

# HOMELESSNESS

<b>Relevant Board Member(s)</b>	Councillor Philip Corthorne
<b>Organisation</b>	London Borough of Hillingdon
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<b>Papers with report</b>	None

## 1. HEADLINE INFORMATION

<b>Summary</b>	The report provides brief information relating to the connections between homelessness and ill health and draws attention to work that is taking place in Hillingdon to prevent homelessness and support homeless people.
<b>Contribution to plans and strategies</b>	The links between health and homelessness and housing more widely are of relevance to Housing and Homelessness Strategies, the Health and Wellbeing Strategy and the Better Care Fund.
<b>Financial Cost</b>	There are no costs arising directly from this report
<b>Ward(s) affected</b>	All

## 2. RECOMMENDATION

**That the Health and Wellbeing Board notes the contents of this report.**

## 3. INFORMATION

### **Supporting Information**

At the meeting of the Health and Wellbeing Board on 25 June 2019, the Board agreed to receive a report on homelessness as it was recognised as a cross-cutting area of concern that impacted on the health and wellbeing of residents. The Council has a duty under the Health and Social Care Act 2012 to take such steps as it considers appropriate for improving the health of the people in its area, including those experiencing homelessness or at risk of homelessness. This report provides brief information relating to the connections between homelessness and ill health and draws attention to work that is taking place in Hillingdon to prevent homelessness and support homeless people.

### **Homelessness and ill health**

Various research has shown that the causes of homelessness are complex and include both structural elements, such as income and benefit levels and the affordability of accessing the

housing market; and personal factors that trigger homelessness such as relationship breakdown, domestic violence, mental illness, addiction issues, discharge from prison and leaving care.

Ill health can be both a cause and consequence of homelessness. Homelessness covers a range of circumstances including those who are rough sleeping, sofa surfing, living in insecure temporary accommodation or are threatened with homelessness. Rough sleepers are four times more likely to die of unnatural causes and 35 times more likely to die as a result of suicide. They are more likely to be assaulted and alcohol and drug abuse is relatively high amongst rough sleepers. The prevalence of infectious diseases such as tuberculosis, HIV and hepatitis C is significantly higher than in the general population. It is not, however, only those homeless people who sleep rough that have poor health impacts. For children, living in temporary accommodation may impact on access to universal health care, for example, immunisations, and temporary accommodation is associated with greater rates of infection and accidents. They are more likely to experience stress and anxiety, resulting in depression and behavioural issues. There is evidence that the impact on health can extend beyond the period of homelessness. Parents facing homelessness may experience stress, depression and isolation. Older people experiencing homelessness are more likely to suffer from depression.

### **National policy concerning health and homelessness**

Homelessness, and particularly rough sleeping, is currently high on the national policy agenda. The Homelessness Reduction Act 2017 (HRA) has introduced significant changes to the homelessness landscape. The duties in the HRA are designed to ensure earlier interventions to resolve homelessness and to provide meaningful help to all residents in the Borough affected by homelessness. The HRA places a duty on hospital trusts, emergency departments and urgent treatment centres, along with other named public sector agencies, to refer people who are homeless, or at risk of becoming homeless within 56 days, to their local council. Homeless people, particularly rough sleepers, have some of the worst health outcomes and are amongst the highest users of urgent and emergency care.

Discharge into inappropriate, insecure accommodation or back into homelessness can lead to worsening health problems, increased use of emergency departments and increased hospital readmission. The government published a rough sleeper strategy in August last year and has committed to halving rough sleeping by 2022 and eradicating it by 2027.

The NHS Long-Term Plan (LTP), published in January 2019, makes numerous housing and homelessness references. It takes a more concerted and systematic approach to reducing health inequalities and recognises that the number of people rough sleeping has increased and that those affected on average die 30 years earlier than the general population. It includes committed spending to meet the health needs of rough sleepers to ensure better access to specialist homelessness NHS mental health support, integrated with existing outreach services.

In July 2019, the NHS Mental Health Implementation Plan 2019/20 to 2023-24 was published. This includes funding a programme related to rough sleeping mental health support and includes the LTP ambition for 20 high-need areas to have established new specialised mental health provision for rough sleepers by 2023/24. The roll-out of new specialist mental health provision for rough sleepers will seek to enhance existing rough sleeping support by ensuring specialist access to clinical mental health support in the most in-need areas. All areas should complete a mental health needs assessment for rough sleepers which will identify need and

lead directly to action that increases access to mental health services for rough sleepers. It is expected that mental health services accessed by rough sleepers will adopt a trauma-informed approach and require the input of several delivery partners to ensure holistic, long-term care and support.

### **Hillingdon Homelessness and Health data**

In Hillingdon, 406 people were recorded on the London wide CHAIN (Combined Homelessness and Information Network) during 2018/19. Of these, 283 were at Heathrow Airport and 123 were in the remainder of the Borough. Most of those rough sleeping were new rough sleepers. However, a sizeable minority had been seen previously. Mental health is by far the most common support need recorded on CHAIN with 49% of those at Heathrow Airport who were assessed having a mental health need and 57% of rough sleepers outside of the airport. Homeless rough sleepers with poor mental health are likely to spend longer on the streets.

There is no reliable data for the number of hidden homeless people, such as those sofa-surfing. However, in a September 2017 report, the London Assembly estimated that 13 times more people are homeless but hidden than are visibly sleeping rough.

During 2018/19, the Council received almost 5,200 contacts related to a housing matter, of which circa 2,500 were seeking housing advice. Just over 2,000 contacts related to a homelessness situation. During 2018/19, there were 1,472 households that the Council assessed as required by the Homelessness Reduction Act 2017, that were owed a homelessness prevention or relief duty. Of these, 59 also identify as rough sleepers. Other support needs recorded within the 1,472 households included: 182 people with physical ill health and/or disability; 177 with a history of mental ill health; 146 with a risk or history of domestic abuse; 57 with alcohol dependency; 50 with a learning disability; and 25 with drug dependency needs. Some households have more than one dependency need with the most common combination being both physical and mental ill health – recorded in 54 instances.

### **Hillingdon activity related to homelessness and health**

Hillingdon has an established procedure for referrals from hospital that has been agreed between hospital discharge teams and the Homelessness Prevention Service. This provides a standardised form to be completed and details where it needs to be sent. It asks that referrals are made at least 14 days before the hospital discharge date (where possible) to facilitate early intervention work and planned discharges. The procedure is to be revisited to consider whether seven days may be a more appropriate time scale and also to review the protocol for some specific groups, such as those with a dual diagnosis of substance misuse and poor mental health and those with a diagnosis of tuberculosis.

Rough sleeping makes it harder for those affected to access mental health services for several reasons. These include stigma, a lack of services that will work with people facing multiple problems including drug and alcohol use, difficulties getting an assessment or referral to secondary care without being registered with a GP and trouble making and keeping appointments while sleeping on the street. There is a GP practice in Hillingdon that rough sleeping clients can be referred to.

Close joint working across health, social care, housing and the voluntary sector is ensuring support to homeless patients and, once medically fit, that they are safely discharged to an

appropriate setting where they can be supported in terms of their health needs alongside other support needs to achieve best outcomes. There are good working relations between Hillingdon Council and mental health services in relation to homelessness. Riverside Hospital (CNWL) is represented on Hillingdon's Homelessness Implementation Group. There is a recognised need for a specialist mental health worker as part of the response to rough sleeping at Heathrow Airport.

## **Homelessness and Rough Sleeper Projects**

The Council has a well established response to supporting households to prevent homelessness and to find alternative housing solutions. Most homelessness is generated from residents being evicted from their private rented property, with evictions from those living with family / friends the second highest reason. In all cases, the Council will seek to mediate to prevent homelessness, challenge landlords where necessary and work with the affected household to consider a range of suitable, alternative housing options, including private rented accommodation.

In terms of rough sleeping, the Council has been successful in attracting funding for a number of fixed term initiatives that seek to support rough sleepers to access housing to sustain their tenancy. The Ministry for Housing, Communities and Local Government (MHCLG) Rough Sleeper Initiative (RSI) provides funding for a team dedicated to Hillingdon to tackle rough sleeping and is focussed particularly but not exclusively at the airport working with rough sleepers to access housing and health care services (e.g. GP, dental, opticians). In addition, a project funded by the Department of Education potentially also has health links. This project provides a Senior Personal Adviser to work with care leavers most at risk of rough sleeping.

Under another MHCLG initiative, the Rapid Rehousing Pathway (RRP), the Council has been awarded funding under the Local Lettings Agency and Navigator elements and as part of a West London consortium for the Somewhere Safe to Stay element. This is helping to establish a pathway for former rough sleepers to access and sustain their accommodation.

These services are supporting improved health outcomes by helping rough sleepers to access warm, dry and safe accommodation. The implementation of the services has involved health partners to support the projects and raising awareness of the need for additional dedicated resources to tackle the health issues relating to rough sleepers, including assistance for those with mental health needs.

A direct link has been made between homelessness and alcohol abuse with a successful Public Health England bid between housing, public health and ARCH. This project is providing a refurbished welfare room for ARCH and a FibroScan machine for non invasive assessments of liver damage for those affected by alcohol misuse.

## **Financial Implications**

As noted in the report above, the Council has been successful in attracting additional grant for a number of the Council initiatives. However, as this report is for information only, there are no financial implications arising directly from this report.

## **4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

### **What will be the effect of the recommendation?**

Activities referenced in the report to address ill health and/or homelessness will benefit the residents concerned.

### **Consultation Carried Out or Required**

Issues related to health and homelessness are being taken into account in the development of the draft Homelessness Prevention and Rough Sleeping Strategy. A formal consultation process will take place following approval of the draft strategy.

### **Policy Overview Committee comments**

None at this stage.

## **5. CORPORATE IMPLICATIONS**

### **Hillingdon Council Corporate Finance comments**

There are no direct financial implications arising from the recommendations in this report.

### **Hillingdon Council Legal comments**

The Borough Solicitor confirms that the legal implications are set out in the body of the report.

## **6. BACKGROUND PAPERS**

None.