

## THE HEALTH AND WELLBEING OF THOSE WHO ARE HOMELESS AND REDUCING INEQUALITIES FOR ALL SOCIALLY EXCLUDED GROUPS OF SOCIETY – UPDATE

Report of the Director of Public Health

*Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.*

**Recommendation:** For the Health and Wellbeing Board to note the identified need and the work programme underway to support homeless individuals but more importantly makes comment on the governance arrangements for reducing health inequalities for all socially excluded, marginalised groups.

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### 1. Background/Introduction

Inclusion health is a broad term used to describe people who are socially excluded; experience multiple overlapping risk factors for poor health, stigma and discrimination; and who are not consistently accounted for in electronic records. Socially excluded groups include people who are experiencing homelessness alongside other cohorts of our communities such as vulnerable migrants; Gypsy, Roma and Traveller communities; sex workers; and victims of modern slavery.

While Inclusion health groups are a small proportion of population as a whole, they experience disproportionately and significant poorer health and opportunity. The risk of homelessness and disadvantage are worsening but there are many opportunities (and synergies between the groups) for improvement.

This paper aims to summarise the current need in relation to core homelessness; the action that is underway to address that need for homeless and rough sleeping individuals; and discuss options for systematically and strategically addressing the issues raised for not only those who are homeless but for broader health inclusion groups, by way of the governance of this agenda.

### 2. The need identified – Devon’s homeless population

People who are **homeless** may include adults who:

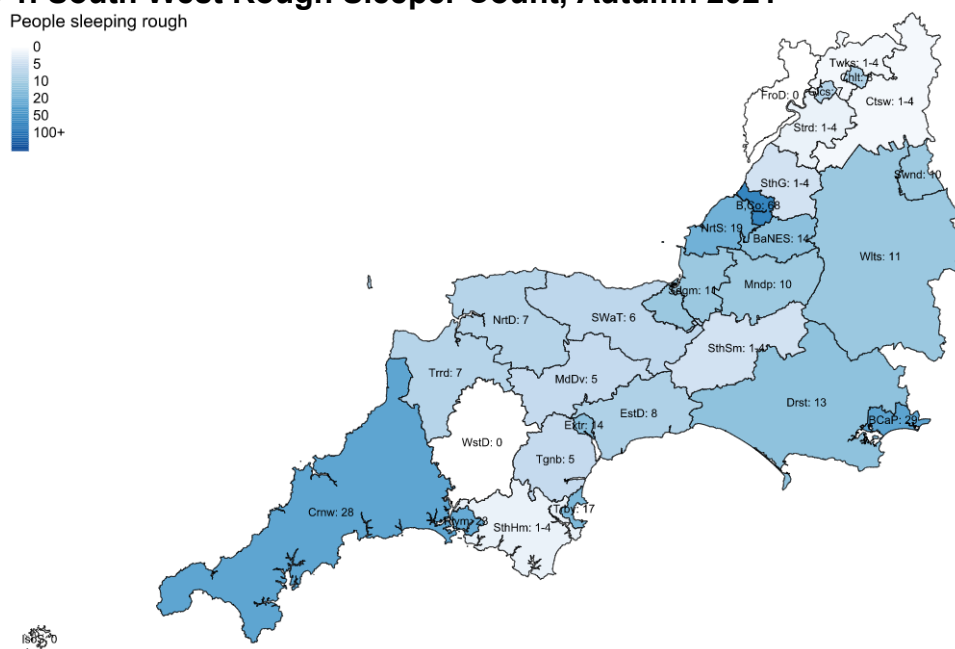
- are sleeping rough
- are temporary residents of hostel, bed and breakfast, nightly paid, privately managed accommodation and other types of temporary accommodation
- are obliged to stay temporarily with other people
- are squatting
- are newly homeless
- have a history of homelessness (as defined above) and are at high risk of becoming homeless again because of ongoing severe and multiple health and social care needs (adapted from National Institute of Clinical Excellence).

The focus on this paper in terms of identifying need and support is core homelessness (the most acute form including rough sleeping, sofa surfing, staying in places not intended as residential accommodation, refuges and hostels, and unsuitable temporary accommodation e.g. bed and breakfasts.) rather than households who are owed a duty or in temporary accommodation, as the complexities and health needs are very different. Nationally the numbers of core homelessness has been gradually rising between 2012 and 2019. A reduction in 2020 was primarily identified as a result of the *Everyone In* initiative (an emergency response to the Covid-19 pandemic).

Assuming no significant change in national policy, Crisis project a one-third increase to core homelessness between 2019 and 2024. These projections were made before the worsening inflation and cost of living pressures that developed during 2022. Crisis identifies the housing market (trends and policies) as key role in levels of homelessness, and poverty as a central role in risk.

The national rough sleeping count provides a snapshot of rough sleepers on a single night. The number of people estimated to be sleeping rough on a single night in autumn 2021 fell in every region, although remains higher than when the survey was first introduced in 2010. Again the fall has been attributed to the *Everyone In* initiative. The numbers for Devon in 2021 are shown in Figure 1.

**Figure 1. South West Rough Sleeper Count, Autumn 2021<sup>1</sup>**



However, anecdotal reports have indicated these figures in reality are higher. For example, a deep dive into North Devon currently reports 13 rough sleepers. Between January and June 2022 North Devon responded to 85 clients as follows:

- 32 went into supported accommodation
- 4 went to prison
- 6 are either still rough sleeping or have returned to rough sleeping
- 12 are sofa surfing

<sup>1</sup> Rough sleeping snapshot in England: autumn 2021. Available at: <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021/rough-sleeping-snapshot-in-england-autumn-2021#main-findings>

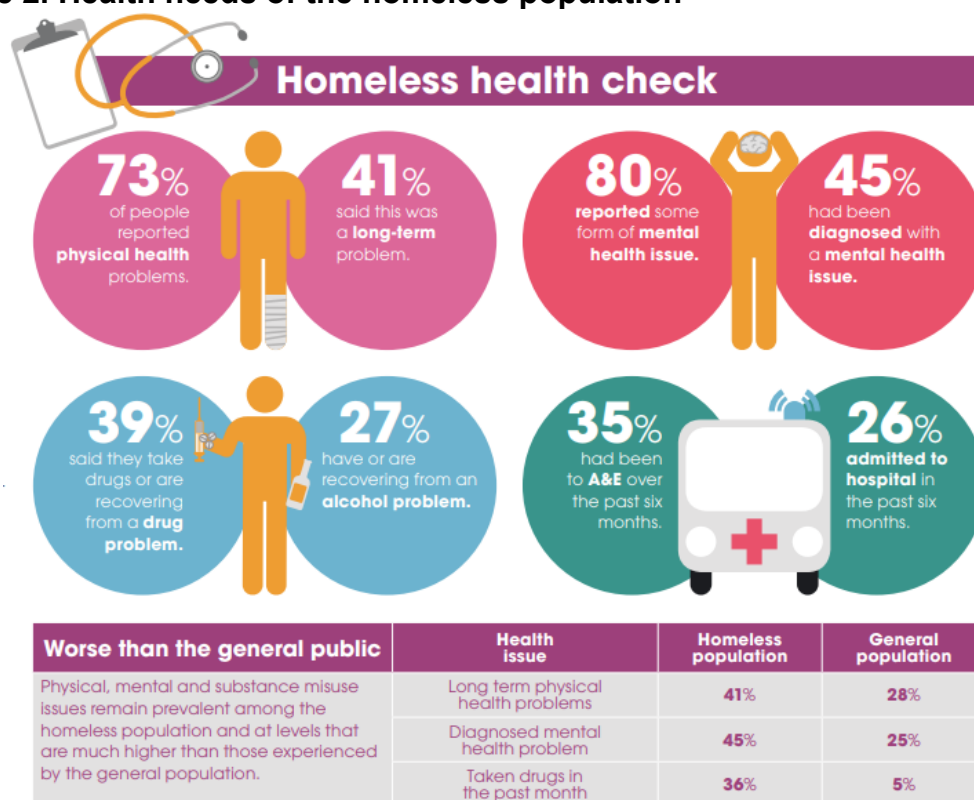
- 4 were reconnected to another Local Authority area
- 3 are van dwellers in well-equipped vans
- 11 have secured a private let or have gone into social housing
- 9 are ongoing cases and in rough sleeper temporary accommodation
- 4 were deemed as priority need so ongoing support was provide by the wider Housing Advice team

### Health needs of Core Homeless groups

A Health Needs Assessment of inclusion health groups is currently underway in Northern Devon with a view to replicate across all of the Integrated Care Partnership localities. Once complete in 2023, it will inform both place-based action as well as opportunities for collaboration to address the gaps identified across Devon as a whole. The findings will be reported back to the Health and Wellbeing Board. In the interim, national data is available to highlight the key health needs and inequalities evident and we can extrapolate these findings to Devon with a good degree of confidence.

A nationwide audit of the health needs of the homeless population presented in Figure 2 below clearly shows is the enormity of the need in homeless groups compared to the population as a whole. Most respondents were already accessing some form of service and thus the variation is likely to be even greater in reality when the needs of those most excluded (who were not engaged in any way), are considered.

**Figure 2. Health needs of the homeless population<sup>2</sup>**

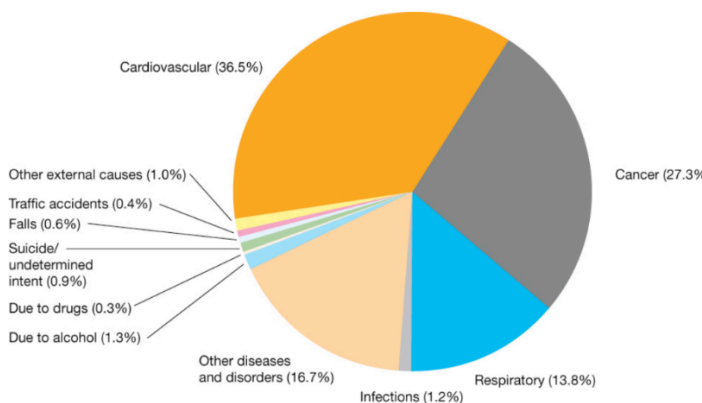


<sup>2</sup> Homeless Link. (2014) The unhealthy state of homelessness: Health Audit 2014. Homeless Link. Available at: <https://homeless.org.uk/knowledge-hub/the-unhealthy-state-of-homelessness-health-audit-results-2014/>

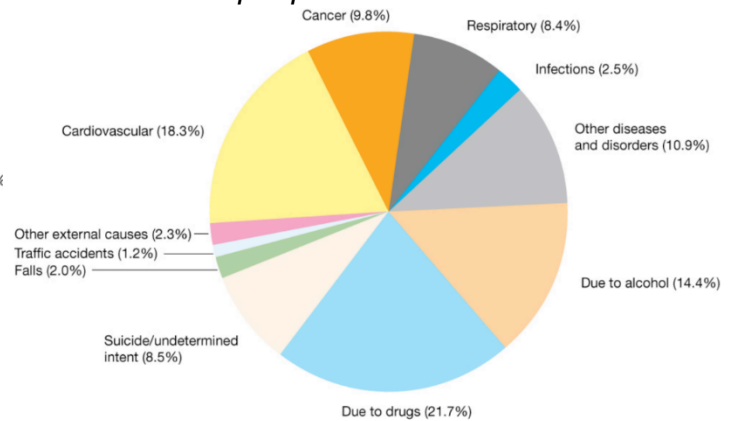
In addition, a study by Crisis demonstrated the difference in cause of death of those who are homeless and the population as a whole (these findings have more recently been ratified by a 2020 ONS study in relation to alcohol and suicide, with the exception of a lower proportion of deaths due to drugs), see Figure 3. The variation indicates that while overall need is greater in this population group, we do not necessarily need to do more of the same universal approaches but instead tailor our targeting to meet individual need, particularly in relation to substance misuse, mental health and suicide prevention.

**Figure 3: Distribution of causes of death for general population vs. homeless people<sup>3</sup>**

*General population:*



*Homeless people:*



### Access to services

Underuse of primary care and reliance on urgent, emergency and crisis services is generally observed in homeless groups (and other health inclusion groups). This can be due to barriers to access, and lead to fewer opportunities for preventative intervention, further increasing inequalities and increasing costs across the system.

Such barriers are presented in Figure 4 below and demonstrate in addition to targeted services and approached to improve opportunities and health outcomes for these groups of our population, we must also look to transform how we go about our business as usual and universal offer to improve access across the board.

**Figure 4. Barriers to access to services experienced by inclusion health groups**



<sup>3</sup> Crisis (2011) Homelessness: A silent killer - A research briefing on mortality amongst homeless people. Available at: [https://www.crisis.org.uk/media/237321/crisis\\_homelessness\\_a\\_silent\\_killer\\_2011.pdf](https://www.crisis.org.uk/media/237321/crisis_homelessness_a_silent_killer_2011.pdf)

## **Public Health support and services available across Devon**

Appendix 1 summarises the Public Health funded support for our core homeless population. It can be seen that a number of services that are fundamental in supporting this group are funded through short term grant-based funds such as the Contain Outbreak Management Fund (COMF). This covid response fund ceases in March, and many of the other grants that fund wider homeless support rarely exceed 3 years, putting long term service provision at risk. One of the key challenges that has already been identified from undertaking the needs assessment in the North, is that of short-term funding. A key recommendation moving forward will be to increase the opportunities for collaboration and alliance approaches to commissioning and provision to improve sustainability of services.

## **The Strategic Plan and options for the governance of this agenda**

One of Devon County Council's key priorities as set out in the Council's Plan 2021 – 2025 is to *tackle poverty and inequality*. In addition, the vision of One Devon is *Equal chances for everyone in Devon to lead long, happy and healthy lives*.

This agenda is firmly routed in the system wide priorities and one that needs a system focus. Currently there are a number of groups and fora that oversee the operational and tactical implementation of support for homeless health, namely:

- Devon and Cornwall Housing Options and Rough Sleeping Partnerships
- System Change Action Alliance
- Health Inclusion Cell
- Rough Sleeper Drug and Alcohol Treatment Grant Steering Group (Exeter)

In addition, there are a number of similar groups overseeing the action and services for other inclusion health groups, particularly for Refugee and Asylum Seekers.

Currently there is no system wide strategic oversight of Homelessness or Inclusion Health across the DCC footprint. This means that innovation may not be scrutinised and shared across the county, synergies and opportunities for shared learning and transformation may be missed and there is also a risk of duplication or services not being strategically targeted to areas of greatest need.

It is recommended that we learn from our neighbours in Plymouth and Torbay and move towards an alliance approach, embedding a Trauma Informed culture within the system. This would facilitate collaboration, overcome the challenge of short-term funding and support individuals holistically providing better outcomes for them and reducing demand downstream across the system. There is also good practice elsewhere that we can learn from. For example in Somerset there has been a Homelessness Reduction Board established, which is accountable to their Health and Wellbeing Board. The Homelessness Reduction Board is Multi -agency, including representation from the district councils, Adult Social care, Health partners and VCSE and has a strong health Inclusion focus.

With the newly emerging Integrated Care System structure and new system partnerships standing up (such as Devon's Drug and Alcohol Strategic Partnership) this is an ideal opportunity to identify where this agenda needs to sit and be owned. We would therefore welcome the Health and Wellbeing Boards discussion and comments to inform a proposal on how we achieve a strategic overview of this important agenda.

The report has no specific equality, sustainability or legal implications that are not already covered within this update.

Steve Brown – Director of Public Health

Electoral Divisions: All

Cabinet Member for Adult Care and Health: Councillor James McInnes

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: Charlotte Pavitt, Consultant in Public Health

Background Paper: Nil

**Appendix 1 Public Health funded services across Devon, targeted to meet the needs of those who are considered our core homeless population.<sup>4</sup>**

| <b>Service, support, projects targeting the core homeless population</b>                                                                                                                                                                                                                                                                                                                                                    | <b>Locality</b>          | <b>Source of funding</b>                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------|
| <b>Multi-agency Team at the Freedom Centre</b> including an inclusion health nurse - The provision includes a base for services at the Centre and outreach into the community. Services co-located include Inclusion Health Nurse, GP clinics, Devon Partnership Trust mental health nurse, Together substance misuse worker, North Devon Council housing officers, hepatology nurses and Freedom Centre supported housing. | North Devon – Barnstaple | North Devon Council, Better Care Fund and Contain Outbreak Management Fund (COMF) |
| <b>North Devon Housing for Vulnerable People</b> - Repairs and upgrades to 8 self-contained flats. These will be available to provide temporary/emergency accommodation.                                                                                                                                                                                                                                                    | North Devon              | COMF                                                                              |
| <b>Winter Warehouse Pods for Rough Sleepers</b> - Modifications to enable installation of accommodation pods to accommodate 15 rough sleepers. All occupants to have health assessment, vaccination, hepatitis screening, and referral as required through the onsite team embedded within the Freedom Centre.                                                                                                              | North Devon – Barnstaple | COMF                                                                              |
| <b>Accommodation Pods for Homeless People</b> - 3 units to deliver self-contained accommodation, improving the range of first stage accommodation options to support rough sleepers.                                                                                                                                                                                                                                        | Torrige                  | COMF                                                                              |
| <b>Public Health Outreach and Community Development</b> – Locality based outreach teams (legacy of Covid Community Testing_ continue to explore opportunities to provide services to remote and excluded communities, alongside vaccination.                                                                                                                                                                                | Devon-wide               | COMF                                                                              |
| <b>Assertive Health Outreach</b> hosted by Clock Tower GP Practice - Health outreach (nurse and GP) into hostels, temporary accommodation and streets, providing a range of targeted interventions. Working with Public Health Outreach to develop a hub and spoke model across the County.                                                                                                                                 | Exeter                   | COMF                                                                              |
| <b>Dental Health Care pilot</b> provided by Peninsula Dental Social Enterprise - weekly oral health dental clinics to those who are street attached/rough sleeping in Exeter via the CT Surgery.                                                                                                                                                                                                                            | Exeter                   | COMF                                                                              |

<sup>4</sup> NB. The Inclusion Health Health Needs Assessment is still underway and therefore further detail on the breadth of services in place (included those provided and commissioned by City and District Councils will be reported once mapped.

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------|
| <p><b>CoLab hub</b> - a multi-agency hub of activities and projects focussed on supporting those with complex needs and disadvantages. Co-located services include the Clock Tower Surgery, probation, housing, substance misuse and specialist charity services. An informal drop-in space enables an open door approach that supports over 1000 visits per month.</p> <p>The successful bid for the <b>Rough Sleeper Drug and Alcohol Treatment Grant</b> focusses on extending access to existing services including detoxification, increasing blood borne virus testing, greater consistency of key workers, and development of support for those with dual diagnosis/complex needs, recognising the high level of trauma and adversity in this population.</p> | Exeter | Rough Sleeper Drug and Alcohol Treatment Grant |
| <p><b>Co-Lab multipurpose venue conversion</b> – to provide a multipurpose space for confidential 1:1 interviews and out of hours meetings</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Exeter | COMF                                           |
| <p><b>St Petrocks Homelessness Response Services</b> – Additional support to St Petrock’s winter provision including: an outreach worker, client survival packs, mobile phones, shower repairs, and cleaning equipment</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Exeter | COMF                                           |
| <p><b>Health Recovery Lead</b> - to further develop and co-design activity in the new Social and Recovery Hub at Gabriel House hostel providing the opportunity to access a range of services including job clubs, health interventions and social activity</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Exeter | COMF                                           |