Nottinghamshire County Council

Report to Health and Wellbeing Board

6th November 2013

Agenda Item: 4

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

HOMELESSNESS

Purpose of the Report

1. This report describes the impact of being homeless. Members of the Health and Wellbeing Board are asked to comment on the report and support the recommendations.

Information and Advice

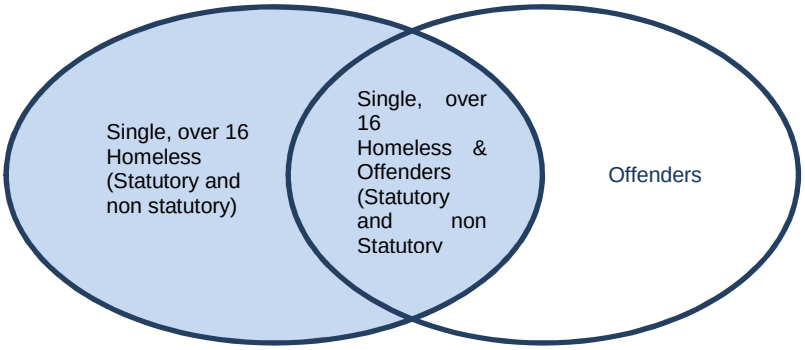
What is meant by the term Homelessness?

2. The definition of homelessness most commonly used is that of 'Statutory Homelessness'. Under the 2003 Housing Act, local authorities have a duty to provide assistance to those who are unintentionally homeless and fall into a specified priority need group[1]. Those meeting this definition are predominantly families with dependent children, pregnant women and a small number of single people deemed "vulnerable". This definition therefore excludes *most* single homeless people. For the purpose of this report, the population has been defined as people over 16 years of age who are rough sleeping, living in supported accommodation, such as a hostel or night shelter, or receiving floating support to help secure an independent accommodation option. It also includes people who are vulnerably housed; living in squats or staying with family and friends without permission of the landlord, people at risk of homelessness, fleeing domestic violence and those who have a history of episodic homelessness. It does not include the health needs of homeless families with children living in temporary accommodation provided by the Local Authority under Homelessness Legislation. This is because it can be argued that although their situation may lead to increased health problems, they are not considered to have substantially different health needs to that of the general population, neither do they experience the same difficulties in accessing healthcare as the population identified for the purpose of this report. [i]

Why is Homelessness an issue for the Health and Wellbeing Board?

3 Homeless people often face major barriers in accessing health services, while their life circumstances can often mean that they are among those most in need of treatment. Many homeless people present to health services with multiple and complex needs due to a variety of reasons including a delay in presenting to services[ii]. The average life expectancy of male rough sleepers is 47 years, compared to 77 years for the general population, and for female rough sleepers it is lower at just 43 years[iii].

4 Homelessness and, in particular, rough sleeping is often viewed as a problem which only exists in large cities. This report will show that there are a significant number of homeless people in Nottinghamshire. National evidence suggests that many offenders are without a 'home' following release from prison or as an offender in the community. For this reason this report will not only address the needs of single over 16 years of age statutory and non statutory homeless people, but also the needs of homeless offenders. It is essential that Local Authorities and health services work together to provide accessible and appropriate services if health inequalities and homelessness are to be tackled.



National findings

5 The health of people who are homeless is among the poorest in our communities. It is widely known that homelessness, especially rough sleeping, has significant and negative consequences for an individual's health. There are strong correlations between homelessness and a multiplicity, and heightened severity, of both physical and mental health conditions. Health problems commonly experienced include mental health, physical trauma, skin problems, respiratory illness, infections such as pneumonia and tuberculosis and drug &/or alcohol dependency[iv]. Added to this:

- Homeless people are 9 times more likely to commit suicide than the general population[v]
- Tuberculosis (TB) rates can be up to ten times higher for homeless people than the general population, who are likely to experience considerable delays in reaching TB services and are more likely to present with advanced and infectious forms of TB. They are also more likely to discontinue treatment[vi]
- Homeless people are up to 5 times more likely to experience symptoms linked to anxiety or depression than the general population[vii]
- Approximately 20% of homeless people with mental ill health are dually diagnosed with drug and/or alcohol dependence[viii]
- Smoking is common among homeless people, with prevalence being as high as 80%[ix]. In the UK Homeless Link Audit 2010, 77% of the homeless smoke, compared to 21% for the general population
- Substance misuse is a particular common cause of death amongst the homeless accounting for just over a third of deaths[x]

Drivers for Change

6. There are a number of key government policies outlining national commitments that are the key drivers to improving and helping to shape the focus of overall health and access to health services locally for vulnerable and socially excluded people, including:

- **The Madate (2013-2015) -** From the Government to NHS England outlining a number of requirements and priorities of which include "…helping people experiencing ill health, whether mental or physical, to remain in or return to work, and avoid homelessness…" and "…develop better healthcare services for offenders and people in the criminal justice system…"

- **NHS Outcomes Framework (2013-14)** – which includes indicators to enhance the quality of life for people with long term conditions and prevent people from dying prematurely

- **Public Health Outcomes Framework (2012)** – which includes indicators across all four domains of improving the wider determinants of health, health improvement, health protection and preventing premature mortality

- **NICE Public Health Guidance 37 - Identifying and managing tuberculosis among hard to reach groups (2012)** - Requires commissioners of TB prevention and control programmes and commissioners of services for homeless groups and substance misuse services to commission provision that actively case find individuals for screening and referral. It also recommends that Local Authority housing departments and commissioners of TB prevention and control programmes work together to agree a process for providing accommodation for homeless people diagnosed with active pulmonary TB, who are otherwise ineligible for state funded accommodation, for the duration of their TB treatment.

- **Equality Act (2010) -** Places a statutory requirement for Local Authorities to exercise their functions "in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage".

- **Homelessness Act (2002**) – Requires Local Authorities to review homelessness and its causes in their area and develop a strategy for tackling it.

Local need – the picture for Nottinghamshire

7 Due to the particular challenges of understanding need within this often hidden population, a local homelessness health needs assessment (HNA) was undertaken in the winter of 2012/3. As part of undertaking the HNA, questionnaires were distributed across a range of service providers across homeless, health and criminal justice sectors. Support workers asked and supported individuals known to be "statutory" and "non statutory" homeless to complete the questionnaire. Using this method, a total of 349 questionnaires were returned. Added to this, in order to gain further insight into the prevalence and health needs of this population, 7 focus groups and a series of 1-2-1 interviews were also facilitated. This information has been used in combination with statistical returns to give us a picture of need in Nottinghamshire.

8 In 2012/13 1,026 households in Nottinghamshire applied for assistance from local authorities. Districts with the highest numbers of applications were Mansfield (N=355) and Bassetlaw (N=309). Similar to the picture nationally, less than half of applications were accepted as being unintentional and in priority need.

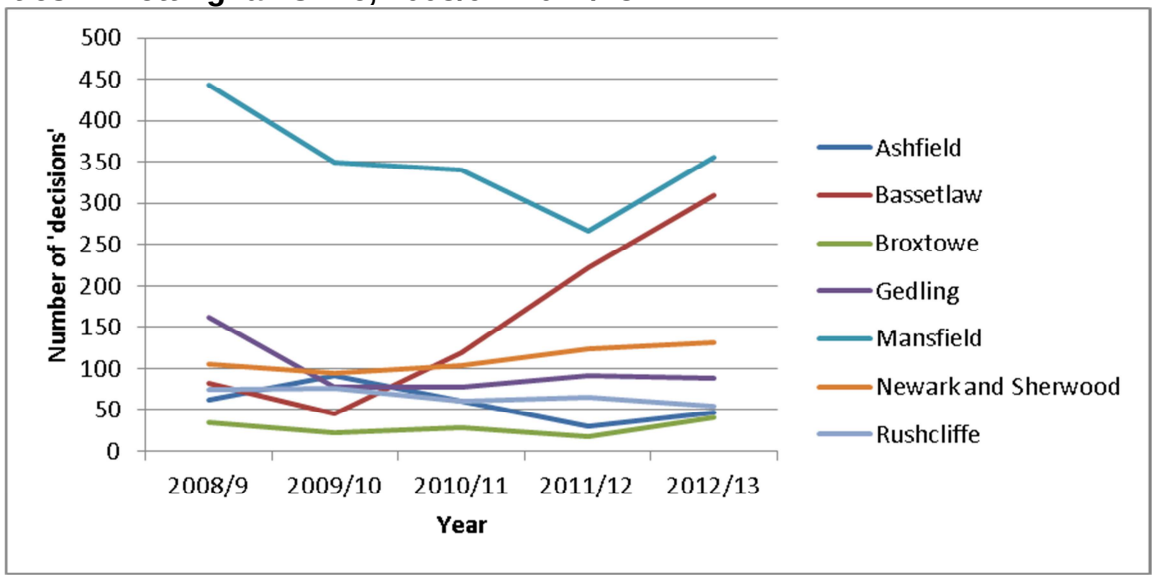
Table 1: Numbers of households applying for assistance, and numbers accepted as Statutorily Homeless, Nottinghamshire 2012/13

District	Accepted as 'Statutorily Homeless'	Not Accepted as 'Statutorily Homeless'			Total Decisions
	Unintentionally homeless and in priority need	Intentionally homeless and in priority need	Homeless but not in priority need	Not Homeless	
Ashfield	26	6	2	13	47
Bassetlaw	75	22	86	126	309
Broxtowe	10	6	12	13	41
Gedling	56	8	5	19	88
Mansfield	180	27	32	116	355
Newark and Sherwood	119	5	1	6	131
Rushcliffe	34	7	7	7	55
Nottinghamshire	500	81	145	300	1,026

Source: Department for Communities and Local Government, 2013

9 Figure 1 below shows the number of applications for assistance from local authorities in Nottinghamshire between 2008/9 and 2012/13. As can be seen, over this time period Mansfield consistently received the highest numbers of applications for support. The trend in applications for support in Mansfield largely mirrors the national trend with a fall in applications until 2011/12 where numbers started to steeply rise. Numbers of applications have risen particularly steeply in Bassetlaw since 2009/10

Figure 1: Trends in Numbers of households applying for assistance from Local Authorities in Nottinghamshire, 2008/9 – 2012/13

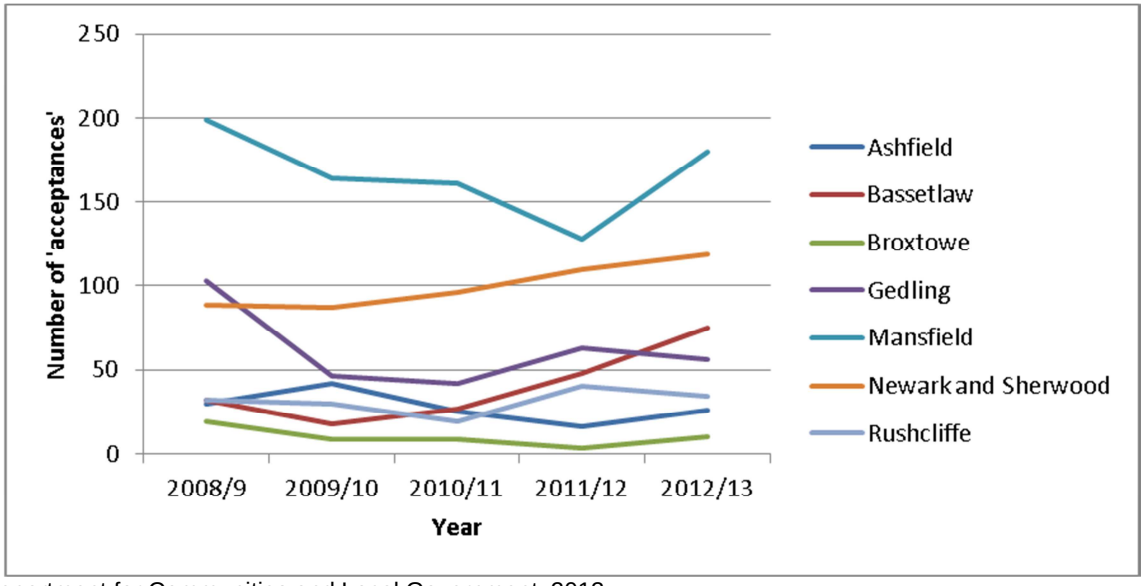


Source: Department for Communities and Local Government, 2013

10 Figure 2 shows numbers accepted as being statutory homeless between 2008/9 and 2012/13. As discussed above, there is a considerable gap between the numbers that apply for assistance and the numbers classified as homeless. Mirroring the increased

numbers of applications for support, numbers accepted as being statutory homeless have also increased in a number of districts.

Figure 2: Numbers of households accepted as Statutorily Homeless in Nottinghamshire, 2008/9 – 2012/13



Source: Department for Communities and Local Government, 2013

11 While this data do not tell us the numbers of single homeless people in Nottinghamshire, it does give an indication of trends in homelessness, differences in level of need between districts and the gap between those applying for support and those classified as being statutory homeless. For example, in 2012/13 there were 526 households who applied for assistance from Local Authorities in Nottinghamshire that were not classified as being statutory homeless. These individuals will have most likely needed to access support from friends/family, other homeless people, hostels or other alternatives.

12 No accurate data was available to report the numbers of rough sleepers, those accessing hostel accommodation, those who are vulnerably housed, living in squats, staying with family and friends or those fleeing domestic violence.

Summary of Nottinghamshire's homeless health needs assessment findings:

13 Overall lifestyle, physical and mental health factors for Nottinghamshire's homeless population appear in line with or worse than the national picture**.**

14 Smoking rates show prevalence three times higher compared to Nottinghamshire's general population

15 There are strong links between homelessness and drug use. 38% of respondents declared they were taking drugs or recovering from a drug problem, with the percentage being even higher amongst those identifying as being offenders (56%) As expected, this prevalence of drug use is considerably higher than drug use in the general population (8.8% of adults have used one or more drugs in the last year, 2010/11)[xi]

16 Added to this, 18% of respondents reported having or recovering from an alcohol problem, with those identifying as offenders seeing a slightly higher prevalence rate (21%). While there is no directly comparable national data on drinking levels within the general population, 6% of men and 4% of women in the general population have levels of alcohol consumption considered high risk[xii2]. The average number of units consumed in a week by men is 7.7 units, and the average weekly consumption among women is 5.0 units. Compared to this, Nottinghamshire's homeless (respondents) appear to have much higher levels of alcohol consumption

17 Of the respondents 226 (65%) reported having at least one physical health need. Many of the respondents reported having multiple health conditions. Among the 226 reporting a physical health need, the average number of conditions reported was 3.2 per person. The most common problems were reported as being "joint aches/problems with bones and muscle" (36%), which is slightly higher than the national prevalence, "chest pain, breathing problems" (29%) - nearly three times as high as national prevalence and "dental/teeth problems (22%).

18 Considering the homeless population is particularly vulnerable to Tuberculosis (TB), with levels being described as up 20 times higher than that of the general population, only 21% of respondents had actually been tested[xiii].

19 Compared to estimates of mental distress among the general population, Nottinghamshire's homeless population appear to have much higher levels. 74% of respondents reported mental health symptoms of either less than or more than 12 months duration. Of all respondents, 31% reported having a *diagnosed* mental health disorder. Reported prevalence of schizophrenia and bipolar disorder was also considerably higher in the Nottinghamshire homeless population when compared to the general population

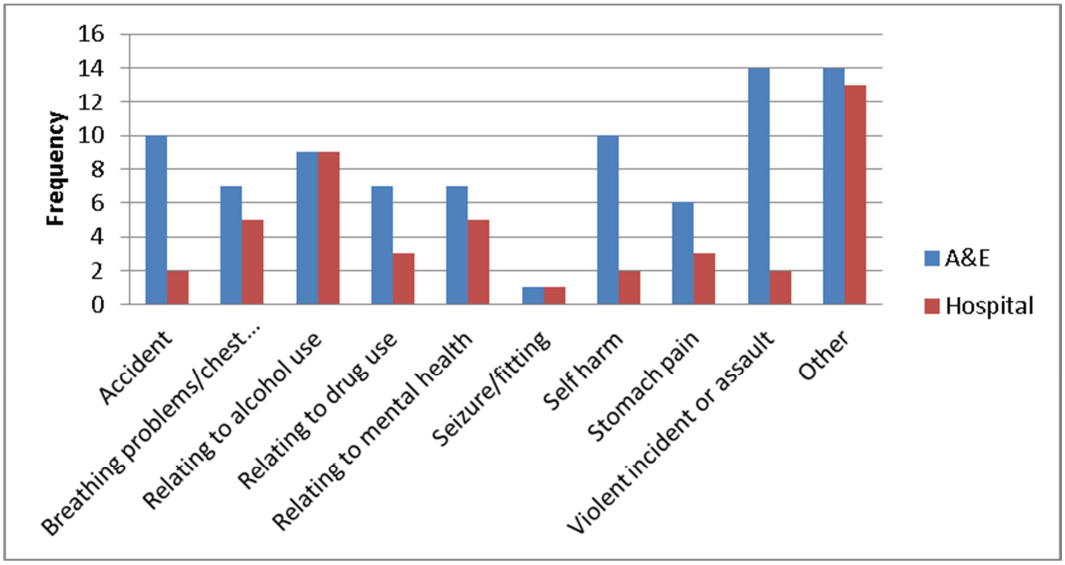
20 Compared with the national picture of 85%[xiv], Nottinghamshire appears to have a slightly higher level of homeless people registered with a GP (amongst those who responded to the questionnaire) with 82.2% being permanently registered and 7.4% having a temporary registration. The most common reported used service was general practice with about 75% of respondents reporting having seen a GP at least once in the last six months.

21 Those who are homeless are more likely than the general population to be malnourished or to have an unhealthy diet. Of the 349 respondents to the Nottinghamshire Health Audit, 101 (29%) reported that they did not eat at least two meals a day and 120 (34%) reported that they ate no fruit or vegetables a day. Only 2.3% of respondents reported consuming 5 or more pieces of fruit or vegetables a day, which compares to 25% of men and 27% of women from the general population of England[xv]

22 Of the 349 respondents, 90 (26%) had attended A&E, 70 (20%) had at least one outpatient appointment, and 56 (16%) had been admitted at least once to hospital within the past six months. Among the general population it is reported that 7% have had an admission to hospital in the previous 12 months, and 13.5% of the general population have attended either A&E or an outpatient appointment in the last 3 months[xvi]. While these data are not directly comparable, Nottinghamshire's homeless population appears to have a higher level of hospital and A&E use than the general population.

23 As figure 3 illustrates, the three most common reasons respondents self reported as attending A&E were for violent incidents/assault, self-harm and accidents. Comparatively the most common reasons for admission to hospital were alcohol related, breathing problems/chest pains and mental health related.

Figure 3: Questionnaire responses - Reasons for A&E attendances and hospital admissions in the last 6 months



Source: Nottinghamshire Homelessness Health Needs Assessment Questionnaire 2012

Further action required

24 Recommendations for further action required, to responsible commissioners:

- **Clinical Commissioning Groups (CCG's)**

A CCG's as commissioners to seek assurance that all acute hospitals have admission and discharge policies ensuring homeless people are identified on admission and linked to services upon discharge.

B CCG's as commissioners of secondary healthcare provision and East Midlands Ambulance Service to require mechanisms to be developed to routinely ask and capture in a systematic way the living circumstances of all patients

C CCG's, in collaboration with NHS England, to encourage a review of current primary healthcare commissioning arrangements to ensure it is fit for purpose and meeting the needs of its homeless populations. The review should also ensure the identification of homeless people with undiagnosed chronic conditions is improved so that these conditions can be managed in line with recommended guidelines.

D CCG's and the Local Authority as commissioners of Mental Health and Substance Misuse provision to ensure services are commissioned and delivered in a way, and in locations, that are accessible to the homeless community. Pathways for assessment and access to mental health services need to be improved. CCG's to ensure screening and a range of interventions are provided in accessible, non-medicalised settings in which homeless people access. In addition, particular attention should be paid to improving the access to support and interventions for those with personality disorder, common mental health conditions and those with dual diagnosis

- **Local Authority**

E The Local Authority as responsible commissioners of Tuberculosis (TB) and blood borne virus prevention and control programmes, commissioners of services for homeless groups and substance misuse services to commission provision that actively case finds homeless individuals for referral and screening and agree a process for providing accommodation for homeless people diagnosed with active pulmonary TB, who are otherwise ineligible for state funded accommodation, for the duration of their TB treatment.

F The Local Authority and CCG's as commissioners of Mental Health and Substance Misuse provision to ensure services are commissioned and delivered in a way, and in locations, that are accessible to the homeless community.

G Nottinghamshire's Suicide Strategy should include actions to ensure primary and secondary care staff receive up-to-date self-harm and suicide awareness training

H A directory of health and homeless services and hostel availability to be made available to primary and secondary care services, enabling providers to better navigate the services that are available; this should include a clear description of the service, times and location along with contact details and a list of criteria for accessing the provision

I The Local Authority, as commissioners of sexual health promotion services, to target provision in the places where homeless people access. The opportunity to train "peer educators" for this purpose should be explored.

J The Local Authority as commissioners of smoking reduction and cessation services to review their approach in engaging with homeless people, including ensuring provision is provided in convenient and accessible locations

- **NHS England**

K NHS England as responsible commissioners to develop with primary care mechanisms to routinely ask and capture in a systematic way the living circumstances of all patients

L NHS England, in collaboration with CCG's, to encourage a review of current primary healthcare commissioning arrangements to ensure it is fit for purpose and meeting the needs of its homeless populations

- **District Councils**

M All District Councils across Nottinghamshire to develop mechanisms to systematically record the numbers of statutory and non-statutory homeless people in their area and link this data to their housing strategies

Statutory and Policy Implications

25 This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

26 The Health and Wellbeing Board is asked to:

1. Note and endorse the contents of the report

2. Support the implementation of the recommendations to the responsible commissioners, as set out in paragraph 24.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

27 Jade Poyser
Public Health Manager
Jade.poyser@nottscc.nhs.uk

Constitutional Comments (SG 17/10/13)

28 The Board is the appropriate body to decide the issues set out in this report.

Financial Comments (ZKM 16/10/13)

29 There are no direct financial implications arising from this report.

Background Papers and Published Documents

30 Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

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[i] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114369.pdf

[ii] Wright N, Smeeth L, Heath I. Moving beyond single and dual diagnosis in general practice. *BMJ* 2003; 326 doi: 10.1136/bmj.326.7388.512 (Published 8 March 2003)

[iii] Crisis UK. Homelessness: A silent Killer. A research briefing on mortality amongst homeless people. www.crisis.org.uk (December 2011)

[iv] Description and examples from NMJ Wright (2006), WHO regional office for Europe's health Evidence Network (HEN)

[v] UK Homeless Link Audit (2010)The health and wellbeing of people who are homes – evidence from a national audit

[vi] WHO (2009)

[vii] UK Homeless Link Audit (2010)The health and wellbeing of people who are homes – evidence from a national audit

[viii] WHO (2009)

[ix] Holohan TW. Health and homelessness in Dublin. Ir Med J. 2000 Mar-Apr;93(2):41-3.

[x] (FEANTSA 2006)

[xi] The Information Centre. (2011). Statistics on drug misuse: England 2011

[xii] [xii] Lifestyle Statistics, Health and Social Care Information Centre. (2013). Statistics on alcohol: England 2013

[xiii] Homeless Link – TB and homelessness http://homeless.org.uk/tb

[xiv] UK Homeless Link Audit (2010)The health and wellbeing of people who are homes – evidence from a national audit

[xv] The Information Centre 2012 Statistics on Obesity, physical activity and diet

[xvi] Homeless Link. (2010). R9.2 The Health Needs of Homeless People. Comparisons with the general population.