Coventry City Council

Briefing Note

To: Coventry Health and Wellbeing Board **Date:6th March 2024**

From: Sophie Hall - Housing and Homelessness Commissioning and Partnerships Lead

Title: Improving health and wellbeing provision for people experiencing homelessness in Coventry

1 Purpose

1.1 The core 20 PLUS 5 groups identified for Coventry and Warwickshire are newly arrived and transient communities, including people who are homeless. They were identified because of the significant inequalities they experience in healthcare including access to services, their experience of services and the outcomes they receive.

1.2 The NICE guidance (integrated health and social care for people experiencing homelessness NICE guideline [NG214] Published: 16 March 2022) recognises that more effort and targeted approaches are often needed to ensure that health and social care for people experiencing homelessness is available, accessible, and provided to the same standards and quality as for the general population.

1.3 The purpose of this report is to highlight the work that is currently taking place in relation to homelessness and health. Additionally, it is to request that the Health & Wellbeing Board members support the ambition to achieve greater alignment in the provision of health care, support and interventions when considering health inequalities and homelessness in the future with a key opportunity for doing so being through the Homelessness and Rough Sleeper strategy which is being refreshed in 2024.

2 Recommendations

The Board are asked to:

- **Support the ambition to achieve greater alignment in the provision of health care, support and interventions when considering health inequalities and homelessness in the future with a key opportunity for doing so being through the Homelessness and Rough Sleeper strategy which is being refreshed in 2024.**

- **Use the Strategy renewal as an opportunity to consider as a system how we might better improve health outcomes for people who are homeless. In progressing this it is proposed to use the https://www.nice.org.uk/guidance/NG214 guidance that explores how LAs are providing integrated health and social care services for people experiencing homelessness and ensure care, support and interventions are coordinated across different services. Undertaking a self-assessment to establish a clear baseline of our provision and services is the recommended starting point for this work.**

3 Information/Background

National context

3.1 The Homelessness Reduction Act 2017 places a duty on local authorities to relieve homelessness for all eligible homeless applicants, and to prevent homelessness for all eligible applicants threatened with homelessness.

3.2 The Conservative Party's manifesto at the 2019 election included a commitment to end "the blight of rough sleeping by the end of the next Parliament". The Ending Rough Sleeping for Good strategy was published in September 2022 by the Department for Levelling Up, Housing and Communities, (DLUHC) setting out a vision to prevent rough sleeping wherever possible.

3.3 New government data estimates 2,893 people were sleeping rough on a single night in England in June 2023. That most recent count was a decrease on the official snapshot which estimated 3,069 people were sleeping rough on a single night in autumn 2022. However, the June 2023 count still represents a rise of 446 people since March 2023, and an increase of 445 people since the same time in 2022.

3.4 The majority of people sleeping rough in England are male, aged over 26 years old and from the UK. Meanwhile the Office for National Statistics found men who are living on the street outnumber women at a ratio of six to one. In some areas of the country, and particularly in London, there is a significant number of people sleeping rough who do not have recourse to public funds (NRPF).

3.5 Women are often missing from rough sleeping counts because they tend to be less visible than male rough sleepers due to the risk of violence on the streets. That means women are more likely to seek shelter in cafes, transport hubs or other places rather than bedding down outside.

3.6 As for wider homelessness in England, English councils supported 298,430 households to prevent or relieve homelessness between April 2022 and March 2023. That's 6.8% higher than the previous year and 3% above pre-Covid levels in 2019-20.

3.7 The number of households living in temporary accommodation in England is at an all-time high. As of June 2023, 105,750 households were living in temporary accommodation, including 65,000 households with children.

3.8 A survey by Shelter of people in temporary accommodation found that 63% reported that living in temporary accommodation had a negative impact on their mental health 51% reported it had a negative impact on their physical health; 39% reported that it made it harder to access healthcare.

Coventry context

3.9 During 2022/23 – approximately 5798 households approached the council for housing advice. Approximately 833 of these were at risk of homelessness (prevention) and approximately 1955 of these were homeless at the point of contacting us (relief). A total of 2495 households were accommodated in temporary accommodation in Coventry during 2022/23, this was a 24% increase from the previous year. 1135 of these households accommodated in TA included children. As at the 21 February 2024 there was a total of 1140 households in TA provided by the City Council which included 787 families and 353 single people.

3.10 The most common reasons for homelessness were either that parents or other relatives were no longer able or willing to provide accommodation, end of a Private Rented Sector (PRS) tenancy or the breakdown of a relationship.

3.11 Over the last 12 months we have seen a sharp increase in the numbers of people we find rough sleeping in the city. The table below illustrates recent patterns in rough sleeping, over Q2 & Q3; July to December 2023.

	Single Night Figure (snapshot on one night and not indicative of a typical night)	Total individuals found that month	New people (not known to rough sleep in last 5 years)	People who moved into long term accommodation (usually 6 months+)
Dec 23	9	48	6	12
Nov 23	10	61	16	10
Oct 23	11	73	15	11
Sept 23	22	89	15	14
Aug 23	12	88	35	18
July 23	14	85	16	18

3.12 Between July 2023 and January 2024, 23 individuals who were found rough sleeping had been discharged from hospital. The top reasons for those who rough

sleep attending hospital are: infections (Sepsis, Cellulites, Strep) DVTs and abscesses/ wounds.

3.13 In the last 3 years there have been 21 Deaths in Temporary accommodation that were due to ill health. (2021- 5, 2022- 3, 2023- 13).

Homelessness and health

3.14 According to the Local Government Association (LGA) homelessness is a measure of our collective success, or otherwise, in reducing inequalities – (Local Government Association (2017) and Ill health can be both a cause and a consequence of homelessness – Public Health England (2019). In order to help people sustain stable accommodation, it has been suggested that more action is required to enable better integration of health and social care, and to help people access the healthcare services they require – NICE NG214 (2022). Unsatisfactory experiences following previous contacts with health services can lead to avoidance of further contact with NHS services and therefore people being less likely to receive healthcare despite high needs – NHS England (2023).

3.15 Core20PLUS5 is a national NHS England approach to support the reduction of healthcare inequalities at both national and local level. The core 20 PLUS5 groups identified for Coventry and Warwickshire are newly arrived and transient communities, including people who are homeless. They were identified because of the significant inequalities they experience including in healthcare access, experience and outcomes.

3.16 People who are homeless, rough sleeping or living in insecure housing typically experience multiple risk factors for poor health (such as poverty, violence, and complex trauma). They experience stigma and discrimination and are not consistently accounted for in records such as healthcare databases – variation in name spellings being one such reason, as does frequent changes or absences of an address. These experiences and factors frequently lead to barriers in access to healthcare and result in extremely poor health outcomes. Without appropriate access to primary and community care, and early / preventative interventions, people in inclusion health groups are likely to turn to acute services:

3.17 For instance, A&E attendance is 6-8 times higher for people experiencing homelessness and 28 times higher for people who experience both homelessness (rough sleeping) and alcohol dependency.

3.18 Despite inclusion health groups being disproportionally smaller in number than the general population, volume of attendance and consistently poor health outcomes lead to the cost of providing health and social care services (where required) being disproportionately higher. People experiencing homelessness often face some of the most significant health inequalities of all; with average life expectancy around 30 years lower than that of the general population.

3.19 Homeless people are more likely to die young, with an average age of death of 47 years old for men and even lower for homeless women at 43, compared to 77 for the general population, 74 for men and 80 for women.

Healthcare provision and interventions in Coventry for those who are homeless

3.20 Registration with a general practice is essential since general practitioner (GP) referrals are needed for most specialist treatment. The Anchor Centre is commissioned to provide a specialist service for people experiencing homelessness and the Meridian Centre for people with no recourse to public funds. However, many people experiencing homelessness are registered at other practices. The Anchor Centre accepts patients who have been rough sleeping, living in hostels, sofa surfing, or in temporary accommodation; around a third of the 610 patients have previously slept rough.

3.21 The city has a rough sleeping service that works proactively with people rough sleeping or at risk of rough sleeping, often supporting individuals with complex health needs to access medical interventions. Our commisoned homelessness support services have specific KPI measures around accessing health care and GP registration.

3.22 CWPT employ a homeless pathway Mental Health social worker who works closely with the rough sleeping team as well as supporting those living in temporary and supported accommodation to access support and MH interventions.

3.23 A palliative care team for those who are homeless has recently been established to support people at end of life. The vulnerable persons and complex needs forum provides a case management “team around the person “approach to supporting people at risk of homelessness due to MCN and health challenges.

3.24 Homelessness services have strong working relationships with both Adults health services and social care and with public health colleagues in terms of infectious diseases and health protection and until recently hosted an infectious disease outreach worker on behalf of the health protection function.

3.25 There has historically been a specific challenge around hospital discharge, as people were at times being discharged at night without statutory services being informed that they need accommodation. Homeless patients also have substantially higher rates of self-discharge from hospital, often linked to substance misuse. The creation of a homelessness pathway lead role at UHCW in December 2023 has already had a positive impact in terms of appropriate discharges and discharges for those who are homeless are being better coordinated and facilitated.

3.26 Homelessness services work closely with sexual health services (ISH) including support for testing and treatment when needed.

3.27 CGL have been delivering a targeted 3 year rough sleeping drug and alcohol service funded via Public Health England which includes an outreach nurse and occupational therapist.

4 Options Considered and Recommended Proposal

4.1 As illustrated, there is a significant amount of good working taking place in terms of homelessness and health in Coventry.,

4.2 The interventions we have in place have evolved as opposed to being part of a planned programme of work, where key outcomes and outputs have been identified. This has meant that at times the approach is disjointed and reactionary and makes future planning and prioritising in terms of service provision, consultation and intervention difficult.

4.3 It is a statutory requirement on the local authority to have a Homelessness and Rough Sleeper strategy. The current strategy expires in 2024 and work is soon to commence to renew this strategy. It is proposed that this strategy renewal is used as an opportunity to consider as a system how we might better improve health outcomes for people who are homeless. In progressing this will propose to use the https://www.nice.org.uk/guidance/NG214 guidance that explores how LAs are providing integrated health and social care services for people experiencing homelessness and ensure care, support and interventions are coordinated across different services. Undertaking a self-assessment to establish a clear baseline of our provision and services is the recommended starting point for this work.

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