

Putting inclusion health on the agenda











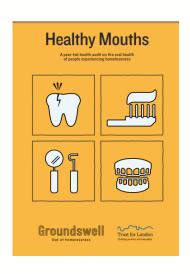


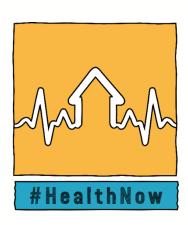
Homeless Link Conference 30 September 2020

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Twitter lan lan Mac

And Groundswell?







SAVING LIVES, SAVING MONEY





Overview

Why put inclusion health on the agenda?

- Barriers to accessing health care for people experiencing homelessness
- **COVID-19**

Recipe for inclusion health: #HealthNow

- Who's agenda should inclusion health be on (local and national)
- Start with power of the peer
- Alliance building
- Deciding together
- Specialist pathways for inclusion health





Why? Impact of inequality

80% of people report mental health issue; 45% had been diagnosed.

A&E visits and hospital admissions is four times higher.

36% of homeless people admitted to hospital report being discharged onto the streets.

73% of people reported physical health problems.

Homeless men and women die young – average age 47 for men and 43 for women. 'Average of 11 homeless people die every week in the UK. nearly 1/3 of homeless from treatable conditions.

Out of homelessness

Why? Break down barriers

Practical

- Prioritisation of immediate needs over healthcare
- Lack of address makes if difficult to get communication about health.
- Digital divide: privacy

Personal barriers

- Fear and previous experience of stigma
- Literacy and communication
- Knowledge of rights
- Skills to challenge effectively
- Choice and control
- Digital divide: skills

Financial barriers

- Ability to travel to and from appointments
- Lack of access to telephone, credit, data and charging
- Digital divide: equipment

System barriers

- Registration in primary care and dentistry
- Appointment systems and opening times
- Coordination of care fragmented
- Specialist pathways are postcode lottery
- Discharge to the streets
- Condition specific- e.g. Dual Diagnosis.
- Digital Divide: online only methods





Why? COVID and Inclusion

Opportunities

Challenges

Linking clinical support with accommodation

Positive health impact of everyone in

A comprehensive Cross-sector approach

Digital and flexible service approaches

Existing health needs

Vulnerability to infection and hospitalisation

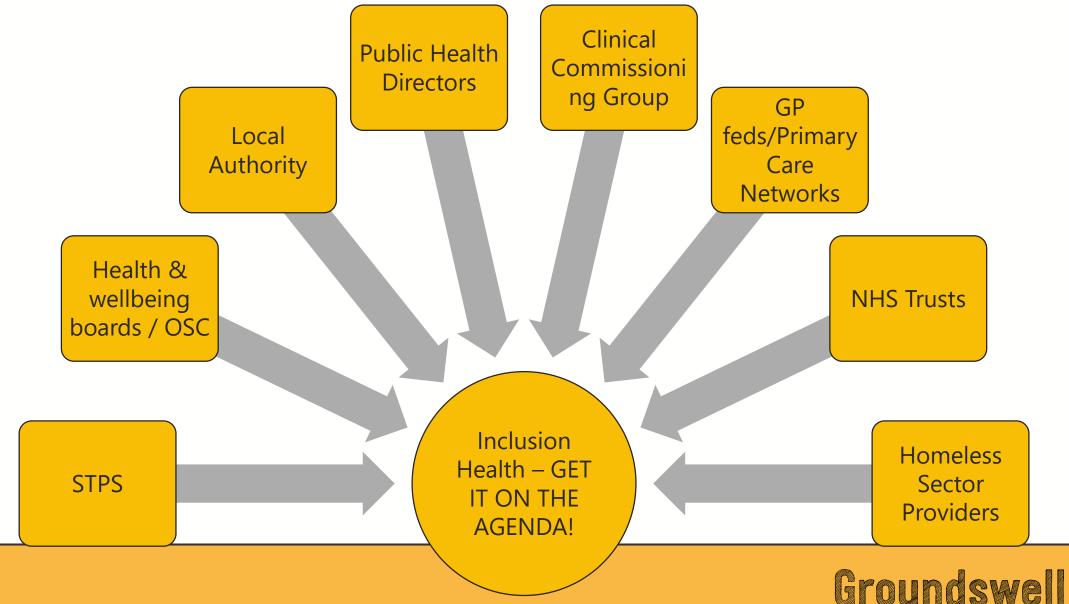
Lack of multi-agency coordinated response

Digital and flexible service approaches





Whose agenda should inclusion health be on?





#HealthNow

Out of homelessness

What is the recipe for inclusion health?







#HealthNow in practice

Recruit and train peer researchers

Develop #HealthNow Alliance Carry out local research on barriers to accessing services

Set up peer led service to support people to access services

Peers set agenda and hold local actors to account







Thank You

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