

# Central Bedfordshire Health and Wellbeing Board

31 October 2018

## Director of Public Health Report, 2018: Homelessness and Health

Responsible Officer: Muriel Scott, Director of Public Health  
Muriel.Scott@centralbedfordshire.gov.uk

Advising Officers: James McGowan, Public Health Registrar  
James.McGowan@centralbedfordshire.gov.uk

Rob Couch, Public Health Evidence and Intelligence Team  
Rob.couch@bedford.gov.uk

Public

---

### Purpose of this report

1. The purpose of the Director of Public Health Report: Homelessness and Health is to present evidence and make recommendations to improve the health and wellbeing of those without safe and stable housing in Central Bedfordshire

### RECOMMENDATIONS

#### The Health and Wellbeing Board is asked to:

1. To consider the report and if satisfied, endorse the recommendations set out in the full report which in summary are to:
  - Improve awareness of the Homelessness Reduction Act and its implications for partner organisations, especially regarding the duty to refer
  - Improve the identification, assessment, recording and sharing of housing vulnerability, including little understood groups such as the hidden homeless
  - Improve understanding of the overlap between mental health, other vulnerabilities and housing
  - Improve signposting and access to local services that can address the root causes of homelessness
  - Improve consistent healthcare access for homeless individuals, from primary care through to acute care
  - Incorporate health and wider outcomes into evaluations of homelessness initiatives

## Issues

2. The Director of Public Health report is an independent report focused on improving the health of the people of Central Bedfordshire. This report is on the important topic of homelessness and health. It aims to highlight issues, present evidence and make recommendations to address the key public health challenge of homelessness, to better prevent homelessness and improve the health of homeless people.
3. Ill health can be both a cause and consequence of homelessness and being homeless is associated with extremely poor health outcomes relative to those of the general population, with average life expectancy of rough sleepers being 48 years for men and 43 years for women. Homeless people are more likely to have poor physical and mental health, and people with physical and mental health problems are more vulnerable to becoming homeless. As with other risks to public health, prevention and early intervention can keep people housed appropriately, stopping the escalation of issues that can lead to losing stable accommodation and worsening health.
4. The report draws on national and local evidence to describe key challenges for homeless people, focusing on the health impacts of homelessness for a number of vulnerable groups including:
  - Homelessness in children, young people and their families,
  - Hidden homeless
  - Homelessness and complex health needs including the relationship between homelessness and mental health, substance misuse, offending and in veterans
5. The report highlights a small number of targeted areas for focus that collectively aim to improve health and prevent homelessness among vulnerable groups, and to improve health outcomes for homeless people. The recommendations are intended to be achievable, evidence-based and with potential to positively impact population health.

## Financial and Risk Implications

6. Failure to implement the recommendations could lead to missed opportunities to improve the health and wellbeing of those without safe and stable housing.
7. There are no new resource implications, and the recommendations can be achieved within existing resources. The Report cites a number of ways in which local organisations can work more effectively together to ensure that the needs of homeless people are met more effectively. By working together to identify people at risk of homelessness and improving the health and wellbeing of those who are

homeless we can reduce the impact of ill health and poor social outcomes in this vulnerable population and reduce avoidable pressures on public services.

### **Equalities Implications**

8. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
  
9. The report explores the relationship between homelessness and health for a range of groups who are particularly vulnerable to homelessness and highlights the action that should be taken to improve outcomes for these vulnerable groups.

### **Implications for Work Programme**

10. A progress report should be presented to the Board in one year's time.

### **Conclusion and next Steps**

11. The Director of Public Health's vision for Central Bedfordshire is that local partners strengthen their collaboration and collective leadership in order to:
  - Better identify the overlapping vulnerabilities that put people at risk of homelessness and its health impacts, to enable better prevention and early intervention.
  - Improve health and mitigate risks to health among people who experience homelessness, including people living in temporary accommodation and rough sleepers.
  - Reduce health inequalities among vulnerable populations who experience homelessness.

### **Appendices**

Appendix A: Executive Summary of the Director of Public Health Report, 2018