis. 16% of respondents indicated they were receiving support from their GP, 21% indicated they were receiving support from a mental health team, 1% indicated they were receiving support from another agency, 13% indicated they were not receiving support but would like to be and 11% indicated they did not wish to receive support.

Poor Sleep

Poor Sleep was the third highest mental health difficulty reported as 53% of respondents reported this condition. 29% of respondents reported suffering from poor sleep on a daily basis, 16% on a weekly basis and 8% on a monthly basis. 16% of respondents indicated they were receiving support for poor sleep from their GP, 8% indicated they were receiving support from a mental health team, 1% indicated they were receiving support from another agency, 15% indicated they were not receiving support but would like to be and 12% indicated they did not wish to receive support.

Difficulty remembering things

45% of respondents reported they had difficulty remembering things. 16% of respondents reported they had difficulty remembering things on a daily basis, 13% on a weekly basis and 17% on a monthly basis. 9% indicated they were receiving support for this condition from their GP, 12% from a mental health team, 1% from another agency, 13% indicated they would like to receive support and 12% indicated they did not wish to receive support.

Feeling Hyper/Upbeat

37% of respondents reported feeling hyper/upbeat. 4% of respondents indicated they felt hyper/upbeat on a daily basis, 17% on a weekly basis and 16% on a monthly basis. Of the 165 respondents, 6% indicated they were receiving support for these conditions from their GP, 8% from a mental health team, 1% from another agency, 3% indicated they would like to receive support and 13% indicated they did not wish to receive support.

Getting angry easily

35% of respondents reported getting angrily easily. 7% reported feeling angry on a daily basis, 16% on a weekly basis and 12% on a monthly basis. 4% of respondents indicated they receive support to manage anger from their GP, 9% from a mental health team, 1% from another agency, 7% indicated they would like to access support and 14% indicated they did not wish to receive support.

Hearing voices

29% of respondents reported hearing voices. 13% reported they hear voices on a daily basis, 8% on a weekly basis and 8% on a monthly basis. 8% of respondents indicated they receive support for this condition from their GP, 18% from a mental health team, 4% indicated they would like to receive support and 3% indicated they did not wish to receive support.
Aggression

21% of respondents reported feeling aggressive. 4% felt they were aggressive on a daily basis, 8% on a weekly basis and 10% on a monthly basis. 4% of respondents indicated they receive support for aggression from their GP, 7% from a mental health team, 1% from another agency, 4% indicated they would like to receive support and 9% indicated they did not wish to receive support for their aggressive behaviours.

Suicidal thoughts

17% of respondents reported experiencing suicidal thoughts. According to the Samaritans Suicide Statistical Report (2016)\(^3\)\(^8\), in 2014, 6,122 suicide were registered in the UK, the highest suicide rate in the UK in 2014 was for men aged 45-49. 2% of the HHP Health Audit respondents reported feeling suicidal on a daily basis, 6% on a weekly basis and 9% on a monthly basis. Respondents were asked to indicate whether they were receiving support for suicidal thoughts. 7% of respondents indicated they had received or were receiving support from a GP, 7% from a mental health team, 3% indicated they would like support and 6% indicated they did not wish to receive support. During April 2016 and October 2016 7% of respondents attended A&E as a result of attempted suicide, 7% of respondents used ambulance services as a result of attempted suicide and 6% were admitted to hospital. The Health and Homelessness Project and Centre Health Team provide a SPACE (Suicide Prevention and Challenging Emotions) to talk programme to provide clients living on the streets and in supported housing a place to confidentially share their thoughts and feelings with other members. The group takes place at the Market Lane Day Centre on a weekly basis between 2pm and 3pm.

Self-Harm

9% of respondents stated they had self-harmed/were self-harming. 1% indicated they had self-harmed/were self-harming on a daily basis, 3% on a weekly basis and 5% on a monthly basis. 3% of respondents indicated they were receiving support for self-harm from their GP, 5% from a mental health team, 2% of respondents indicated they would like to receive support and 5% indicated they did not wish to receive support. During April 2016 and October 2016 4% of respondents attended A&E due to self-harm, 7% of respondents used ambulance services as a result of self-harm and 2% were admitted to hospital due to self-harm.

The percentage of respondents not wishing to engage with support related to their mental health problems is quite concerning and evidences that more work needs to be done to ensure that service users are encouraged to seek treatment for their mental health conditions and take their mental health more seriously. The HHP is working in conjunction with the Enabling Assessment Service London (EASL) to facilitate frequent Psychologically Informed Environment Forums to upskill and benefit staff working in supported accommodation projects. It is also hoped that these forums will provide the opportunity for staff to seek advice from professionals and give feedback about local services.

The HHP Health Needs Audit gave respondents the opportunity to indicate whether they had more than one mental health difficulty. Data from the audit revealed that 8% of respondents had only 1 mental health difficulty, 38% of respondents had 2 – 4 mental health difficulties, 32% had 5-7 mental health difficulties and 8% had 8 – 10

\(^3\)\(^8\) [http://www.samaritans.org/about-us/our-research/facts-and-figures-about-suicide]
mental health difficulties. In total 85% of respondents reported they suffered with a mental health difficulty.

**DIAGNOSED MENTAL HEALTH ISSUES**

67% of respondents stated they had been diagnosed with a mental health condition. This illustrates that the proportion of clients in accommodation based services with diagnosed mental health problems is double that of the general population\(^{39}\). Table 4 illustrates the breakdown of the diagnosed mental health conditions reported.

*Table 4: The number and percentage of respondents reporting a diagnosed mental health conditions*

<table>
<thead>
<tr>
<th>Diagnosed mental health condition</th>
<th>Number of clients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Autism</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>14</td>
<td>8%</td>
</tr>
<tr>
<td>Dementia/Korsakoffs</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Depression</td>
<td>66</td>
<td>40%</td>
</tr>
<tr>
<td>Dual Diagnosis</td>
<td>25</td>
<td>15%</td>
</tr>
<tr>
<td>Personality Disorder</td>
<td>17</td>
<td>10%</td>
</tr>
<tr>
<td>PTSD</td>
<td>14</td>
<td>8%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>69</td>
<td>42%</td>
</tr>
</tbody>
</table>

The largest number of mental health diagnoses reported included schizophrenia (42%, compared to 1-3% in the general population), depression (40%, compared to 3% in general population) and dual diagnosis (15%). In particular the incidence of schizophrenia is substantially higher than the general population. A high proportion also have other mental health problems including; personality disorder (10%, compared to 3-5% in general population), post-traumatic stress disorder (8%, compared to 7% of general population) and bipolar disorder (8%, compared to 1-3% of general population).

**Schizophrenia**

42% of respondents stated they had a diagnosis of schizophrenia. The cause of schizophrenia is not yet known however it is believed that highly stressful or life-changing events can trigger schizophrenia. Individuals diagnosed with schizophrenia can experience the following; a lack of interest in things, feeling disconnected from feelings, difficulty concentrating, wanting to avoid people, hallucinations, delusions, disorganized thinking and speech and lack of self-care. 40% of respondents indicated they had had a diagnosis of schizophrenia for more than 12 months and 2% indicated they had had a diagnosis for less than 12 months.

**Depression**

40% of respondents stated they had a diagnosis of depression. Depression has been defined as a low mood that lasts for a long time, and affects your everyday life. Symptoms of depression are wide and varied but can include; feeling down, upset or tearful, feeling restless or agitated, feeling worthless, feeling empty or numb, feeling isolated and unable to relate to others, finding no pleasure in life or things you usually enjoy, a sense of unreality, no self-confidence or self-esteem or feeling suicidal. 32% of respondents indicated they had had a diagnosis of depression for more than 12 months and 8% indicated they had had a diagnosis for less than 12 months.

**Dual Diagnosis**

38% of respondents reported they self-medicated by using substances to cope with their mental health difficulties. Homeless Link research illustrates that 41% of the participants taking part in their audit reported using drugs or alcohol to cope with their mental health issues. Accommodation based services in Hammersmith and Fulham have reported that dual diagnosis is often a barrier and restricts individuals receiving support, as services are often unable or unwilling to provide support around mental health whilst individuals are using drugs or alcohol. An example of good practice is illustrated within the borough, a weekly Dual Diagnosis Anonymous Group began in April 2016. This group incorporates the 12 steps of Alcoholic Anonymous with an additional five steps to address underlying mental health issues. 13% of respondents indicated they have had a dual diagnosis for more than 12 months and 2% indicated they have had a diagnosis for less than 12 months.

**Personality Disorder**

10% of respondents reported they had a diagnosis of personality disorder, compared to 3-5% of the general population. Personality disorders are a type of mental health problem where an individual’s attitudes, beliefs and behaviors cause long standing problems in their life. There are varying types of personality disorder and there is no clear reason why somebody may develop a personality disorder. 9% of respondents indicated they had been diagnosed with a personality disorder for more than 12 months and 1% indicated they had had a diagnosis for less than 12 months.

**Post-Traumatic Stress Disorder**

8% of respondent reported they had a diagnosis of post-traumatic stress disorder. If an individual is involved or witnesses a traumatic event it is common to experience upsetting or distressing feelings, however if these feelings last longer than a month, or are extreme the individual is often given a diagnosis of PTSD. Symptoms of PTSD typically include; vivid flashbacks, intrusive thoughts and images, nightmares, intense distress at real or symbolic reminders of the trauma and physical sensation, such as pain, sweating, nausea or trembling. 7% of respondents indicated they had been diagnosed with PTSD for more than 12 months and 2% of respondents indicated they had been diagnosed with PTSD for less than 12 months.

**Bipolar Disorder**

---

40 http://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/about-depression/#.WMlHaRFygpE
41 http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf
8% of respondents reported a diagnosis of bipolar disorder compared to 1-3% of the general population. 7% of respondents indicated they had been diagnosed with bipolar disorder for more than 12 months and 2% indicated they had been diagnosed for less than 12 months.

**Autism**

2% of respondents reported a diagnosis of autism compared to 1% of the general population. 1% of respondents indicated they had been diagnosed with autism for more than 12 months and 1% indicated they had been diagnosed for less than 12 months.

**Attention Deficit Hyperactivity Disorder**

1% of respondents indicated they had a diagnosis of ADHD and this has been for more than 12 months.

**Mental Health Support**

Respondents were asked to indicate whether they received support for their mental health diagnosis and whether they felt the support they received met their needs. Figure 20 illustrates the results.

*Figure 20: Percentage of support that meets clients’ needs*

![Pie chart showing percentage of support that meets clients’ needs](http://content.digital.nhs.uk/catalogue/PUB05061/esti-prev-auti-ext-07-psyc-morb-surv-rep.pdf)

Figure 20 illustrates that 55% of respondents indicated they were receiving support for their mental health diagnosis and felt that this support met their needs. 13% of respondents indicated they would like more help, 6% of respondents indicated they were not receiving support but felt they would like to and 12% of respondents indicated they were not receiving support for their mental health diagnosis and did not want support.

---

Respondents that reported a mental health diagnosis indicated the following support was helpful in managing their condition. 21% stated that support from a specialist mental health worker was most helpful, 14% indicated taking part in activities, 28% indicated practical support with everyday living, 5% indicated using a service to address dual diagnosis, 1% indicated using a service to address memory issues and 14% indicated accessing talking therapies was most helpful.

**SUBSTANCE USE**

The Homeless Link audit found that 39% of those taking part in the audit, reported taking drugs or recovering from a drug problem, compared to 5% of the general public. 27% of the Homeless Link audit participants indicated they have/are or were recovering from an alcohol problem. The links between substance misuse and homelessness are well established, rough sleeping data for Hammersmith and Fulham, indicates that 58% of rough sleepers had alcohol support needs and 31% had support needs relating to drugs. There are many potential harms related to substance use including; impairment of persons ability to safely and competently make decisions, deteriorating health and accidental death. If service users are not ready to address their addiction a harm reduction approach may be appropriate. Research from 2014 by Homeless Link illustrated that a high number of participants who had a drug or alcohol issue were receiving support for their addiction and felt that it met their needs. However, around 30% of homeless people that receive support said they would like more.

The substance misuse support services within the tri-borough were restructured in April 2016, with a greater emphasis placed on community outreach services and training for support staff. A weekly substance misuse clinic is now hosted at the Market Lane Day Centre by outreach workers, to target those who are difficult to engage.

**Drug Use**

34% of respondents indicated they are currently taking drugs. Respondents were also asked to indicate the type of drugs they were using. Table 5 illustrates the types of substances respondents have been using.

<table>
<thead>
<tr>
<th>Types of substance used</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>10</td>
<td>6%</td>
</tr>
<tr>
<td>Crack/ Cocaine</td>
<td>13</td>
<td>8%</td>
</tr>
<tr>
<td>Cannabis/Weed</td>
<td>22</td>
<td>13%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

43 [http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf](http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf)
44 [https://data.london.gov.uk/dataset/chain-reports](https://data.london.gov.uk/dataset/chain-reports)
45 [http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf](http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf)
Cannabis was the most popular substance used with 13% of respondents indicating they are currently using this. This statistic is unsurprising and correlates with the 2014 Homeless Link audit which found that cannabis was the most commonly used drug with 64% of homeless people using it. Prescription drugs were the second most commonly used drug (12%) and crack/cocaine the third most commonly used drug. 6% of respondents indicated using heroin and 1% of respondents indicated using SPICE. Since the substance use service restructure, Turning Point and CGL have offered to run training on general substance use and SPICE, to upskill staff working in accommodation based services or day centres. Turning Point have also run naloxone training sessions to increase the ability of staff to deal with complex issues such as; heroin overdose and the use of legal highs. Staff within Hammersmith and Fulham now have access to an annual training programme and the HHP regularly promotes and reminds staff to sign up.

Respondents were also asked to indicate their drug treatment method. 29 respondents indicated they were receiving treatment but did not specify the type of treatment, 45 respondents indicated they were receiving medication to treat their addiction, 19 indicated they had been prescribed methadone and 6 respondents indicated they had been given naloxone. Substance misuse services complete audits about the level of substance use amongst their service users, therefore the health audit did not request the respondent to detail their level or frequency of drug use.

Alcohol Use

55% of respondents indicated they drink alcohol. 21% of respondents indicated they drink alcohol on a daily basis, this is higher than the results of the Homeless Link Audit which indicated that 15.6% of participants drank alcohol on a daily basis. 16% of respondents indicated they drink alcohol on a monthly basis or less, 13% 4 – 6 times per week, 6% 2 – 4 times per month and 4% 2-3 times per week.

Cigarette Smoking and Vaping

72% (118) of respondents reported they smoked, compared with 20% of the general population and 5% of respondents indicated they vaped. Of the 118 respondents that reported they smoked, only 23 indicated they wanted help to stop smoking. According
to statistics\textsuperscript{49}, smoking accounts for over one-third of respiratory deaths, over one-quarter of cancer deaths and about one-seventh of cardiovascular deaths in the general population. A new approach is required to engage those living in accommodation based services about respiratory health and smoking cessation. In 2014 Kick-It Stop Smoking offered training for project staff to become NHS Certified Stop-Smoking Advisors, unfortunately figures are not available to demonstrate the number of staff that attended this training. The requirements of a stop smoking advisor are admin heavy and many project staff reported difficulties managing a dual role.

The Market Lane Day Centre team has a trained stop smoking advisor who provides smoking cessation advice and clinics on a weekly basis, the stop smoking advisor also attends Health Action Group meetings to promote the service to project staff and clients.

The HHP is in the process of developing a ‘Breathe-Easy Champions’ Action project, which will support each service to appoint a ‘respiratory health’ champion for driving forward smoking cessation and highlighting issues regarding respiratory health. Training has been requested via the respiratory health network, from respiratory health professionals, however no one has come forward as of yet to deliver this training.

**Community Health Services**

The 2016/17 HHP Health Audit asked respondents to indicate the services they had used in the past 6 months (May 2016 –October 2016) and how frequently they have used these services (figure 21).

**Nurse Services**

26\% of respondents reported they had used a nurse service between May to October 2016. 19\% had used a nurse service 1-2 times, 7\% 3-5 times and 0\% over 5 times. 4\% of respondents indicated they had experienced difficulty accessing a nursing service; 1\% stated they had difficulty accessing a nursing service due to mobility issues, 1\% indicated they had a negative experience of a nursing service and 2\% indicated they had difficulty accessing a nursing service for “another reason”.

**Walk-In Clinic**

21\% of respondents reported that had used a walk-in clinic between May to October 2016. 15\% had used a walk-in clinic 1-2 times, 3\% 3-5 times and 3\% over 5 times. 3\% of respondents reported that had experienced difficulty accessing a walk-in clinic; 1\% due to a negative experience and 2\% for “another reason”.

**Outpatient Service**

29\% of respondents reported they had used an outpatient service between May 2016 and October 2016. 20\% had used an outpatient service 1-2 times, 5\% 3-5 times and 4\% over 5 times.

\textsuperscript{49} http://ash.org.uk/category/information-and-resources/fact-sheets/
USE OF ACUTE SERVICES

There are many barriers homeless individuals face when accessing primary health care, ranging from GP registration to previous negative experiences. The 2014 Homeless Link health audit found that homeless people use acute and emergency services 4 times more than the general population. Suggesting a large proportion of homeless people could still be approaching hospitals as a first choice for health care. National cost data published in 2015 illustrates that the average cost of an ambulance call out is £216, while the average cost of an attendance to A&E is £113. It is vital that project workers encourage clients to engage with primary care services to reduce the number of hospital admissions and use of acute services. Upskilling staff in first aid refresher training, educating clients about the appropriate use of emergency services and continuing to share the quarterly emergency service statistics should reduce the number of clients using acute services.

Establishing a frequent attender’s forum would also enable the HHP and health professionals to identify and tackle clients frequently using these services. Best practice to reduce the rate of frequent attenders can be witnessed by the Kings Health Pathway Team. In 2011 it was estimated that the top 8 frequent attenders cost St Thomas’ and King’s Hospital an annual total of £115,274. With the introduction of the pathways team and a quarterly frequent attendee meeting, the annual costs of the top 8 frequent attenders dropped to £11,576 by 2014.

A&E

29% of respondents indicated they had visited A&E between May 2016 and October 2016. 23% had visited A&E 1-2 times, 4% 3-5 times and 2% over 5 times. Respondents were asked to state the reason they had used A&E (table 6). The most common reason for attending A&E apart from ‘other reason’ was due to the respondent having an

---

50 http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf
51 http://neweconomymanchester.com/stories/832-unit_cost_database
accident, the second most popular joint reasons for using A&E were; breathing problems/chest pains, self-harm and suicide attempts.

Table 6: Reasons for attending A&E

<table>
<thead>
<tr>
<th>Reason</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent incident/assault</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Accident</td>
<td>12</td>
<td>7%</td>
</tr>
<tr>
<td>Breathing problems/chest pains</td>
<td>7</td>
<td>4%</td>
</tr>
<tr>
<td>Stomach Pain</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>Relating to mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>self-harm</td>
<td>7</td>
<td>4%</td>
</tr>
<tr>
<td>suicide attempt</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Overdose</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Cut</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>59</td>
<td>36%</td>
</tr>
</tbody>
</table>

Ambulance Call Outs

21% of respondents indicated they had used an ambulance between May 2016 and October 2016. 18% of respondents indicated they had used an ambulance 1-2 times, 2% 3-5 times and 1% over 5 times. The most common reason for using an ambulance was due to an accident, 4% of respondents used an ambulance due to; respiratory issues, mental health issues, self-harm and overdose (table 7).

Table 7: Reasons for using ambulance

<table>
<thead>
<tr>
<th>Ambulance</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent incident/ assault</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Accident</td>
<td>9</td>
<td>5%</td>
</tr>
<tr>
<td>Breathing problems/chest pains</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Stomach Pain</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Relating to mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>self-harm</td>
<td>7</td>
<td>4%</td>
</tr>
<tr>
<td>suicide attempt</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Overdose</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Cut</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>53</td>
<td>32%</td>
</tr>
</tbody>
</table>

Hospital Admissions

15% of respondents indicated they had been admitted to hospital between May 2016 and October 2016. 15% had been admitted to hospital 1-2 times. The most common reason for being admitted to hospital was due to an accident, mental health issues being the second most popular reason.
Table 8: Reasons for hospital admission

<table>
<thead>
<tr>
<th>Admitted to hospital</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent incident/ assault</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Accident</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>Breathing problems/ chest pains</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Stomach Pain</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Relating to mental health</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>self-harm</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>suicide attempt</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Overdose</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Cut</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>59</td>
<td>36%</td>
</tr>
</tbody>
</table>

Respondents were also asked to report the number of nights they were admitted to hospital. 8% indicated they were admitted for 1-2 nights, 2% 3-4 nights and 6% 5 or more nights.

![Figure 22: Number of nights clients admitted](image)

51% of respondents indicated that hospital staff had made sure they had a suitable place to go when discharged and worryingly 49% reported hospital staff had not checked their housing status before discharge. The 2014 Homeless Link health audit[^1] found that 64% of homeless people taking part in the audit reported having somewhere suitable to go upon leaving hospital. This shows marked improvement compared to data collated by Homeless Link 3 years ago.

[^1]: [http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf](http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf)
The high use of acute services may be due to difficulties accessing mainstream primary care services. The most common reason for using acute service was identified as ‘accident’ however respondents were not asked to define the type of accident. Only 49% of respondents indicated hospital staff checked they had somewhere suitable to go before discharge. There have been recent examples of clients being discharged to the streets and being re-admitted to hospital shortly after. The HHP plans to facilitate a local homeless health advice forum in September to educate and inform health professionals about the pathways to direct someone who is homeless and how to appropriately support someone who is homeless. A pathway also needs to be identified to ensure that project staff are notified when a resident is being discharged from hospital and to make sure a risk assessment is conducted to ensure it is suitable for them to return to the accommodation.

**Service Feedback**

The HHP 2016/17 Health Audit also asked respondents to give the reasons they had used a community health or acute service more than five times and give their general feedback about the services they have used.

52% of respondents felt the question was not applicable to them. 13% of respondents indicated they had used a health service more than 5 times in 6 months due to a long term or persistent health problem. 13% due to prescription or related to obtaining medication, 7% for a check-up or blood test, 4% for a mental health difficulty, 3% for short term treatment or injury and 2% for pregnancy or fertility (figure 23).

*Figure 23: Reasons for using health service over 5 times*

Table 9 (below) illustrates the general feedback from respondents regarding the services they had used. Encouragingly 19% of respondents reported they had had a good experience of the health service they used, 18% indicated they had received treatment, 10% received support with prescription and medication management and 7% reported they had had an average experience. Respondents were asked to comment using a free text box on the survey, therefore responses have been grouped into the below categories.
The HHP works with local community health services to improve health access for clients in accommodation based projects and the rough sleeping community. The HHP has a high level of engagement with most community health services and has maintained positive partnerships with services in the borough.

**Table 9: Outcome of using community health and acute services**

<table>
<thead>
<tr>
<th>Outcome of using these services</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very positive experience</td>
<td>12</td>
<td>7%</td>
</tr>
<tr>
<td>Good experience</td>
<td>32</td>
<td>19%</td>
</tr>
<tr>
<td>Average experience</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>No impression either way</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Negative experience</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>N/A</td>
<td>18</td>
<td>11%</td>
</tr>
<tr>
<td>Treatment received</td>
<td>30</td>
<td>18%</td>
</tr>
<tr>
<td>Prescription/ medicine management</td>
<td>17</td>
<td>10%</td>
</tr>
<tr>
<td>Received specialist homeless health support or housing support as well as health support</td>
<td>10</td>
<td>6%</td>
</tr>
<tr>
<td>Check-up received</td>
<td>10</td>
<td>6%</td>
</tr>
<tr>
<td>Health issues sufficiently dealt with</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Support with mental health</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Reviewed options concerning health</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Blood tests</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Help with health</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Help with post birth</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>The doctor gave me my medical form</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Support for Health Needs/Healthy Living**

The Homeless Link Health Audit\(^54\) illustrated that 54.1% of participants indicated their GP played a key role in supporting clients to manage and address their health problems, 34.7% indicated front line staff in homeless services played a role in supporting them to manage their health and wellbeing.

The HHP Health audit found that 44% of respondents reported their GP played a key role in supporting them to manage and address their health problems, 24% of respondents reported front line staff in homeless services played a key role and 17% felt their mental health worker played a key role in supporting them to manage their health and wellbeing. Interestingly none of the respondents felt a family member or peer supported them with their health.

---

\(^{54}\) [http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf](http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf)
Nutrition

The Homeless Link Health Audit\(^{55}\) illustrated that 35% of participants taking part in the audit ate less than two meals per day and a majority only ate 1-2 pieces of fruit or veg per day, half the amount reportedly consumed by the general population. The HHP Health audit found that 78% of respondents ate less than two meals per day, further supporting evidence that homeless people have poor health and diets compared to the general population.

Exercise

The HHP Health Audit found that 59% of respondents exercised at least twice a week and 41% of respondents did not. In 2015/16 the HHP conducted a survey amongst supported accommodation service users to ascertain the barriers that prevented them taking part in sports and activities. The HHP identified the two main barriers as cost and social inclusion. A best practice example of supporting homeless people to take part in sports and exercise is found by the St Mungo’s Get Fit Get Active Project. This provides accessible entry into local gyms and encourages members of the programme to complete a health and wellness exercise diary to keep on top of their goals.

London Sport are keen to make gyms and community sessions more accessible and the Get Fit Get Active project has proven that this can be achieved when the homeless and sports sectors work in partnership.

Living, Employment, Training and Education

Living

99% of respondents indicated they were living in a hostel at the time of completing the health audit, 1% indicated they were sofa surfing and 1% indicated they were sleeping rough (figure 24)

---

\(^{55}\) [http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf](http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf)
Training and education

24% of respondents indicated they are currently in training or education, 45% indicated they were not in training or education and do not wish to be and 32% indicated they were not in training or education but would like to be (figure 25).

Figure 25: Percentage of respondents in training and education

Volunteering

10% of respondents indicated they are currently volunteering, 59% reported they do not want to volunteer and 30% reported they are not volunteering but would like to be (figure 26).

Figure 26: Percentage of respondents in volunteering
**Employed**

10% of respondents indicated they were employed, 53% indicated they were not employed and did not want to be and 37% indicated they were not in employment but would like to be (figure 27).

*Figure 27: Percentage of respondents in employment*

The health audit asked respondents to indicate whether they felt their health stopped them being able to undertake training, volunteering or employment. 48% of respondents indicated that their health does stop them taking part in training, volunteering or employment, 44% indicated that their health didn’t prevent them and 8% indicated they were unsure (figure 28).

*Figure 28: Respondents that felt health prevented them taking part in training, employment or volunteering.*
WHAT WORKS ALREADY?

Numerous examples of best practice have been described throughout this report. This section expands on the prominent services currently available in Hammersmith and Fulham.

The St Mungo’s Market Lane Day Centre in Shepherds Bush, facilitates numerous drop in health clinics for homeless individuals. A drop in service tends to achieve better results amongst this client group than appointment based sessions, due to the chaotic nature and circumstances of this cohort. The Community Health Assessment Tool data from quarter three (October – December 2016) found that 19% of service users had missed a health appointment and there were a total of 124 missed health appointments during the quarter.

The day centre hosts the following health clinics: opticians, community nurse, podiatry, sexual health, hepatology, substance use, acupuncture, smoking cessation, diabetes advice and a support group for those with suicidal ideations. Homeless people have accessed foot care, eye checks, hepatology screening and sexual health tests and the statistics within this report, evidence that outreach services such as these make these health checks more accessible for this client group. As 18% of respondents indicated they have used this service in the past six months, this illustrates the importance of this service for clients in accommodation based services and those who are rough sleeping.

The peripatetic nurse programme based across three complex needs hostels is evidence that in-reach nursing services are paramount in providing access to health care to individuals with complex needs and who find it difficult to manage their health, prescriptions and medication within the community. It is likely that clients living in these three hostels would not have accessed the same support and treatment as they have done from the nurse. The peripatetic nurse also promotes best practice of working with the group amongst other community health professionals and this shared knowledge benefits both communities.

Groundswell Homeless Health Peer Advocacy (HHPA) service offers one-to-one support to service users in Hammersmith and Fulham to attend their health appointments. This is an essential service to support service users to attend their health appointments, and to provide them with company during long waiting times. An independent report commissioned by Groundswell and produced by the Young Foundation demonstrated a 68% reduction in missed outpatient appointments. The HHP promotes the HHPA using numerous methods, including the bi-monthly Health Action Groups, annual health events and the monthly newsletter.

The Get Fit Get Active programme offers service users the opportunity to take part in community exercise groups and activities and makes the local gym more accessible to the client group. Over 60 clients took part in the both programmes and the Get Fit Get Active continuation project, is still receiving interest from service users wishing to join the gym and improve their lifestyle.

UCLH’s Find and Treat MHU visits accommodation based services and the Market Lane Day every six months providing visual radiography to identify respiratory health issues. This makes TB screening and flu vaccinations more accessible to the homeless population.

The Health and Homelessness Project itself is a model of best practice. The HHP links health and housing services across the borough and ensures front line staff in both sectors are kept up to date with data trends and sector changes. The HHP is funded until March 2018 to improve access to health services and decrease health inequalities of those supported housing projects and rough sleepers. The HHP has set up service level agreements with local sexual health and hepatology services, encourages service users to think more seriously about their health and wellbeing by facilitating annual and monthly health events, promotes networking and knowledge sharing at a bi-monthly Health Action Group, upskills front line staff by offering health training in range of areas, produces toolkits, newsletters, online resource to support staff and monitors the homeless health data trends within the borough.

**IS MORE HELP NEEDED?**

Whilst there are a lot of best practice examples of Homeless Health support within the borough, this report evidences that more needs to be done to improve the health of service users in Hammersmith and Fulham. Therefore, suggestions are included below on what could be implemented/needs to be explored;

- In-reach dental health screening clinic to be provided on a monthly basis at the Market Lane Day Centre.
- A frequent attenders meeting to be set up and facilitated with Charring Cross, Hammersmith Urgent Care and the HHP to review and manage the number of homeless people/people in supported housing frequently using A&E or being admitted to hospital. Patients from accommodation based projects to be risk assessed by HHP to ensure hostel is suitable environment for recovery.
- A homeless forum aimed at health professionals both in the community and in the hospital setting, to educate and inform them on the various homeless pathways, including the importance of local connection and the varying issues homeless or temporarily housed people face.
- The HHP to conduct further research into the respiratory health of service users and research alternative providers to facilitate respiratory health training for front line staff, at little or no cost.
- The peripatetic nurse pilot to be expanded into hostels with a high rate of DNA’s and service users with underlying health needs and not engaging with primary care services.
- The HHP Health promotion volunteers to run service user health awareness sessions around ocular health, oral health, respiratory health and BBV’s.
- An annual winter health drive to be facilitated by the HHP in partnership with the local outreach team and UCLH’s Find and Treat MHU to screen those living on the streets for TB and provide flu vaccinations.
- The HHP to develop a Hammersmith and Fulham directory about accessible and flexible dental surgeries within the borough.
- Further funding to increase the training opportunities for front line staff in the borough, due to recent funding cuts the HHP was not able to provide an annual training programme as it has done previously.
- A frequent Psychologically Informed Environment and Case Management forum to be facilitated by the HHP, enabling accommodation based services to discuss anonymized client cases within the PIE’s framework.

- A medical respite/end of life care unit to be provided as a step down from hospital for those who are not able to return to their previous accommodation due to their physical health needs but are able to receive care in the community.

- An outreach health team (consisting of a nurse/doctor) to accompany local outreach team’s and assess the health of rough sleepers found bedded down.

- The HHP to establish a client health advisory board to provide frequent feedback and case studies of experiences of local health services, which the HHP could feedback to commissioners and the CCG.