# Tenancy Sustainment Team Health Research

# Morbidity and Mortality Amongst People with Experience of Rough Sleeping

# Executive Summary

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Thames Reach

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# Introduction

- This report presents the key findings of a small-scale research project exploring the mortality and health needs of clients of Tenancy Sustainment Team (TST) services. The research was commissioned in response to concerns by the Greater London Authority (GLA) and TST service managers about premature deaths among TST clients and the need to learn more about the health needs of this group, particularly the incidence of chronic or long-term health conditions (LTCs).

- TSTs at St Mungo's and Thames Reach provide floating support to people who have experience of sleeping rough in London. The TSTs are commissioned by the GLA and are attached to Clearing House accommodation which provides dispersed social rented accommodation across London.

- Qualitative research explored the views of TST workers on the health of their clients and the circumstances of client deaths; consulted current TST clients about managing health problems, and analysed existing data collected by the teams. The scope of the study was limited by budget and did not, for example, include qualitative fieldwork with people working in health, social care and drug and alcohol services.

# Complex health and care needs and mortality

- A significant minority of TST clients have complex health needs, some when they start their tenancies, and others developing more complex health needs as they get older.

- Poor health is often related to earlier experiences of homelessness, and factors such as alcohol dependency or drug use.

- The quality of data on client deaths has some limitations but provides useful analysis that could be built upon going forward.

- The average age at death amongst TST clients (52 years) is higher than the average age at death amongst homeless people (47 years); these figures are not age-adjusted and the comparison should be treated with some caution.

- For approximately half of the deaths, there was no cause of death documented on the TST teams' systems. However, the most common recorded cause of death among the 55 people who died between April 2016 and August 2018 was cancer, followed by cardiovascular and gastro/liver diseases. Since these conditions can potentially be treated, some of the deaths may have been preventable.

- The findings suggest that drug and alcohol use are a key contributing factor in many of the client deaths. This can lead to chronic health conditions. The stigma attached to drug and alcohol misuse can lead to difficulties in accessing support from non-specialist services.

- TST staff also believed that social isolation, exploitation and abuse, and bereavement were factors exacerbating physical health problems.

# Managing complex health and care needs

- TST staff work with clients who have complex health and care needs in a proactive and flexible way, focusing for example on nutrition (e.g. checking there is food in the cupboards, suggesting things to eat, encouraging use of meal replacement drinks); supporting access to medical care; and continuing to raise safeguarding alerts, where appropriate.

- However, staff described significant challenges. Reasons included high caseloads; a lack of proactive, flexible joint working from other agencies (including GPs and drug and alcohol services); and challenges locating and securing the engagement with clients.

- Getting coordinated support from a range of agencies was perceived as particularly difficult. This was thought to be particularly the case for clients with high needs linked to drug and alcohol use. In some cases, care packages were obtained from adult social care following referral from a TST worker. However, there was little evidence that new service delivery models for integrated care and neighbourhood multi-disciplinary team-working, are accessible to TST clients and practitioners.

- The extent to which staff felt supported around client deaths varied. Some felt at risk of criticism with little space to come to terms with the event. Others said they were well-supported by managers and colleagues. Staff said that ensuring the culture, conversations and atmosphere around client deaths were supportive and constructive was as important to them as availability of phone counselling.

- Feedback from clients of the TST service emphasised the health benefits of TST support and stable housing. In some cases, participants had themselves experienced complex health and care needs. They said that the TST had been a major factor in helping them move towards self-management and care.

- Isolation was reported by clients as being a major risk factor for health. Paradoxically, this was sometimes exacerbated as clients' support needs became less and the intensity of support from their TST worker thus reduced.

# Conclusion

- People who move into Clearing House accommodation are no longer homeless. Consequently, they benefit from the stability of having their own tenancy and support from a TST. However, risk factors persist and the impact of homelessness and other disadvantages can be seen to impact on longer-term health and wellbeing.

- Our small-scale study suggests that many TST clients go on to lead fulfilling lives, entering education, training and employment, yet some are dying prematurely from conditions that could potentially be amenable to treatment. This highlights the need for better identification of those in the TST cohort with complex health and care needs, and provision of more targeted support from the wider integrated care system. This is with regard to physical health and long-term condition management, especially for more common conditions such as cardiovascular and respiratory disease.

# Recommendations

- Part of the remit of the research was to make practical recommendations for the TST team and commissioners in the development of the TST service. Please refer to Chapter nine of the report for the full set of recommendations. These include the following:

    - *Practical health and care-specific recommendations for Thames Reach, St Mungo's and the TST teams* include: seeking funding for a health-screening pilot and/or additional clinical support service for the teams; proactively linking with hospital discharge teams when clients receive hospital inpatient treatment; continuing to raise safeguarding alerts and seeking Care Act assessments, as appropriate; and reporting any inadequate responses to these requests to local authority managers.

- *Recommendations about practical aspects of engagement and TST support work and enhancing social networks* include: ensuring staff have access to and use interpreting services and travel funds, as appropriate; sharing best practice within teams around strategies to help enhance social networks; linking clients to befriending services or seeking funding for a TST-specific befriending service.
- *Recommendations about supporting staff when clients face chronic health needs or die* include: acknowledging loss and ensuring that managers check in with staff members to explore how they are managing and feeling around the time a client dies, even if they appear to be coping well; referring to a counselling service if appropriate; as much as possible ensuring an atmosphere of learning and reflection around client deaths to prevent a sense of blame and feeling of scrutiny; and implementing reflective practice for TST teams in line with the aspirations of both organisations to deliver psychologically-informed environments.
- *Recommendations for commissioners of the TST service* include: ensuring that the outcomes the TST service is monitored against, reflect that some TST clients will have complex health and care needs; exploring with Clinical Commissioning Groups (CCGs) across London what (if any) arrangements there are for new ways of working around chronic care management and integrated care; integrating TST-specific health-related services for the TSTs to draw on, the benefits of which can be seen, for example, in the occupational therapist working with one of the teams; undertaking work to improve the quality and ease of compiling data on client deaths; working with partners to ensure that access to health services, including screening and preventative services, primary care and mental health services is central to the design of interventions for people with experience of rough sleeping.
- *Broader recommendations for the Government, local government and health stakeholders* include: public health commissioners championing collaborative working and seeking new ways to support those who are in active addiction posing an ongoing, critical risk of death; provision of specialist supported or sheltered housing for people with long-term drug and alcohol use and health support needs; and increasing the flexibility and accessibility of the GP services, mental health services and drug and alcohol services for those who have complex health and care needs.

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