Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	**Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel**	
MEETING/ DECISION DATE:	**11 December 2023**	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	**The health of the homeless population in B&NES**	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: **None**		

1 THE ISSUE

1.1 The Policy Development & Scrutiny Panel asked for a report on the health of homeless people in B&NES, particularly the health of people sleeping rough.

1.2 The report included in this paper summarises key points for the Panel.

2 RECOMMENDATION

The Panel is asked to:

2.1 Note the information in the report.

3 THE REPORT

3.1 The focus on this report is on people who are sleeping rough in B&NES.

3.2 There are a wider group of people in B&NES, at risk of rough sleeping, who are either threatened with homelessness (277 households in 2022/23[1]) or currently homeless (218 households in 2022/23). These are defined nationally, falling in to two categories and place certain duties on local authorities.

[1] [2] DLUHC - Tables on homelessness - Detailed local authority level tables: financial year 2022-23

3.3 Households assessed as being owed a prevention duty is where a household is assessed as being at risk of homelessness within the next 56 days; a relief duty is where a household is assessed as being already homeless[2].

3.4 B&NES has had a consistently lower rate of households owed a prevention duty (risk of homelessness) than England over the last 5 years. However, the rate has increased from 1.9 to 2.6 per 1,000 households in one year, representing an increase of 37% (77 additional households). B&NES has also had a consistently lower rate of households owed a relief duty (already homeless) than England over the last 5 years. Nonetheless, B&NES has seen a 40% increase in the last year[3].

3.5 Of the 495 households in B&NES owed a prevention or relief duty, two-thirds (67%) had additional support needs. 30% were for a history of mental health issues, and 29% physical ill health and disability. Homelessness and ill health are intrinsically linked and households living in unsettled accommodation are more likely to experience mental ill health.

3.6 Where a duty is owed, the local authority must ensure that suitable temporary accommodation is available. The duty continues until a settled housing solution becomes available for them, or some other circumstance brings the duty to an end.

3.7 Rough sleepers are defined by the Department for Levelling Up, Housing and Communities for the purposes of rough sleeping counts. The definition is:

(1) people sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments)

(2) people in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bashes').

3.8 The definition does not include people in hostels or shelters and so underestimates the wider community of people at risk of sleeping rough.

3.9 An annual rough sleeping snapshot takes place on a single date chosen by the local authority in Autumn, between 1 October and 30 November. The most recent figures in B&NES estimated that 12 people were observed to be sleeping rough on that one night. However, local housing data suggests that around 180 people are sleeping rough at some point over the course of the last year in B&NES[4].

3.10 National figures show around 66% of rough sleepers have problematic drug and alcohol use (Crisis, 2021), the majority being opiate use. This equates to 160 rough sleepers in B&NES. Only about 50 people are actively engaged with local treatment services.

3.11 Data from the Royal United Hospital (RUH) in Bath suggests half of homeless patients seen by them had an alcohol dependency.

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[3] B&NES Council Strategic Evidence Base
[4] Internal analysis.

3.12 The Local Authority has been successful in gaining funding from the Office for Health Improvement and Disparities (OHID) worth £1,372,231 over 3 years to improve drug and alcohol treatments support outcomes for people experiencing, or at risk of, rough sleeping who have drug and alcohol dependency needs.

3.13 The additional investment and associated innovative working practices has been effective. The most recent figures show the total number of rough sleepers and people at risk of rough sleeping who engaged in structured treatment is 86, exceeding the 2023/24 target of 70 people.

3.14 Chronic homelessness is characterised by physical ill health, mental ill health and substance use.

3.15 The long-term homeless often die at a much younger age than the general population and have a much poorer quality of life. Being homeless for even a short period of time increases the risk of long-term health problems.

3.16 When homeless people die it is usually due to treatable medical problems.

3.17 Many people who are affected by homelessness are very high users of NHS hospital services, attending A&E departments up to six times as often as the general population, are admitted four times as often, and once admitted tend to stay three times as long in hospital.

3.18 Evidence shows that people who experience homelessness for three months or longer and do not have access to a Homeless Healthcare Service, cost on average £4,298 per person to NHS services and £2,099 per person for mental health services per year.[5]

3.19 Using these figures, the cost of healthcare for the 50 homeless patients currently receiving care at Julian House in B&NES would be £214,900 for NHS services and £104,950 for mental health services, totalling £319,850[6].

3.20 B&NES has the highest number of rough sleepers relative to its population size compared to Swindon and Wiltshire[6].

3.21 In recognition of the greater need in B&NES, the locality currently has a dedicated homeless healthcare service comprising of daily clinics co-located with the homeless hostel and outreach services. The service has proved effective in engaging with homeless patients that would not otherwise present at a mainstream GP practice. In Swindon and Wiltshire, provision is through Locally Commissioned Service contracts offered to primary care.

3.22 The Local Authority reviews sudden deaths suspected to be from alcohol or drugs. A significant minority of these deaths are amongst homeless people. We build on learning from these deaths to inform the action plan of the B&NES Drug and Alcohol Partnership, jointly led by the Council and the Police.

3.23 Due to the poor health of homeless people in B&NES, they have been identified as one of the 'Plus' groups within the Core20Plus5 inequalities programme for

[5] Crisis (2016) Better than Cure?
[6] BSW NHS ICB analysis

B&NES. This focuses on the 20% most deprived areas, 'plus' other groups known to have worse outcomes than others in the local population and who may face marginalisation and difficulties accessing services. Through this programme, a small amount of fixed term funding has been awarded to two third sector organisations to support 1) hospital discharge for people at high risk of homelessness and 2) end of life care for people who are homeless.

3.24 As people sleeping rough are at high risk of poor health outcomes or even death during cold weather episodes plans are put in place to support those who are sleeping rough locally. Services can trigger Severe Weather Emergency Protocols (SWEP) which enables them to identify who and where the most vulnerable individuals are, how accommodation will be provided for them when SWEP are triggered, and other ways to help through periods of cold weather. This work is led by the Council's Housing team with key local partners Julian House and overseen by the B&NES Homeless Partnership.

3.25 Key preventative measures are also promoted such as COVID-19 and flu vaccination for people sleeping rough, and for eligible staff members, to reduce risks of infection.

4 STATUTORY CONSIDERATIONS

4.1 The Homelessness Reduction Act 2017 places duties on local housing authorities to take reasonable steps to prevent and relieve an eligible applicant's homelessness. Once the local housing authority has agreed that the applicant is homeless or threatened with homelessness and is eligible for assistance (based on their immigration status), they will work with the applicant to develop a personalised housing plan.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 There are no specific financial implications for the local authority addressed in the report.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

7.1 The work described in the report aims to improve the health of one of the most marginalised groups in our community.

8 CLIMATE CHANGE

8.1 There are no specific climate change issues addressed by the report.

9 OTHER OPTIONS CONSIDERED

9.1 None.

10 CONSULTATION

10.1 The report has been approved by the Cabinet Member for Adult Services and Public Health.

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Background papers	
Please contact the report author if you need to access this report in an alternative format	