Public Health Devon

Devon County Council

Inclusion Health
Health Needs Assessment
Northern Devon

Emerging Findings

September 2022

Public Health Devon

Devon County Council

Introduction

Why is this important?

‘the values that should underpin services—expressed by people with experience of exclusion—include providing ample time and patience to really listen, striving to develop trust and acceptance, providing supportive, unbiased, open, honest, and transparent services in inclusive spaces and places, encouraging clients to accept personal responsibility for health, allowing clients to take ownership and participate in decisions, and above all, promote accessibility, fairness, and equality for all.’

(What works in inclusion health: overview of effective interventions for marginalised and excluded populations, 2017)

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What is inclusion health?

Inclusion health groups describes people who are socially excluded, and typically experience multiple overlapping risk factors for poor health and poor access to services.

This includes any group that is socially excluded, including but not limited to:

- people who are homeless
- vulnerable migrants,
- Gypsy, Roma and Traveller communities
- sex workers
- victims of modern slavery.

These groups may live within particularly vulnerable situations and can be at the extreme, lower end of social and economic status. It is recognised that there is a social gradient in health – the higher the socioeconomic position of a person, the better their health is likely to be.

People within inclusion health groups frequently have tri-morbidity – combined physical, mental and wellbeing, and drug and alcohol needs.

The interaction of social position, health needs and poor access to services, leads to very poor health outcomes and lower average age of death compared to the general population.

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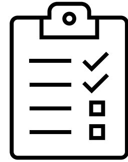
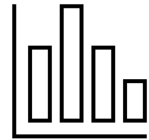
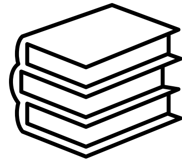


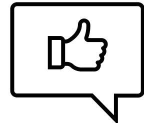
Epidemiology



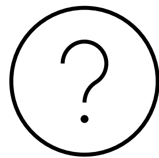
Comparative



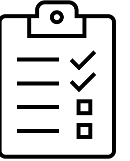
Corporate



Next Steps



Aims



What is a health needs assessment (HNA)?

Systematic approach to identifying the unmet health and care needs of a population, and making recommendations to address those needs.

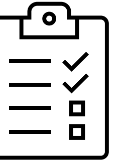
The purpose of this health needs assessment is to:

- identify the holistic, preventative and primary care needs of the inclusion health population;
- inform the emerging alliance based approach to effectively support individuals;
- inform commissioning decision making within the One Devon Integrated Care System

Provide a light touch refresh of existing information and emerging data

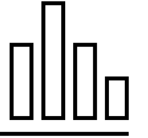
Initial focus on population of the Northern Devon LCP area

Geographic focus



Primary Care Networks covered:

- Barnstaple Alliance
- Coast and Country
- North Devon Coastal
- Torridge



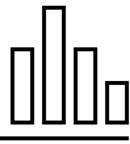
Epidemiology – what is the population?

Key messages:

Inclusion health populations are a small proportion of population as a whole, but experience disproportionately poorer health

The risk of homelessness and disadvantage are worsening

Wider Inclusion Health Groups - Snapshot



Gypsy, Roma and Traveller Groups (7)

Shorter life expectancies of between 10-25 yrs

60% reported poor physical health, 43% poor mental health

Group 6x more likely to die of suicide, mothers 20x more likely to experience death of child

Sex Workers (9)

95% female sex workers use drugs

65% meet criteria for Post Traumatic Stress Disorder

Half reported tooth pain, potentially high proportion due to violence

Increased use of health services, but lower uptake of preventative care including screening

Vulnerable migrants (4,22,28)

This group is highly heterogenous. The most vulnerable include :

- Asylum seekers
- Refugees
- Low paid and vulnerable migrant workers
- Unaccompanied children
- People who have been trafficked

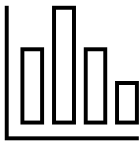
All of whom may have poor outcomes due to experiences before, during and after migration process, including detention

Chronic diseases may not be managed during transit

Non specific complaints common and sign of underlying needs

Potential higher incidence of infection and more exposure due to living conditions on arrival

Barriers to services (7,9,14,21)



Digital exclusion – Gypsy and Travellers, homeless

Immigration status – vulnerable migrants

No experience of NHS – vulnerable migrants

System barrier

difficulty understanding and navigating the system

Fear

Fear of punitive action after accessing services

Criminalisation – sex workers

Literacy and language – Gypsy + Travellers, vulnerable migrants

Language barrier

not speaking the language or be able to read or write

Barriers for profesionals

Professionals not feeling able to support people with socially complex problems. They may feel they don't have the resources to appropriately support them.

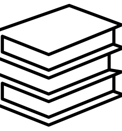
Lack of support for staff groups to develop person centred, culturally aware services - all

Poor past experience

past experience of being turned away from services or being badly treated

Incorrectly refusing primary care registration – homeless, Gypsy and Travellers

What works for all inclusion health groups



Generic approaches do not work - a place based approach recognising local needs is required.

Targeted, co-ordinated approach in planning / multi-disciplinary approach in delivery - to address all needs

Co-ordination and continuity of care and support

Support for staff to meet range of needs and recognising they go 'above and beyond'

Involvement of inclusion health groups in planning and delivery of services is crucial

Adopting person-centred approach and trauma informed practice throughout

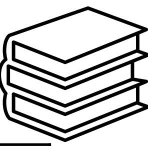
Flexible attitude and approaches in delivery – e.g. longer contact times, sensitive approach to eligibility, no-linear recovery

Ease of access is key for all groups (outreach/walk-in/ in-reach). Outreach works particularly well for homeless, Gypsy and Traveller, sex worker populations. Assertive outreach for those who struggle to engage

Maximise opportunities for health protection interventions

Homeless	GRT	Vulnerable Migrants	Sex workers
Focus on housing and intervention to support effective discharge Specialist services where high populations	Language and literacy Outreach, trust and culturally aware approach Members of group as advocates and providers	Peer mentors helpful Specialist primary care where possible, incentivise where not Actively seek to offer care	Non-judgemental approaches Specialist outreach – focus wider than sexual health Criminal justice as opportunity for engagement

Services in Northern Devon (Examples)



Multi-agency Team – Barnstaple and the Freedom Centre
Co-location of Inclusion Health Nurse, GP clinics, Devon Partnership mental health nurse, Together substance misuse worker, North Devon Council housing officers, and supported housing. Links to hepatology nurse and sexual health.

Open access drop in support, weekly GP half day clinics, nurse-led outreach to local streets and temporary accommodation.

Health provision funded through short term monies, ending in March 2023. Only covers Barnstaple / North Devon area

Encompass South West operates projects addressing homelessness across **Northern Devon**, including:

- Assertive rough sleeper outreach in Torridge
- Women's First project
- North Devon Housing First
- Support accommodation in both districts
- Candar advice centre, including Together

Belle's Place in Ilfracombe offers drop in café and food and showers

Public Health outreach to remote and excluded communities.

Covid-19 vaccination provision has provided the basis of a core offer. Additional services have been added over time, including Hepatitis C checks, drug and alcohol, and sexual health.

Building rapport with individuals, and on the basis of having a 'trusted face in a trusted space'.

Approaches have been developed in Barnstaple, Ilfracombe, and South Molton.

Until March 2023

Asylum Seeker and Refugees
Primary Care - Local Enhanced Service to encourage registration /
Trauma informed care / Safe Surgery audits

Support Access to Medication Scheme in place – for interim medication support on arrival

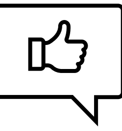
Dedicated PTSD resource at DP FT

Petroc College co-ordinating ESOL and community activities – hub and satellite provision

Capacity building

Training for local workforce including online resources (inc. Faculty of Inclusion Health)

SCAA collaborative exploring roll out of Trauma Informed Training



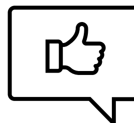
Corporate – what do stakeholders and community think?

Key messages:

There is strong local joint working

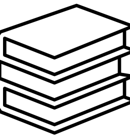
Desire for more of what works, consistency and longer term provision

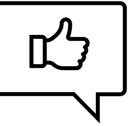
Refugees, Asylum Seekers, Resettlement Programmes



Theme – What is working well?	Theme – What is more challenging?	Theme – What are the gaps?	Theme – What else do we need to consider?
Primary Care Pathway into care via registration – all groups have same entitlement Local Enhanced Service to promote registration and screening Trauma informed approaches promoted Safe Surgery audits **Mental Health** Dedicated support for PTSD available and has capacity **Co-ordination** Weekly meetings take place in both Districts to co-ordinate across refugee response (LA / DWP / Pickwell / Early Help) Leading role of VCSE through Pickwell, Wings and others NHS system wide group to identify common pressures and issues **Community, education and ESOL** Petroc College summer and ESOL activities. Petroc has coverage across both Districts Outdoor activities for Ukrainian groups School engagement Community Sponsorship Scheme – powerful model – could this be replicated for other groups? Local community support groups	**Health and access** Registration at GP and making appointments when English not first language – very challenging Expressing emotions during translation No experience of navigating system Significant challenge to access services for children under 10 if online Translation services not always available Pharmacy availability **Mental health** Addressing PTSD challenging if other needs present **Rurality** Challenge to access services and sustainability of placements Challenges around public transport and access to cars (including for example ability to pass theory test) **Housing** Transition from hotel to private or social accommodation if support not there	**Disparity of service** Ensure same service regardless of origin / route into UK **Health and access** Additional language barriers when face to face not available **Petroc** Expanding ESOL, after school support, work with employers to reduce travel Consider outreach to hotels / community? **Co-ordination** Weekly District meetings do not yet include health representation	**Benefits** Important to make claims early **Data** Need overview of numbers Include reference to Hong Kong resettlement Include all groups in planning irrespective of accommodation (eg. not all Afghan families are in hotels)

Comparative and Corporate – Emerging findings (1)





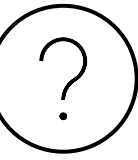
The developing evidence base has identified a **number of common principles** when addressing the health needs of these populations:

- Generic approaches are not suitable for inclusion health groups.
- Multi-disciplinary interventions including both health and non-healthcare support are best
- Involvement of inclusion health groups in design and delivery of services is crucial
- Staff need support as they regularly go 'above and beyond'
- Holistic, person centred, trauma informed practice is essential

More **tailored approaches** are required in some cases including:

- the importance of appropriate accommodation for those experiencing homeless group, including improving opportunities for intervention following hospital in-patient stays
- greater emphasis on cultural awareness and communication and literacy for vulnerable migrants, and Gypsy Roma and Traveller groups
- specialist services best where possible

Emerging Recommendations



1. A parallel approach is required – an increased emphasis on maximising the opportunities for prevention, at the same time as tackling presenting needs in an equitable manner

2. Ensure continued focus on reducing barriers to health care, including responding to emerging needs, for example amongst new flows of refugees

3. Ensure all services and staff groups follow trauma-informed practice and develop psychologically informed environments

4. Undertake more focussed work to understand the impact of adverse childhood experiences within local inclusion health populations

5. Improve the local data in relation to those with neurodiversity and acquired brain injury within inclusion health populations

6. The inequity in service provision across inclusion health groups across Northern Devon should be addressed

7. Good practice guidance (including NICE and Faculty of Inclusion Health) should be continually reviewed and incorporated into service delivery

Next steps….

Continue to build data, including epidemiology for all inclusion health groups

Develop the stakeholder voice for all inclusion health groups to inform development of HNA, including Gypsy Roma and Traveller Communities, and Sex Workers

Engage with partners to co-produce and inform the development of this HNA, including through System Change Action Alliance (SCAA) collaboration (Northern Devon and Exeter):

- co-production with those with lived experience
- mapping work of local assets
- opportunities to test innovation.

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