

# Leeds – Engaging with people who are homeless

Reaching deprived communities using outreach programmes

## The ambition

Leeds City Council (LCC) set out to increase the uptake of the NHS Health Check in Leeds amongst its homeless population.

## The background

Leeds provides a strong cultural, financial and commercial presence within the West Yorkshire Urban Area. The city is served by three universities, and has one of the country's largest urban economies. Between 2001 and 2011 the population of Leeds increased by 5.1%, from 715,600 to 751,500. Ethnic groups represented 17.4% (ONS 2009) of the Leeds population.

The Index of Multiple Deprivation shows Leeds to have improved their position between 2004 and 2010 with fewer areas in the city ranked in the 10% most deprived nationally. However, the current economic situation in 2014 is proving challenging.

The Leeds Equality and Diversity report 2012-13 states that life expectancy in Leeds is 77.9 years for men and 82.2 years for women, with a 12.4 year life expectancy gap between the most and least economically advantaged. Adult smoking, healthy eating and obesity levels are significantly worse than the England average.

Leeds has a slightly lower than average statutory homeless population at 1.66/1000 households compared to the England average of 2.03/1000 (West Yorkshire observatory 2011 figures). However homeless populations (both statutory and non-statutory) are one of the most vulnerable groups in Leeds. A research briefing by Crisis on mortality amongst homeless people in December 2011 (Homelessness: A silent killer) found homeless people die on average 30 years before the general population. Leeds aspired to reach both the



statutory and non-statutory homeless population and support them in taking up their right to an NHS Health Check.

## How did Leeds achieve this?

The Public Health team set out to improve the uptake of NHS Health Check amongst the most vulnerable groups in their community. Leeds commissioned Claro research to investigate the attitudes and needs of people who are homeless.

Claro was commissioned by LCC to conduct an attitudinal survey of health needs and barriers to accessing health care for people who are homeless (as well as other groups). The report included the following views from the homeless cohort regarding their health. My health 'It is all I have' and 'I need it to survive' but it is 'Hard to focus on the future when you live day to day'. The report investigated the group's preferred communication styles and found people who are homeless wanted the NHS Health Check programme delivered in accessible venues away from the mainstream GPs surgeries.

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Improving Quality

LCC's answer to this requirement was the use of the York Street Health Practice. The practice provides a dedicated GP service solely for people who are homeless, living in temporary accommodation, or seeking asylum. It delivers a specialist primary care service with a strong focus on mental and emotional health needs and drug and alcohol dependency issues.

The York Street GP practice has worked hard to reach deprived communities and introduced NHS Health Check provision in April 2011. Leeds Community Healthcare (NHS) holds the contract for the practice. Funding for the NHS Health Check has been built into the contract. The target for the practice is to offer NHS Health Checks to 20% of their eligible population in line with broader national aspirations.

## Delivery of the NHS Health Check

The NHS Health Check is carried out by primary care staff in line with the best practice guidance issued by Public Health England in 2013. A follow up appointment is then arranged. For those people able to attend the follow up appointment a week later, lifestyle advice is offered and where appropriate so is referral to the in house alcohol addiction and smoking cessation service. These services are set up to see the patients there and then. Especially high risk patients are referred to the GP for further advice and potentially prescribing of statins.

For those unable to attend a follow up appointment, apparatus for near patient testing (NPT) of bloods had been provided so that results could be given on the day. However due to the small numbers attending for NHS Health Checks, the time taken to set up the NPT machine and the frequent need for further blood tests, the practice concluded that NPT was not worthwhile.

The NPT option had been introduced based on the assumption that many patients would not be able to return for a follow up appointment, but this was not found to be the case. Further the practice actually experienced a very low non-attendance rate due to the high level of engagement with the cohort.

In addition to NHS Health Checks the practice also engages with the homeless population around other health priorities and offers a range of specialist services to meet the groups physical and mental health needs.

Service users were asked why this practice was successful in connecting with them and encouraging them to take up the NHS Health Check. Comments included "you get respect from the doctors and nurses... They don't talk down to you. They respect you. They realise that just because you have problems you are not half baked". This underlying theme of respect was commonly expressed among service users.

It should be noted that the practices workforce has vast experience in dealing with people who are homeless, are skilled in communicating on a range of levels and also have access to interpreter services.

## The outcomes

Official records refer to those patients registered with the practice and so the NHS Health Check figures are quite low due to the type of service user. This masks the true scale of the initiatives impact. Since April 2011 a total of 71 NHS Health Checks have been recorded as completed for this population. User survey data suggests the practice offers a viable option for this particular cohort.

## Contact

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