

Inquiry into the Impact of Housing and Homelessness on the Health of Single People Terms of Reference and Inquiry Plan

- 1. Scrutiny Panel:**
Health Overview and Scrutiny Panel
- 2. Membership:**
 - a. Councillor Matthew Stevens (Chair)
 - b. Councillor Matthew Claisse
 - c. Councillor Carol Cunio
 - d. Councillor Georgina Laming
 - e. Councillor Brian Parnell
 - f. Councillor Sally Spicer
- 3. Purpose:**

To consider the impact of housing and homelessness on the health of single people, a significant number of whom have complex needs, live unsettled and transient lifestyles, and to examine the difficulties that their everyday life presents to deliver a preventative and planned approach to improve their health and well being and access to a settled and decent home.
- 4. Background:**
 - 4.1 The rationale to focus on single homelessness stems from the high demand for single person's accommodation, with individuals who have complex health needs requiring significant and intensive support from specialist services. Over half of the 15,000 people on the housing register are in need of single units. The Southampton experience, through the 2013 Homelessness Strategy Review identified homeless single people are:
 - More likely to be marginalised or isolated, with limited support networks
 - Less likely to be in priority need for the council to house them but likely to have aggregate needs that will make their life more chaotic
 - Experience barriers to accessing mainstream primary care
 - More likely to have no recourse to public funds
 - Significantly affected by the Welfare Reforms, particularly changes to the local housing allowance, migrant benefits rights and Universal Credit
 - 4.2 Homeless families and older people over 65 are much more likely to be accepted as homeless due to a priority need and are the key focus for other current initiatives such as the Families Matter and the Better Care (Integrated Transformation Fund) programmes. Therefore these groups will not be included as part of this Inquiry.
 - 4.3 The model for homelessness prevention in Southampton is delivered and commissioned by a wide range of public and third sector providers and has a strong history of collaboration and good practice through the Homeless Prevention Strategy. Despite preventing a large number of single households from becoming homeless in 2012/13 there were still 520 people on the Homeless Health Team's register. However, increasing trends of homelessness are adding pressures on services for homeless people.
 - 4.4 The national picture of funding these services is also changing with financial pressures in the public sector. Nationally, the ring-fence for Supporting People grants has been removed and across the country councils are reducing spend on Supporting People services. Additional budget pressures also prevalent in the public and third sector are placing further pressures on the services that support homeless people.
 - 4.5 There is much evidence published that homelessness and poor quality housing can have a significant and negative impact on an individual's health and well being. Those who are who

have slept rough have significantly higher levels of premature mortality. Homeless Link undertook a national audit of over 700 homeless people which demonstrated the inequality in the health needs of homeless people:

- **Mental Health** – 7 out of 10 homeless people have one or more mental health needs, although they may not be diagnosed, it is estimated that 30% of the general population experience some form of mental distress; over a third of homeless clients said they would like more support. It is estimated mental health costs £9.7 million in Southampton, with £1.3 million worth of anti-depressants prescribed in 2011/12.
- **Substance misuse** – Over half of clients in the audit use one or more types of illegal drug, with around a quarter engaged in some form of treatment or support. 3 out of 4 clients consume alcohol regularly, with 1 in 5 drinking harmful levels. Alcohol misuse in hospital admissions and primary care treatment is estimated to cost £12 million per annum in Southampton.
- **Physical health** – 8 out of 10 homeless people had one or more physical health needs including:

| Condition | Homeless People | General Population |
|--------------------------|-----------------|--------------------|
| Musculoskeletal problems | 38% | 10% |
| Respiratory problems | 32% | 5% |
| Eye complaints | 25% | 1% |

- **Tuberculosis** – TB rates have doubled in the UK in the last 10 years. The homeless population is particularly vulnerable to the disease, and more likely to present with advanced forms. However, even if diagnosed and being treated a homeless patient is also more likely to discontinue treatment given their chaotic lifestyle.

- 4.6 Primary care is the first point of contact for health services to respond to an individual's health needs. However, evidence in the national audit suggests that homeless people are more likely to access healthcare through accident and emergency services, with their stay likely to be longer. Their lifestyles may also mean that they are more likely to seek medical help when their condition has significantly deteriorated. The review will examine the picture of homelessness access to health care service in the city.
- 4.7 Historically, single homeless people have predominantly been males over 30, anecdotally these are often people who have had traumatic or troubled life experiences including service men, care leavers and offenders; however, in recent years the trend has changed to reflect a larger proportion of women with the age profile getting younger. The interventions to support homeless people are generally split into those for young people, aged 16-25 and adults.
- 4.8 This Inquiry will focus on single people who are sleeping rough, living in insecure accommodation such as a squat or sofa-surfing, in short-term accommodation such as a hostel or moved on to private rented accommodation. It will also examine the quality and impact of accommodation that homeless people move on to, which is likely to be either a shared home or a single unit.
- 4.9 The pathway from rough sleeping to settled and suitable accommodation can be a long one and requires intensive support to help an individual to move on. It is estimated that it takes 7 attempts for an individual to make a real difference to their lives through intervention, equating to approximately 2 years for individuals with intensive support to turn things around. The panel will need to recognise the long term support needed to make a

difference to these individuals and will examine the challenges and opportunities for the current homelessness support and health services delivery.

5. Objectives:

- a. To understand the current model for homelessness prevention supports and how it promotes better health outcomes for single people
- b. To recognise what works well and what needs to improve locally, learning from best practice nationally.
- c. To identify if there are any gaps or blockages in homeless prevention and health interventions for single homeless people
- d. To explore how the Houses in Multiple Occupation (HMO) Licensing scheme contributes to the health and wellbeing of tenants who have been homeless, or at risk of homelessness, and what opportunities there are to provide further support by working in partnership with others.
- e. To explore the adequacy of single accommodation and the effectiveness of the support pathway that leads to settled accommodation for those who have been homeless, inline with any existing contract periods.
- f. To consider further collaboration or invest to save opportunities that would prevent future increasing demand or reduce homelessness in the city, within existing budget constraints.

6. Methodology:

- a. Outline of current national policy and local activity including:
 - The service model for homelessness prevention and Supporting People
 - National and local data on health inequalities for single homelessness
- b. Engage commissioners, public sector and third sector providers
- c. Visit facilities to understand service provision and talk face to face with clients and frontline staff
- d. Understand client needs through direct contact with service users alongside case studies
- e. National and local health audit results and key data for Southampton
- f. Identify and consider best practice and options for future delivery:
 - National best practice examples
 - Local success stories

7. Proposed Timetable:

Five meetings February 2014 – May 2014

INQUIRY PLAN (Subject to the availability of speakers)

Meeting 1: 20 February 2014

SETTING THE SCENE

National and local picture of homelessness

Single homelessness health needs and trends

Consider the health inequalities of homelessness compared to the local population and cost /impacts of demand on services

Outline of the model for homelessness prevention and Supporting People services

To be invited to meeting:

The national perspective - Sarah Gorton, Homeless Link

The local health perspective - Andrew Mortimore, Director of Public Health

The model for homelessness prevention - Liz Slater,

Supporting People model - Matthew Waters / Stephanie Ramsey

Alison Elliott, People Director

Young People's homelessness overview

Homelessness Health team, Pam Campbell,

Cllr Payne, Cabinet Member for Housing and Sustainability

Cllr Shields, Cabinet Member for Health and Adult Social Care

Meeting 2: 20 March 2014

PART A: ACCESS TO SERVICES

To be invited:

Homelessness Prevention, Liz Slater

Homeless Health team, Pam Campbell

Substance Misuse Services, Collin Mcalister

Mental Health services – Southern Health TBC

Accommodation overview – Two Saints / Matthew Waters, Supporting People

Primary care – access and experiences of GPs

Acute Care – admission to hospital, support whilst in hospital and discharge from hospital

Probation / YOT

PART B: SERVICE PROVIDERS

Adults:

Society of St James

Two Saints

Floating support to keep people in their own services

MIND – Richmond Fellowship

Young People

YMCA

Chapter 1

No Limits

Visits to be arranged prior to meeting

Homeless Health Team

Two Saints

Patrick House

Breathing Space

No Limits

GP Forum 12th March

Good practice examples – to be advised

Meeting 3: 2nd April 2014

MOVING ON TO LONG TERM ACCOMMODATION IN THE PRIVATE SECTOR

To examine the quality and availability of accommodation in the private sector

To be invited:

Housing Strategy - Liz Slater, Barbara Compton

Regulatory Services – licensing and quality of private rented accommodation

Landlord's perspective

Housing 'Right to Buy' receipts – opportunity for single unit accommodation – Sherree Stanley

Meeting 4: 17th April 2014

MOVING ON: LIFE SKILLS AND ADVICE

Helping individuals to develop the skills and the confidence to stay in settled and safe accommodation

To be invited:

Housing Needs Manager

Booth Centre

EU Welcome / border control

No Limits

Society of St James

Two Saints

YMCA

Chapter 1

Meeting 5: 4th May 2014

INQUIRY RECOMMENDATIONS

Overview of the evidence and emerging recommendations

Public Health

Housing Needs Manager

Supporting People Commissioner

CCG