UCL INSIGHTS: RESEARCH BRIEFING

Recommendations for improving health outcomes for the most vulnerable in society

On 7 February 2018, UCL and Pathway, the leading homeless healthcare charity, co-convened a roundtable bringing together experts from the NHS, central government, academia and the charity sector to discuss new research on excess mortality amongst groups that experience social exclusion. The aim was to develop policy and action-based recommendations to prevent social exclusion and address the extremely high mortality rates in socially excluded groups.

While health inequalities are commonly observed in the general population, people within severely excluded groups, including people with substance use disorders, prisoners, sex workers and homeless people, face a significantly higher risk of illness and death. Evidence indicates that people excluded from mainstream society in high-income countries have ten times the risk of early death. **Women in these groups are 12 times more likely to suffer illness or die** than other women of the same age, while **men are 8 times more likely to die**[i].

The need for routine statistics and data sharing

Risk factors such as substance use, rough sleeping and imprisonment are known to intersect and lead to exceptionally poor health outcomes[ii]. The **absence of routinely-collected data** on the state of health and service use within excluded groups at a national level hampers the ability to measure and evaluate the impact of a health problem and interventions in these groups, and exacerbates their invisibility in policy. Standardised definitions of each group will improve the quality of data collection and could be introduced across services.

Whilst a great deal of data is collected across services that work with socially excluded groups, such as housing, addiction, prison and health sectors, information governance restrictions render it difficult to share data. **Linking data collected by different services**, including health, is a technically feasible approach and could be used to improve monitoring of the problem over time and in different localities, and support the planning and evaluation of service responses.

Such approaches, which have been pioneered in academic settings, could be further developed by Public Health England in partnership with NHS England to enable systematic surveillance and monitoring of the health of socially excluded groups and inform an integrated policy and practice response[iii]. The routine in-depth collection, reporting and presentation of data will increase the visibility of these populations, informing commissioning decisions and cross-sectoral policy responses.

An example of the use of data linkage methods to measure health outcomes in socially excluded groups is the **NIHR-funded homeless discharge project**[ii]. The study is examining emergency re-admission and death rates in the records of approximately 50,000 people with experience of homeless

Development of national guidelines, standards and key performance

There is a need for authoritative, national, evidence-based guidance on the provision of integrated healthcare for socially excluded groups and of public health interventions to reduce the risk of social exclusion in high risk groups such as young offenders, children leaving care and those

KEY MESSAGES

- **Socially excluded groups have a tenfold higher risk of illness or death** than the general population, with increased risk across all major causes of death.
- **Multiple characteristics of social exclusion**, such as rough sleeping, substance abuse and imprisonment, **need to be tackled together**.
- **Specialist services that provide integrated approaches** to clinical and social care **are effective but often poorly funded** and, with current financial constraints, at risk of closure.
- **Socially excluded populations are "invisible" within current health datasets**. The absence of effective data systems, and data sharing, to monitor the health impacts of exclusion undermines efforts to generate policy and plan services.
- **There are many effective interventions to prevent and respond to the health needs of socially excluded groups** but the absence of authoritative guidance and standards for integrated care limits current efforts to improve services and health outcomes.
- **Housing First models** that provide rapid access to secure accommodation coupled with ongoing support **have been shown to be effective**. Such programmes need to integrate with health provision.

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leaving prison. Developing NICE guidance on integrated healthcare would help commissioners to support the development of effective services, and should inform the development of quality standards and key performance indicators to benchmark current practice.

An example of an evidence based guideline focussed on socially excluded groups was the **NICE Public Heath Guidance - Tuberculosis: Identification and management in underserved groups**. This included a wide range of measures to address tuberculosis in homeless people, drug users, prisoners and vulnerable migrants through specialist support and cross sectoral integration. For example, a recommendation that tuberculosis patients should not be discharged to the street has led to commissioning of pan-London accommodation options for homeless TB patients.

Developing projects to trial integrated care

Achieving integrated multi-component care requires collaboration between health (including physical and mental health and addiction services), social care, criminal justice, housing, and voluntary sector services and the development of joined-up approaches to care at local level.

An example of an integrated approach is the **'Housing First' model** which offers permanent affordable housing for people experiencing homelessness combined with intensive support for health, addiction and social problems. There is a need for funding for, and evaluation of, local-level projects that can integrate across multiple sectors to address the needs of socially excluded groups. This is particularly required in London which has the largest homeless population in the country and where the 'Housing First' approach has yet to be trialled.

UNDERPINNING RESEARCH

The discussion was informed by two seminal papers published in the Lancet: a systematic review of evidence of morbidity and mortality among populations who experience social exclusion and a review of interventions that can improve health outcomes in these groups. [i iv]

i RW Aldridge, A Story, SW Hwang, et al. Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis Lancet (2017) http://dx.doi.org/10.1016/S0140-6736(17)31869-X

ii Blackburn RM, Hayward A, et al.Outcomes of specialist discharge coordination and intermediate care schemes for patients who are homeless: analysis protocol for a population-based historical cohort. BMJ Open. 2017 Dec 14;7(12):e019282. doi: 10.1136/bmjopen-2017-019282

iii Fitzpatrick S, Bramley G and Johnsen S; Pathways into Multiple Exclusion Homelessness in Seven UK Cities Urban Studies 50(1) 148–168, January 2013

iv Luchenski, S, Maguire, N, Aldridge, RW et al. What works in inclusion health: overview of effective interventions for marginalised and excluded populations. Lancet. 2017; (published online Nov 11.) http://dx.doi.org/10.1016/S0140-6736(17)31959-1

RECOMMENDATIONS

In order to improve care for the most excluded groups in society, and to reduce extremely high rates of death in these groups, the following action is required:

- **Sustained cross-party political leadership** (as is currently being coordinated by the APPG for Ending Homelessness) and a **coordinated strategic approach**, led by the Department of Health and Social Care, to support policies and initiatives which address child poverty, prevent social exclusion and meet the needs of homeless and socially excluded groups.
- Further **development of city-wide approaches** and local-level pilot projects trialling integrated solutions such as Housing First, intermediate care and end of life care models to the elimination of homelessness.
- **Sustained and increased funding of specialist integrated services** addressing the needs of socially excluded groups, including provision for multiagency pilot projects that can integrate health, social care and housing to improve outcomes
- **Development of authoritative evidence-based guidance**, through NICE, for integrated care for homeless and socially excluded groups and preventative interventions targeting high risk groups, as well as quality standards and inspection criteria, through the Care Quality Commission.
- **Development of routine data linkage systems,** by NHS England and Public Health England, to enable better monitoring of the health needs of socially excluded populations and support local and national service provision and policy response.

ROUNDTABLE PARTICIPANTS

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