Homelessness Health Needs Assessment 2024

Barking & Dagenham

December 2024

one borough; one community; no one left behind

Contents

Why Produce a Homelessness Health Needs Assessment

- **People experiencing homelessness are a key 'inclusion health' group** as they are socially excluded and experience multiple overlapping risk factors for poor health; these health inequalities are unfair and avoidable.

- National Guidance (Homelessness: applying All Our Health - GOV.UK) highlights the benefit of **understanding the local need around homelessness and health**

- Provide evidence to **inform Partnership Working**, which is essential in addressing the health risks and impacts of homelessness.

- **Support the five NEL Homeless Health Strategic Priorities**:
  - Improve pathways for hospital admission, discharge, and step-down.
  - Improve and maintain access to primary, community, and mental health services.
  - Develop integrated pathways that provide person-centred care across all services.
  - Prevent poor health outcomes for people living in temporary accommodation.
  - Support refugees and asylum seekers, and those with no recourse to public funds.

*Sources: The Homelessness Reduction Act, implemented in 2018, outlines the Council's duty to prevent homelessness. Available at: Homelessness Reduction Act; **Homelessness: applying All Our Health,** Updated 6 June 2019. Available at: Homelessness: applying All Our Health - GOV.UK*

Aims and Objectives

This Homelessness Health Needs Assessment aims to provide key insights to inform action and planning in Barking & Dagenham which will help to:

- Understand the health needs of people experiencing homelessness.
- Inform potential strategic changes required to better meet those needs.

The four main objectives of the needs assessment are to:

1. Use local and national data to describe cohorts of people experiencing homelessness in Barking & Dagenham.
2. Describe the health needs of the people experiencing homelessness in the borough using local data and published literature.
3. Summarise relevant policy and guidance on homelessness and health.
4. Outline gaps in the current knowledge base and local services, and identify areas for further work.

National Guidance on Homelessness
'There needs to be a comprehensive local action plan, system-wide partnership working (across the local authority, clinical commissioning group and other local organisations) and understanding and alignment of commissioning decisions to prevent and respond to homelessness across the life course.
This can include:
• Reducing the risk of homelessness for children and young people to strengthen their life chances.
• Enabling working-age adults to enjoy social, economic and cultural participation.
• Breaking the cycle of homelessness or unstable housing by addressing mental health problems, drug and alcohol use, or experience with the criminal justice system.'

Source: Homelessness: applying All Our Health - GOV.UK (www.gov.uk)

Scope

People can experience different types of homelessness, for different reasons. Each of the four main types of homelessness a person can experience is illustrated below with a short description. This needs assessment describes the populations in Barking and Dagenham experiencing statutory homelessness, rough sleeping, and living in temporary accommodation, focusing on understanding better these population cohorts and their health and well-being needs. The needs assessment includes limited information on hidden homelessness because of a lack of available local data. The groups of individuals experiencing these different types of homelessness are fluid and overlap to some extent.

The Four Main Types of Homelessness

Statutory Homelessness

Statutory homelessness is a legal term that refers to when a local authority has a duty to find a home for a person or household who meets certain criteria:
They are homeless or threatened with homelessness within 56 days
They are in priority need, which includes:
Households with dependent children
Pregnant women
People threatened with homelessness due to an emergency
Vulnerable people due to ill health, disability, old age, or having been in custody or care
People who have become homeless due to violence or the threat of violence

Temporary Accommodation

Temporary Accommodation (TA) is a short-term housing arrangement for people experiencing homelessness or displacement. It's intended to provide a safe place to stay until a more permanent solution can be found. TA can include Hostels, Private rented rooms, Flats, and Houses. People in TA often have few or no tenancy rights and can be moved at short notice. They may also have to share kitchen or bathroom facilities.

Local authorities can place people in TA if they meet certain criteria, such as being in priority need or vulnerable. Priority groups include families with children, pregnant women, and elderly people. local councils, charities, or private property owners can provide TA. Rent may be charged and may or may not be supplemented by government welfare. TA is unregulated, which can lead to inconsistent standards. Some TA is good quality, but others are unsafe and unsuitable for habitation.

Hidden Homelessness[1]

There is no UK-wide definition of "hidden" homelessness. The term can mean different things to different people, and it is often applied inconsistently.
In their annual Homelessness Monitor publication, Crisis defines "hidden" homelessness as people who may be considered homeless but whose housing situation is not "visible" on the streets or in official statistics. Up until 2018, this definition included:

- people temporarily staying with friends or relatives (sofa surfing)
- those living in severely overcrowded conditions
- those involuntarily sharing accommodation with other households on a long-term basis (concealed households)
- squatters
- people sleeping rough out of sight

Rough Sleeping

Rough sleeping is the extreme end of homelessness and is one of the most visible types of homelessness. Rough sleeping includes sleeping outside or in places not designed for people to live in, including cars, doorways, benches, tents, and abandoned buildings.

Sources: Statutory homelessness (England): The legal framework and performance (July 2024), available at: Statutory homelessness (England): The legal framework and performance - House of Commons Library "Hidden" homelessness in the UK: evidence review - Office for National Statistics; What is temporary accommodation? | Justlife; Rough sleeping | Crisis UK | Together we will end homelessness

1 – See Glossary

National Context

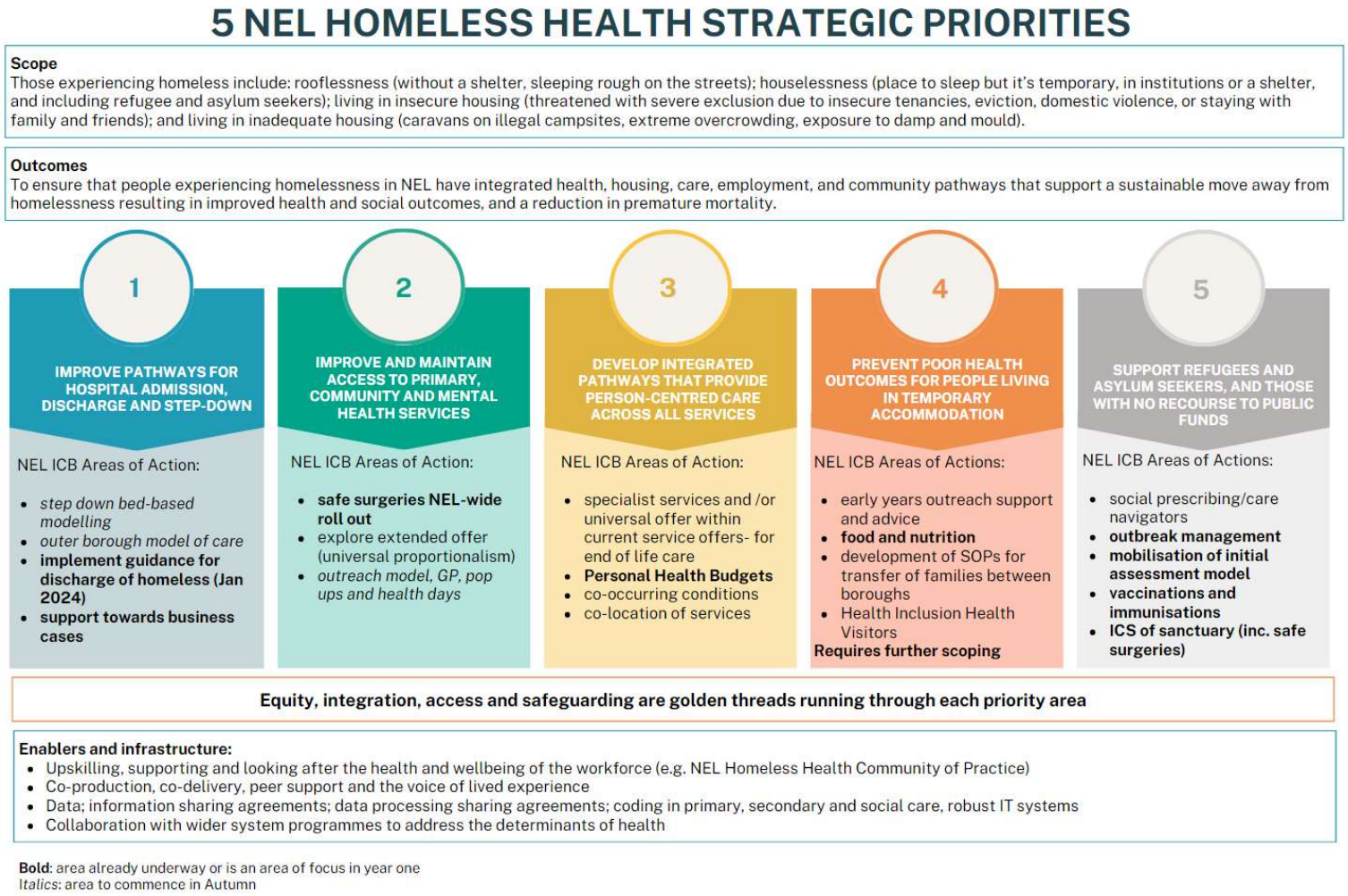
Homelessness exacerbates Health Inequalities
According to a guideline published by NICE and the Centre for Homelessness Impact (CHI) in 2022, people experiencing homelessness face significant health inequalities and poorer health outcomes than the rest of the population. Mortality from some health conditions can be up to ten times higher for people experiencing homelessness, with the average age of death of people who sleep rough being around 30 years less. Yet, many of these deaths are from preventable causes. People experiencing homelessness face barriers to accessing health and social care services including stigma and discrimination, a lack of trusted contacts, and rigid eligibility criteria for accessing services.
(Source: New draft guideline to help reduce health inequalities in people experiencing homelessness | News | News | NICE).

Private rented sector pressures in London - a risk for homelessness
A report published by Savills estate agents and the London School of Economics in June 2023 on the increasing strain in the supply of private rented sector accommodation in London, revealed a reduction in the number of homes available for rent in the capital for all-bedroom sizes and an increase in the number of former rental properties that were being listed for sale. It also showed that as the supply of rental properties has fallen, asking rents have risen faster than earnings growth. This rapid growth rate, in combination with a concurrent freeze in Local Housing Allowance (LHA), means the proportion of rental properties affordable to LHA claimants has fallen sharply in 2022/23, to below the pre-pandemic 2019/20 average, reducing housing security for many claimants, and increasing the risk of experiencing homelessness.

Preventing and mitigating the harms of homelessness can save money across health and government
A 2010 government study of the use of health care by single homeless people reported that they are 3.2 times more likely than the general population to have an inpatient admission, at an average cost of 1.5 times higher. A 2012 government review of the evidence estimated the annual cost to the government to range from £24,000 to £30,000 (gross) per person, and up to £1 billion (gross) annually. The net cost is likely to be lower. 2015 research by Crisis, drawing on large studies of homelessness across Britain, suggests that tackling homelessness early could save the public sector between £3,000 and £18,000 for every person helped.

Sources: Homelessness: applying All Our Health - GOV.UK (www.gov.uk); Supply of Private Rented Sector Accommodation in London, Abigail Davies, Savills, Kieth Scanlon, LSE Consulting, 19th June 2023, available at Supply of Private Rented Sector Accommodation in London | Trust for London; Office of National Statistics, Census 2021, available at: https://www.ons.gov.uk/census.

Local Context



Source: NHS NEL, Developing the Homeless Health Strategic Priorities for NEL a Symposium, May 2024

Local Authority Strategy for Homelessness and Plan on Ending Rough Sleeping

The Council has a strategy for homelessness with the most recent report covering the five years from 2019 to 2023. The 2019/23 LBBD Homelessness Strategy aimed to:

- Reduce total households in TA
- Increase homeless prevention
- Reduce rough sleeping

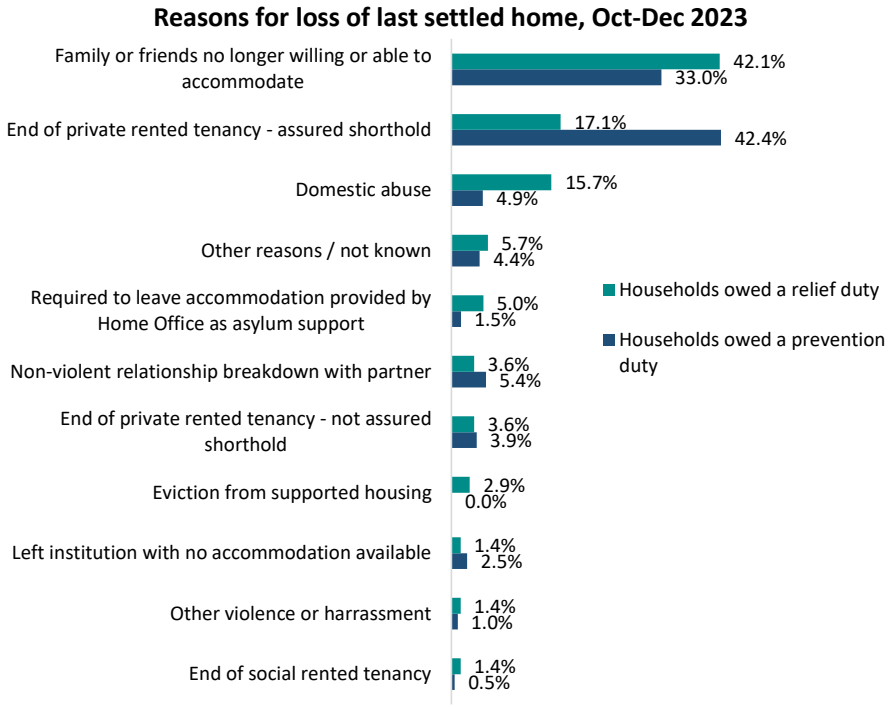
A new Homelessness Strategy is currently under development, that will replace the 2019/23 strategy.

In addition, LBBD has an Ending Rough Sleeping Plan 2024/25 outlining the challenges and actions for the financial year 2024/25.

This health needs assessment will inform the new Homelessness Strategy, the Plan for Ending Rough Sleeping and the implementation of the NEL Homeless Health Strategic Priorities.

People Experiencing Homelessness

Statutory Homelessness - Assessments and Activities

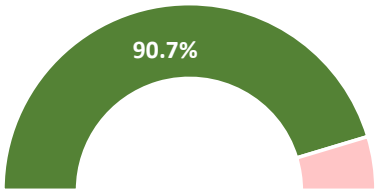


The housing legislation that protects people who are homeless is the Homelessness Reduction Act 2017. The act has three main aims:

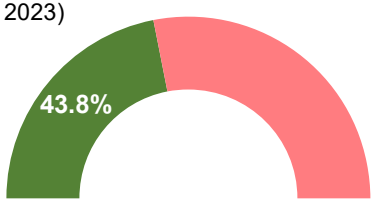
1) To prevent more people from becoming homeless, by identifying and helping people who are threatened with homelessness within 56 days, with earlier interventions.
2) To intervene rapidly if a homelessness crisis occurs, so it is brief and non-recurrent.
3) To help more people exit and recover from homelessness.

Between October and December 2023, Barking and Dagenham assessed 203 households with a duty of prevention and 140 households with a duty of relief. This equals a rate of **4.64 per 1,000 households owed a duty of either prevention or relief, similar to London (4.48[1] per 1,000) but higher than the national average (3.19 per 1,00)**. The LBBD rate was lower than similar boroughs whose rates ranged from 6.02 per 1,000 in Tower Hamlets (lowest) to 6.64 per 1,000 in Hackney (highest). The primary reasons for households owed a duty were the end of private rented tenancy and family or friends no longer willing or able to accommodate them. The pie charts below show the rates of households owed a duty resulting in either preventing homelessness or securing accommodation. The next slide contains key socio-demographics of the main applicant including age, ethnicity, type of household, and employment status.

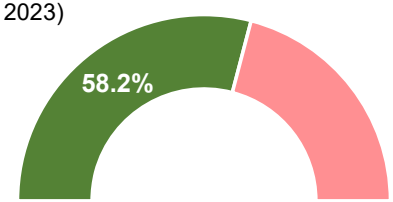
Percentage of main duties that ended in accommodation secured (Oct-Dec 2023)



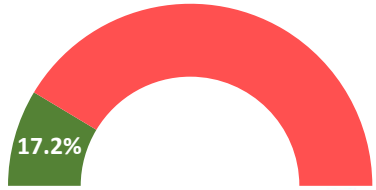
Percentage of prevention and relief duties owed that ended in accommodation (Oct-Dec 2023)



Percentage of those owed a duty being accepted at the prevention stage (Oct-Dec 2023)



Percentage of duties owed that were prevented (Oct-Dec 2023)

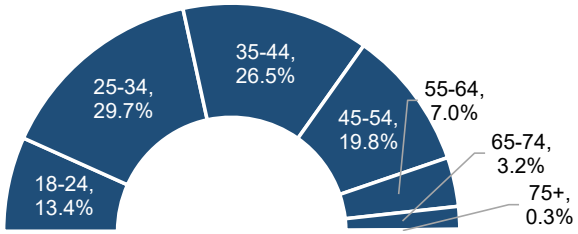


Source: HCLIC Performance Dashboard - Microsoft Power BI Accessed 21/03/2024

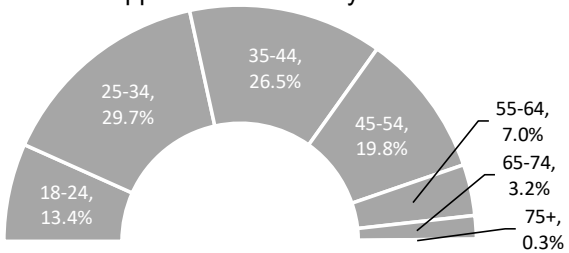
1: Please note that the London average was generated as the mean of the rates per 1,000 households for all London boroughs excluding Croydon, as no data was available for this borough.

Statutory Homelessness – Demographics (B&D data)

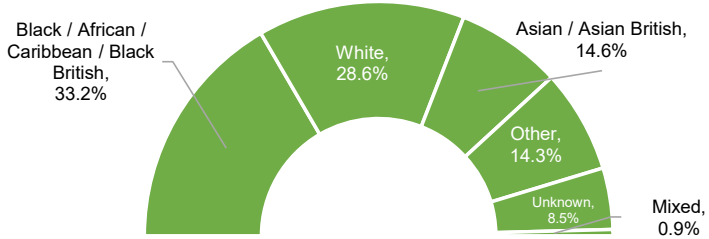
Age of main applicants owed a duty of prevention



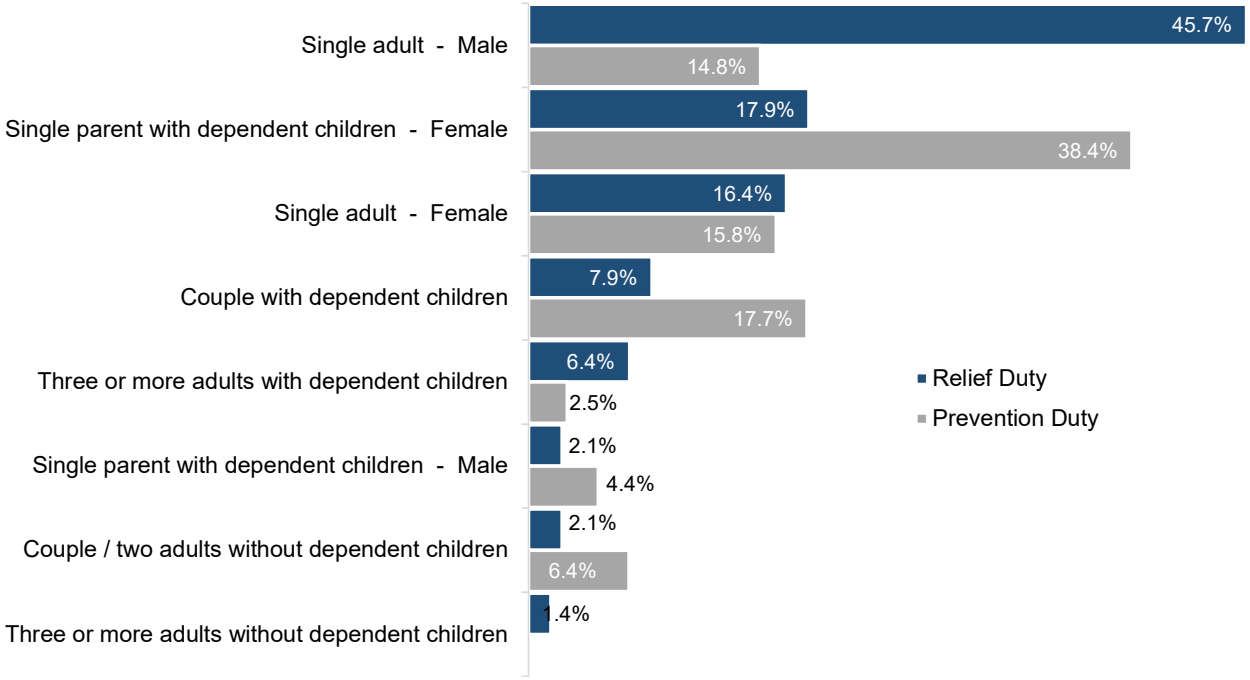
Age of main applicant owed a duty of relief



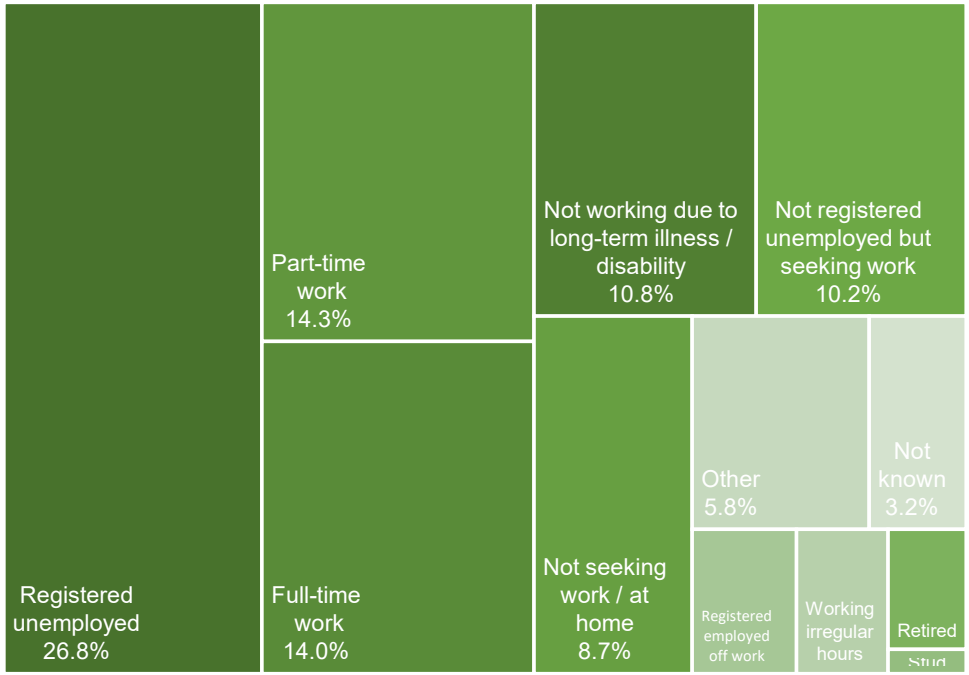
Ethnicity of main applicants owed a prevention or relief duty



Household type of households owed a duty



Employment status of main applicant owed a prevention or relief duty

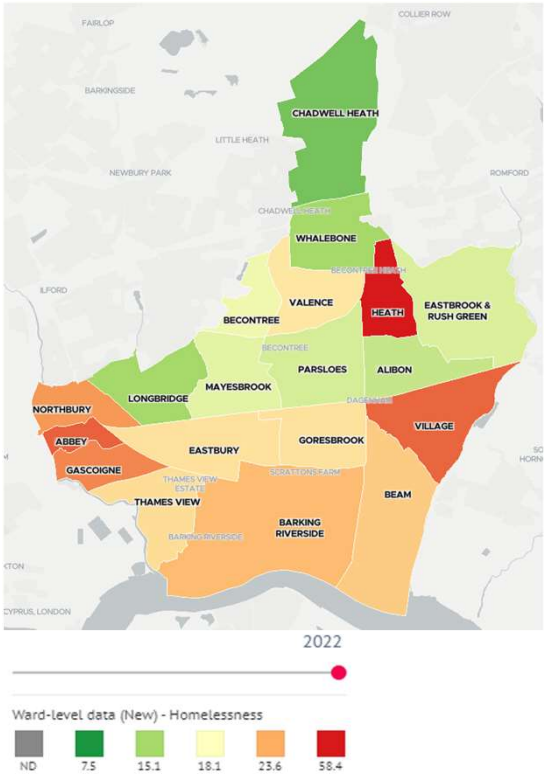


Source: Homelessness Case Level Information Collection (H-CLIC) Performance Dashboard. Accessed 21/03/2024

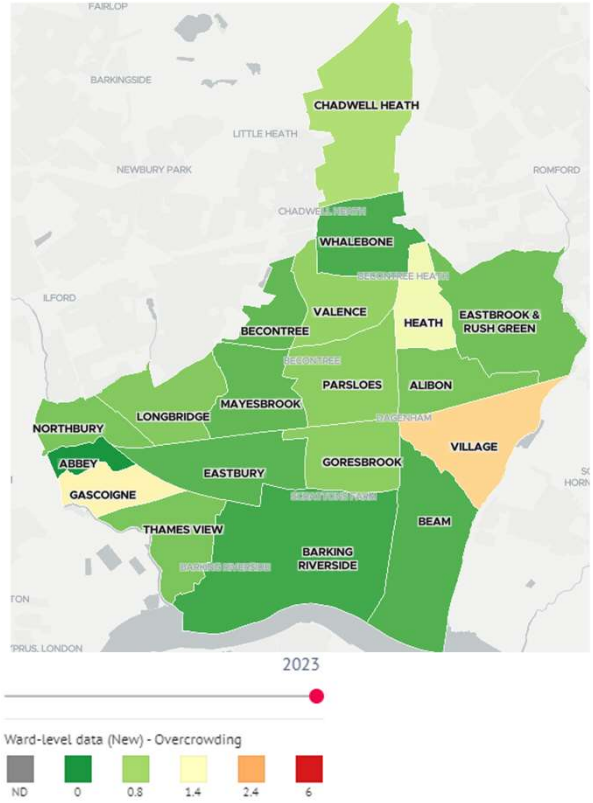
Geography of Statutory Homelessness and Housing Affordability

Map 1 below shows the number of statutory homelessness applications made per 1,000 households in 2022 in Barking & Dagenham by electoral wards. **Heath, Village, and Abbey wards had the borough's highest rate of statutory homelessness applications** that year. Map 2 illustrates housing affordability by ward as the ratio of median house price to median annual earnings in 2023 in Barking & Dagenham. Areas shaded in orange or red indicate less housing affordability than green areas that indicate higher affordability. Map 3 shows private rent affordability by London boroughs as the median monthly private sector rent for a 2-bedroom property in 2023. Barking & Dagenham was one of London's more affordable boroughs for private renting. This is one of the reasons the borough attracts migration from other parts of London. However, private renting is not necessarily affordable for the people already living in the borough if we consider that the rent-to-earnings ratio is worse locally.

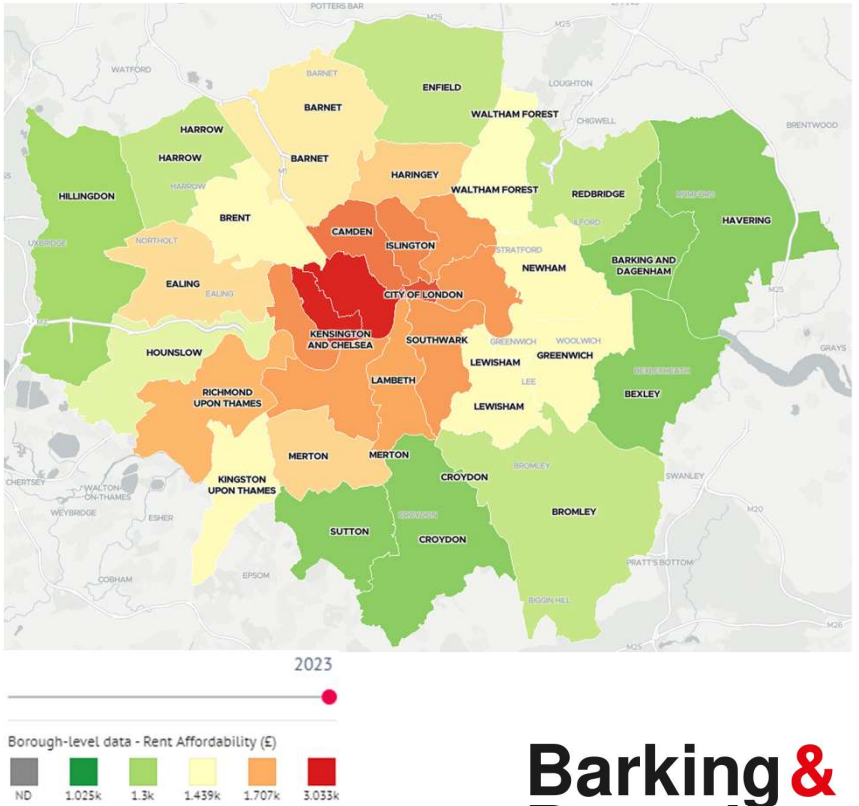
Map 1: Number of homelessness applications made per 1,000 households in 2022



Map 2: The ratio of median house price to median annual earnings in 2023



Map 3: The median monthly private sector rent for a 2-bedroom property in 2023



Source: Borough Data Explorer; available at: Borough Data Explorer (emu-analytics.net)

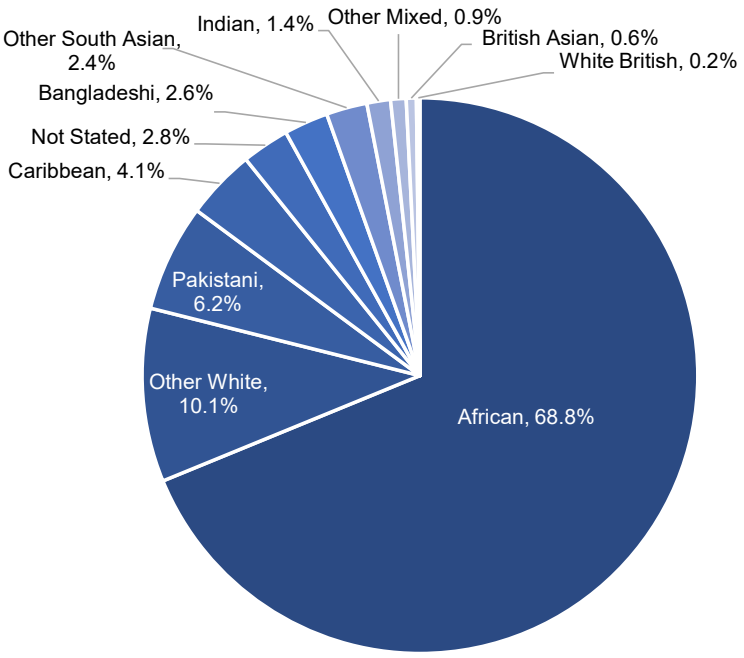
People Previously in Receipt of Home Office Asylum Support

Asylum seekers who have their claims granted are evicted from Home Office accommodation and are therefore homeless in the borough in which they were housed, becoming the responsibility of that borough's housing team. This adds additional pressure to that team's service provision.

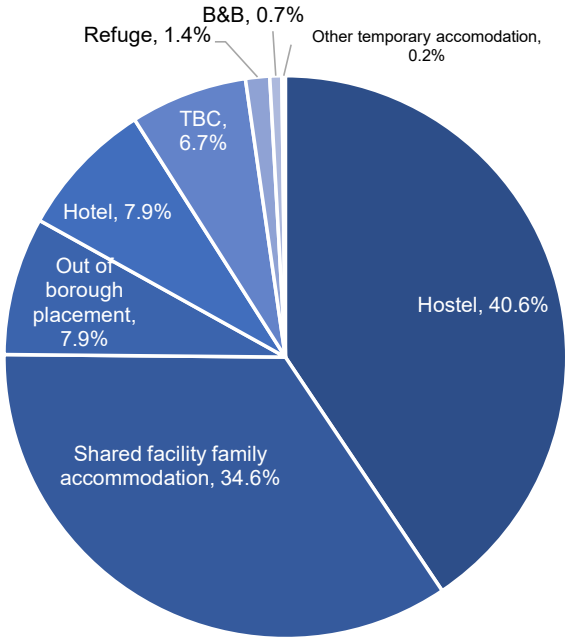
In the financial year ending March 2023, **85 households were assessed as owed homelessness relief duty in LBBD** because they had been required to leave accommodation provided by the Home Office as asylum support. This was the 4th highest number in any London Borough (only Greenwich, Ealing and Hillingdon recorded more). These 85 households comprised 7% of households assessed as owed homelessness relief duty in LBBD, the highest percentage in any London Borough. LBBD ranks 14th compared to other London boroughs in the number of households owed homelessness relief duty per 10k population. Some demographics of people experiencing homelessness with No Recourse to Public Funds are shown below.

Note: issues with data quality in this data collection mean the following data should be treated as approximates only.

Percentage of total placements by ethnicity (May 2022 - Dec 2023)



Type of Accommodation (May 2022 - Dec 2023)



Average number of children in a placement (2022):

1.57

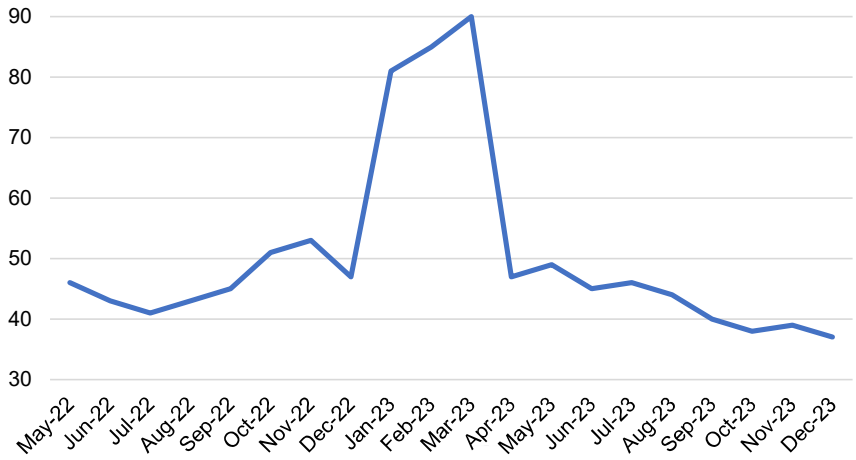
Average number of children in a placement (2023):

1.63

Max number of children in a single placement:

5

Number of placements recorded at end of month (May 2022 - Dec 2023)



Sources: Statutory homelessness: Detailed local authority-level tables, year ending March 2023. Published November 2023 (revised), DLUHC. (Note: 5 boroughs are not included in the dataset – Croydon, Brent, Hounslow, Newham and Enfield)

People Sleeping Rough

In Barking & Dagenham during 2022/23:

People seen rough sleeping:

139

Change from 2019/20:

64%

highest in NEL

New to rough sleeping:

2/3

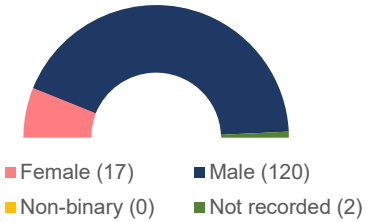
Top 3 nationalities

UK (55 people)
Europe (EEA) (36 people)
Africa (14 people)

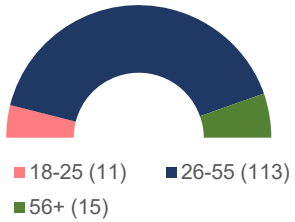
Top 3 ethnicities

White - Other (43 people)
White British (36 people)
Black (28 people)

Gender



Age

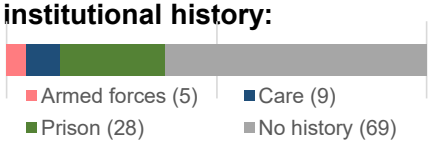


People with drug, alcohol and/or mental health support needs:

73.2%

(82 of 112 assessed)

People with an armed forces or institutional history:



Source: CHAIN Annual Reports

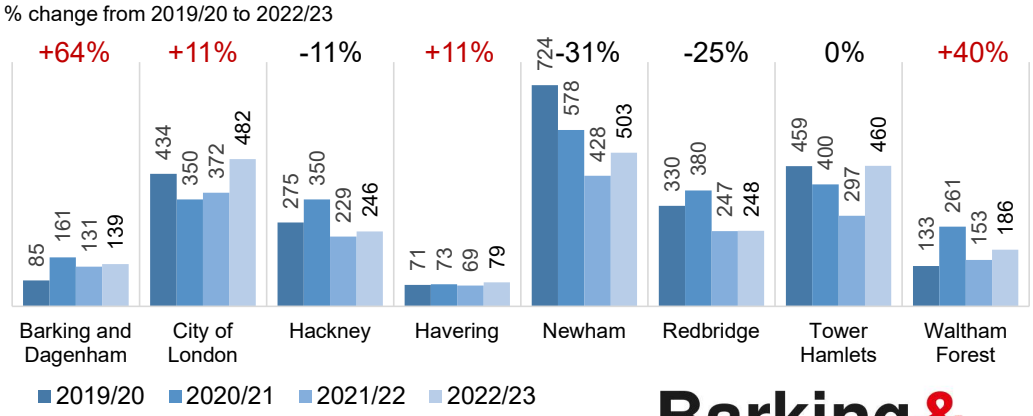
Information presented in the images to the left and below is extracted from the CHAIN (Combined Homelessness and Information Network) annual reports, summarising data gathered annually by outreach teams and specialist services.

Additionally, a snapshot of people seen rough sleeping on a 'typical' night in the autumn is gathered by the Council each year. More information about this can be found here. In Autumn 2023, 22 people were seen rough sleeping in the borough in one night (double the number seen in 2022) equal to a rate of 10 per 100,000, the 3rd highest rate in North East London after the City of London (562.4*) and Redbridge (16.4). The London average was 12.8 per 100,000.

In 2022/23, 113 people sleeping rough applied for support from the Council, over double that of the previous year (51 rough sleepers). Over half of them (51%) had lost their accommodation due to family and friends no longer willing or able to house them, up from 13% in 2019/20. A further 17% came to the end of their privately rented tenancy and 12% lost their home due to the (non-violent) breakdown of a relationship with a partner. Many people were able to be offered support, however, **40% of cases opened in 2022/23 were closed without an outcome**, usually due to losing contact with the person concerned, and 7% of people were ineligible for support.

*(*Note: the rate is inflated because of the small resident population number in the borough)*

Number of people seen rough sleeping in North East London (NEL) boroughs, 2022-23

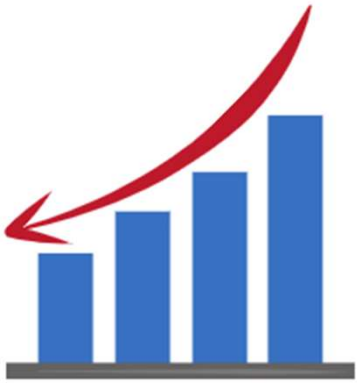


Source: CHAIN Annual Reports

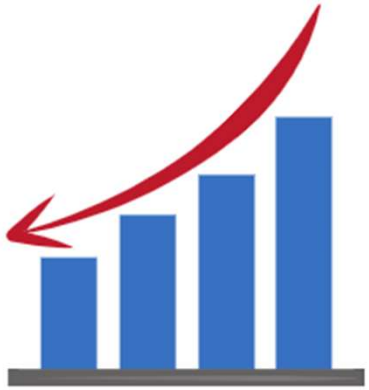
one borough; one community; no one left behind

Barking & Dagenham

People in Temporary Accommodation (TA)



The average duration of all TA placements in Barking and Dagenham has fallen by 69% between 2018/19 and 2022/23



The average duration of TA placements with children in Barking and Dagenham has fallen by 72% between 2018/19 and 2022/23

Barking and Dagenham can provide temporary accommodation to prevent or relieve homelessness and fulfil its statutory duties to residents and non-residents. Examples of temporary accommodation include hostels, reception centres, emergency units, and bed and breakfast hotels**.**

Between October and December 2023, 980 households with children were in temporary accommodation in the borough. This data includes placements made by other boroughs. During the same period, 10 households with children were in temporary accommodation for longer than the statutory 6-week limit.

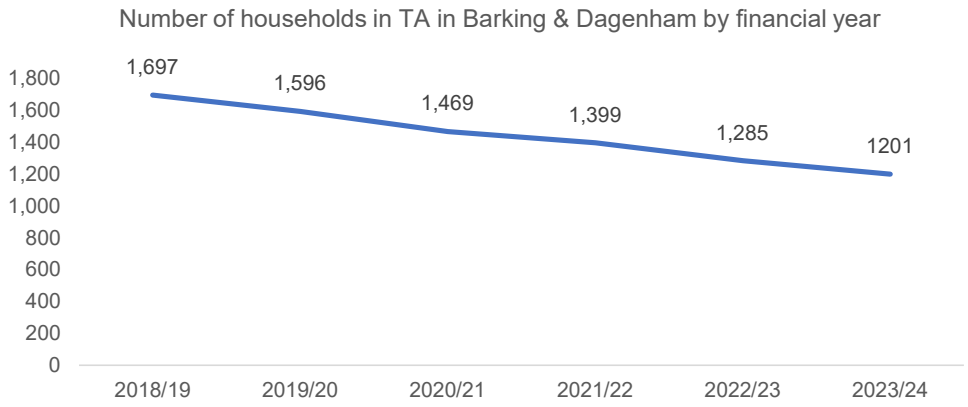
The average duration of all placements in temporary accommodation in the borough has fallen from 585 days (22 months) in 2018/19 to 179 days (6 months) in 2022/23. For placements with children, the average duration has fallen from 672 days (22 months) in 2018/19 to 186 days (6 months) in 2022/23.

Over the last 5 years, **private sector accommodation** leased by Barking and Dagenham or a registered provider, **had the longest average placement duration**, at 845 days (28 months). Conversely, placements in hostels and bed & breakfasts had the shortest average duration of 143 days (5 months) and 17 days, respectively.

Sources: London Temporary Accommodation and Homeless Prevention Data Return; Department for Levelling Up, Housing & Communities H-CLIC RAG Rating Guidance; available at Microsoft Power BI

Temporary Accommodation (TA) - Placements Outside B&D

Number of B&D households in TA at the end of each financial year between 2018/19 and 2023/24



B&D Households in Temporary Accommodation (TA) inside and outside the borough by type of accommodation (week ending 23rd June 2024)

Tenancy Breakdown	Weekly TA placements in LBBD	Weekly TA placements outside LBBD
Private Sector Leased Tenancy's (self-contained private sector)	622	180
Council TA (self-contained)	230	0
Hostel Licences (shared)	179	0
Barking and Dagenham Foyer (studio)	79	0
Bed and Breakfast (shared)	*	0
HMO (shared)	21	21
Total	**1,134**	**201**

**The number has been disclosed for confidentiality because it is small*

Source: LBBD data dated 23rd June 2024; NELFT 2024

The total number of households in TA in Barking & Dagenham has steadily decreased over time (see chart opposite) which is against the London trend.

Homeless households are sometimes placed in temporary accommodation outside the borough. In the week ending 23rd June 2024, 18% (201 out of 1,134) of TA placements of LBBD residents were made outside the borough. Most Barking and Dagenham households in temporary accommodation out of the borough are placed predominantly in Havering, Redbridge, and Thurrock.

No data is held locally on TA placements by other boroughs in LBBD. Previously there was data on the number of placements per quarter, but it has been discontinued. This data showed that **other London boroughs have made at least 1,410 placements into LBBD since 2020, compared to 45 placements that LBBD has made in other London boroughs**. It is worth noting that this data includes only placements and not households, as households placed in temporary accommodation priorly would still be in the same accommodation. NELFT Specialist Health Visiting Service (see below) report that at least 13 hotels and hostels in B&D were accommodating families in 2024.

A recent homelessness benchmarking analysis shows that **the London average percentage of households in TA outside the borough is 40% and Barking & Dagenham has the lowest proportion in London at 6%.**

People who are ‘Hidden Homeless’

There is no accepted definition of Hidden Homelessness, and it can range from rough sleeping to "sofa surfing“. It includes people deemed not to be owed a duty by a Local Authority and/or are not in priority need but may also include people whom the LA do not know about and who do not appear in statutory statistics. People experiencing Hidden Homelessness may live with friends or family, or in insecure accommodation including B&Bs, guesthouses, Houses of Multiple Occupancy (HMOs), hostels, refuges or squats. The JSNA 2024 suggests that the risk factors for becoming ‘Hidden Homeless’ are likely higher in B&D compared to many other areas, e.g. overcrowding, financial issues, relative affordability, relationship breakdown, and difficulties in identifying and engaging with support (e.g. lack of trust, inability to navigate the system, poor health literacy, chaotic personal situation).

How many People Experience Hidden Homelessness?

It is difficult to quantify Hidden Homelessness within the Borough as data is not routinely collected beyond no duty and non-priority decisions by the LA. The Healthy London Partnership has recognised that this lack of data collection / availability is a national issue. Relevant national and local data include:

- Statutory homelessness statistics for 2023/24 show that LBBD had the 4th highest acceptance of a homelessness duty in London, but that **63 (20.3%) of applicants were found to be homeless but *not* owed a priority duty** at end of relief duty.
- In 2020, research with rough sleepers by MHCLG found that the average number of homeless accommodation types experienced by respondents was 3.5 over the course of a year. They also found that **36% had not sought LA assistance** in the past year, and so would not appear in statutory statistics.
- A CRESR survey of single homeless people during one week in 2010 in 11 towns and cities in England found that of 437 single homeless people surveyed, **62% of respondents were hidden homeless on the day** they were surveyed and **92% had experienced hidden homelessness.**
- A report by ONS in 2023 suggests that **women, young adults and ethnic minorities are more likely to be experiencing Hidden Homelessness**, but it is not known the extent to which this applies in B&D.

This suggests that **the number of individuals who experience Hidden Homelessness in B&D is likely to be at least as high as the number counted as sleeping rough** (i.e. 139 in 2022/23).

Overcrowded Dwellings

The number of overcrowded dwellings is a proxy measure of hidden homelessness. Overcrowding is a risk factor for and a cause of homelessness. Overcrowding is associated with increased risk of infectious diseases and mental health problems and is exacerbated by private rental pressures.

On Census day 2021, **Barking & Dagenham had the 2nd highest proportion of households living in a property without enough bedrooms in England and Wales**[1], at 17.8% (approximately 15,149 households). Housing tenure impacts overcrowding, with residents living in rented housing more likely to experience overcrowding.

The English Housing Survey (2019-21) found c.3% of households had someone staying with them who would otherwise be homeless - in B&D this equals **2,217 households.**

Inequalities between ethnic groups also exist, with residents from the Asian, Black, Other and White Other ethnic groups more likely to be living in households with insufficient bedrooms than those in the White British ethnic group.

Overcrowding per Tenure and Ethnicity of Household Reference Person (2021)

Dwelling Tenure	Asian/Asian British	Black/Black British	Other ethnic group	White British	White Other
Private landlord or letting agency	31.9%	29.4%	30.7%	18.3%	30.1%
Rents from council or Local Authority	30.2%	28.7%	31.2%	13.4%	21.7%
Other social rented	26.8%	24.9%	31.3%	15.6%	19.7%
Other private rented or rent free	22.6%	24.8%	23.1%	8.8%	20.8%
Owns with a mortgage or loan or shared ownership	16.6%	16.3%	16.0%	9.4%	16.2%
Owns outright	10.7%	8.0%	7.8%	2.3%	7.3%

Sources:; B&D JSNA 2024 LBBD (2024); hidden truth about homelessness, 2011 CRESR (2011); *Office of National Statistics, Census 2021, available at: https://www.ons.gov.uk/census; Statutory homelessness in England: financial year 2023-24* Detailed_LA_20232024.xlsx; ONS 2024 and Pan London Homelessness Housing Needs Group benchmarking of data therein; https://www.gov.uk/government/publications/rough-sleeping-questionnaire-initial-findings MHCLG (2020) ; https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/hiddenhomelessnessintheukevidencereview/2023-03-29 ONS (2023); *Healthy London Partnership Homeless Health Needs Assessment Toolkit; English-housing-survey-2020-to-2021-private-rented-sector* DLUHC (2022)

1. 2021 used Valuation Office Agency (VOA) data to count the number of rooms in a dwelling. This was instead of using the approach from previous censuses of asking the question on the census form. All rooms in a dwelling apart from bathrooms, toilets, halls or landings, kitchens, conservatories, or utility rooms are counted.

GP Registered Patients Recorded as Homeless

The NEL Insights team provided the data** below showing the GP Practice registered homeless population* in Barking & Dagenham as of January 2024. The data shows that **420 patients registered at a Barking and Dagenham GP Practice were recorded as homeless, which is equal to a rate of 1.7 per 1,000 patients**. This rate is lower than all other NEL boroughs excluding Havering (1.2 per 1,000). However, it represents the rate of homeless registrations at a GP practice, rather than the overall homelessness rate in the borough. Another data caveat is that homeless patients are recorded in the borough where their GP is located, meaning they may reside in a different borough, and therefore not all 420 homeless patients are Barking and Dagenham residents.

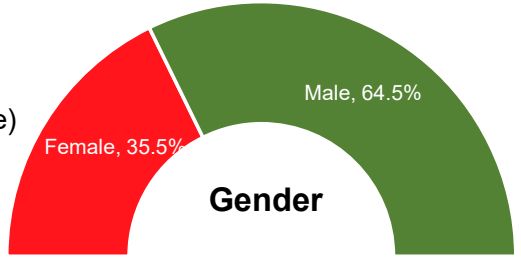
The illustrations below show the top 3 nationalities and the top 3 ethnicities of the 420 homeless patients as numbers and as percentages, and their gender and age group breakdown as a percentage of the total number. For comparison, we include the gender and age breakdown of the total primary care population. All data shown is from January to December 2023. Patients recorded as experiencing homelessness are **more likely to be male and of working age than the total GP-registered population.**

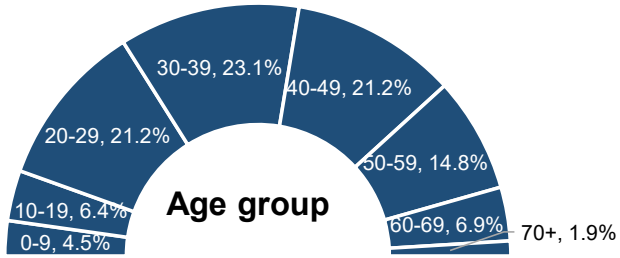
Top 3 nationalities

British – 30.5% - (128 people)
African nationalities – 13.6% - (57 people)
Bangladeshi – 7.9% - (33 people)

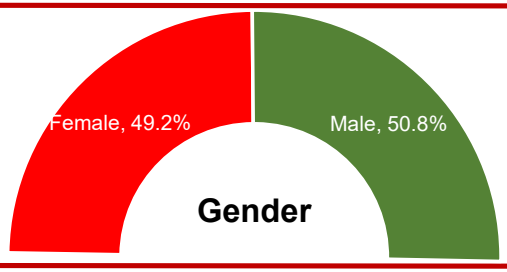
Top 3 ethnicities

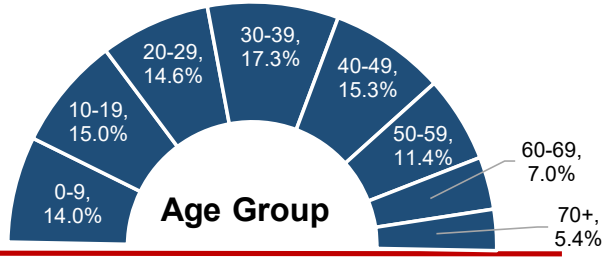
White Other – 15.7% - (66 people)
Black Other – 7.4% - (31 people)
Other Ethnic Group – 5.0% - (21 people)





Barking and Dagenham All GP Registered Population Demographics





*Homelessness is defined as:
1. Anyone registered with the 3 homeless specialist practices (Newham Transitional Practice, Health E1, Greenhouse Walk-in.)
2. Anyone with a homeless observation (snomed code: 32911000 and all related codes) on their primary care record since January 2022.
3. Anyone registered to a NEL practice with a secondary care contact that indicated they are homeless or have no fixed abode.

**The data contains registered patients across all four main types of homelessness.

Barking & Dagenham

Data Availability on People Experiencing Homelessness

Data on people experiencing homelessness is not recorded uniformly across all types of homelessness. In many cases, the data captures snapshots in time and is inconsistent across different types of homelessness. The table below summarises the data used in the previous slides across all kinds of homelessness with key statistics and data, dates and data sources to illustrate the inconsistency in data.

Homelessness category	Statistic	Data	Period	Data source
Statutory Homelessness	Number of households owed a duty of care or relief with reasons and demographics of the main household applicant	140 households	October to December 2023	HCLIC Performance Dashboard - Microsoft Power BI
	Rate of homelessness applications made per 1,000 households by Wards		2022	Borough Data Explorer (emu-analytics.net
Asylum Seekers	Number of household assessments owed homelessness relief duty because they had been required to leave accommodation provided by the Home Office as asylum support.	85 households	FY 2022/23	Statutory homelessness: Detailed local authority-level tables, DLUHC
	Percentage of placements by type of accommodation and ethnicity		May 2022 to December 2023	
	Average and maximum number of children in a placement	Average number: 1.6 children Max number: 5 children	2023	
Rough Sleepers	Number of rough sleepers with demographics	139 people	2022/23	CHAIN Annual Reports
	Snapshot of people seen rough sleeping	113 people	Autumn 2023	Rough sleeping snapshot in England: autumn 2023 - GOV.UK
Temporary Accommodation	All placements in temporary accommodation in the borough	980 placements	October and December 2023	London Temporary Accommodation and Homeless Prevention Data Return; Department for Levelling Up, Housing & Communities H-CLIC RAG Rating Guidance; available at Microsoft Power BI
	The average duration of placement	179 days	2022/23	
	Number of B&D households in TA by financial year	1,201 households in 2023/24	2018/19 to 2023/24	LBBD data dated 23rd June 2024; NELFT 2024
	Weekly TA placements of LBBD residents in the borough and outside the borough	1,134 inside B&D 201 outside B&D	Week ending 23rd June 2024	LBBD data dated 23rd June 2024; NELFT 2024
Hidden Homelessness	Local estimate of people experiencing hidden homelessness based on national evidence	over 200 people (estimated)	2022/23	The lives of hidden homeless households in unsupported temporary accommodation in England, IPPR (2014) Not Home: The lives of hidden homeless households in… | Justlife ; The hidden truth about homelessness, 2011, CRESR, (2011); Office of National Statistics, Census 2021, available at: https://www.ons.gov.uk/census.
	Overcrowding per tenure and ethnicity of Household Reference Person	15,149 households	Census 2021	
GP Registered Patients Recorded as Homeless	Number of patients registered at a Barking and Dagenham GP Practice who were recorded as homeless with demographics	420 registered patients	January 2024	NEL Insights team

Summary of Key Demographic Findings

Below are key findings from the previous slides, describing people/households experiencing homelessness for each homelessness type separately. The key findings are based on local data.

- **Statutory Homelessness**
  - Nearly half (42%) of households owed a relief duty had previously lived with friends or family who could no longer support them, and 42% owed a prevention duty lived in privately rented accommodation.
  - The highest proportion of applicants were unemployed, aged 25-34, came from a Black ethnic group and were single males, or single female parents with dependent children.
  - Geographic data shows that Heath, Village, and Abbey wards have the highest rate of homelessness applications in the borough.

Between October and December 2023, nearly 5 per 1,000 households were owed a duty of either prevention or relief in B&D, higher than England (3 per 1,00) and London (4 per 1,000)

- **Former Asylum Seekers**
  - In the financial year ending March 2023, 85 households owed a homelessness relief duty were former asylum seekers.
  - Most asylum seekers are placed in hostels (41%) or a shared facility family accommodation (35%).
  - The majority of asylum seekers (69%) were of Black African ethnicity.

7%

of households owed a homelessness relief duty in 2022/23 were former asylum seekers, the 4th highest rate in London

- **People Rough Sleeping**
  - Most rough sleepers were males (120 out of 139) and aged 26-55 (113 out of 139).
  - The most dominant nationality recorded among rough sleepers was British, and White Other was the most prevalent ethnicity.
  - A high percentage (73%) of rough sleepers had drug, alcohol or mental health needs, and many had a history of care, prison or armed forces.

There was a 64% increase in rough sleepers in B&D between 2021/22 and 2022/23, the highest increase in NEL

Summary of Key Demographic Findings cont'd

- **Households in Temporary Accommodation (TA)**
  - Between October and December 2023, 980 households with children were in TA in the borough.
  - The average duration of all placements in TA has fallen from 585 days (22 months) in 2018/19 to 179 days (6 months) in 2022/23.
  - In the week ending 23rd June 2024, 18% (201 out of 1,134) of TA placements of LBBD residents were made outside the borough.

1,410

TA placements into LBBD were made by other London boroughs since 2020, compared to only 45 placements that LBBD has made outside the borough

- **People Experiencing 'Hidden Homelessness'**
  - There is considerable mobility between people who are rough sleeping and hidden homeless, and many individuals may experience both.
  - Evidence suggests that women, young adults and ethnic minorities are more likely to be experiencing Hidden Homelessness
  - 2021, Barking & Dagenham had the 2nd highest proportion of overcrowded households in England and Wales

20%

of Barking & Dagenham households have fewer bedrooms than the standard requirement, according to the 2021 Census. This is the 2nd highest proportion in England & Wales

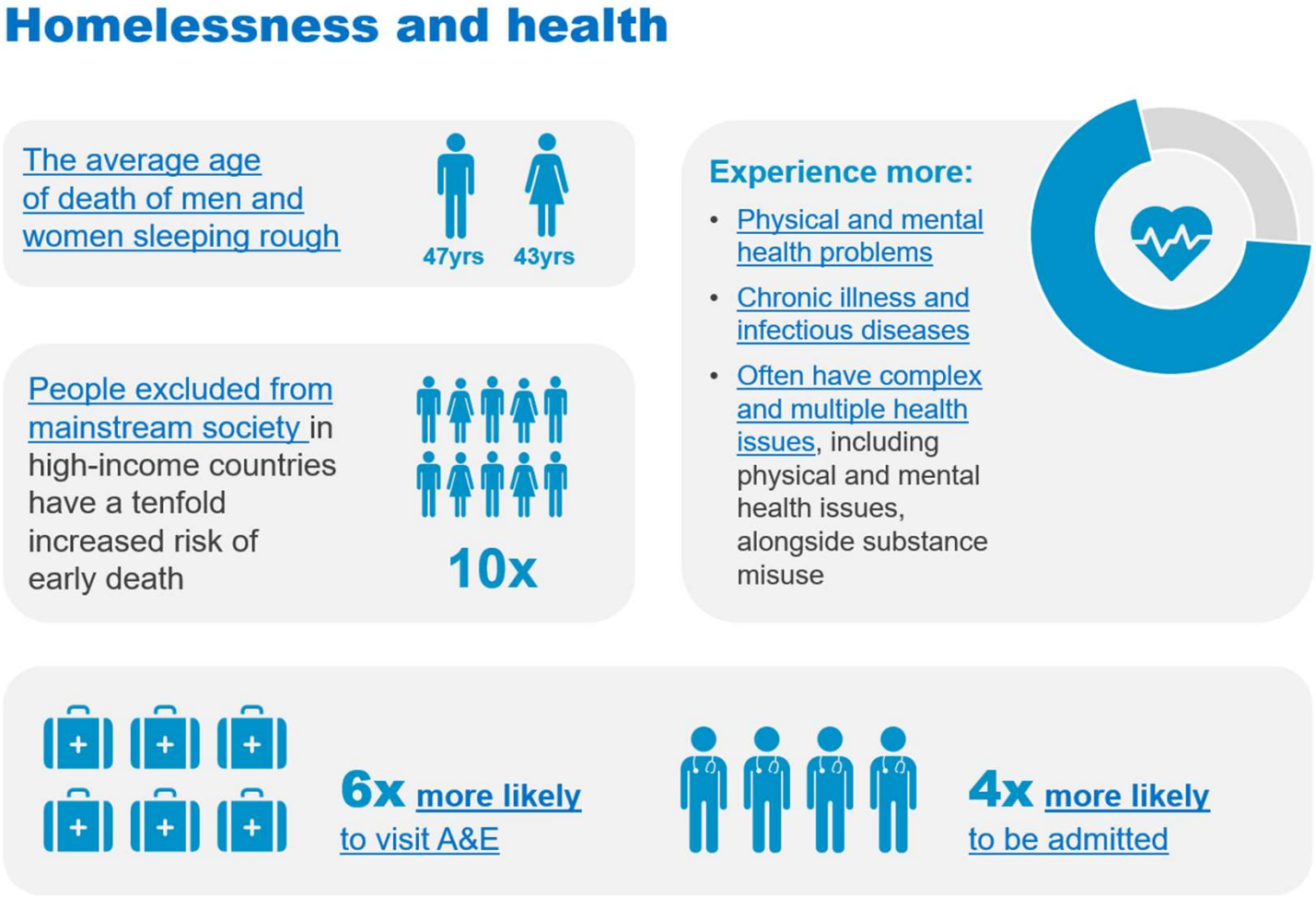
- **Primary Care Patients Registered as Homeless (includes all types of homelessness)**
  - Over half of the primary care registered patients experiencing homelessness were males (65%), with an average age between 20 and 49.
  - The most prevalent nationality was British (128 patients), and White Other was the most dominant ethnicity (66 patients).

420

patients registered with a B&D GP Practice were recorded as homeless; equal to a rate of 1.7 per 1,000 patients, lower than all other NEL boroughs, excluding Havering

Health Needs of People Experiencing Homelessness

National Data on Health Inequalities Across All People Experiencing Homelessness



Note: this infographic contains key health inequalities for all people who experience homelessness, including statutory homelessness, temporary accommodation, rough sleeping, hidden homelessness, etc.

Sources: Homeless Health Needs Assessment Toolkit; available at: Needs assessment toolkit - Transformation Partners in Health and Care Partnership (Homeless Health Programme; London Health Partnership)

A National Audit of Health Needs of All People Experiencing Homelessness

Homeless Link was commissioned in 2022 to carry out national research on the health needs of homeless people. The final report* identified the following key findings:

Between 2018/21 63% of respondents reported they had a long-term illness, disability or infirmity

The number with a mental health diagnosis nearly doubled from 45% in 2014 to 82% in the 2018/21

Of those reporting a mental health condition, 72% (101) reported that this condition predated their experience of homelessness**

Nearly half (48%) of respondents used A&E services in the last year, which is three times more than the general population

Nutrition presented as a big challenge with a third of respondents reporting that on average they eat only one meal a day

45% were self-medicating with drugs or alcohol to help them cope with their mental health

Between 2018 - 2021 a total of 38% of respondents had been admitted to hospital in the 12 months before participating in a Homeless Health Needs Audit

The most common reasons for hospital admission were physical health conditions (37%), and mental health conditions, self-harm or attempted suicide (28%)

Of those who had been admitted to hospital nearly a quarter (24%) were discharged to the streets

Homeless people are more likely to die prematurely than the rest of the population

Note: this infographic contains key health needs for all people who experience homelessness, including statutory homelessness, temporary accommodation, rough sleeping, hidden homelessness, etc.

**The data for the report is drawn from aggregating data gathered through 31 individual Homeless Health Needs Audits completed between 2015 and 2021, representing 2,776 individual respondents.*
***This suggests that mental ill health may often be a trigger for homelessness, which can then be further exacerbated by the experience of homelessness. By contrast, data indicates that physical ill health is slightly more likely to be a result of homelessness rather than a cause.*

Source: [Homeless_Health_Needs_Audit_Report.pdf (kxcdn.com)]

National Data on Health Needs of People in Temporary Accommodation (TA)

People living in temporary accommodation can experience a range of health issues, including mental and physical health problems. Research on the health needs of people of all ages in temporary accommodation revealed the key findings summarised in the infographic below.

the main drivers of health inequalities for people in TA are poor access to education for children and limited access to healthcare

most people living in TA report experiencing paranoia, anxiety, isolation, and loneliness

people in TA with clinically diagnosed mental health issues such as depression, personality disorder, anxiety and psychosis find that their current living situation exacerbates their mental health issues

people in TA have a higher smoking prevalence than the general population

many people in TA eat two or less meals a day, and have low prevalence of fruit and vegetable consumption

people in TA experience higher rates of worklessness are found in these populations

stress is a common problem; losing your home is already traumatising and the chaotic living environment found in much of TA can be re-traumatising for some people

people in TA have high use of A&E and ambulance call-outs

Source: Croft LA, Marossy A, Wilson T, Atabong A. A building concern? The health needs of families in temporary accommodation. J Public Health (Oxf). 2021 Sep 22;43(3):581-586. doi: 10.1093/pubmed/fdaa056. PMID: 32426828.

Health Needs of Families in Temporary Accommodation in B&D

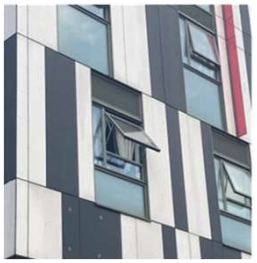
There is a lack of information about the health needs of families placed in Temporary Accommodation, although the Children's Commissioner reported in 2019 that "Temporary accommodation is frequently not fit for children". An audit in LB Bromley in 2021 pointed to high levels of poor mental health in addition to behaviours that increase the risk of physical ill health (such as smoking) and a high use of secondary healthcare services.

The 0 to 19 Healthy Child Programme service is commissioned by LBBD and provided by North East London Foundation Trust (NELFT). The service has created a specialist Hard to Reach Families function. The observational data below on health needs of families currently in emergency accommodation in B&D was provided by this specialist service:

Health Risks Identified by NELFT Specialist Hard to Reach Families Nurses[1]

Safety Concerns

- Families with babies and young children are housed in rooms with windows open outwards. Beds under windows are a significant risk to climbing children.
- Families and single pregnant women can be housed alongside vulnerable single men who may have a range of mental health and substance misuse issues.
- Cooking facilities are shared. Many are a distance from bedrooms and children cannot be left alone while parent cooks. Often, there is nowhere safe to put a child in the kitchen while cooking. Kettles are available in rooms but are in unsuitable locations for a crawling child owing to lack of space.
- Shared bathrooms and toilets with little space for children.



Emotional and Mental Health and Wellbeing Impact

- Children are unable to invite friends back to play and feel different from their peers at school.
- Children are encouraged to keep quiet as other residents complain about noise.
- Parents experience stress and mental ill health and are less able to support their children as they would want.
- Intimidating behaviours from other adults around the children.
- Visitors are not allowed in some locations – meaning fathers and extended family members cannot visit
- Placements from out of Borough can be far from family networks

Developmental Impact

- No safe spaces to play in rooms. For children becoming mobile this impacts on their early physical development.
- For older children, no separate space to complete homework and little privacy.
- Children are sharing beds with parents. The beds are not all suitable.
- Healthier food is harder to prepare with no space and small fridge storage.
- Some have no cooking facilities, so families have to rely on takeaways for hot food.
- Lack of buggy storage space means it is harder to get children out in the fresh air.
- Hotel managers have a poor understanding of the developmental needs of children and young people.
- Rooms have poor temperature control and can be either too hot or too cold.

Source: Children's Commissioner, Bleak Houses: Tackling the crisis of family homelessness in England (2019) cco-bleak-houses-report-august-2019.pdf; *Report on Children and Families in Barking and Dagenham Hotels and Emergency Accommodation, Health and Developmental Concerns* – NELFT 0 to 19 Healthy Child Programme (2024)

1. *These observations cover families placed in TA in Barking & Dagenham by LBBD and other Boroughs, and may not all apply to placements by LBBD*

National Data on Health Needs of People Experiencing Hidden Homelessness

There is limited evidence on the health needs of Hidden Homeless groups, but national insight on Unsupported Temporary Accommodation (UTA) may also apply to this group.

Health Impacts of Unsupported Temporary Accommodation (UTA)
The health status of individuals living in UTA during the COVID-19 pandemic was outlined by JustLife in a small qualitative research study in 2020[1] :

Trauma
- More than 25% of participants reported having experienced severe trauma and/or living with PTSD (some prior to becoming homeless, some afterwards)
- The report identified that numerous studies have documented that "*traumatic stress is so commonplace that it may be normative among those experiencing homelessness*".

Disability and Long-Term Health Conditions
- 37% of participants reported a physical disability or health condition, well above the national average in the UK of around 21%
- Disabled people in insecure accommodation are also likely to face additional barriers in accessing assistive technology to mitigate disability, including glasses and hearing aids, and to be less able to access facilities such as showers

Mental Ill Health
- Most participants described poor mental health including isolation, loneliness, paranoia and anxiety.

Physical and Social Conditions in Unsupported Temporary Accommodation
In 2014, IPPR collated evidence[1] of the living conditions in a variety of unsupported temporary accommodation. They reported that the poor living conditions were a problem for 90% of participants and contributed to their poor health through:
- Damp and mould
- Lack of heating and basic appliances
- Poor cleanliness
- Infestations
- Lack of security and privacy
- Abuse, intimidation, violence, exploitation and anti-social behaviour

This is however national data, and it is unclear the extent to which these observations apply to Hidden Homelessness in B&D. The health impacts are mitigated to some extent by HMO and Housing Health and Safety Regulations, and Housing Health and Safety Rating Systems (HHSRS).

LBBD's Private Rental Property Licensing scheme mitigates many of these risks which includes mandatory HMO licensing. The council is seeking to extend this to single-family homes, and a new Additional HMO Licensing scheme for small, shared homes (HMOs) not covered by the mandatory HMO licensing. Further information can be found here.

Source: Justlife (2020) Hidden Homelessness Exposed: The Impact of COVID-19 on… | Justlife and references therein; *Justlife & IPPR (2014)* Not Home: The lives of hidden homeless households in… | Justlife

1. *These were both small qualitative research studies, but did focus on people in Unsupported Temporary Accommodation specifically. Participants in the Justlife study were 25-74, included both sexes and mainly White British. In the IPPR study*

Health Needs of Patients Registered with a GP Practice Experiencing Homelessness

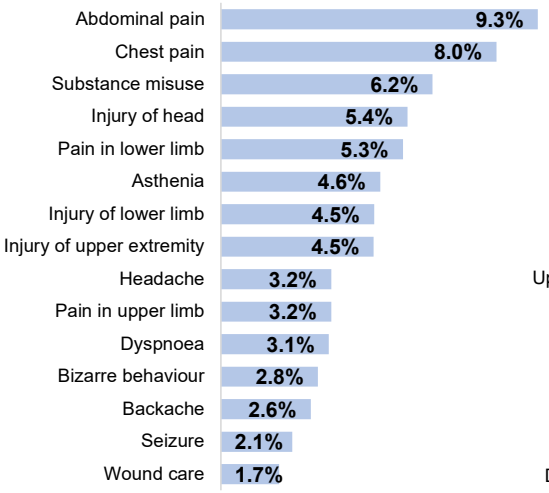
Between January and December 2023, patients registered with their GP as homeless attending NEL A&E departments most often reported complaints of abdominal pain, chest pain, substance misuse issues and head injury. The most frequent diagnoses were “no abnormality detected”, “patient walked out”, “alcohol intoxication” and “depression”. This data analysis is for 4,934 A&E attendances made by 3,337 homeless patients registered with a GP in North East London. It is expected that individuals registered as homeless in B&D specifically would have a similar profile of needs.

Depression (29.5%) was the most prevalent long-term condition diagnosis experienced by the GP-registered homeless patients in B&D in 2023, which is above the NEL average rate of 22.4%. Hypertension and mental health diagnoses were the next most prevalent, with 13.6% and 9.8% respectively.

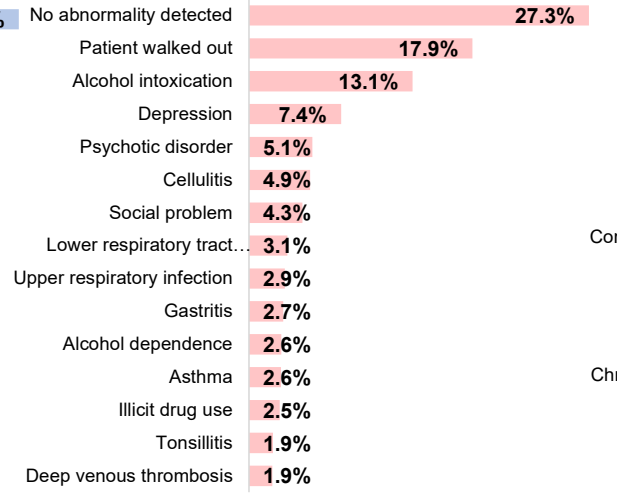
Vaccination rates in the Barking and Dagenham population are comparable to the NEL average for COVID-19, Influenza, TB and Hepatitis B vaccinations.

The data in the charts below were provided by the NEL Insights team and show the NEL homeless population data as of January 2024 in Barking and Dagenham*. Patients are recorded in the borough where their GP is located, meaning homeless patients may reside in a different borough than they are registered in this data. All data shown is for January to December 2023. Please note the NEL average for Epilepsy does not include Redbridge as case numbers did not exceed the low number reporting threshold.

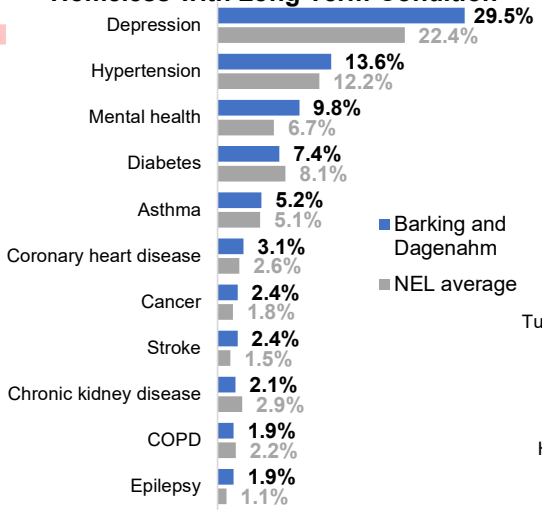
Top 15 complaints among homeless patients at A&E (all NEL)



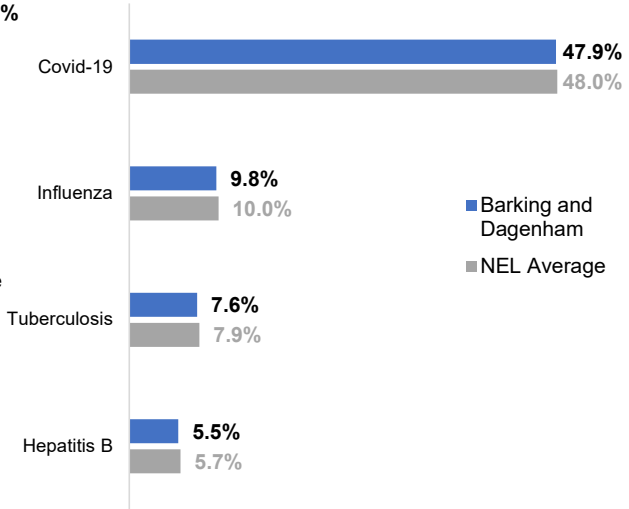
Top 15 primary diagnosis among homeless patients at A&E (all NEL)



Proportion of GP Registered Homeless with Long Term Condition



Proportion of vaccinated GP registered

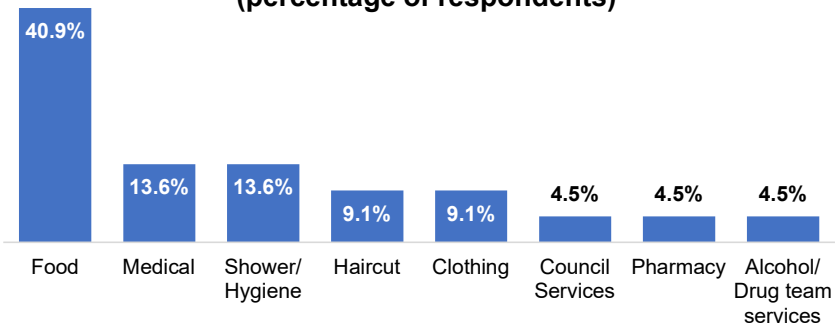


Homelessness is defined as:

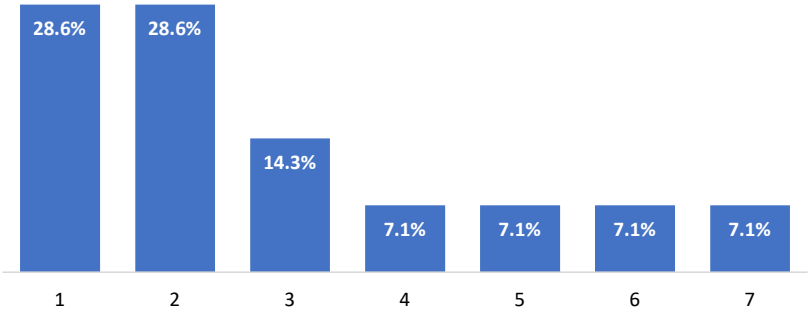
1. *Anyone registered to the 3 homeless specialist practices (Newham Transitional Practice, Health E1, Greenhouse Walk-in.)*
2. *Anyone with a homeless observation (snomed code: 32911000 and all related codes) on their primary care record since January 2022.*
3. *Anyone registered to a NEL practice with a secondary care contact that indicated they are homeless or have no fixed abode.*

Health Needs Identified by New West PCN Homeless Inequalities Pilot

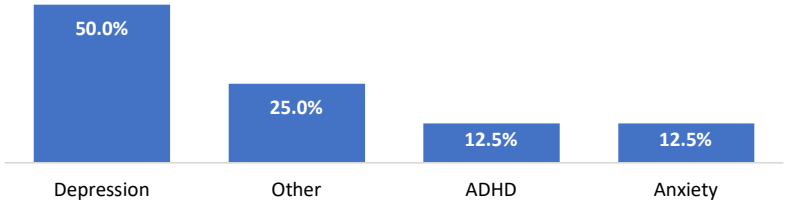
Primary reason for attending the clinic (percentage of respondents)



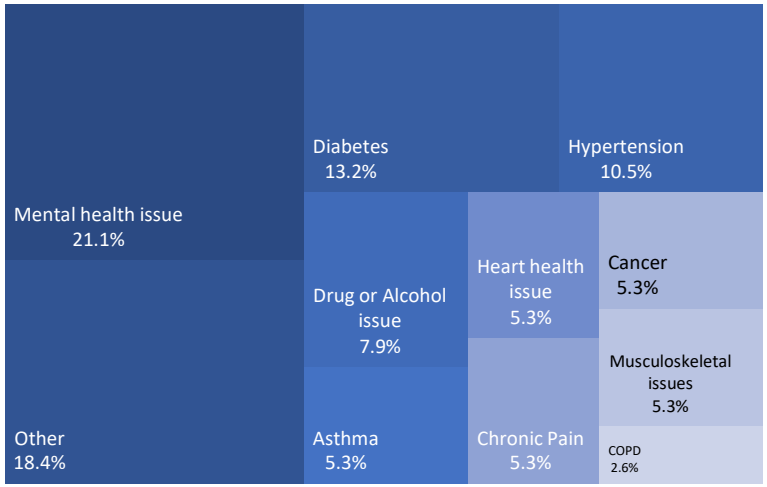
Percentage of those reporting a disability



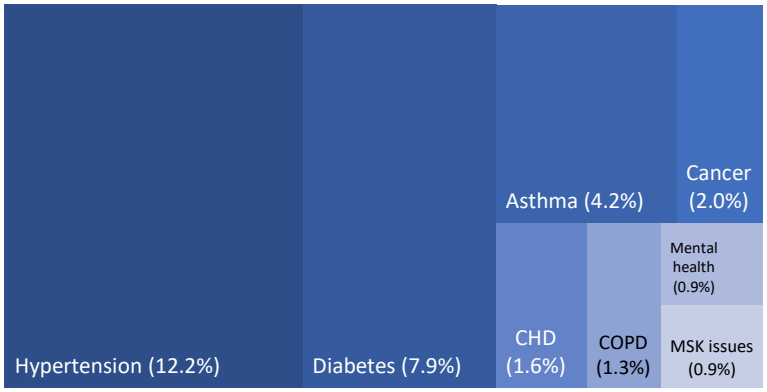
Percentage of those with mental health conditions



Percentage of long term conditions reported by pop-up clinic attendees



Prevalence of long term conditions in resident population of all ages



Between July and August 2023, a GP pop-up clinic was opened alongside the Source Food Bank, based in Barking Learning Centre. A health questionnaire was completed by 31 Food Bank attendees. They were all adults aged 25+. The data in this slide illustrates the results from this questionnaire.

Of the attendees who completed the questionnaire:

- 84.6% reported experience of at least 1 long-term condition,
- 60.0% reported having a disability
- 30.8% reported at least 1 mental health issue
- 72.0% reported being prescribed at least 1 medication which included co-codamol, statins, thymine, vitamin B, fluxodine, antibiotics and amlodipine, suggesting medical need among this population for pain relief, high cholesterol, alcoholism, depression, bacterial infections and high blood pressure respectively, among other conditions and diagnoses.
- 71.4% of questionnaire respondents desired to see a doctor at the clinic.

Sources: New West PCN Homeless Inequalities Pilot Project; QOF Long Term Conditions Dashboard, NEL, dating 30th November 2024

Drug and Alcohol Treatment

Homeless Clients in B&D Accessing Drug or Alcohol Treatment from April 2022 to March 2024 - Housing Situation

Housing Situation	%
No home of their own - sofa surfing	46.3%
No home of their own - lives on the streets/rough sleeping	22.0%
No home of their own - living with family short-term	9.8%
No home of their own - living with friends short-term	9.8%
Other*	12.2%
Total	100.0%

*includes those living in hostels, night/winter shelters, supported accommodation, approved settings and healthcare settings combined.

The table above shows the housing situation of homeless clients in Barking & Dagenham accessing treatment services for:

- Alcohol
- Alcohol and non-opiate drugs
- Non-opiate drugs
- Opiates

Those seeking treatment for drug misuse make up 56.1% of clients, the largest single category. Those seeking treatment for alcohol alone make up 17.1% of clients.

This data was taken from local services provided by Change, Grow, Live. (www.changegrowlive.org)

Data on drug and alcohol use by homeless individuals is often most accessible through voluntary sector organisations. "The Unhealthy State of Homelessness 2022" is a report produced by Homeless Link, a national membership charity for organisations working directly with people who become homeless in England. Some key insights about drug and alcohol use by people experiencing homeless in England are shown below. Unless otherwise stated, all data is sourced from The Unhealthy State of Homelessness 2022, Homeless Link[3].

54% Of respondents reported using illegal drugs in the past 12 months.

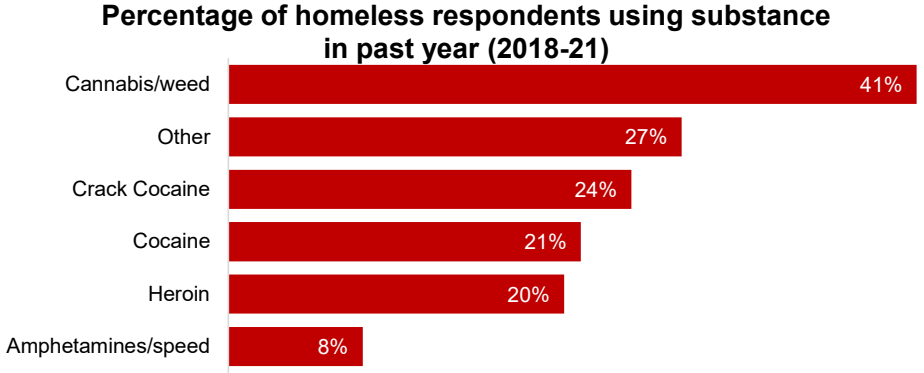
8% Of the general population report using illegal drugs in the past 12 months[1].

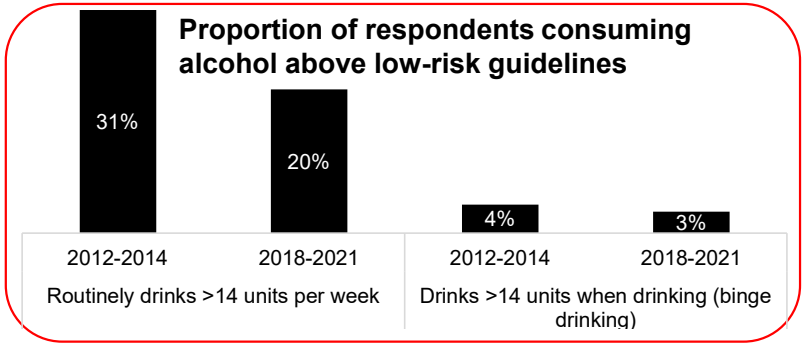
38% Of respondents reported that they have or are recovering from a drug problem.

45% Of respondents reported using drugs or alcohol to cope with their mental health.

40% Of homeless people are not receiving support the level that they feel is needed.

Use of hard drugs by the homeless, including crack cocaine, cocaine and heroin, has increased since the 2014 report.





The percentage of homeless individuals who report routinely drinking more than 14 units per week has dropped from 31% in the 2014 report to 20% in the 2021 report. This level is below equivalent drinking in the general population, which is 24%[2]. 3% of homeless individuals reported drinking more than 14 units per drinking session (binge drinking). This has fallen from 4% in the 2014 report. 27%[2] of the general population report exceeding this level on their heaviest drinking days.

Barking & Dagenham

1. How many people use illegal drugs? Drugwise. Available at: https://www.drugwise.org.uk/wp-content/uploads/PrevalenceInfographic-2.png
2. Alcohol Statistics, Alcohol Change UK. Available at: https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-statistics
3. The Unhealthy State of Homelessness 2022, Homeless Link. Available at: https://homeless.org.uk/knowledge-hub/unhealthy-state-of-homelessness-2022-findings-from-the-homeless-health-needs-audit/ .

Summary of Key Findings on Health Needs

Below is a summary of key findings from the previous slides, describing the health needs of people/households experiencing homelessness. The key findings are presented for each homelessness type. These key findings on health needs emerge from Barking & Dagenham where data is available, and some are based on national.

- **People Experiencing Rough Sleeping ➢(England, all ages)**
  - People sleeping rough are at risk of dying prematurely, at 47 for men and 43 for female rough sleepers.
  - People sleeping rough experience more physical and mental health conditions, chronic illnesses, infectious diseases, co-morbidities and more complex health issues than the rest of the population.
  - Of the rough sleepers with a mental health condition, 72% reported that their condition predated their experience of homelessness.
  - 45% of respondents were self-medicating with drugs or alcohol to help them cope with their mental health.
  - Rough sleepers are six times more likely to attend A&E and four times more likely to be admitted to hospital than the rest of the population.
  - Of those admitted to hospital nearly a quarter (24%) were discharged to the streets.

The rate of mental health diagnoses in people experiencing homelessness nearly doubled between 2014 and 2018/21 from 45% to 82%

- **Health Needs of People in Temporary Accommodation (England, all ages)**
  - People in TA with clinically diagnosed mental health issues such as depression, personality disorder, anxiety and psychosis find that their current living situation exacerbates their mental health issues
  - People living in TA have higher smoking rates and consume less fruit and vegetables.
  - Families with children living in TA with poor housing conditions that are often unsuitable are exposed to health and well-being risks.
  - Children in TA experience social isolation, can be exposed to intimidating behaviours by other adults and less supported by their parents.
  - Living in TA accommodation impacts child development as children are often confined in small, overcrowded, poorly heated and noisy living spaces, unable to play, or do school homework.

potential limited access to healthcare for out of Borough placements in Temporary Accommodation; additionally higher rates of worklessness are found in these populations

- **People experiencing Hidden Homelessness / Unsupported Temporary Accommodation (UTA) (England, all ages)**
  - Health impacts seen in UTA include trauma, disability and long-term physical health conditions, and high levels of mental ill health. 9 in 10 people living in UTA reported mental health issues.
  - The health of people in UTA can be affected by violence, conditions that hinder their recovery from injury or illness, and infestations.
  - 37% of participants living in UTA reported a physical disability or health condition, well above the national average in the UK of around 21%.
  - Disabled people in insecure accommodation are also likely to face additional barriers in accessing assistive technology to mitigate disability, including glasses and hearing aids, and to be less able to access facilities such as showers.

4 in 10

of participants living in (UTA) reported a physical disability or health condition, well above the national average in the UK of around 21%

Summary of Key Findings on Health Needs cont'd

- **Health Needs of Patients Registered with a GP Practice Experiencing Homelessness (all ages, NEL and B&D)**
  - Abdominal pain (9%), chest pain (8%) and substance misuse (6%) were the top three reasons for A&E attendances amongst known homeless people in NEL between January and December 2023; however, nearly 1 in 3 had no abnormality detected and 17% walked out.
  - Vaccination rates in the Barking and Dagenham homeless population were comparable to the NEL average for COVID-19 (48%), Influenza (10%), TB (8%) and Hepatitis B (5%) vaccinations.

In 2023, 29.5% of GP patients experiencing homelessness in B&D had Depression, 14% Hypertension, 10% Mental Health issues and 7% Diabetes.

- **New West PCN Homeless Inequalities Pilot (B&D, adults aged 25+)**
  - Data collected from a GP pop-up clinic attended by 31 people experiencing homelessness between July and August 2023 showed that most were on medication, and they had problems including pain relief, high cholesterol, alcoholism, depression, bacterial infections and high blood pressure, respectively.
  - 71% of questionnaire respondents reported wanting to see a doctor at the clinic.

8 in 10
Persons experiencing homelessness reported at least one long-term condition

6 in 10
Persons experiencing homelessness reported having a disability

3 in 10
Persons experiencing homelessness reported at least one mental health issue

- **Drug and Alcohol Treatment data (England, all ages)**
  - National data shows that 54% of people experiencing homelessness have used illegal drugs in the last 12 months; 45% of whom used drugs or alcohol to cope with their mental health.
  - According to national data, 40% of people experiencing homelessness are not receiving the level of support they need.

Nearly 5 in 10 people accessing drug or alcohol treatment in B&D between April 2022 and March 2024 were couch surfers and nearly 3 in 10 rough sleepers

Health Services for People Experiencing Homelessness in Barking & Dagenham

B&D Homelessness Self-assessment Key Findings 2024

Summary findings from conversations:

- There are a limited number of dedicated services specifically for the homeless population in B&D.
- The diagram on the right lists services that support vulnerable residents, within which homeless residents are included.
- Only around half of all practices in B&D are Safe Surgeries accredited; Safe Surgery can be any GP practice that commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. At a minimum, this means declaring your practice a 'Safe Surgery' for everyone and ensuring that lack of ID or proof of address, immigration status, or language are not barriers to patient registration. *(Doctors of the World, Safe Surgeries - Doctors of the World)*
- Theoretically no services currently being offered should/are known to exclude residents based on their housing/homeless status and should be accessible to everyone.
- All services are accessible, but there is an issue around how to support homeless residents to engage with services in the first place.
- There are opportunities for improving the way services are delivered to make them more accessible and engaging to homeless residents.

Health	Primary Care	Local Authority	VCSE
• PELC outreach- hold GP drop-in sessions at soup kitchens, hostels, will help with purchasing prescriptions, conducting health assessments. Includes homeless residents as well as SMI, unregistered pts etc. • NELFT dedicated Health Visitor for vulnerable residents- including homeless, NRPF, NCAs etc. • BHRUT had homeless lead who would support residents on homeless pathway- liaised with housing, provided training to colleagues/ED dept. etc however post is no longer continuing to be funded	• Routine GP services are accessible to patients regardless of their housing/homeless status • Safe Surgeries accreditation in B&D- currently only 14 practices have this • Pop-up Clinics- holistic model of care based in the community, based on hierarchy of need	• Employment Support • Housing Support • Homes and Money Hub- need to be in form of debt and with limited capacity to manage own affairs • Rough Sleeper Team- does outreach work joint shifts with NHS/NELFT	• The Source- supports those in need with benefits, food, employment, and housing • Directory of local VCSE services can be found at Partners | BD_Collective (bdcollective.co.uk) • There are many different services included in the directory and no service is known to deny access to homeless residents. Services include things like; • Food Banks • Warm Hubs • Employment Support • Religious groups • Fitness/health groups • Wellbeing support

Source: NHS NEL Health & Care Partnership, Homelessness Self-assessment, February 2024

B&D Self-Assessment - Proposed Areas for Development

Conversations with providers have been invaluable at gaining insight into what the current level of provision offers for our homeless population and those areas which need further development. Rather than trying to address each challenge raised, focusing on 3 key priorities would allow a more focused and detailed approach.

Based on the summary themes and key points from discussions, 3 priority areas for development have been identified below.

Commitment 1: People experiencing homelessness receive high quality healthcare
Commitment 3: Healthcare 'reaches out' to people experiencing homelessness through inclusive and flexible service delivery models
Commitment 5: Multi-agency partnership working is strengthened to deliver better health outcomes for people experiencing homelessness
Commitment 6: People experiencing homelessness are supported to access to Primary Care
Commitment 9: Homeless Health advice and signposting is available within Urgent and Emergency Care Pathways and Settings

Proposed priority area	Details	Link to HLP guidance
Primary Care offer	• *Safe surgeries accreditation- less than half of B&D practices currently have this. This area needs improvement* • *There is a need for a Clinical Lead or PCN Lead for Homelessness- this would ensure advocacy, governance, risk management, and continuity of care is happening*	Commitment 1 Commitment 6
Model of care:	• *Pop-up clinics have demonstrated success in engaging with homeless residents and offers holistic support in accordance with need* • *We need a more consistent outreach approach in the community- homeless residents don't routinely access/ engage with services so we need to go to them*	Commitment 3 Commitment 5 Commitment 6
Training & education	• *Universal lack of a comprehensive training/ education offer for colleagues across the partnership (both clinical and non-clinical) specifically on homelessness* • *Better understanding is needed of the rights/challenges/needs of the homeless population* • *Need to increase awareness/ promote homelessness services across the partnership so colleagues know where to refer for support- facilitates multi-agency working*	Commitment 5 Commitment 9

Source: NHS NEL Health & Care Partnership, Homelessness Self-assessment, February 2024

0 to 19 Healthy Child Programme Specialist Service for Families in TA

The 0 to 19 Healthy Child Programme service is commissioned by LBBD and provided by North East London Foundation Trust (NELFT). NELFT created specialist Hard to Reach Families Health Visitor roles to respond to the high numbers and specific needs of this cohort of children and families. The specialist health visitor is allocated to families in the hotels and hostels. In 2024, this service was supporting families in at least 13 different hotels and hostels in B&D. There are also 2 FTE Education Other than at School (EOTAS) school nurses who support children and young people in hotels as part of their caseload.

Current Case Load for NELFT Specialist Health Visitors[1]

A snapshot of the numbers of children aged between 0-19 in LBBD in the week beginning 12/08/24 **showed 135 children in Temporary Accommodation.** 0 to 19 data shows only children and young people. The caseload does include mothers with children under 1 but this is not included within this data. Of these 135:

- 62 children and young people were "UP" – Universal Partnership[2]. This means that there are additional concerns for their health and/or social care needs.
- 34 children and young people were "UPP" - Universal Partnership Plus[2]. This means they live in families with continuing complex needs where multi agencies are involved in supporting them.

This demonstrates the high level of needs for children and young people in temporary accommodation with 71% meeting health thresholds for vulnerability.

Service Challenges

- Limited capacity and limited to families with under 5s only.
- Referral on is not easy when families may only be in the accommodation for a short period of time.
- Children not always in address received with referral.
- Unknown families identified on visits to hotels, often placed by other Boroughs without appropriate NHS referrals. Their needs will not be known prior to a visit and often the issues they are experiencing are complex.

Access to Support for Families

- The Health Visiting Clinical Specialist lead is only a 0.3FTE post focusing on under 5s. There are 2FTE School Nurses, but they have a broad caseload beyond just families in TA.
- Barking Learning Centre provides financial and employment support. This is only easily accessible for those living close to it.
- Family Hubs provide short play sessions. Babyzone is based at Future Zone and is term time only. Not all families are able to easily get to Babyzone.
- There is little available on weekends or after school and support is more limited during school holidays, leaving families with only parks and playgrounds.
- Drop-in clinics are provided approx. every 3 months for a wider range of health needs including immunisation. These are accessible to all homeless people not specific to the needs of children and families.

Sources: Children and Families in Barking and Dagenham Hotels and Emergency Accommodation Health and Developmental Concerns – NELFT 0-19 Programme (2024)

1. *This includes families placed in TA in Barking & Dagenham by LBBD AND other Boroughs*
2. Health visiting and school nursing service delivery model - GOV.UK

Rough Sleepers & Asylum Seekers Drop-in Clinic

In June 2024, the Thames Life Community Development Trust, in collaboration with Barking & Dagenham, organised a Rough Sleepers & Asylum Seekers Drop-in Clinic. The event was organized by Thames Life's director of health outreach & engagement, in partnership with GPs/health inequality leads, and with support from LBBD's head of universal services and the BLC team. The event was attended by 119 rough sleepers and asylum seekers and among them there were 4 children. During the event 19 different types of services were available, including health and care services, free food and hygiene, arts, and socializing. At the end of the event, attendees were asked to complete a short questionnaire. The questionnaire was answered by 49 attendees, equal to a 41% response rate. The attendees that answered the questionnaire have been rough sleepers or asylum seekers between a few months to over 10 years. **Most of them said they attended the event for free food and showers, to see a doctor, and for socializing and networking opportunities.** Some additional key statistics emerging from the data collected from the questionnaire are grouped by broad themes and are illustrated in the infographics below.

Demographics

73%

Of the attendees were males

10 out of 16

Attendees that added their age group aged 25 to 54

5 OUT OF 10

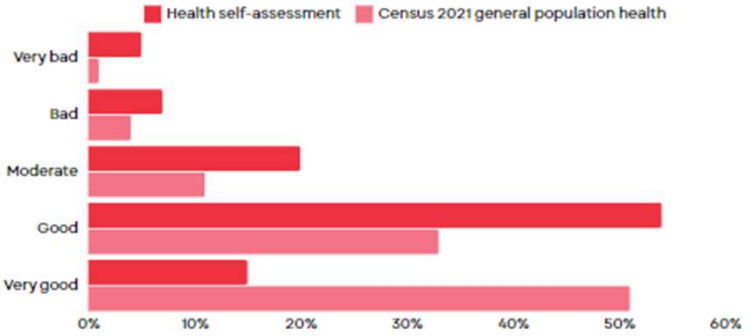
Attendees that answered the nationality question said they identified as British or Mixed British, and the rest as Other (mainly African, Asian, Romanian, Russian, and Ukrainian)

Place of stay

82%

Of the attendees said they usually stay in the Barking & Dagenham area

Health



54%

Of the attendees said they have a health condition or illness, the majority of which said they have serious mental health issues, depression, diabetes, and musculoskeletal conditions

Over 7 in 10 attendees were registered with a GP Practice, of which the majority were registered with a GP in Barking & Dagenham

52%

Of the attendees said they take regular medication, of which 17 said it was easy to get their medication and 7 it was not easy to get their medication, and among the main reasons were the cost and not being easy to get a prescription

53%

Of those attendees that are registered with a GP have not seen their doctor in the last 12 months

Barking & Dagenham

Sources: Thames Life Community Development Trust; Census 2021

Guidance, Policy and Best Practice

National and Specialist Guidance

Pathway (www.pathway.org.uk) is the UK's leading homelessness and inclusion charity.

Pathway Homeless and Inclusion Health Barometer 2024 (published March 2024):
Below is a summary of the key conclusions from the Pathway Homeless and Inclusion Health Barometer 2024, a first of its kind report focusing on the effects that health and housing system strain are having on health outcomes for the homeless and other people in inclusion groups:

- People facing homelessness and social exclusion encounter significant barriers to healthcare access and experience poor health outcomes.
- Resource crises in housing, social care, and the NHS exacerbate the situation, leading to short-term solutions and inflexible services.
- Stigma, discrimination, and negative attitudes hinder access to healthcare for marginalised groups, contributing to unsafe practices and preventable deaths.
- Inadequate action on prevention and integration, coupled with workforce pressures, further compound the challenges.
- Government policies exacerbate social disparities and hinder action on inclusion health, indicating systemic failures.
- Recommendations include strong leadership, increased funding, true integration of services, emphasis on prevention, and prioritisation of inclusion health to address systemic issues and improve healthcare outcomes for marginalised groups.

Statement from the Faculty for Homeless and Inclusion Health (published March 2024):
In March 2024, Pathway published a message to politicians on the current state of health and care services available to inclusion health groups and called for urgent reform. The statement highlights the recommendations made in the Homeless and Inclusion Health Barometer, sets out the pressures faced in the current context which are driving inflexible services and higher thresholds, and outlines the system failures which are harming people in inclusion health groups including the barriers of stigma and discrimination which lead to unsafe practices, the failure to take preventative action, lack of integration, workforce pressures, the NHS incentives and funding structures which are undermining action on inclusion health.

Beyond Pockets of Excellence: Integrated Care Systems for Inclusion Health (published August 2023):
This report presents lessons from a collaborative ICS learning network co-curated by Pathway, Groundswell and The King's Fund over six months in late 2022 and early 2023. It sets out the case for Inclusion Health and describes a strategic road map towards a better service response for these populations, including seven steps that ICS leaders need to take to move towards success:

1. Brutal truth and honesty: the need for local leaders to immerse themselves in the reality faced by people from Inclusion Health groups.
2. Shifting the balance of power so that those experiencing marginalisation influence changes to services.
3. Harnessing levers for radical change by repurposing funds currently being spent ineffectively.
4. Beyond health, considering housing as a foundational step.
5. Establishing specialist services that reflect best practice.
6. Holding the mirror up to generalist services.
7. Keeping truth to the fore: evaluation and revision.

Sources: Pathway Guidance (www.pathway.org.uk); Always at the Bottom of the Pile: The Homeless and Inclusion Health Barometer 2024 – Pathway; Beyond Pockets of Excellence: Integrated Care Systems for Inclusion Health – Pathway; Statement from the Faculty for Homeless and Inclusion Health, March 2024 – Pathway

National and Specialist Guidance cont'd

National Institute for Health and Care Excellence (NICE) (www.nice.org.uk) is the UK's guidance service for the NHS and wider health and care system.

Integrated health and social care for people experiencing homelessness (published March 2022):

This NICE guidance provides recommendations for health and social care services for people experiencing homelessness. It is themed around 12 broad categories which are: general principles, planning and commissioning, models of multidisciplinary service provision, the role of peers, improving access to and engagement with health and social care, assessing individual needs, intermediate care, transitions between different settings, housing with health and social care support, safeguarding, long-term support and staff support development. The guidance includes five general principles based on recognising 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. These five general principles are grouped in the themes below:

1. Co-design and co-delivery of services
2. Supporting engagement with services
3. Sustaining engagement with services
4. Supporting re-engagement with services
5. Communication and information

Shared Health Foundation (https://sharedhealthfoundation.org.uk/) is a clinically-led and evidence-based non-profit organisation that aims to reduce the impact of poverty on health.

Homeless Families Guidance for GPs (published November 2023)

- Put a note on your clinical system that this family is in temporary accommodation. Living in temporary accommodation can make a family vulnerable, and they may find travelling to appointments or accessing the surgery difficult.
- Consider allowing the family to remain registered at your GP Practice if they wish to while living in temporary accommodation, even if they fall outside of your catchment area. Stability in healthcare is important during this unsettling and chaotic time, particularly if safeguarding plans are in place. Patients with strong relationships with their healthcare professionals can improve health outcomes for the children affected.
- You may consider offering to register the family using the practice address temporarily, particularly if a patient is waiting for an important referral letter. Families could be moved multiple times over several months or years and keeping track of address history and where to send appointment letters can be tricky.
- A family may need you to change their nominated pharmacy to one closer to their current accommodation. Next time a prescription is ordered, you may want to ask the patient their preference in case this is something they have not considered yet.
- It can sometimes be helpful for a GP to write a letter to a family's housing officer or other professional involved in their homelessness journey. If you can do this, please consider doing it free of charge to not exacerbate the financial concerns and related health inequalities they face.
- Consider that children may be out of education for prolonged periods and therefore may not be seen as regularly by professionals or have access to the same support network and services they previously had in school.

Sources: Recommendations | Integrated health and social care for people experiencing homelessness | Guidance | NICE; Homeless-Families-Guidance-for-GPs-updated-Nov-23.pdf

Key Strategy Recommendations from National and Specialist Guidance

- Create integrated services focused on prevention that are guided by strong leadership and lived experience.
- Improve on co-design and co-delivery of services.
- Support and sustain engagement with services.
- Support re-engagement with services.
- Facilitate robust communication and information.
- Prioritise Inclusion Health to address systemic issues.
- Improve healthcare outcomes for marginalised groups.
- Remove barriers of stigma and discrimination.
- Those experiencing marginalisation should influence changes to services.
- Harness levers for radical change by repurposing funds currently being spent ineffectively.
- Housing, benefits, health, education, and others must cooperate to respond to trusted professionals working with Inclusion Health clients.
- Establish specialist services that reflect best practice approaches.
- Hold the mirror up to generalist services.
- Perform rigorous evaluation and revision.

Sources: Pathway Guidance (www.pathway.org.uk); Always at the Bottom of the Pile: The Homeless and Inclusion Health Barometer 2024 – Pathway; Beyond Pockets of Excellence: Integrated Care Systems for Inclusion Health – Pathway; Statement from the Faculty for Homeless and Inclusion Health, March 2024 – Pathway

Actions for frontline professionals

Frontline health and care professionals can have an impact on an individual level by:

Enquiring about the household's housing circumstances as a matter of course and ensuring this is recorded.

Fulfilling the requirements of the new public sector duty to refer where a person or household is homeless or threatened with homelessness.

Supporting and contributing to personalised housing plans as per the Homelessness Reduction Act.

Providing holistic screening and health assessment (using tools such as the QNI health assessment guidance).

Providing person-centred interventions for an extended period of time for those who do not respond to brief interventions.

Supporting individuals to attend appointments and engage in treatment (this may benefit from the involvement of peers).

Ensuring that individuals with deteriorating health and increasing needs are identified and receive adequate support including, where appropriate, social care

Checking homeless patients are registered with a GP and receive primary health care, vaccinations and screening programmes, and helping them to register when they are not.

Contributing to and providing holistic health assessments for people at high risk of experiencing homelessness.

Promoting access to community family programmes and activities that support healthy family relationships including those run by local voluntary and community groups.

Providing health and care support at the point families visit local authority housing services to seek assistance to prevent or respond to homelessness.

Contributing to the assessment of children in need and their families

Ensuring attendance for child development checks and immunisation appointments amongst families living in temporary accommodation.

Supporting access to domestic and sexual violence and abuse services, harm reduction and exiting services for women involved in prostitution.

Building trust with patients.

Source: Homelessness: applying All Our Health - GOV.UK (www.gov.uk) ;

Best Practice Approaches

Local Authority approaches:

- In 2017 Barking and Dagenham introduced a concept of a holistic, low threshold, **prevention-focused service** where teams worked together with residents to find the root cause of problems and prevent them from escalating. The now ceased **Community Solutions service** brought together 16 frontline teams, including housing, money, children's social work, libraries, learning and skills. Two years after Community Solutions was launched, whilst 97% more at-risk households approached the Council, more than double the number had their homelessness prevented than in 2017-18 (134 monthly, against 66). Use of temporary accommodation fell from 1,876 households in 2018 to 1,404 in 2021 (26% decrease) saving over £1million - reinvested into communities. 3,000 residents were supported at Homes and Money Hubs, with over 1,000 entering work and 500 starting volunteering. Data analytics and targeted support secured £1.4 million in extra help for people in the worst financial situations. The borough also recorded a 24% drop in antisocial behaviour. (Source: Homelessness prevention by London Borough of Barking and Dagenham | Crisis UK

- Richmond Council has been approved to apply to **become a registered provider of social housing**, which enables it to deliver accommodation within the borough for those in need directly. Seeking registered provider status gives the Council, as a non-stock holding authority, the opportunity to actively bid for funding from the Greater London Authority (GLA), allowing it to pursue creative approaches to increasing the stock of good quality temporary accommodation within the borough, including expanding its programme to acquire properties on the open market and address the immediate need for temporary accommodation. This move forms part of the Council's commitment outlined in the Housing Strategy to provide affordable housing for various household incomes. By expanding the availability of good-quality, affordable homes, the Council remains focused on delivering meaningful solutions to the challenges presented by the current housing landscape and ensuring the welfare of all residents. (Source: Richmond Council pursues registered provider status to help tackle homelessness crisis - London Borough of Richmond upon Thames)

Types of effective services:

- A rapid evidence review by the Social Care Institute of Excellence (SCIE) suggests that sustained support services targeted to meet the changing needs of different populations are most effective. This included established models such as **Housing First** which have been tried and tested across the US and are now being tested internationally. Housing First services can work with people with complex needs, especially when combined with case management and supportive housing.

- Other effective services include types of **case management**, for example, Intensive Case Management is a sustained support service which supports individuals through one-on-one case management, to develop plans, enhance life skills, address health and mental health needs, engage in meaningful activities and build social and community relations. Another type of case management is the established model of Critical Time Intervention. This rapid response service has been particularly successful with people who are in transition, leaving prisons and hospitals. These case management models also work well with Housing First or Permanent Supportive Housing elements.

Source: Social Care Institute for Excellence; a_rapid_evidence_assessment_of_what_works_in_homelessness_services_2018.pdf (crisis.org.uk)

Key Findings, Gaps and Recommendations

Summary Health Needs of People Experiencing Homelessness

All groups of people experiencing homelessness:

- experience higher health and other inequalities such as access to health and care services, unemployment, etc.
- experience poorer mental health and well-being at all ages and across all cohorts, and are more likely to be affected by trauma
- are a lower proportion of GP-registered patients in Barking and Dagenham than all other NEL boroughs excluding Havering

People who are rough sleeping also:

- are more frequent users of A&E and ambulance services, and more likely to be admitted to hospital
- are at risk of dying prematurely, at an average age of 47 for men and 43 for women

Children and young people in temporary accommodation also:

- have a high level of need, with over two-thirds meeting thresholds for vulnerability (Universal Partnership/ Universal Partnership Plus designation under the national Healthy Child Programme guidance[1])
- can have impaired physical and social development through living in unsuitable environments
- are often unknown to health services when placed in Barking and Dagenham by other Boroughs, and so do not always get the early help that they need

Adults experiencing homelessness also:

- have higher rates of disability including mobility impairment, sensory impairment and learning disability
- can also have high rates of physical long-term health conditions such as diabetes, cardiovascular diseases and respiratory diseases
- also experience higher rates of chronic pain, a range of infectious diseases and addiction/self-medication issues

1. Health visiting and school nursing service delivery model - GOV.UK

Gaps in Knowledge & Potential Actions

There is a significant absence of demographic and insight data for certain types of homelessness, especially on Hidden Homelessness and on families placed in Temporary Accommodation by other Boroughs. The table below summarizes some key gaps in knowledge on people experiencing homelessness, potential actions that could mitigate the knowledge gap, and key stakeholders who can influence action.

Gaps in Knowledge	Potential Action/s	Key Influential Stakeholder/s
Limited routine data collection on health needs of those in Temporary Accommodation.	Piloting enhanced data collection for those applying to the council for homelessness relief duties could improve understanding of health needs and support received. Including data collection on families in Temporary Accommodation in the LBBD 0-19 Service contract monitoring process. Additionally, qualitative analysis of the health needs of people in TA should be considered.	B&D Housing Advice Service 0-19 Service Commissioners and Providers
Lack of data availability on all types of Temporary Accommodation placements (i.e. B&D residents housed by LBBD in TA within the borough, B&D residents housed by LBBD in TA outside the borough, non-residents placed in B&D TA by other LAs, and non-residents placed in B&D TA by Home Office).	Ensure that all data on TA placements is recorded and collected routinely, and where appropriate shared via a Notifier System. Including data collection on families in Temporary Accommodation in the LBBD 0-19 Service contract monitoring process.	Pan-London Housing Groups 0-19 Service Commissioners and Providers
Poor coding of different types of homelessness in primary care.	There is a primary care CEG template of wider determinant including housing / homelessness which should be completed for any new GP registration. However, use of the template is low and needs to be increased. Training and support should be provided to enable data to identify all types of homeless populations.	ICB Primary Care Team GP Federation
Limited local insights on Hidden Homelessness.	There may be potential to work with the VCFSE sector better to understand the size and needs of this population.	Discuss with Shelter, BD Collective & Healthwatch
Lack of health data on screening uptake in homeless populations.	Work with NHS services to understand if and how this data may be collected, possibly at pan London level. Consider as an EDI and Access issue for Screening services	NEL ICB Screening & Immunisation leads NEL ICB Cancer team
Lack of comprehensive and detailed data on mental and physical health needs and service use.	Further exploration of the mental health needs of homeless people and how they are using mental health services. Where possible data collection should include sub-categories of types of homelessness to assess different health needs.	Inclusion in LBBD Public Health Adult Mental Health Needs Assessment research B&D Housing Advice Service Shelter, BD Collective & Healthwatch
Insufficient insights into barriers and facilitators to accessing care for people rough sleeping or people experiencing homelessness. This health needs assessment has been a desk-based exercise and has not had the scope to collect lived experience insight in B&D specifically.	Consider qualitative work to better characterize lived experience. Prioritisation of activities should be aligned with supporting local action and must be scoped for feasibility.	Discuss with Shelter, BD Collective & Healthwatch

Recommendations

Enhanced Strategic Approach

- **A holistic "Health in All Policies" approach to health improvement should be embedded in the new LBBD Homelessness Strategy. This should include:**
  - A holistic preventative approach, recognising the interplay between health and housing
  - Ensuring health representation on the Vulnerable Housing Panel, and homelessness links to the Housing & Care Board
  - A holistic, low threshold, learning system approach where teams work together with residents to find the root cause of problems and prevent them from escalating

- **Align work on mitigating health needs that both drive and are a result of homelessness, by aligning health and wellbeing approaches in both NHS and VCSFE with future LBBD strategies and services.**
  - Implement the B&D Self-Assessment 2024 Areas for Development and include
    - Working with the Homelessness and Health Delivery Group to address the health needs and opportunities identified in this Homelessness Health Needs Assessment
    - Building on existing joint work between health and homelessness services to improve support where health is a driver and/or consequence of homelessness status (e.g. mental ill health, substance misuse, access to mainstream services, safe destinations for discharge from hospital)
    - Implementing multidisciplinary meetings across council housing teams and core mental health, drug and alcohol and universal health services to ensure appropriate and timely cross-referral

- **Consider the need for a multi-disciplinary professionals' training & development plan about homelessness.**
  - Develop skills in supporting clients' health challenges, including trauma-informed practice, providing emergency mental health support and knowledge of referral routes to specialist mental health services
  - Ensure frontline staff are trained to respond to the needs of homeless people, signpost and refer to housing services, to young people's housing and health link workers and receive training to ensure a welcoming and inclusive culture

Sources: Homelessness: applying All Our Health - GOV.UK (www.gov.uk) ; a_rapid_evidence_assessment_of_what_works_in_homelessness_services_2018.pdf (crisis.org.uk)

Recommendations

Access to Health Services

- **Improve the access to and support offered in primary care, community and mental health services to all homeless populations.**
  - ❖ Work with all B&D GP practices to achieve Safe Surgery Accreditation and increase GP registrations
  - ❖ Support GP practices to audit their practice against the standards in the Homeless Families Guidance for GPs[1]
  - ❖ Support the development and implementation of GP outreach services from One Health Lewisham
  - ❖ Pilot enhanced health data collection and GP registration for those applying to the council for homelessness relief duties
  - ❖ Engage with and support the evaluation of the pilot Homeless Health Peer Support and Advocacy service
  - ❖ Consider funding a clinical pilot of Healthcare Professionals working within homeless settings (e.g. hotels, shelters)
  - ❖ Share the insight in this HNA widely across NEL partners to support targeted partnership working

- **Improve the pan-London Notifier System for advising local NHS services of families placed in Temporary Accommodation out of their Borough.**
  - ❖ This would ensure that all families owed a duty of health care are referred to appropriate services when they are housed out of their home Borough (e.g. 0-19 & Health Visiting Services)
  - ❖ Could also include transfer across NHS waiting lists for families who move between Boroughs

Co-production of Person-Centred Solutions

- **Develop a targeted holistic and opportunistic approach to supporting residents who experience homelessness.**
  - ❖ Audit local provision and commission evidence-based, co-produced specialised services for increased needs: MDT intensive case management, Housing First models, critical time interventions for ex-offenders and hospital discharge.
  - ❖ Explore creative access routes such as taking learning from homeless health pop-ups and the success of the ShowerBox initiative, taking account of the differing needs of people who could benefit e.g. women-only spaces where appropriate, access to food and cooking facilities

Sources: *Homelessness: applying All Our Health - GOV.UK (www.gov.uk)* ; *a_rapid_evidence_assessment_of_what_works_in_homelessness_services_2018.pdf (crisis.org.uk)*
1. Homeless-Families-Guidance-for-GPs-updated-Nov-23.pdf

Recommendations

- **Co-produce solutions with different groups of people experiencing homelessness to address specific health needs:**
  - ❖ **Families and Early Years Development**
    - Share with families: Healthy Start information for access to vitamins & food pre-paid cards; information on how to register with primary care (permanent address not required for those who are homeless)
    - Enhance joint working with Family Hubs (and associated services), 0-19 service professionals, primary care and targeted early help/social care colleagues to remove barriers to homeless families accessing health services and other services to support them (e.g. parenting, infant feeding support and speech and language support)
  - ❖ **Mental Health & Wellbeing**
    - Ensure links are in place to refer to specialist services (e.g. OpCOURAGE - Veterans Mental Health and Wellbeing Service) and to access dual diagnosis (mental health and addictions) care
    - Ensure Homeless Service staff know how to make referrals to universal B&D MH support services, and vice versa
  - ❖ **Disabilities & Physical Health**
    - Further explore need for interventions and support for people with disabilities (e.g. eye/hearing tests at pop-ups)

- **Co-produce with different groups of people experiencing homelessness to address specific health-related housing needs:**
  - ❖ **Families and Early Years Development**
    - Placements for families in particular should be quality assured for safety for young children, with minimum safety equipment being available (e.g. highchairs & bottle sterilisers in kitchens)
    - Provision of play space and study space in/near accommodation where families are housed
    - Escalation routes for concerns raised by health practitioners and lists of hostel managers for individual cases
  - ❖ **Disabilities & Physical Health**
    - Further explore need for adaptations for physical disabilities (e.g. mobility, building access)

Sources: Homelessness: applying All Our Health - GOV.UK (www.gov.uk) ; a_rapid_evidence_assessment_of_what_works_in_homelessness_services_2018.pdf (crisis.org.uk)

Appendix 1

The NHS and local authorities both have responsibilities towards people experiencing and at risk of homelessness. Below is an overview of the differing responsibilities and the legislation that underpins it. NHS services are available to all, with access based on clinical need. There are no eligibility requirements relating to where a person usually lives. However, for some services and support that local authorities are responsible for arranging, there are eligibility requirements connected to residency in, or other connections to, the local authority area. In practice, this can mean that some people who are experiencing homelessness in the borough do not have the same entitlements to support from the local authority as they do the NHS.

Local authority responsibilities

Local authorities have responsibilities for the health and well-being of all who are present in their area. The Health and Social Care Act 2012 requires local authorities to take steps to improve the health of people in their area. These steps include providing information and advice and commissioning public health services like drug & alcohol misuse services and most sexual health services. The Care Act 2014 also specifies the general duties local authorities have to provide information and advice, promote wellbeing, prevent needs for care and support and safeguard adults, which apply to every individual living in their area.

However, local authorities do by law have to apply eligibility criteria to many services that support wider health and well-being - and the usual place of residence is often one of them. Under the Care Act, to provide care and support to an individual, the local authority is required to consider the **ordinary residence** of that person. In simplified terms, ordinary residence means whether an individual is a resident of that local authority area (with some exceptions, as outlined in the Care Act, which will mean a person of no fixed abode could be considered a "resident" in an area if they were present in that area immediately before placement into NHS accommodation). Adults can be afforded care and support by the local authority they are ordinarily resident in even if they are foreign nationals or have no recourse to public funds, so long as they are not in breach of immigration laws or have been granted refugee status elsewhere in the EEA.

With support for homelessness, local authorities will have a responsibility for those individuals applying for support with a **local connection**. This includes normal residence in the local authority area of 6 months of the last 12, or 3 years of the previous 5. Local connection is not limited to residence, however, as it is possible to have grounds to claim local connection based on employment or family association. There is a lengthy MHCLG Code of Guidance for the Homelessness Reduction Act 2017 covering various circumstances for establishing local connections. There are also immigration rules for eligibility for assistance.

NHS responsibilities

Under the Health and Care Act 2022, Integrated Care Boards are responsible for planning health services for their local population, this includes everyone who is registered with a GP practice in the area of the Integrated Care System (including those who are registered but live elsewhere), as well as those who are not registered with a GP but are usually resident in England.

Anyone in England can register with a GP surgery to access NHS services. NHS guidelines state there is no need for proof of address or immigration status, ID or an NHS number to register for a GP surgery.

Glossary

Duty of prevention: The Homelessness Reduction Act (HRA) 2017 requires local authorities to take reasonable steps to prevent homelessness for eligible applicants within 56 days. This is known as the prevention duty. The prevention duty involves:

- Assessing and producing a Personalized Housing Plan (PHP).
- Supporting and advising applicants who are taking some responsibility for securing their accommodation.
- Continuing for 56 days but can be extended if the applicant finds somewhere else to live, becomes homeless, or the council enables them to stay where they live.
- Ending if the council finds suitable accommodation or the applicant refuses suitable accommodation.
- Ending if the council has taken reasonable steps for 56 days to help the applicant secure accommodation.

Duty of relief: The Local Housing Association (LHA) must take reasonable steps to help the applicant secure suitable accommodation for at least six months. This could include:

- Providing a bond guarantee.
- Funding a rent deposit.
- Working with a private landlord.
- Providing debt advice.

No Recourse to Public Funds (NRPF): No Recourse to Public Funds is an immigration condition that prevents people from claiming most state-paid benefits, tax credits, and housing assistance. People with NRPF include people who don't have permission to be in the UK, people with visas that include an NRPF condition, and most temporary migrants

Hidden Homelessness: There is no accepted definition of Hidden Homelessness, and it can range from rough sleeping to "sofa surfing" Defined groups of people experiencing Hidden Homelessness have also been referred to in published literature as living in Unsupported Temporary Accommodation (UTA) or Insecure Short-Term Accommodation, or as Concealed Households (households containing an adult who would prefer to buy or rent their own accommodation but cannot afford to do so).

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