



ISLINGTON

Healthcare support for Residents Experiencing Rough Sleeping

Georgina Earthy and Wil Lewis






Introduction

- Georgina Earthy – Rough Sleeping Commissioner in LBI and responsible for rough sleeper initiative funding initiatives
- Wil Lewis – Joint Commissioner – LBI Complex Needs Pathway
- Working in collaboration with Phil Wrigley CCG, Dr Polly Wootton (Killick St Practice), Dr Sarah Humphreys (Goodinge Group Practice) and Louise Restrick (Respiratory Consultant at Whittington)

Background

- Currently have over 260 people who have experienced homelessness and rough sleeping in temporary accommodation since “everyone in” programme
 - Current numbers of the streets are at a decade low – seeing approximately 5 or less people per week, this is still too many though
 - Well known fact that people who have experienced rough sleeper will die decades younger than someone who hasn’t
 - Latest figures show a male will die age 45 and a female age 43 – 976 people died whilst homeless last year (Museum of Homelessness research)
 - Some of these deaths were preventable.
 - Those in accommodation have co-morbidities, possible undiagnosed long term health conditions so we are looking for your help and support to encourage GP registrations, break down any barriers and health inequalities
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How We can Help: Rough Sleeper Services:

Street Population Coordinator

Team of complex needs outreach workers

Team of Navigators – provide intensive support to navigate and link in with services, specialists in working with people with multiple disadvantage

Substance Misuse Nurse – based with Better Lives

Physical Health Nurse – based with outreach but linked to District Nurse Team

Team of floating support workers – providing support in people's accommodation

Housing First team


Groundswell

Coming on Line this year:

Health Navigators – based with our substance misuse service

GP Link worker – working with GPs to breakdown any barriers, promote services and cyclical health checks e.g. sexual health checks, smear test etc

Discussion:

- How can we help you? E.g. registration process, do you ask whether someone has experienced rough sleeping? Would this help you tailor your services?
 - What issues have you experienced when offering medical assistance to this group of people?
 - Digital Exclusion – many of the rough sleepers do not have telephone phones or internet access – can they access services directly via walk-in – what consideration have you given to access? How can we help?
 - Safe Surgeries – would your surgery be interested in joining the network? <https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/safe-surgeries-initiative/safe-surgeries-network/>
 - [Homeless Health Assessment Tool – The Queen's Nursing Institute \(qni.org.uk\)](https://www.qni.org.uk/homeless-health-assessment-tool) have you considered using this?
 - Are you aware of this training: **Receptionist training** [GP-reception-standards-for-primary-care-v10.pdf \(pathway.org.uk\)](https://www.pathway.org.uk/gp-reception-standards-for-primary-care-v10.pdf)
 - Would you like to join our team and get involved?
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Opportunities

INC meetings – route to discuss complex patients – should we be making more use of these?

CMC – coordinate my care – Phil Wrigley

Haringey Model - Dr Seema Pattni

Additional Resources – paramedics have been shown to have a significant impact on this cohort of patients (e.g. Haringey) - ARRS