APPENDIX 1

THE IMPACT OF HOUSING AND HOMELESSNESS ON THE HEALTH OF SINGLE PEOPLE INQUIRY TERMS OF REFERENCE AND PROGRAMME

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 This Inquiry will focus on the health of homeless single people. The definition of homelessness for this inquiry will be those who are sleeping rough, living in insecure accommodation such as a squat or sofa-surfing, in short-term accommodation such as a hostel or recently moved into to private rented accommodation for the first time after a period of homelessness. 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.

4.2 The rationale to focus on single homeless people stems from the high demand for single person's accommodation, with over half of the 15,000 people on the housing register are in need of single units. Evidence suggests that a high proportion of homeless individuals having complex health needs, requiring significant and intensive support from specialist services. 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

4.3 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.

4.4 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.

4.5 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.

4.6 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 is some for 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.

4.7 Primary care is the first point of contact for health services to respond to an individuals 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.

4.8 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.

4.9 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 PROGRAMME

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 for adults and young people

To be invited:
Sarah Gorton, Homeless Link
Andrew Mortimore, Director of Public Health
Liz Slater, Housing Needs Manager
Matthew Waters, Commissioner for Supporting People and Adult Care Services
TBC, Young people perspective
Stephanie Ramsey, Integrated Commissioning Unit
Pam Campbell, Homelessness Health team*
Alison Elliott, People Director
Cllr Payne, Cabinet Member for Housing and Sustainability
Cllr Shields, Cabinet Member for Health and Adult Social Care

Visits to be arranged prior to meeting*
Homeless Health Team
Street Homeless Prevention Team

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, Colin 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
Adult Safeguarding, John Callaway, Southampton Social Services

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*
Two Saints, Patrick House, Breathing Space, No Limits, MIND – Richmond Fellowship
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:
Regulatory Services – licensing and quality of private rented accommodation
Landlord's perspective
Housing strategy and '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

Visits to be arranged prior to meeting*

Meeting 5: 15th May 2014
INQUIRY RECOMMENDATIONS
Overview of the evidence and emerging recommendations

Public Health
Housing Needs Manager
Supporting People Commissioner
CCG / ICU
Healthwatch

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