Homelessness and the JSNA

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What influences health and wellbeing

What is the potential impact of not preventing and/or addressing certain problems or not intervening early enough (preventable disease, physical conditions, self esteem and bullying, problems that may not present until adulthood)?



Health Inequalities support programme

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_115113

Causes of homelessness



Individual

Poor physical healthMental health problems	Physiological risks
 Alcohol and drug issues Bereavement Care leavers Crime 	Behavioural risks
Wider determinants and structural	Pyscho-social risks
 Poverty Inequality Housing supply and affordability Unemployment 	Risk Conditions

• Welfare and income support policies

http://www.homeless.org.uk/facts/understanding-homelessness/causes-of-homelessness

Impact of homelessness



Impact on the person

- 46% chance they attend A&E
- 77% chance that someone could sleep rough
- 53% chance that someone could be involved in street drinking
- 32% chance that someone could beg
- 10% chance that someone could be involved in prostitution.

Financial impact

- £147 per A&E visit
- £250 per ambulance call out there is about
 1 ambulance call out for every A&E visit
- £1,800 per hospital admission
- £1,668 per arrest 7 out of 10 homeless exoffenders are reconvicted within one year
- £26, 000 is the estimated average cost of a homeless person each year to public purse
- £1 billion is the estimated annual cost of homelessness

http://www.homeless.org.uk/facts/understanding-homelessness/impact-of-homelessness

Secondary and tertiary interventions to prevent repeat homelessness



Four models of practice

Four main settings

But ... few studies to show what is effective in responding to needs amongst households at risk of homelessness and few studies focusing on primary prevention

http://www.homeless.org.uk/sites/default/files/site-attachments/20150708.Public%20Health%20England%20-%20Rapid%20Review.pdf

So, not much for primary prevention and there are some identified barriers to implementing the secondary and tertiary prevention



What we need to do

- Use the JSNA to highlight who is at risk of and experiencing homelessness. How do we compare?
- Basic health and housing literacy for everybody working in health and housing
- Use a making every contact count approach and equip people to implement it to help with primary prevention
 - Voluntary sector
 - Homeless people peer support?
 - Primary and secondary care
 - Housing
 - Social care
 - Criminal Justice
 - Schools for those children and families who might be at risk of homelessness
 - Workplace health / employers
- Embed prevention first and identify opportunities earlier for at risk communities and groups
- How can communities help?
- Make information and guidance more accessible
- Data collection and early intervention identify those at risk and also what works?
- System leaders the Health and Wellbeing Board take ownership of the issue

National homeless audit by homelessness link

Sample size:

3.355 total

respondents

89% 'White'



Rough sleeping count - Autumn 2016 compared to autumn 2015

Local Authority	Region	2015	2016	Change from 2015	% change on 2015
Brighton and Hove	South East	78	144	66	85%
King's Lynn and West Norfolk	East	5	42	37	740%
Cornwall	South West	65	99	34	52%
Wigan	North West	3	28	25	833%
Luton	East	53	76	23	43%
Portsmouth	South East	15	37	22	147%
Cambridge	East	18	40	22	122%
Norwich	South East	13	34	21	162%
Nottingham	East Midlands		35	21	150%
Walsall	West Midlands	7	26	19	271%

Source: DCLG

Table 1: Rough sleeping in England 2010-2016							
2010	2011	2012	2013	2014	2015	2016	
1,768	2,181	2,309	2,414	2,744	3,569	4,134	
N/A	413	128	105	330	825	565	
N/A	23%	6%	5%	14%	30%	16%	
	2010 1,768 N/A	2010 2011 1,768 2,181 N/A 413	2010201120121,7682,1812,309N/A413128	20102011201220131,7682,1812,3092,414N/A413128105	201020112012201320141,7682,1812,3092,4142,744N/A413128105330	2010201120122013201420151,7682,1812,3092,4142,7443,569N/A413128105330825	

Local authorities with highest levels of rough sleeping in EAST ENGLAND region(s) in year 2016

Luton	76
Bedford	59
Southend on Sea	44
King's Lynn	42
Cambridge	40
Norwich	34
lpswich	27
Peterborough	21
Colchester	20
Waveney	20

Source: DCLG

Homelessness indicators from national profiles – eligible homeless people not in priority need

1.15i - Statutory homelessness - Eligible Homeless People Not In Priority need per 1,000 households

The majority of the people that fall into this cohort are single homeless people.



Map colour Comparison to benchma	ark 🔻			
Area	Count	Value	LCI	UCI
Breckland	13	0.2	0.1	0.4
Great Yarmouth	233	5.4	4.7	6.1
King's Lynn and West Norfolk	115	1.8	1.5	2.1
North Norfolk	41	0.9	0.6	1.2
Norwich	26	0.4	0.3	0.6
South Norfolk	-	*	-	-
Waveney	-	*	-	-

1.15i - Statutory homelessness - Eligible homeless people not in priority need 2015/16

Area	Recent Trend	Neighbour Rank ▲▼	Count ▲▼	Value	
England	+	-	19,570	0.9	н
Norfolk	-	-	431	1.1*	
Worcestershire	-	5	209	0.9*	<mark>→→</mark>
Derbyshire	-	4	190	0.6*	<mark>}</mark>
Cumbria	-	6	114	0.5*	⊨
Leicestershire	-	13	116	0.4*	⊨ <mark>−</mark> −1
Lancashire	-	14	177	0.3*	H-H
Devon	-	12	109	0.3*	<mark>⊢-</mark> -1
Staffordshire	-	10	116	0.3*	H
Gloucestershire	-	7	81	0.3*	H
North Yorkshire	-	11	78	0.3*	H
Nottinghamshire	-	8	101	0.3*	⊨1
Lincolnshire	-	2	75	0.2*	⊨1
Suffolk	-	1	68	0.2*	H
East Sussex	-	15	-	*	
Somerset	-	3	-	*	
Warwickshire	-	9	-	*	

Homelessness indicators from national profiles – households in temporary accommodation

1.15ii - Statutory homelessness -Eligible Homeless People Not In Priority need per 1,000 households

Households that are accepted as being homeless or are in temporary accommodation can have greater public health needs than the population as a whole.

The trend is increasing showing the need for primary prevention is also increasing



Map colour Comparison to	benchmark 🔻			
Area	Coun	t Value	LCI	UCI
Breckland	29	0.5	0.3	0.7
Broadland	72	2 1.3	1.0	1.6
Great Yarmouth	45	5 1.0	0.8	1.4
King's Lynn and West Norfol	k 44	0.7	0.5	0.9
North Norfolk	17	0.4	0.2	0.6
Norwich	30	0.5	0.3	0.7

11

15

0.4

0.5

01

02

03

1.15ii - Statutory homelessness - households in temporary accommodation 2015/16

South Norfolk

Waveney

Area 🔊	Recent Trend	Neighbour Rank ▲▼	Count ▲▼	Value ▲▼	
England	†	-	71,540	3.1	
East Sussex	+	15	192	0.8*	
Devon	+	12	251	0.8*	
Warwickshire	-	9	162	0.7*	
Norfolk	†	-	248	0.6*	
Lincolnshire	-	2	138	0.4* H	
Worcestershire	-	5	95	0.4* H	
Nottinghamshire	-	8	92	0.3* <mark>H</mark>	
Cumbria	-	6	47	0.2* H	
Leicestershire	-	13	57	0.2* H	
Lancashire	-	14	95	0.2* H	
Staffordshire	-	10	64	0.2* H	
North Yorkshire	-	11	-	*	
Derbyshire	-	4	-	*	
Somerset	-	3	-	*	
Gloucestershire	-	7	-	*	
Suffolk	-	1	-	*	
Source: Department for Commu	nities and Local Governn	nent			

Affordability



× v house prices 6.3times property price to earnings ratio '10 '15 39

Shows affordability has worsened across England generally

https://www.ons.gov.uk/peoplepopulationandcommunity/hou sing/bulletins/housingaffordabilityinenglandandwales/1997to 2016

Homelessness indicators - local data sources





http://www.norfolkinsight.org.uk/dataviews/tabular?viewId =144&geoId=5

- Majority of households on waiting list require a single bedroom, most acutely seen in Norwich
- Great Yarmouth and North Norfolk have the highest % looking for more than three bedrooms
- Across the districts (other than Breckland) between 20% and 30% of households are looking for two bedrooms.
- Great Yarmouth and King's Lynn and West Norfolk have the highest proportion looking for 3 bedrooms.
- Figures are generally inline with the England average

BUT ... what is the scale of the problem that is prevented due to early intervention and prevention strategies?

- Advice and assistance at an early stage
- Discretionary housing payments to meet arrears

The local picture – homelessness audit





Norfolk's Joint Strategic Needs Assessment (JSNA)





- The provision of a Joint Strategic Needs Assessment is a requirement of Local Government as part of the Health and Social Care Act 2012
- Integral part of the commissioning process
- The Joint Strategic Needs Assessment for Norfolk provides information on the past, current and future health and care needs of the population of Norfolk.
- This information can be used for planning and commissioning local health and well-being services, social care services and other interventions.
- New content is added and current content reviewed on an ongoing basis to ensure as live a picture of the health and wellbeing of Norfolk as possible.
- Hosted on Norfolk Insight a resource for data at various geography levels.

www.norfolkinsight.org.uk/jsna

Norfolk's Joint Strategic Needs Assessment www.norfolkinsight.org.uk/jsna

Provides information as high level statistics, short topic narrative, resources such as briefing papers, needs assessments, health and wellbeing profiles, DPH reports, externally published documents and links.

			Topic page with strategies and d	high level statistics, narrative, priorities and ocument links
Home	page with categories ar	nd system wide statistics	Ŭ	0 00 Norfolk Insight Data Explorer Area Profile Search Resources joint Strategic Needs Assessment Help ▲ Log In
	OD Notice Variance Autority Notice Variance Marchan Marchan Marchan Contractive Notice Variance Notice Variance Notice Variance Notice Variance Notice Variance Contractive Notice Variance Notice Variance Notice Variance Notice Variance Notice Variance Notice Variance Notice Variance Notice Variance Notice Variance Notice Variance	Alge	High level statistics	People People Reputation estimate Population projection 944.400 9,100 2015 One 2015 One 2015 One 2015 One
	Exercise of all of the second secon		Narrative	Headlines Norfolk generally has an older population that is projected to increase at a greater rate than the rest of England. This will tring opportunities and challenges. Almost all of the population increase over the last 5 years has been in those aged 63 and over. Between 2014 and 2025 the population is expected to increase by 66,000 with most of the increase in the 63 and over age builds. Across Northolk the averaged fee appearancy is about 63 years for men and about 64 years to women. The average number of years a mus can expect to live in good health is about 64 and for women it is about 65. This leaves a significant period of time where popular health determinants. Deprivation and povery influence the health and willbeing of the population. The life espectancy gap between the most deprived areas of Norfolk and the list Stepse areas in 62 years for women. Across Norfolk about 77.700 concer are informed and the date of advortion of more increase.
	8855,000 944,400 9,100 2,7% 169 Marco 1998 Micro 1998 100 30,000 169 Karan sege + Main Sander and Spe Micro Micro and Tage Micro No and Tage Micro No and Tage Micro 66,33% 10.3% 76,7% 71,7% 2012 Micro 2012 Micro Norfolk JSNA Briefing Document Norfolk JSNA Briefing Document Norfolk JSNA Briefing Document Norfolk JSNA Briefing Document		Priorities and strategies	and ther risk of londiness increases. With an ageing population these issues need to addressed. Our priorities router communities and individuals from harm Provide services that meet community needs Getting serious about prevention Empowering pasterits Supporting vulnerable people Real jobs Prevention at scale
	Road Casualties Introduction Casualties resulting from collisions on the roads represent significant dualenges to public services, and have the potential to have serbur, long-dom impacts on those who are effort injured or funded in collision. Casualty on the case at C1.8 and case (2020) consectivity by roadscargits number of casedbas on the roads, subtrottee can reduce demand on budgets and prevent potentially for langing significant cases of one to the case at C1.8 and case.		Documents and links	RESURCES Population >> References References Description References Description Descript
		Briefing papers with		
		 Enabling a regular st Encouraging inclusio Ensuring readers kno 	n of the same conte	

Structure



• Includes Health and wellbeing profiles for CCG, Electoral division, districts



JSNA summary report All Briefings All Needs Assessments and CCG profiles JSNA updates and Archive Profiles and Health Needs Assessments



http://www.norfolkinsight.org.uk/jsna/place/infrastructure/housing

Housing	Household projection	Household projection 461,000 2039 (2014-based) DCLG	2014-based household projections to 2039 for England Department for Communities and Local Government
Norfolk	People homeless and in priority need	People homeless and in priority need 599 2015/16 DCLG	Statutory homelessness and prevention and relief live tables Department for Communities and Local Government
key facts	accommodation	Households in temporary accommodation 0.6 per 1,000 2015/16 DCLG	1.15ii – statutory homelessness – households in temporary accommodation Public Health Outcomes Framework
	Households on housing waiting list	Households on housing waiting list 15,612 2016 DCLG	Total households on the waiting list at 1 st April in Norfolk Local Government Association
	Headline text on the ton	ic highlightin	g key messages any information for Norfolk.

Headlines

- ing ing fitting key messages any information for
- The average weekly private rental prices and the variation across the county.
- How Norfolk compares to the national picture for levels of Homelessness

Links to NCC, NHS and STP priorities

Norfolk County Council – Reimaging Norfolk – Supporting Vulnerable People

Resources

Our priorities

- Relevant resources links both papers and other web sites.
- District housing pages •
- Homes for health, commissioning for improved health through the home Public Health England
- **Briefing paper Homelessness**

How can the JSNA help me?

- Provide information for commissioning and funding bids e.g. district profiles, health needs assessments
- Includes a specific section on homelessness as well as drugs and alcohol and mental health
- Enable you to see how strategies of Norfolk County Council, Re-imagining Norfolk, Health and Wellbeing Board Strategy, Public Health Strategy, NHS 5 Year Forward View and the Sustainability and Transformation Plan are aligned to topic areas
- Access to topic specific briefing papers on homelessness and substance misuse etc.
- Help us fill the gaps in our information and knowledge
 - Let us know if there are topics not yet included which you would like to see
 - Let us know if there is content you could recommend
 - Let us know if you would like to collaborate on a briefing paper
- Contact us JSNA@norfolk.gov.uk

Norfolk	Home owned (aged 65+)	Household projection	Household tenure: Owned outright	People homeless and in priority need
key	76.7%	461.000	37.2%	599
facts	2011 Census ONS	2039 (2014-based) DCLG	2011 Census ONS	2015/16 DCLG
Households in temporary accommodation	Households on housing waiting list			
0.6	15,612			
per 1,000 2015/16 DCLG	2016 DCLG			

Homelessness in Norrow is better than the national rate with 1.53 househouts homeless or in priority need per 1,00 househouts the rate for England is 2.4. However this rate varies a the county with a higher than nation rate in Great Yarmouth of 3.6 and lowest in Breckland with 0.55.

Affordable housing is the sum of social rent, intermediate rent and low cost home ownership, and within Norfolk in 2014-15 the number of affordable dwellings was 670, additional units of intermediate affordable housing of 110 and additional social rent dwellings of 30.

As housing becomes more expensive for both purchase and rent there will be strains on family's sharing their homes longer, the ability to attract employees of low income employment and the increase in demand for good affordable housing.

JSNA Briefing Document

Homelessness

Introduction

Homelessness includes those households who are defined as statutorily homeless within the Housing Act 1996 and Homelessness Act 2002 (families with dependent children, pregnant women and adults who are assessed as vulnerable), however non-statutory homeless include single or couples without dependents who are sleeping rough, living in supported accommodation or are deemed as "hidden homeless" often sleeping on friends or family sofas.

Housing and health are linked and those who are homeless are more likely to have general health (including drug and alcohol issues) and mental health issues than the general population. They are also less likely to receive primary health care and more likely to require help from Acute services.¹

Summary

Homelessness, statutorily or non-statutorily, can also be defined by need, roofless, houseless, insecure or inadequate housing, each brings different priorities and support requirements including health and wellbeing issues. III health, depression and substance misuse issues are also higher for those sleeping rough or in unstable accommodation.

The House of Commons, Communities and Local Government Committee report², Homelessness recognised that homelessness is increasing. The factors acknowledged in causing this increase are the cost and availability of housing, a varied approach by different local authorities to support, the multiple complex needs especially of vulnerable groups with a particular concern for poor mental health and domestic violence. The impact of recent welfare reforms and are awaiting a review of the impact on support accommodation. Rough sleeping has increased nationally, demand on services for the homeless is on the increase whilst local government funding pressures impact on capacity.

Homelessness has an effect on health and wellbeing, homeless people are more likely to die young, have a physical or mental health problem, have taken drugs in the last 6 months, been to A&E or admitted to hospital. They are also less likely to have a good diet, have access to preventative health services and more likely to smoke or drink alcohol above than the recommended amounts.

Norfolk Insight

www.norfolkinsight.org.uk

- Provides more data and information about Norfolk's population
- Enables data sets to be viewed by various geographical boundaries (District, CCG, MSOA, LSOA etc.)
- Provides information on Census, demographics, wider determinants, education, employment, crime etc.
- Provides information as high level statistics
- Hosts the JSNA and <u>Norfolk's Story</u>



Example areas of interest – example current resources

Торіс	JSNA Links to source data resources	Norfolk Insight Data available for various demographics and geographies
Population	 Population estimates <u>Health and wellbeing profiles</u> 	 2011 Census data <u>Population estimates</u> Population projections <u>Economic activity</u>
<u>Housing</u>	 <u>Homelessness</u> Housing and Health District Housing summaries Household projections 	 Household projections Local authority housing statistics Private rent providers Fuel poverty
Drugs and Alcohol	 Briefing paper – Substance misuse – Alcohol Briefing paper – Substance misuse – Drug Briefing paper – Substance misuse – Drug related deaths Health related behaviour survey of children and young people report 	 Drugs offences related to possession, supply and production
Homeless	 <u>Briefing paper – Homelessness</u> 	 Local Authority housing statistics <u>Deprivation</u> Homeless numbers under the provisions of the housing acts and in priority need Households in poverty
PHE signposting guide	 <u>http://www.apho.org.uk/resource/view.aspx?RID=17</u> 	<u>9758</u>

Thank you for listening

Contact us:

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