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Improving health and wellbeing, and reducing health inequalities
through action to end homelessness

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17 October 2019

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Definitions, ambition and outcomes

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Homelessness?

- Roofless: sleeping rough or night shelter
- Houseless: with a place to sleep but temporary, in institutions
- Living in insecure housing: threatened with severe exclusion due to insecure tenancies, eviction, domestic violence
- Living in inadequate housing: in non-conventional or temporary structures, in unfit housing, extreme overcrowding

Source: ETHOS, FEANTSA

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Health?

"State of complete physical, mental, and social well being, and not merely the absence of disease or infirmity."

Source: World Health Organisation (WHO)

- *Public health:* "the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society"
  Source: WHO
- *Health care:* no single definition – broadly speaking, systems and services to prevent and treat ill-health

"Wellbeing, put simply, is about 'how we are doing' as individuals, communities and as a nation and how sustainable this is for the future."

Source: What works for wellbeing

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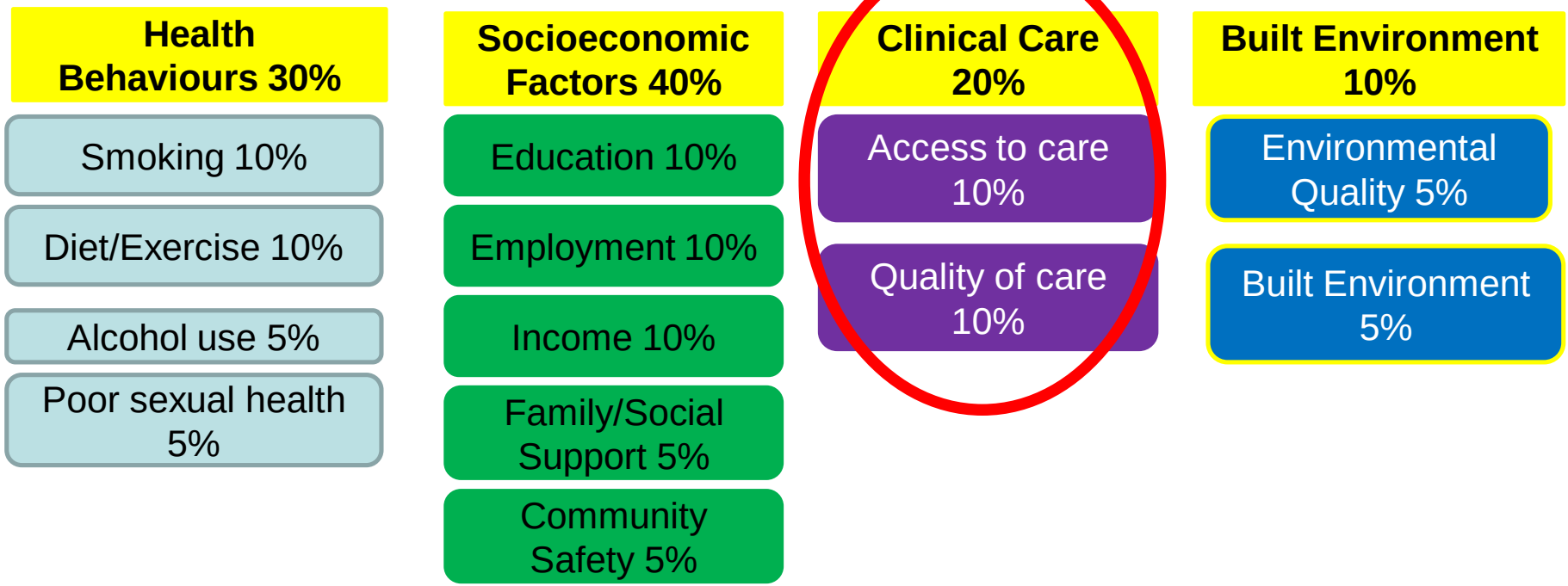
The NHS Long Term Plan

Contributors to health outcomes



Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

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Ambition & wider context

Enabling people to live more independent, healthier lives for longer, & narrowing the gap

DHSC business plan & prevention green paper

Identifying and preventing homelessness earlier

Homelessness Reduction Act 2017

Ending rough sleeping (halve rough sleeping by 2022)

Rough sleeping strategy etc,

Tackle homelessness experienced by all populations

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Three outcomes

Strategy theme	Outcome
Prevent	Ill-health and health conditions do not contribute to homelessness
Intervene (and recover)	Homelessness does not prevent access to services of equal quality, mitigating impact of homelessness on health
Recover (and prevent)	Ill-health and health conditions do not prevent someone moving on from homelessness, or sustaining a settled lifestyle

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What should be in place?

- **An understanding** of what needs to be different in the health and care system: assessment of needs and services
- **Shared ambition** to end rough sleeping & other forms of homelessness, & leadership and governance to achieve this
- **Plans in place** to deliver change across systems, sectors, services, professions, drawing on 'what works', strengths & assets
- **Appropriate, accessible, timely, flexible and quality services, with clear pathways in place to improved outcomes**
- Temporary & settled **homes provide a healthy & suitable environment**
- **Experiences of the health and care system,** of people who have been homeless, are listened to and acted on

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The population, health and health inequalities

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The population

Households	Who
109,470	Approached for homelessness assistance 2017/18
58,660	Were owed new statutory homeless duty April – June 2018
83,310	In temporary accommodation 30 June 2018
4,677	Rough sleeping Autumn 2018

Unmet health, care and support needs contribute to homelessness & prevent households moving on from homelessness

Homelessness contributes to and exacerbates health, care and support needs

Support needs	Population (England)		England change 2009/10 – 2017/18
	England	Yorkshire and Humber	
Mental health problems	12,700 (21.7%)	1,670 (29%)	+ 83%
Physical disability	8,190 (14%)	960 (16.8%)	+ 76%
Substance misuse	5,600 (9%)	840 (14.7%)	
Learning disability	2,540 (4.3%)	320 (5.6%)	
			v. +41% all households

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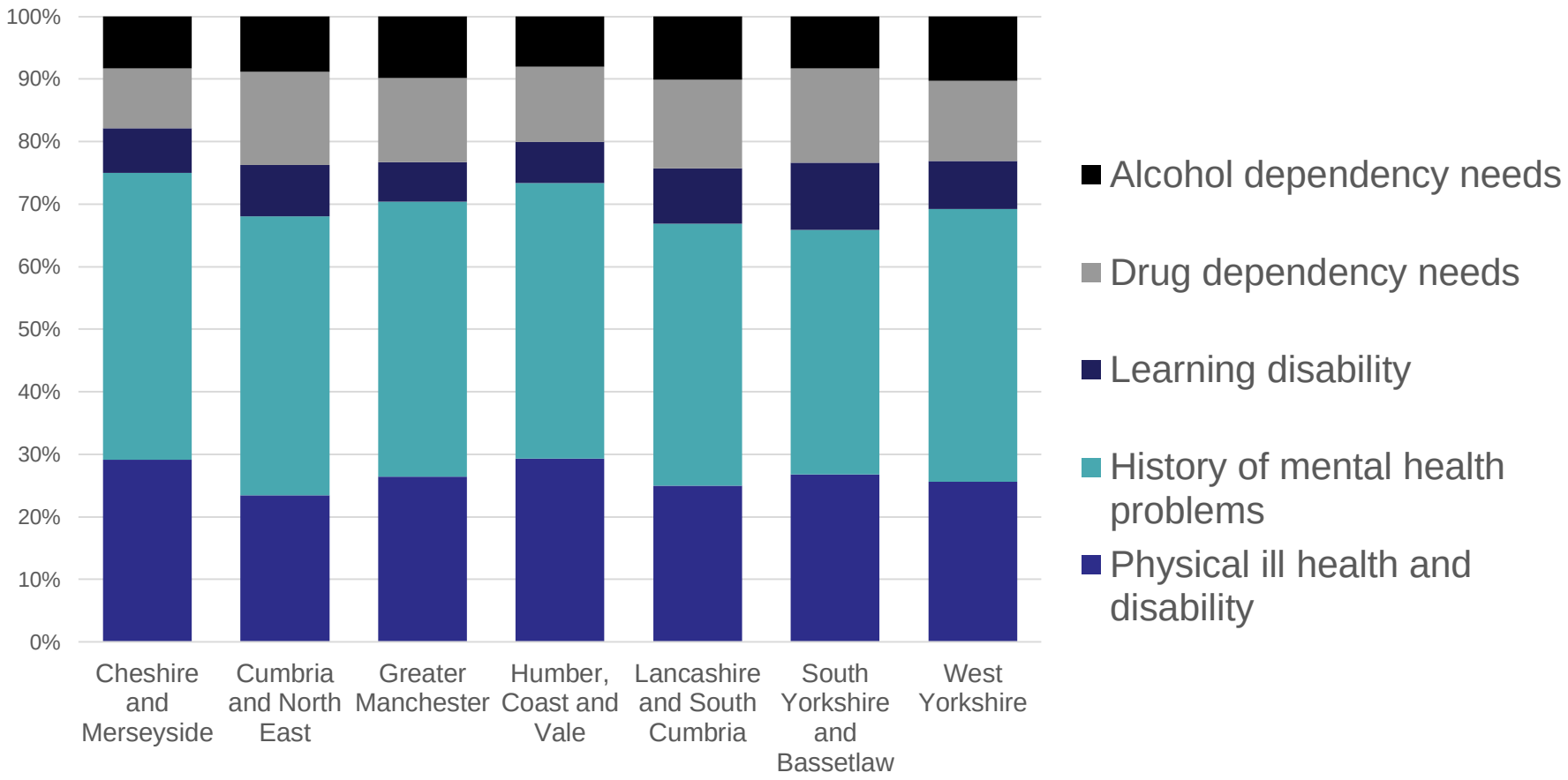
Health related support needs by STP/ICS



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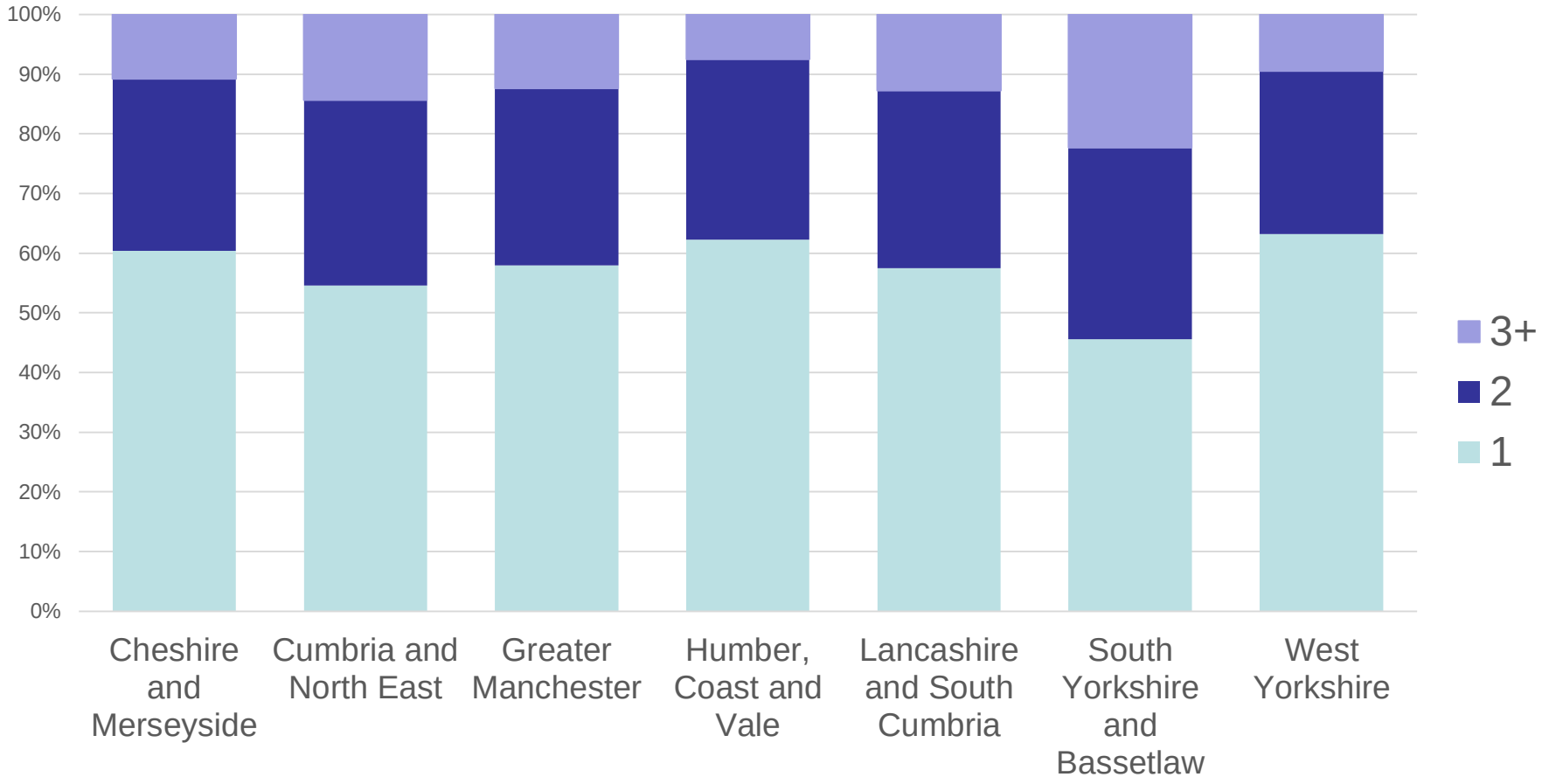
Households with one or more health related support needs



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Why focus on health?

Homelessness

- Prevents us from protecting & improving health & wellbeing
- Can result from ill-health, and can exacerbate existing health conditions
- Presents barriers to access, and outcomes from, health care, public health and social care services
- More likely amongst populations who also experience wider inequalities eg, care leavers, criminal justice contact, LGBTQ
- The earlier and longer the experience, the greater health risks
- A measure of our collective success, or otherwise, in reducing inequalities
- Costs up to £1bn pa. (2012) Net NHS £64m pa. (2010) – 169% increase in RS (to 2017)

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Health inequalities and homelessness

Extreme health inequalities and inequity

- A young ‘old’ population (frailty evident)
- Co-morbidity not uncommon amongst people who have experienced homelessness and rough sleeping for some time
- People report much poorer health than general population
- Mortality rates are eight to twelve-fold higher than general population
- ONS estimated 726 deaths in England and Wales registered in 2018, the highest year-to-year increase (22%) since 2013
  - Mean age of death is 45 males & 43 females compared to 76 and 81 respectively in general population
- One third deaths from treatable conditions (UCL)

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What are we doing? And what's next?

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Rough sleeping strategy: intervene and recovery

In place?	Rough Sleeping Strategy
Understanding	• Rapid **audit of health services** for rough sleepers • Testing **inclusion of housing status in NHS data sets** • *(Homeless Link Health Needs Audit)*
Shared ambition	• **Health advisory group & cross government working** • Support to Health and Wellbeing Boards • *Data and accountability*
Plans in place	• Plans for rough sleeping and reducing homelessness • *Supporting local **delivery of RSI** and other funding programmes*
Services & pathways	• **NHS Long Term Plan £30m mental health services** • Testing **models of access** to services (co-occurring needs) • Promoting effective models eg, **hospital discharge, primary care** • *Training frontline workers in how to manage people using NPS* • Ensuring safeguarding eg, through reviews where appropriate • *(**GLA's mental health** initiative)*
Homes	• *Reviews of supported housing and hostel provision* • *Supported lettings and navigators*
Lived experience	• *Peer research to support health audit and costs research*

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What works?

Evidence that individual, service & system integration required

Recent & emerging research

- Hospital discharge requires integrated intermediate care model (KCL, 2019)
- Step down/step up, respite & residential, out & in-reach (UCL & KCL 2018)
- Care co-ordination of multi-component interventions (Lancet 2018)
- Whole person approach, strengths, assets & relational, across systems/services
- Workforce permitted to innovate but someone 'has their back' (King's Fund/ADASS)
- DHSC/MHCLG Audit of services in 67 areas
  - 214 services in 40 LAs taking MDT approach, co-location etc.
  - 10 LAs integrated commissioning/BCF & social care £ eg, discharge, MDT
- New approaches and models
  - Brighton's approach to frailty (BCF)
  - Exeter Integrated Care approach to multiple and complex needs
  - Plymouth commissioning outcomes 'bottom-up'
  - Trauma informed care – system wide, not just services

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What next?

If you're not housed and/or younger person experiencing frailty, co-morbidity, complex needs (incl. end of life)

what does health, care, support and home look like?

- DHSC & MHCLG
  - Prevention Green Paper: home as a protective factor but also populations experiencing poorer health outcomes than the wider population
  - Social care has a role in keeping people living more independent, healthier lives for longer in their community
  - The Better Care Fund, integration policy and the High Impact Change Model
- NHS England
  - LTP & frameworks propose a new integrated service model: more options, better support, joined-up care at the right time in the optimal care setting
  - Social workers & AHPs and social care funding are essential components
  - MH framework: requires assessment of needs and mechanisms in place
- Government: next strategy for reducing homelessness & ending rough sleeping

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Opportunities & challenges in the LTP

Thinking about 'local' priorities

If people experiencing homelessness are to benefit from the long term plan, what are the opportunities and challenges?

- 'More options, better support, properly joined-up care at the right time, in the optimal care setting' (new models of care)
- National prevention programmes and action on health inequalities
- Improvements in care quality and outcomes
- Workforce, technology and digitally enabled care

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Mental health & homelessness in the LTP

- Mental health implementation framework
- Local plans
  - Co-production, genuine partnership with local public, VCSE & private sector
  - Understanding health inequalities and impact on delivery and transformation
- Advancing mental health equalities: how will you do this?
- Opportunity for VCSE sector leadership
- Rough sleeping mental health support:
  - ‘All areas… ‘
  - ‘Should include work to complete MH assessment….to increase access’
  - A trauma-informed approach
- Adult Severe Mental Illnesses Community Care: Rehab needs or a ‘PD’ diagnosis
- MH crisis care & liaison: how will ‘home treatment’ work for people?
- Suicide reduction: targeted resources to achieve local deliverables
- CYP support: intention for comprehensive 0-25 support offer

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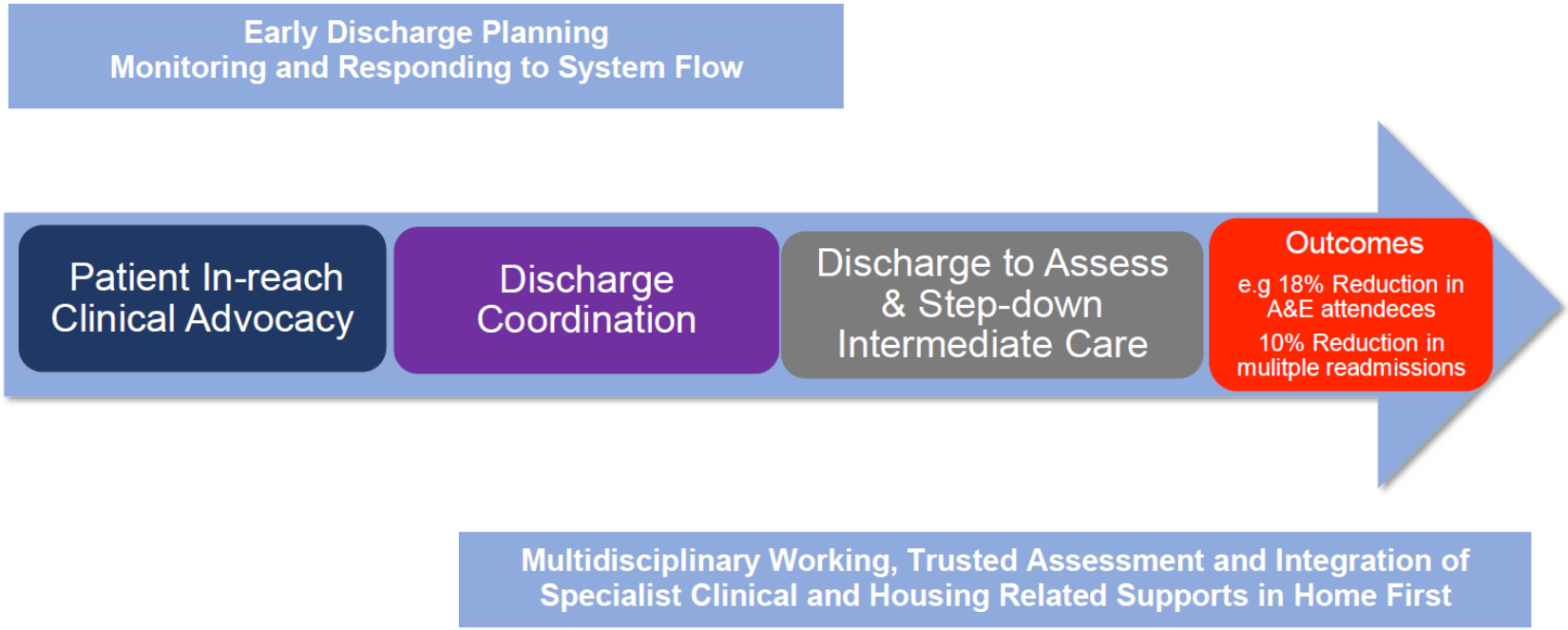
Out of hospital care models

Transforming Out of Hospital Care for People who are Homeless
High Impact Change Model (HICM) for Transfers Between Hospital & Home

SUPPORT TOOL: A Sensitivities Checklist for Homelessness



homeless hospital discharge scheme.

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