



HEALTH & WELLBEING BOARD ADDENDUM

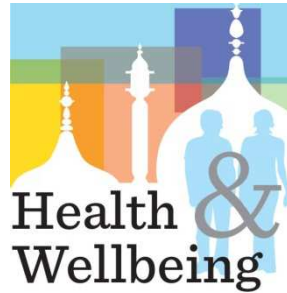
4.00PM, TUESDAY, 9 DECEMBER 2014

COUNCIL CHAMBER, HOVE TOWN HALL



ADDENDUM

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Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

Addendum Joint Strategic Needs Assessment Update Appendix

Rough sleeping and single homeless:

Earlier draft in papers. Final draft attached.

Dementia: Page 2, paragraph 2

Updated to reflect more recent dementia prevalence data from the Quality and Outcomes Framework 2013/14 published 28/11/2014:

Dementia has been included in the Quality and Outcomes Framework (QOF) measures for GP practices since 2006/07. Since that time the proportion of the GP registered population on local practice dementia registers has increased slightly from 0.3% to 0.5% in 2013/14 (reflecting an increase in actual numbers from 937 to 1,454).¹ This compares to 0.6% in England and in the South of England Commissioning Region. It is also lower than the 12 other Surrey and Sussex Commissioning Groups. QOF data is not adjustable by age, so care should be taken when making comparisons to other CCGs, particularly those in Surrey and Sussex, as Brighton & Hove has a lower proportion of people aged 65 or over.²

¹ Health and Social Care Information Centre . Quality and Outcomes Framework (QOF) - 2013-14 available at: <http://www.hscic.gov.uk/catalogue/PUB15751> [Accessed on 09/12/2014]

² Brighton and Hove Clinical Commissioning Group and Brighton & Hove City Council. Dementia Needs Assessment. May 2014.

6.4.3 Rough sleeping & single homeless Brighton & Hove JSNA 2014

Why is this issue important?

This section summarises the needs of people who are sleeping rough on the streets and includes those in insecure, temporary accommodation such as hostels.

Homelessness and rough sleeping have been increasing nationally in recent years. Between Autumn 2010 and Autumn 2013 the national rough sleeper snapshot count rose 37% with numbers rising most rapidly in London and the South of England.¹

Health and wellbeing needs are high among rough sleepers. In particular, there is a high prevalence of mental ill-health and drug and alcohol dependency. Other common problems include physical trauma (especially foot trauma), skin problems, respiratory illness and infections (including hepatitis A, B and C).²

Nationally, it is estimated that the use of inpatient hospital care by people who are sleeping rough or living in insecure accommodation (such as hostels) is eight times higher than in the general population aged 16-64.²

The average age of death for a homeless person is 47 years old compared to 77 for the general population, with death from drugs and alcohol being particularly common.³

Key outcomes

Rough sleeping is not included as an indicator in NHS, Public Health, or Adult Social Care Outcomes Frameworks. There are a number of related indicators including suicide and alcohol hospital related admissions.

The Common Data Framework (formerly the 'Supporting People Outcomes Framework') enables local authorities to monitor outcomes for vulnerable adults accessing housing-related support. Key outcomes measure how client needs have been met across key areas of economic wellbeing, work and learning, health, accommodation and enabling choice and control.

¹ Department for Communities and Local Government. 2014

² Wright NMJ and Tompkins. How can health services effectively meet the health needs of homeless people? Br J Gen Pract. 2006 April 1; 56(525): 286-293.

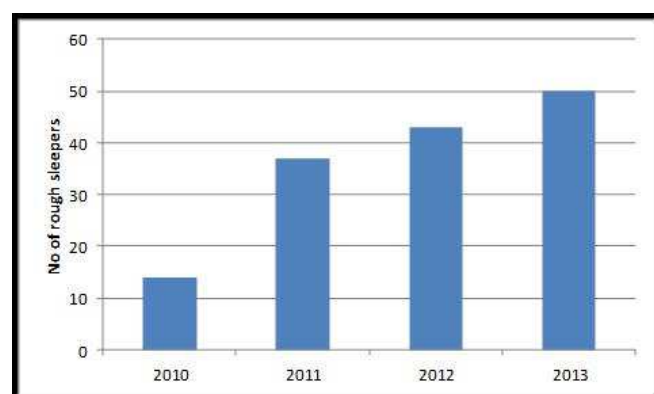
³ Crisis. Homelessness Kills. 2012

One of the key performance indicators for Band 2 hostel accommodation is planned moves to greater independence. Of those leaving hostels in 2013/14 52% moved on to greater independence. In Supported Band 3 accommodation 70% moved on to greater independence, this was a dip in the performance of previous years. due to a combination of fewer moves overall and 12 abandonments/evictions (50% above recent levels). While we are currently seeing a recovery in the percentage, we continue to see a slower move-on rate as clients no longer have priority access to council properties.

Impact in Brighton & Hove

Locally there has been a sharp increase in the number of recorded rough sleepers in the city. In November 2010 the official rough sleeper street count figure was 14, in 2011 it was 37 and in 2013 this figure had risen to 50 (figure 1).

Figure 1: Total rough sleepers found on the annual street count 2010-2013



Source: Department for Communities and Local Government

The rough sleeper count does not give a complete picture of the scale of the issue. A group of partner agencies, led by the council, took part in an estimate exercise in March 2014. The aim of the exercise was to estimate the number of people sleeping rough on one 'typical' night in Brighton & Hove. The final estimate figure was 132 individuals. CRI, who deliver services to this group locally, worked with 588 rough sleepers in 2010/11, 732 in 2011/12 and 1,163 in 2012/13 a 98% increase over three years. In 2013/14 there was a slight drop to 1066.

This high number of rough sleepers places pressures on health, housing support services and other statutory partners.

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In 2013 a Homeless Health Needs Audit was conducted in Brighton and Hove homeless services, which included analysis of data from 302 respondents. This confirmed the high levels of physical, mental, and substance misuse needs in this population. For example:

- 84% reported at least one physical health problem
- 85% reported at least one mental health issue (nearly four in ten had been diagnosed with depression)
- 40% reported that they were a drug user or recovering from a drug problem
- 26% reported that they used alcohol at a harmful level
- Many had other health risks, for example, 73% were smokers (of whom one in two said they would like to stop)
- Coverage of flu vaccination amongst those eligible was low
- 39% had attended A&E at least once (the most common reasons for the visit were accidents, mental health and alcohol use)
- 25% had been admitted to hospital (the most common reasons were alcohol use, accidents and stomach pains).

This audit built on findings reported in previous JSNAs that indicated high mortality rates and high levels of hospital attendances, admissions and readmissions in homeless people.^{4,5}

Current Housing Commissioning strategies⁶ include priorities that aim to improve outcomes by:

- Helping clients to move on to more independent accommodation through the Brighton & Hove Integrated Support Pathway⁷
- Increasing accommodation options for locally connected rough sleepers

- Increasing housing and support options for people with no local connection to find accommodation and support outside of the city
- Developing psychological intervention support
- Developing personalisation in support packages
- Focusing on the recovery and reintegration agenda
- Improving support and access for those with a Dual Diagnosis or multiple complex needs
- Preventing unplanned hospital admissions.

Where we are doing well

Local commissioned services working with this client group are well co-ordinated within a successful local partnership structure which includes commissioned and non-commissioned services. These include:

- The 'No Second Night Out' project. This aims to target those new to rough sleeping and move them off the streets before they become entrenched. In 2012/13 this project saw 76 individuals supported with 98% being accommodated. In 2013/14 this rose to 148 with 106 people being accommodated.
- At First Base Day Centre in 2011/12 an average of 52 rough sleepers were seen per day; of these 397 had a planned support programme, 225 accessed sport and fitness programmes, 308 were seen by St Johns Ambulance and 313 were seen by an oral hygienist.
- Brighton & Hove operates a severe weather shelter (SWEP) to ensure that rough sleepers are housed when the temperature drops below 0 degrees for three nights in a row. The provision run by Brighton Housing Trust has coped with increasing demand in 2012/13
 - In 2011/12 SWEP was open for 21 nights and provided 541 bed spaces between January and February 2012.
 - In 2012/13 SWEP was open for 44 nights providing a total of 1714 bed

⁴ NHS Brighton and Hove and Brighton & Hove City Council. Vital: Annual Public Health Report of the Director of Public Health. 2011.

⁵ www.bsuh.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=387306 [Accessed 25/08/2014].

⁶ Homelessness Strategy 2014-19 and Commissioning Strategy for Housing-Related Support, 2011-2015.

⁷ For more details see the Brighton & Hove Homelessness Strategy.

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spaces from November 2012 to April 2013.

- The average (mean) number of individuals accommodated each night during SWEP was 26 in 2011/12 and 40 in 2012/13.
- 2013/14 was a milder winter and SWEP opened on 12 nights and accommodated 86 people.
- The alcohol nurse was introduced to work intensively with hostel residents with alcohol dependency issues. Between May 2011 and May 2012 the cohort of clients worked with reduced their emergency call outs (Ambulance) by 37%, their presentations at A&E by 29% and their hospital admissions by 18%. Evictions from hostel accommodation were also greatly reduced for this client group.

A major local initiative to improve services and the health and wellbeing of the homeless has been established as part of the Better Care programme. It will transform housing and social care for homeless people by 2016. Involvement of representatives of homeless people is at the heart of designing the new services, which will be closely linked with existing housing related support and mainstream health services. In addition to long established health services (such as Brighton Homeless Healthcare at Morley Street) the initiative brings together newly established services including:

- Hostels Health Team, established in 2013 by Sussex Community Trust to provide assessment, treatment and advice for those with chronic conditions and physical health needs.
- Pathway Plus, which aims to improve outcomes by improving hospital admission and discharge, and follow up, linking with existing housing and health services.

Local inequalities

The rough sleeper and single homeless population is not representative of the wider population of Brighton & Hove. The characteristics of respondents to the homeless health audit were:

- 78% male; 22% female
- 69% were aged 45 or under; 28% were aged 45-65; and 3% were aged over 65
- 72% were White British and 28% from a Black and Minority Ethnic group
- 89% indicated that they were UK nationals
- 50% reported that they had a disability
- 13% were lesbian, gay or bisexual (LGB)
- 2% identified as transgender (although this finding was based on small numbers)
- 7% indicated that they had left care services for young people in the last five years

Some key findings of the health audit in relation to inequalities were:

- Respondents aged 46 and over had significantly higher rates of physical health problems, and 26-45 year olds had a higher rate of mental health conditions.
- LGB respondents were significantly more likely to have a physical health problem and a diagnosed mental health problem
- There were significantly higher rates of smoking and drug use in White British and hostel residents.

Predicted future need

The impact of the Welfare Reform Bill is still being felt with reductions in council tax relief, changes to Disability Living Allowance, the reduction of Housing Benefit to over occupiers, the cap on overall benefits payments and the introduction of Universal Credit still being rolled out in England and Wales.⁸ We predict that these changes will increase the number of individuals unable to sustain their accommodation in the coming year.

The significant increase in numbers of rough sleepers which we have witnessed in recent years has placed unprecedented pressure on existing services and we expect this to continue at a time of decreasing funding.

⁸ Homeless Link response to Welfare Reform Bill 2011
<http://homeless.org.uk/news/homeless-link-response-welfare-reform-bill>
[Accessed on 25/08/2012].

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What we don't know

We don't know about many of the hidden homeless in our city who may be living in squats, sleeping on sofas, and staying with friends and family, and are therefore not captured in local needs data. Nationally one study has shown that of 437 single homeless individuals 62% were hidden homeless and a quarter had never accessed any accommodation provided by a homeless or housing organisation.⁹

We cannot estimate the number of people affected by welfare reform who will subsequently have an episode of rough sleeping.

Key evidence and policy

Vision to end rough sleeping: No Second Night Out nationwide, 2011. Department for Communities and Local Government

<http://www.communities.gov.uk/publications/housing/visionendroughsleeping>

Making every contact count – a joint approach to preventing homelessness August 2012

www.gov.uk/government/publications/making-every-contact-count-a-joint-approach-to-preventing-homelessness

Recommended future local priorities

1. Develop a more integrated approach to improving outcomes by transforming health and social care for homeless people
2. Review the current ISP to facilitate more personalised support options.
3. Commission services and resources to support the No Second Night Out strategy and implement the refreshed 2014-2019 Homelessness Strategy
4. Develop further rough sleeping prevention initiatives across Sussex with neighbouring authorities.

Key links to other sections

- Housing
- Mental health
- Substance misuse

- Alcohol
- Dual diagnosis
- Urgent care

Further information

Brighton & Hove City Council homelessness webpage

<http://www.brighton-hove.gov.uk/index.cfm?request=c306>

2014 Homeless Health Audit and Rough Sleeping and 2013 Single Homeless Needs Assessment are available at:

<http://www.bhconnected.org.uk/content/needs-assessments>

Last updated

October 2014

⁹ Crisis, K Reeve with E Batty, The Hidden Truth about Homelessness – Experiences of Single Homelessness in England, May 2011