

## ***MEAM response: Advancing our health***

***October 2019***

### **About MEAM**

Making Every Adult Matter (MEAM) is a coalition of national charities – Clinks, Homeless Link, Mind and associate member Collective Voice. Together MEAM represents over 1,300 frontline organisations across England.

Working together we support local areas across the country to develop effective, coordinated services that directly improve the lives of people facing a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health.

Local services – usually designed to meet singular needs – can often fail to help individuals facing multiple disadvantage. This means that people fall through the gaps, making it harder for them to address their problems and lead fulfilling lives.

### **Why are we responding to the consultation?**

People experiencing multiple disadvantage are far more likely to face health inequalities than the general population and the problems they face can both cause, contribute to and exacerbate poor health outcomes.

For example, individuals experiencing multiple disadvantage often use alcohol and other substances to self-medicate and cope with mental health conditions or the extremes experienced by rough sleeping. For people who are rough sleeping, drug-related deaths significantly increased during 2018,<sup>1</sup> with a doubling of the rate compared to six years ago.

Homeless people often experience mental health issues, substance misuse issues and many have significant physical health needs.<sup>2</sup> The mean age at death of a man sleeping rough is 45 years and for a woman is 43 years.

People in contact with the criminal justice system will generally experience high levels of social exclusion and significant health inequalities. Many have complex and multiple morbidities and face significant inequality in accessing services to help to meet their needs due to their involvement in the justice system. The prevalence of certain mental health conditions is significantly higher for people in prison compared to the general population;<sup>3</sup> and yet people in prison often fail to get equal access to the physical and mental health services and social care they need, exacerbating health problems.

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<sup>1</sup> ONS: [Deaths of homeless people in England and Wales: 2018](#)

<sup>2</sup> Homeless Link: [Homelessness and health research](#)

<sup>3</sup> *Rebalancing Act: A resource for Directors of Public Health, Police and Crime Commissioners and other health and justice commissioners, service providers and users, Public Health England and Opening Doors, January 2017*

Individuals with substance misuse problems are more likely to develop chronic liver and respiratory issues than the general public, causing serious health impacts and inequalities.

Many people experiencing multiple disadvantage will have had poor experiences of services and, therefore, may not engage in the way that services expect them to, impacting further on opportunities for prevention and early intervention. These factors may collectively result in high levels of costly emergency service use by this client group.

In healthcare settings, people who are experiencing multiple disadvantage are often not seen as “compliant.” They may for example not attend appointments or when they do they may be frequently late. Their lives often conflict with the needs of particular health services and systems. Unfortunately, this can lead to assumptions about healthcare usage and/or likelihood of treatment failure and people being pre-assessed based on their previous behaviour, rather than their capacity to change. This exacerbates health inequalities.

### **Consultation questions**

We have chosen to focus our response on one key question in the consultation document – *“Which health and social care policies should be reviewed to improve the health of people living in poorer communities or excluded groups?”*

This is by nature a broad question, but we present below some of the key areas of public policy where change could significantly help reduce health inequalities experienced by people facing multiple disadvantage.

### **Addressing Inequalities**

#### **Primary Care**

Evidence and our experience in MEAM Approach and Fulfilling Lives areas shows that people facing multiple disadvantage often struggle to access primary care. A study in one Fulfilling Lives areas showed that 75% of GP practices were refusing registration to people who were unable to produce identification. This has a serious impact on their health and wellbeing. When individuals have no access to a GP they will often resort to A&E to deal with health issues, often only when their health has reached crisis point.

The DHSC should make it a priority to ensure that people facing multiple disadvantage are able to easily register with primary care services, rather than relying on individuals being aware of their rights or pressure from third sector organisations to enable this to happen.

#### **Housing**

Health outcomes for people who have no housing or insecure housing are considerably poorer compared to the general population. Improving access to appropriate accommodation should be viewed as an important part of addressing individuals’ health and wellbeing and reducing health inequalities.

For example, research has shown a decrease in unplanned health service use for people who are offered accommodation in a Housing First model.<sup>4</sup> The development of Housing First units across England should be promoted in order to improve the health of people experiencing multiple disadvantage.

In addition, expanding the health and social care commitments within the Rough Sleeping Strategy should be a priority, as should using the Homeless Reduction Act to build closer links between local housing and health service providers. The ‘duty to refer’ within the Act should be extended to wider healthcare providers that come into contact with people with housing issues, such as GPs.

## **Criminal Justice**

Poor mental health can be a contributing factor that leads people into contact with the criminal justice system, especially when people are unable to access the services they need in the community. The criminal justice system is then ill-suited to provide people with the mental health support they need, often worsening rather than addressing poor mental health. To prevent this damaging cycle, there must be better provision of early intervention, prevention and diversion, to support people in community settings to improve their health and address the underlying causes of their offending.

We welcome the commitment in the NHS Long Term Plan to increase the use of community sentence treatment requirements – including Mental Health Treatment Requirement (MHTR), Drug Rehabilitation Requirement (DRR), and Alcohol Treatment Requirement (ATR) – as well as develop a programme of continuity of care through RECONNECT. For each of these initiatives we believe that there are opportunities to embed prevention strategies as part of delivery. The Community Sentence Treatment Requirement’s (CSTRs) [pilot](#) has had a particularly positive impact on increasing the use of Mental Health Treatment Requirements.

If requirements under CSTRs are too stringent however, or are not offered alongside appropriate support, people may relapse, disengage from services or be returned to court. Requirements must not be so unrealistic that they set people up to fail.

The government should focus policies towards a further expansion of alternatives to custody, including Community Sentence Treatment Requirements, which would help individuals experiencing multiple disadvantage address some of their health issues.

## **Trauma**

Many people facing multiple disadvantage have experienced trauma and adverse childhood experiences. These have often either caused or exacerbated the different issues in their lives, including ill health.

Health services can unintentionally re-traumatise individuals, damaging their health and wellbeing and making them less likely to engage with health services in the future. In MEAM Approach and Fulfilling Lives areas, taking a trauma-informed approach has helped improve service provision and reduce

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<sup>4</sup> Baxter AJ, Tweed EJ, Katikireddi SV, *et al* Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials *J Epidemiology Community Health* 2019; 73:379-387.

trauma. More inclusive and caring environments (particularly those that are psychologically informed) lead to better practice and healthcare delivery for people experiencing multiple disadvantage.

The DHSC should ensure trauma informed care is better integrated within the NHS Long Term Plan and adopted across local plans so that professionals across health services are trained to apply its principles.

### **Co-production**

In MEAM Approach and Fulfilling Lives areas, we've worked with people with lived experience to learn more about how they experience different systems and what's important to them when interacting with public services. In some areas, individuals have been involved in designing and evaluating health services.

From this process, we've learnt that co-production is vital to developing services which engage well with people experiencing multiple disadvantage, leading to better health outcomes for this group.

When developing national healthcare policies, or policies that could impact on an individuals' health and wellbeing, such as housing, criminal justice and substance misuse policies, all departments should ensure there is appropriate engagement with people experiencing multiple disadvantage.

### **Support at transition points**

People experiencing multiple disadvantage report frequent breakdowns in support at key transition points including when leaving hospital, prison and secure care settings. Any improvements in health due to support and care received in hospital or prison may be jeopardised as these individuals struggle to access treatment and support back in their communities, particularly when no plans or preparation have been put in place.

In MEAM Approach and Fulfilling Lives areas, we've seen acute nursing teams, primary health care teams and substance misuse teams create joint plans for individuals before their point of transition, sharing information with each other in advance as well as with other local partners.

There should be better managed points of entry into, transfer between and transition out of prison and hospitals to make sure that there is continuity of care and joined-up strategic planning for care provision. Discharge protocols should be in place for individuals leaving hospital and prison. These should ensure pathways and processes are in place to enable individuals to continue to access health services in the community and to break the cycle of individuals developing acute health crises.

### **Thinking more widely than health**

Thinking more widely, the whole-scale cultural and social change that will have a real impact on poorer communities and excluded groups will require leadership and change that cuts across departmental responsibilities at all levels of government. Unless government addresses the structural issues that contribute to the landscape of multiple disadvantage, many issues which manifest themselves as poorer health-outcomes will remain unresolved.