NORTHAMPTON BOROUGH COUNCIL

Scrutiny Panel 1 – Homelessness and Rough Sleepers

Your attendance is requested at a meeting to be held at The Jeffrey Room, The Guildhall, St. Giles Square, Northampton, NN1 1DE on 24 January 2019 at 6pm

George Candler
Chief Executive

If you need any advice or information regarding this agenda please phone Tracy Tiff, Scrutiny Officer who will be able to assist with your enquiry. For further information regarding **Scrutiny Panel 1 - Homelessness and Rough Sleepers** please visit the website www.northampton.gov.uk/scrutiny

Members of the Panel

Chair	Councillor Cathrine Russell
Panel Members	Councillor Sally Beardsworth Councillor Jane Birch Councillor Gareth Eales Councillor Zoe Smith
Co-opted Member	Ian Bates

Calendar of meetings

Date	Room
14 March 2019 6:00 pm	All meetings to be held in the Jeffery Room at the Guildhall unless otherwise stated

Northampton Borough Scrutiny Panel 1 - Homelessness and Rough Sleepers

Agenda

Item No and Time	Title	Pages	Action required
1. 6:00pm	**Apologies**		The Chair to note any apologies for absence.
2.	**Declarations of Interest**		Members to state any interests.
3.	**Deputations and Public Addresses**		The Chair to note public address requests. The public can speak on any agenda item for a maximum of three minutes per speaker per item. You are not required to register your intention to speak in advance but should arrive at the meeting a few minutes early, complete a Public Address Protocol and notify the Scrutiny Officer of your intention to speak.
4.	**Minutes**	**1**	The Scrutiny Panel to approve the minutes of the meeting held on 8 November 2018.
5.	**Witness Evidence**		The Scrutiny Panel to receive a response to its core questions from a variety of expert advisors.
5A 6:05pm	**Head of Psychological Therapies, NMHT**		
5B 6:25pm	**Chief Executive, Northampton Hope Centre**		
5C 6:45pm	**Director of Public Health, NCC**		
5D 7:05pm	**Chief Executive, Central and Northants CAB**		
5E 7:25pm	**Manager, Northampton Salvation Army**		
5F 7:45pm	**Manager, The Bridge Project**		
5G 8:05pm	**Manager, Northampton Jesus Fellowship**		
5H 8:25pm	**Chairs and Co Chairs of the various Northampton Community Forums**		
6.	**Written Evidence**		The Scrutiny Panel to receive written evidence from a variety of expert advisors.
6 (a) 8:45pm	**HomelessLink**		

Northampton Borough Scrutiny Panel 1 - Homelessness and Rough Sleepers

6 (b) 8:55pm	**Northants HealthWatch**		
7	**Site Visit**		The Chair to report back from the recent site visit to Manchester.

NORTHAMPTON BOROUGH COUNCIL

MINUTES OF SCRUTINY PANEL 1 - HOMELESSNESS AND ROUGH SLEEPERS

Thursday, 8 November 2018

COUNCILLORS PRESENT:	Councillor Cathrine Russell (Chair), Councillor Zoe Smith (Deputy Chair); Councillors Sally Beardsworth, Jane Birch and Gareth Eales
CO-OPTED MEMBER:	Ian Bates
	Councillor Jonathan Nunn – Leader of the Council (observing) Councillor Phil Larratt – Deputy Leader of the Council (observing)
Witnesses	Rich Tompkins, Detective Chief Inspector, within Public Protection, Northants Police
Officers	Phil Harris, Head of Housing and Wellbeing Tracy Tiff, Scrutiny Officer Kallie Jones, Senior Homelessness Advisor (observing)
Members of the Public	Tara Scarth, Client Services Manager, Hope Centre Morcea Walker
Press	James Averill, Democracy Reporter

1. APOLOGIES

There were none.

2. DECLARATIONS OF INTEREST

Councillor Gareth Eales declared an interest as supporting a campaign to keep the Hope Centre in Oasis House.

3. DEPUTATIONS AND PUBLIC ADDRESSES

Tara Scarth, Client Services Manager, Hope Centre addressed the Scrutiny Panel.

4. MINUTES

The minutes of the meeting held on 6 September were signed by the Chair as a true and accurate record.

Tara Scarth addressed the Scrutiny Panel explaining her role in detail. She expressed concern about the contents of the report of the Housing Options & Advice Manager that had been submitted to the September meeting of this Panel. She said that parts of the report gave a misleading impression of some local services, including the Hope Centre.

Tara concluded her address by advising that the Hope Centre's CEO would attend the January meeting to provide a comprehensive response to the core questions of the Panel.

Ms Scarth was thanked for her address.

Phil Harris, Head of Housing and Wellbeing, advised that NBC's Chief Executive had received a letter from the Hope Centre's CEO raising the same concerns and, after looking into the situation, NBC's Chief Executive was satisfied that the tone and content of the Housing Options & Advice Manager's report were appropriate and accurate.

At this point, Phil Harris circulated a short written briefing note on recent developments affecting Oasis House, the contents of which were noted.

5. WITNESS EVIDENCE

(A) DETECTIVE CHIEF INSPECTOR, WITHIN PUBLIC PROTECTION, NORTHANTS POLICE

Rich Tompkins, Detective Chief Inspector, within Public Protection, Northants Police, addressed the Scrutiny Panel.

Rich Tompkins advised that Neighbourhood Police Officers engage with rough sleepers and homeless people. Rich Tompkins does patrol every few months basis on a Friday and Saturday night as part of the 'nightsafe' plan. He has observed lots of homeless people, who are at increased risk from drunk and rowdy members of the public. He has seen how vulnerable homeless people can be in such situations. Homeless people are more likely to be both victims and perpetrators of crime. It is common that they have mental health issues, drug and alcohol abuse. A number of homeless people have been released from prison. Rich Tompkins confirmed that Housing and Wellbeing, NBC, have senior staff sitting on Groups such the Multi Agency Public Protection Arrangements (MAPPA) and that the work of the Housing Manager is exceptional. The MAPPA strategic board Panel recently commended the work of the NBC Housing and Money Advice Manager.

He went on to comment that homeless individuals need stability and that prevention measures, including support with drug, alcohol and mental health issues would minimise the chances of them being homeless and help prevent re-offending.

The Scrutiny Panel asked questions, made comment and heard:

- In response to a query regarding housing someone released from prison that had previously committed a serious crime such as sex offending, Rich Tompkins advised it is better for them to be appropriately housed with support and scrutiny in place rather than to be on the streets with no control measures and their whereabouts unknown in the UK.
- The Police do see a number of people living on the streets and are aware of a number of individuals that 'sofa surf'.
- Homelessness features on the agenda of a number of Groups such as the Suicide Prevention Group and Arms Forces Covenant.
- The Police operate the Coroner's Office but data regarding housing status of deceased persons is not routinely collected. However, for the past two months such data has begun to be collected.
- Rich Tompkins commended the work of the Street Pastors at the weekend and said that Police Officers will signpost rough sleepers to both the Night Shelter and the Street Pastors for support and advice.
- Every time an individual is taken into custody in the county their physical and mental health needs are subject to an assessment and they have an opportunity to be seen by a health care professional. . They are also given warm food and drinks and basic clothing if required. They are signposted to relevant Agencies for assistance.
- On occasions a rough sleeper has been known to offend so that they can get a bed and food for the night. This probably happens handful of times in a month
- Hate crime against homeless people is currently not specifically recorded (as for example racist or homophobic behaviour is)
- Hidden homelessness is not a well-known term to the Police. A DASH form is completed for every domestic abuse incident the Police attend. This assesses the risk to victims and gauges them as standard, medium or high. High risk is prioritised.

Rich Tompkins, Detective Chief Inspector, within Public Protection, Northants Police was thanked for his address.

(B) DIRECTOR OF PUBLIC HEALTH, NCC

The Director of Public Health, NCC, was not present. She would be invited to the next meeting.

(C) DIRECTOR, NASS

Apologies were received from the Director, NASS.

(D) CHAIR, NIFF

The Chair, NIFF, was not present at the meeting.

6. WRITTEN EVIDENCE

A written response, as yet, has not been received from NACRO.

7. SITE VISITS

The Chair presented the briefing note on the recent site visits highlighting the key points and conclusions.

The findings from the site visits would inform the evidence base of this scrutiny review.

8. RELEVANT LEGISLATION

A briefing note around relevant Legislation was noted.

The findings from the briefing note would inform the evidence base of this scrutiny review.

9. BEST PRACTICE

A briefing note around best practice was noted.

The findings from the briefing note would inform the evidence base of this scrutiny review.

10. BACKGROUND INFORMATION

A briefing note around background information was noted.

The findings from the briefing note would inform the evidence base of this scrutiny review.

11. BRIEFING NOTE: GOVERNMENT'S ROUGH SLEEPING STRATEGY

Phil Harris, Head of Housing and Wellbeing, gave the Scrutiny Panel a comprehensive presentation on Government's Rough Sleeping Strategy. A copy of the presentation was circulated.

The Scrutiny Panel made comment, asked questions and heard:

- Phil Harris gave examples of how entrenched Rough Sleepers are supported

- In response to a query regarding Rough Sleepers who present at the Nightshelter who are heavily under the influence of drugs or drink, Phil Harris advised that the Team Leader on duty at the Nightshelter makes the decision on whether or not they should be admitted for the night. As the Nightshelter is not a direct access shelter, they will not normally be considered if they have not already been approved.

- Phil Harris explained that the Nightshelter was making a real and lasting difference to the hundreds of people who have stayed there. However, it is not the only housing option available to people who are sleeping rough and it is unreasonable to expect the Nightshelter to meet everyone’s housing and support needs, irrespective of the risk they pose and their level of engagement.

- The Scrutiny Panel felt that there needed to be a Social Media Strategy in place as it was realised that a lot of mis-information can be put on social media. Housing and Wellbeing has an information page on the Council's Web Page.

- The Scrutiny Panel was concerned about the psychological impact that rough sleeping has on individuals. The Chair advised that a psychologist will be invited to attend a future meeting to provide information and answer questions.

- Getting agencies to work together again is essential. The Co-Optee offered his help in working with local groups to encourage collaboration.

Phil Harris was thanked for his informative presentation.

12. PERFORMANCE MANAGEMENT SCRUTINY

The Scrutiny Panel received information on:

- HML01 Total number of households living in temporary accommodation
- HML07 Number of households that are prevented on becoming homeless

The Chair would report back to the Overview and Scrutiny Committee who had asked this Scrutiny Panel undertake performance management Scrutiny on its behalf.

Phil Harris, Head of Housing and Wellbeing advised that, over the past two and a half years, the number of homeless households living in temporary accommodation had increased from 66 to 303. More than half of the households that approach the Council for assistance had lost their private rented accommodation and been unable to secure an a suitable property to move into.

Preventing homelessness is essential, but is proving very difficult, given the severe shortage of affordable housing. A restructure of the Housing Options & Advice Service is underway and will increase the capacity and the level of expertise in the team.

The Scrutiny Panel noted the need to recruit staff to manage temporary accommodation and 'free up' the social lettings agency staff to focus on private rented accommodation.

The Chair would report the above findings to the meeting of the Overview and Scrutiny Committee.

Due to the time constraints, the Scrutiny Panel agreed not to watch the short TED video on hidden homeless. Instead, the Scrutiny Officer undertook to circulate the link to the Panel.

The meeting concluded at 8:15 pm

NORTHAMPTON
BOROUGH COUNCIL

OVERVIEW AND SCRUTINY

SCRUTINY PANEL 1 – HOMELESSNESS AND ROUGH SLEEPERS

The Scrutiny Panel is currently undertaking a review: Homelessness and Rough Sleepers

The purpose of the Review is

- To review the way in which the Council and its partners engage with rough sleepers[1], consider the best way in which 'Housing First'[2] can be used to reduce rough sleeping in the borough, and understand the nature and extent of 'hidden homelessness'[3] and how it can best be addressed.

1 For the purpose of rough sleeping counts and estimates, **'rough sleepers'** are defined as people who are sleeping / bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments) or sleeping in buildings or other places that are not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, etc).

2 The **'Housing First'** approach was first developed in New York by the Pathways to Housing organisation in 1992 and has proved very successful in the USA, Canada and Europe. Unlike other supported housing models, individuals do not need to prove they are ready for independent housing, or progress through a series of accommodation and treatment services. There are no conditions placed on them, other than a willingness to maintain a tenancy agreement. Housing First is designed to provide long-term, open-ended support for their ongoing needs. Through the provision of intensive, flexible and person-centred support, 70-90% of Housing First residents are able to remain housed. Having a settled home improves health and wellbeing and reduces ineffective contact with costly public services.

3 '**Hidden homelessness'** is a term that is used to describe the people who become homeless but do not show up in official figures. This includes people who become homeless but find a temporary solution by sofa surfing (staying with family members or friends) or living in hostels, nightshelters, squats or other insecure accommodation.

CORE QUESTIONS:

A series of key questions have been put together to inform the evidence base of the Scrutiny Panel:

1 **Please provide details of what contact or involvement your organisation has with people who are homeless (sleeping rough or 'hidden') and the services and organisations that are able to address their needs.**

Hope runs extensive services for homeless people, including our day centre project running six days a week plus our training, social enterprise and food aid projects. We see approximately 100 people a day who are homeless according to Crisis definitions, of within which, across a week, perhaps 60-80 rough sleepers attend our services. As a result, and drawing from 45 years delivery of service, we believe our understanding of the nature of the problem, its causes and solutions, is unrivalled.

2 **Please provide details of your understanding of the causes and extent of rough sleeping in the borough.**

Many of the causes are national or even international in causation: the reduction in social rent properties brought about by sale of council houses and the failure to replace these with others of equivalent type. The private rented sector makes up part of the gap but increasingly, and perhaps more so in Northampton, insecurity in private rented tenancies (PRT) is an increasing cause of homelessness and more and more landlords sell, or otherwise harass and evict people they no longer want as tenants; or refuse to let to people on low wages or benefits. Wages in Northampton are low, and work often insecure, and rents high, which compounds the problem.

The problem is heightened by the allocation policies and practice of housing department staff within Northampton Borough, which takes a highly restricted response to the needs of homeless people, usually putting them through barriers and hoops, often hard for both homeless people and referrers to understand, before considering them; and compounding the problem with rules on local connection. The limited access through tough selection criteria and small size of the night shelter adds to rough sleeping specifically.
This assertion is independently evidenced by the report compiled by the Bureau of Investigative Journalism last summer.
We believe there may be as many as 100 street homeless using the Crisis definition which includes people in tents, cars, sheds etc. This figure is based on the number we have assessed since July 2018 and not subsequently to our knowledge housed/died etc.

3 **Please provide details of your understanding of the impact that rough sleeping has on the safety, life expectancy and health of people who are sleeping rough, and the implications that rough sleeping have for safeguarding and community safety**.

There is simply no question that rough sleeping is dangerous and damaging to the health; through cold, violence by others, drugs and alcohol, and risk from traffic. The scale of deaths in Northampton, from the data collected by ONS and the BoIJ, is apparently far above that experienced in any other area of comparable size; but to date, despite government instruction that deaths should be reviewed, none have, and the data has instead been quibbled over.

Rough sleepers are more likely to be the victims of violence rather than its perpetrators, although there is a degree of risk between its own members. Women are at heightened risk including of sexual violence and exploitation.
There are some associated problems with drunkenness and ASB but people begging and generally on the street often make people assume these problems are all to do with homelessness but often they are not.

4 Please provide details of your understanding of the nature of the work that is currently being undertaken by Northampton Borough Council and local groups, services and organisations to engage with people who are sleeping rough in the borough.

The Borough provides outreach services and the night shelter, with its move on, and obviously manages general homelessness applications that do not go through the night shelter.
Our view is that these services are run in such a way that is often perceived by service users and workers in other agencies as hostile and punitive towards homeless people, requiring them to navigate sometimes incomprehensible barriers of access, and delivered with a perceived lack of compassion and empathy for their needs. Some parts, like outreach, are far away in tone, coverage and quality from what we would expect to see delivered under this umbrella – we say this with the CEO having managed this function in Northampton on behalf of the council in another agency in the 1990s. Outreach staff never come into the day centre, nor once attended SWEP last year, and their outreach rounds cover a tiny area.

The limitations of the night shelter were demonstrated in the BOIJ report last year, but this followed on from a joint request for changed practice from 3 agencies to the Borough in January 2018 that was ignored by Borough staff until the Bureau's report was published, after which practice was relaxed to at least utilise the full capacity. This is welcome – and the decision to expand it this year, given the pressure on it, welcome too. But the problems of putting barriers and hoops before people can get in and excluding people remain. It is not a night shelter in any true sense. It is a hostel with very high restrictions on access.

As one simple piece of evidence of the hostile attitude cited, when told that a rough sleeper turned away from the night shelter for £80 rent arrears had lost 8 of his toes to frostbite, a council staff member said '*That'll teach him to pay his rent then'.* A further example is the decision, given to us by council staff on 8th Jan 2008, not to follow the new guidance on triggering SWEP, seemingly ignoring its advice that this decision should be reached using '*empathy, humanitarian concerns, fairness and common sense*'.

Similarly these attitudes are reflected in the way some within the Borough's housing team and the councillor responsible for housing respond to outside agencies, including but not limited to Hope. There is no attempt at true joint working marked by respect and partnership, that is seen in other areas and was enjoyed here in Northampton under different administrations. We strive to work very closely with Borough staff yet it is an uphill struggle to be acknowledged and receive replies. There is limited attempt on behalf of Borough housing staff to co-work or manage clients with us; information is not shared with us, and there is lack of co-operation. The expectation is all one way in terms of requiring us to supply information but returning almost nothing. We find it consistently hard to get our knowledge and points across to NBC, indeed generally our recommendations and experience are ignored and our efforts dismissed (for example, in the submission made by the council to this committee, September 2018; the behaviour of council staff at the meeting in January 2018 with 3 agencies raising concerns and the subsequent decision not to change admission practice in the light of our combined requests; the at least initial support given by the Council to Midland Heart's decision to evict Hope; the suggestion made by the head of housing that we falsified the figures of the number of street homeless to increase donations). We know this view is shared by other agencies and community groups and leaders from their own experience (look at social media).

The overall failure of the Council's response is reflected in the discrepancy between the target in the strategy, '*to reduce rough sleeping to as near to zero by summer 2017'* and the reality, where there are now possibly 100 or more rough sleepers in the town. Yet we have had it suggested that the failure is not down to the Borough's policy, but to the support Hope and others give to homeless people, sustaining their lifestyle. We disagree: it is housing that helps people leave homelessness; it is not sandwiches that keep people there.

5 Please provide details of your understanding of how effective Northampton Borough Council and local groups, services and organisations have been in engaging purposefully with people who are sleeping rough and helping them to come off the streets.

We have said much of this above. Overall we believe the council's strategy and practice on homeless leaves a great deal to be desired; exposed negatively in external independent national scrutiny; as having achieved the alienation of the faith, community and voluntary sectors; a failure to hit its own targets, and the creation of lack of hope amidst large sections of the client group that any help is available to them, which is why they fail to even bother accessing council services (Cllr Hibbert identified this problem in his BBC interview, 8th Jan, blaming them for their failure to engage, rather than recognising they often see no point).

The Council achieves some effectiveness with the comparatively restricted cohort of men whom it chooses to accept and to work with, by being able to

offer housing. But it fails to encourage people to attend Hope or any other services and at times has attempted to duplicate work support services we already provide rather than refer to our proven and successful provision; the exchange of information back to Hope is poor and lack of communication woeful (eg after October 18th, re SWEP, until the recent issues, no-one from the Borough had responded to any of the requests from Hope to plan for its triggering nor take any of the actions it promised to do). With a better attitude on the part of the council's staff, services could work together very effectively, but there seems to be no willingness to engage with us or anyone else in a constructive manner.

Other services have effectiveness. We believe that Hope is a paradigm for quality in day services, but what we do is dismissed openly by such figures as Councillor Hibbert in the media (cf Jan 8th, BBC Northampton). We believe we in the very forefront of achievement in offering services that advance people's lives, skills, confidence and management of their problems, but that none of this is recognised by certain members of the council's staff and Cllr Hibbert. There is effectiveness in what NAASH does too.

6 What changes would you like Northampton Borough Council and local groups, services and organisations to make in order to engage more effectively with people who are sleeping rough and to help them come off the streets, in a planned way, as quickly as possible?

Sadly we believe really fundamental changes in attitude and practice are needed: With an open and listening approach by the NBC housing team, we would be able to work in collaboration not conflict. NBC should work properly in partnership and respect with external agencies like Hope and others, sharing decision making and working together in equality. NBC could readily and simply improve its reputation with peers, community leaders, the community and the client group, with a better attitude and less arrogance on the part of the council's staff. NBC should adopt more compassionate and fair attitudes and working practices when engaging with homeless people and voluntary agencies and community groups. You could contract with us or others to provide services instead of doing it all yourselves. You could listen and not judge. We believe outsourcing, and stepping back from direct provision is the way forward, as it was in the past, in an era when the problem was managed with compassion and fairness and good relationships existed between the council and the voluntary and community sector.

7 In what ways do you think the 'Housing First' model can be used most effectively to reduce rough sleeping in the borough, and in what ways (if any) could your organisation work differently to ensure its success?

We believe that housing first is a good way forward for some street homeless people and we would be willing to provide, if funded to have the capacity, support for people in tenancies; we would of course work to identify people for housing. It's obvious; housing is one of the best ways to solve homelessness, alongside the proper support which we are well placed to provide.

8 Please provide details of your understanding of the nature and extent of 'hidden homelessness' in the borough, including the profile of the people affected and what contact (if any) they have had with Northampton Borough Council, Northampton Partnership Homes and/or other local advice and support providers.

There are possibly thousands of people who are in practice in some way de facto 'homeless' in our town; young people forced to stay with their parents; people sharing flats etc, alongside the street homeless, of whom there may be over 100 (this figure derives from our assessment completed via the Saturday service we provide). Our main expertise is with the latter and we have given details of what we think to be their numbers. Groups in specific communities – LGBT, ethnic minorities - are particularly hidden.

9 Please can you suggest ways in which services and organisations can connect with, and meaningfully engage with, harder to reach groups?

Funding agencies like Hope and others to do real outreach work based on wanting to help them, not on wanting to exclude them.

10 How are data, statistics and demographics gathered and used to meet the needs of men and women who are homeless?

We know that the official figures understate the level of the problem in every category. For example the rough sleeper figure given in street counts, by ignoring the latitude in the guidance to include people who by common sense could be judged to be homeless, was and is inaccurate and this has led to non-allocation of central government funding as a result (we have seen correspondence from the Government department with Borough staff obtained via FOI requests that have been passed to us by others).

11 What do you think are the main reasons for hidden homelessness and why do you think people sofa surf and are without settled accommodation?

We have said all this above. Many homeless people do not present to the council and refuse to attend because of the attitudes we have described above. They know this what they are going to experience and don't need more pain in their lives. They would rather sleep in a tent.

12 How effective do you think the Council is at informing people and organisations about its homelessness policies and procedures, and in what ways could it improve its communication?

Communication is very poor indeed, between services and to the public.

13 Do you have any other information you are able to provide in relation to homelessness and rough sleeping?

14 Do you have any other recommendations for the Scrutiny Panel to consider including within its final report?

We have said all we need to say.

Northamptonshire County Council

Ms Tracy Tiff
Scrutiny Officer
Northampton Borough Council
Guildhall
St. Giles Square
Northampton
NN1 1DE

27th December 2018

Dear Tracy

Re: Scrutiny Panel – Homelessness and Rough Sleepers

Thank you for the opportunity to contribute to your review of homelessness and rough sleepers and how the Council and its partners engage with rough sleepers; 'Housing First' can be used to reduce rough sleeping; to understand the nature and extent of hidden homelessness and how it can best be addressed.

I have focused on the core questions posed as relevant to a public health response.

1 **Please provide details of what contact or involvement your organisation has with people who are homeless (sleeping rough or 'hidden') and the services and organisations that are able to address their needs.**

Public Health commissions services that contribute to either supporting those people who are currently rough sleeping or homeless, or people who are at risk of becoming homeless to remain in accommodation.

For example the Public Health commissioned drug and alcohol treatment service providers deliver programmes that support vulnerable groups of people who without this support, are at high risk of homelessness. The Provider employs workers to identify people living on the street with drug and alcohol problems and provides links to housing officers, where appropriate, to support people to continue to access services.

In addition public health contributes to a social wellbeing contract with Commsortia, which provides wrap around support for single vulnerable adults who are homeless or threatened with homelessness and who face specific challenges in securing and maintaining their own accommodation. Wrap around support is time limited and usually offered to individuals as part of a supported housing offer. We work with local housing teams with a view to moving people back into recovery and independence. Priority

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is given to individuals with a learning need or significant mental health condition, substance or alcohol dependency, history of domestic violence or history of offending.

This year public health has also led a multi-disciplinary team to support the homeless, rough sleepers and those people living in supported accommodation to access health services, offering infectious disease screening, NHS health checks, liver screening, flu vaccination and help to register with a local GP. Four events took place in the NBC area in December 2018.

For those people who have need for sexual health services, open access clinics are available, and Public Health has recently recommissioned a new service that will deliver outreach sexual health services to vulnerable people including the homeless.

2 Please provide details of your understanding of the causes and extent of rough sleeping in the borough.

There are many reasons why people are homeless and/ or rough sleep, and there is usually more than one contributory factor. Commonly homelessness is divided into three interdependent categories; personal causes – lack of support, debt, poor health, relationship breakdown; structural causes – local housing availability, policies and affordability; and the reasons people state themselves; breakdown of social and family circumstances and refusal by their network to accommodate them, loss of tenancy.

However, these reasons are only the catalysts that may trigger people into seeking assistance, and not the underlying issues that have caused the crisis to build up in the first place. In reality for many people, there's no single event that results in sudden homelessness. Instead, homelessness is due to a number of unresolved problems co-existing over a period of time.

Regardless of the category, the stigma associated with homelessness is well acknowledged. Many people have experienced adverse life events as a child and/or adult that has led to homelessness either directly or indirectly, for example, bereavement, divorce, unemployment and leaving the armed forces. Indeed many people with this or without these experiences also suffer from complex mental and physical health risks and/ or conditions which may be the cause or be a contributory factor to their homelessness.

Groups of people at higher risk of homelessness are: ex-armed forces personnel, ex-offenders, care leavers, those people who are substance misusers, immigrants and men and women fleeing domestic violence. Also included are single people, who do not meet the threshold for accommodation and cannot afford private rented accommodation.

To fully understand the root cause of homelessness in each area local authorities have spoken directly to people rough sleeping to determine how their life situation has led them to this point, and while this will be individual, patterns of need where focused service provision could be deployed at prevention and early intervention levels have been highlighted.

3 Please provide details of your understanding of the impact that rough sleeping has on the safety, life expectancy and health of people who are sleeping rough, and the implications that rough sleeping have for safeguarding and community safety.

This can be considered from two perspectives – the implications for the rough sleeper and the impact on the local community.

The average age of death of a single homeless person is 30 years lower than the general population at 47 years, and even lower for homeless women, at just 43 years. (PHE, 2018)

The homeless/rough sleepers can often have chaotic and unhealthy lifestyles and experience some of the worst health problems in society and face significant barriers to accessing treatment; registering with a GP, or dentist, using preventative services such as sexual health services, maintaining access to drug and treatment services, and mental heal health services when required; and often wait until their health is at a critical state, and attend, or are conveyed to emergency acute care.

For women the profile of rough sleepers is often linked to abuse, fleeing from abusive relationships resulting in homelessness, and often leading to further abusive relationships living on the street. A small scale study by East London housing partnership in 2014 estimated that of the women sleeping rough, 73% had experienced domestic violence, 65% had substance misuse needs, and 77% suffered mental ill-health.

From a safety position, it is also perceived by the homeless that there are geographical locations where they feel unsafe, for example, areas where street lighting is dim; people are less secure and are vulnerable, and consequently will congregate in more well-lit areas for safety.

From the perspective of the community, rough sleepers are clearly visible, and are often misunderstood and therefore avoided, perceived to have health problems such as mental ill-health and substance misuse problems, and often considered to be rough sleeping as a result of personal circumstances for which they are responsible. This national view is often exacerbated by incidents of poor behaviour, littered sleeping areas and aggressive begging, although there is little evidence of this behaviour locally.

4 Please provide details of your understanding of the nature of the work that is currently being undertaken by Northampton Borough Council and local groups, services and organisations to engage with people who are sleeping rough in the borough.

Northampton has a good night shelter, which moves people through quickly and provides effective support. People come to Northampton because they can get a hot meal every night and there is peer support within the shelter.

This shelter is currently available for men. For women there is a lack of available shelter, and for vulnerable women such as sex workers the lack of a safe overnight location increases their susceptibility to crime, and they can be targeted.

5 Please provide details of your understanding of how effective Northampton Borough Council and local groups, services and organisations have been in engaging purposefully with people who are sleeping rough and helping them to come off the streets.

Street outreach workers: The role is to deliver two assertive outreach services per week to people who are sleeping rough; one in the morning and the other late-night. These outreach sessions offer housing advice and support any negotiation with landlords and families, help people access the night shelter, local housing projects and the private rented sector.

Reconnection service: This is for people who are sleeping rough in Northampton and have no local connection, NBC help them return to an area (or country of origin) that is familiar to them and where they may have local connections and be better supported. To assist with the person's reconnection, it organises their travel and meet their travel costs.
Single Homelessness Adviser: Works closely with the Street Outreach Team, the Tenancy Relations Officer and Northampton's Emergency Night shelter and is proficient at delaying and preventing homelessness especially in relation to private rented accommodation and family breakdown.

SWEP (severe weather emergency protocol): normally operates when the temperature falls below freezing and is forecast to remain below freezing for a period of at least three consecutive nights. If someone is sleeping rough, or is at risk of having to sleep rough, and does not meet the access criteria of Northampton's Emergency Night shelter (because, for example, they are unwilling to engage with local services) they can register for SWEP.

In addition there are local agencies such as the HOPE centre, Jesus Centre and Salvation Army and May Day trust who offer:

i. Provision of practical needs; also about giving the time, dignity and friendship to those facing tragedies, difficulties, addictions and hopelessness.
ii. Run day centres, inspire learning, improve employability and provide emergency shelter in severe weather.

6 What changes would you like Northampton Borough Council and local groups, services and organisations to make in order to engage more effectively with people who are sleeping rough and to help them come off the streets, in a planned way, as quickly as possible?

We would welcome:

- A plan to work in collaboration with public and voluntary sectors.
- Availability of walk in emergency shelters to provide temporary stay throughout the year, not just in winter.
- More timely provision of support and accommodation, as the lengthy process pushes a person to sleep rough and get trapped in to the circle of its negative influence.
- Consistent multiagency engagement with active dissenters to influence behavioural change.

7 In what ways do you think the 'Housing First' model can be used most effectively to reduce rough sleeping in the borough, and in what ways (if any) could your organisation work differently to ensure its success?

Placing people in accommodation after being homeless for a period of time, with their individual health needs and vulnerabilities, without the necessary support can lead to an increase in poor social behaviours, a lack of ability to self-care, impact on unplanned care services and an increased risk of eviction.

People need to be supported to care for themselves as part of a programme of housing and care, to be helped to access services they need and take a step towards independence. The Housing First Model provides a framework, locally applied based on need, and supported by local health and social care organisations to give people the best chance of recovery for the long term.

Public health could contribute to this by ensuring our commissioned services are working more closely on an outcome based commissioned approach to provide outreach services that support individuals as part of a planned intervention, where services are more tailored to individual need and the impact on individuals is monitored.

8 Please provide details of your understanding of the nature and extent of 'hidden homelessness' in the borough, including the profile of the people affected and what contact (if any) they have had with Northampton Borough Council, Northampton Partnership Homes and/or other local advice and support providers.

Official statistics under-represent the scale and numbers of people affected by homelessness as many people do not show up on official figures – this includes people who become homeless but receive temporary accommodation, 'being put up' by friends and relatives, live in squats of in other insecure accommodation.

9 Please can you suggest ways in which services and organisations can connect with, and meaningfully engage with, harder to reach groups?

- Through outreach – services need to go to these individuals and groups rather than expect them to go to services.
- Eradicating, at a minimum reducing stigmatisation and judgement of the homeless by front line workers would encourage greater engagement with this group of people.
- Better partnership working in which the work of individual organisations/services with the homeless is properly recognised and co-ordinated.
- Northamptonshire Armed Forces Covenant Partnership notes that ex-armed forces personnel are at higher risk of homelessness compared to the general population. The NCC Public Health team hosts the Armed Forces Covenant Partnership Officer and through the Covenant partners work together to better meet the needs of our armed forces community, including addressing housing needs where relevant / appropriate.

As a system Partner organisations should more effectively take action to implement the Homelessness Reduction Act – Duty to Refer. Working with and ensuring that the relevant organisations have

established relevant processes and are meeting their duty to make those referrals is a way in which NBC could work in partnership to prevent homelessness.

10 How are data, statistics and demographics gathered and used to meet the needs of men and women who are homeless?

Numbers of homeless and rough sleepers is difficult to obtain with accuracy. People bed down at different times, seek shelter in derelict buildings and can be unseen. Each year every LA in England does estimate or count the number of people living rough in their area which is submitted to DCLG as an estimate of the number of people sleeping rough on one static night.

Data published in 2018 showed 4,751 people sleeping rough in England on one night. There should be caution based on this figure for the reasons discussed above and also as new data will be available on 31st January 2019.

Locally we collect data on rough sleeping as this relates to service activity – again caution needs to be taken as these are people presenting to services; we know that many rough sleepers do not routinely access services and therefore any data we have is likely to be an underestimate.

11 What do you think are the main reasons for hidden homelessness and why do you think people sofa surf and are without settled accommodation?

It is fair to say that people who sofa surf are not usually choosing this as a lifestyle, and do so for a number of reasons. These reasons could be that they have no expectation that they will meet a priority threshold for local authority provided accommodation, or that there is a convenience to knowing you have a roof over your head, or that this provides company, in a location where you may want to remain. Indeed this could also be the most economical route to accommodation. In some cases these people may not identify themselves as 'homeless' or, even if they do, do not wish to be counted as a statistic and therefore do not register for help.

In addition there are too few available accommodation units, and the move on plan for those people in this accommodation is not as timely as it could be, this creating a lack of throughput to secure, long term housing.

12 How effective do you think the Council is at informing people and organisations about its homelessness policies and procedures, and in what ways could it improve its communication?

The landscape can be difficult to negotiate and is not always helped by the fact that each Borough and District has its own individual housing strategy and priorities. It would be helpful to produce a clear guide to housing support services in each area.

13 Do you have any other information you are able to provide in relation to homelessness and rough sleeping?

Local organisations are aware that there are areas of the town that require a focus by services, such as the bus station, Market Square, Mc Donald's area and the Drapery.

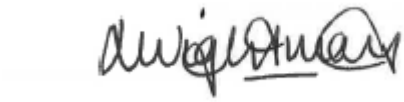
Linked to this Armed Forces Covenant is the Ministry of Defence's 'Future Accommodation Model' is a revised approach to providing accommodation for service personnel and their families which may have implications for their housing needs. Information can be found:
https://www.gov.uk/government/publications/future-accommodation-model-what-you-need-to-know/what-you-need-to-know-about-fam

14 Do you have any other recommendations for the Scrutiny Panel to consider including within its final report?

Housing authorities need to work more in partnership with other organisations in the area with a statutory responsibility or who have been commissioned to provide services or commission services to identify what resource is available, which each service offer is, what outcomes are being achieved at what cost to look for opportunities to collaborate. The development of a Homelessness Pathways Map, and to develop services with partners to make a demonstrable impact at scale would be a good starting point.

Most importantly we need to engage the homeless population more often and more effectively so that they recognise they are valued members of society and worth support, rather than stigmatised.

Yours sincerely



Lucy Wightman
Director of Public Health

healthwatch Northamptonshire

Access to health and social care services for Northamptonshire's homeless and vulnerably housed population

The views of homeless people and professionals

March 2017

Contents

Summary

On hearing that the Northampton Borough Council Overview and Scrutiny Committee were examining the provision of services for homeless people in Northampton, Healthwatch Northamptonshire undertook a piece of work to find out more about the views and experiences of using health and social care services of this seldom heard group. We were particularly interested in finding out about the barriers homeless people face when accessing and using local services, including: primary care, urgent care, mental health services, wellbeing services, and social care and support services.

Healthwatch Northamptonshire spoke to five organisations working with homeless people across the county and 25 homeless people or people who had been recently homeless in Northampton, Rushden and Wellingborough.

We heard about some good support for homeless people in Northampton and other towns across the county, particularly that provided by homeless charities, but the support available across the county appears to be variable.

Access to GP practices was not as big a problem as we expected it to be – many in Rushden told us they had remained with the practice they were with before becoming homeless and homeless people in Northampton were able to use Maple Access Partnership surgery, which they felt understood their needs and provided good treatment. However, we also heard that due to a lack of GP places in Rushden, some homeless people had to register at practices out of town, which they were unable to get to. We also learnt that homeless people often distrust GPs and health professionals, feeling they do not understand their lives and the issues they face, or that they do not need to register with these services if they are not ill or in pain.

Rather than wanting better access to services such as GPs and dentists, the homeless people we spoke to prioritised their more immediate needs, such as having somewhere to sleep (many struggled to sleep at night due to the cold and concerns about safety or being moved on), dry feet and podiatry services, and access to good, hot food. We also learnt about how alcohol is used to help people cope with their circumstances and how this can be a barrier to people accessing mental health services and other support, due to professionals not understanding how the two are linked.

Many homeless people experience mental health issues and access to psychiatrists and Community Psychiatric Nurses (CPNs) was difficult for some, particularly outside of Northampton. Again, homeless people desire to be treated holistically by mental and physical health professionals, rather than being made to address problems, such as alcoholism, before receiving treatment for other health issues.

Background

Homelessness

As explained by the homeless charity Crisis[1], 'In its broadest sense, Homelessness is the problem faced by people who lack a place to live that is supportive, affordable, decent and secure. Whilst rough sleepers are the most visible homeless population, the vast majority of homeless people live in hostels, squats, bed and breakfasts or in temporary and insecure conditions with friends and family.[2]

People who experience homelessness are often amongst the most vulnerable people in our society, suffering from a combination of poor housing, unemployment, low income, bad health, poor skills, loneliness, isolation and relationship breakdown.

Whilst there is some debate over the precise definition of homelessness there is a widespread acceptance that homelessness is about more than rooflessness. A home is not just a physical space; it provides "roots, identity, security, a sense of belonging and a place of emotional wellbeing"[3]. It is also a practical pre-requisite to living and working in modern society, with a permanent address often being a basic requirement for employers and other essential services.

In the United Kingdom homelessness is most commonly defined and discussed in terms of Homelessness Legislation, the first of which was introduced as the Housing (homeless persons) Act in 1977.[4] Whilst the legal definition of homelessness is pitched in broad terms those who are actually accepted as homeless (the statutory homeless) and eligible for support by Local Authorities are a much narrower group. Those who are not clearly entitled to support are largely single people (people without dependents) they are the Hidden Homeless.'

Nationally, the number of rough sleepers has risen by 16% since a year ago and it is estimated there were around 4,134 people sleeping rough on any one night across England in Autumn 2016[5], more than double the amount since 2010.

Homelessness in Northamptonshire

Based on the official rough sleeping counts and estimates carried out between 1 October and 30 November 2016, there are 39 people sleeping rough in Northamptonshire (see Table 1: Street counts and estimates of rough sleeping in England, Autumn 2012 - 2016Table 1, most of these figures are estimates). This is a

[1] www.crisis.org.uk

[2] ODPM (2002) More Than A Roof, A report into tackling homelessness.

[3] Warnes A, Crane M, Whitehead, N and Fu R (2003) Homelessness Factfile, Crisis

[4] Burrow, Pleace & Quilgars (1997) Homelessness & Social Policy

[5] Department for Communities and Local Government Rough sleeping statistics England Autumn 2016 Table 1 (www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016)

decrease of 24% since 2015 and the first decrease since 2012 (although still the fourth highest number in the last seven years). The average number of rough sleepers per 1,000 household in Northamptonshire is lower than the average for England (all of England and England excluding London). This is also the case for all districts apart from Corby, which has a proportion of rough sleepers higher than the national averages.

Table 1: Street counts and estimates of rough sleeping in England, Autumn 2012 - 2016[6]

Local Authority	2012	2013	2014	2015	2016	Number of Households (projected number) for 2016 ('000s)	2016 Rough Sleeping Rate (per 1,000 households)
Corby	2	10	9	10	**6**	28	**0.22**
Daventry	0	0	1	1	**4**	33	**0.12**
East Northamptonshire	3	3	3	3*	**4**	38	**0.11**
Kettering	7	11	6	5	**3***	42	**0.07**
Northampton	5*	9	19	25	**14**	95	**0.15**
South Northamptonshire	6	2	2	0	**3**	37	**0.08**
Wellingborough	4	7	5	7	**5**	33	**0.15**
Northamptonshire Total	**27**	**42**	**45**	**51**	**39**	**306**	**0.13**
% change from previous year	*-13%*	*56%*	*7%*	*13%*	*-24%*		
England	2,309	2,414	2,744	3,569	4,134	23,229	0.18
% change from previous year	*6%*	*5%*	*14%*	*30%*	*16%*		
London	557	543	742	940	964	3,589	0.27
% change from previous year	*25%*	*-3%*	*37%*	*27%*	*3%*		
Rest of England	1,752	1,871	2,002	2,629	3,170	19,640	0.16
% change from previous year	*1%*	*7%*	*7%*	*31%*	*21%*		

*Note: Each Local Authority either conducts a street count or provides an estimate, * denotes Local Authority has conducted a street count.*

The majority of rough sleepers in the county are British males over the age of 24 (Table 2).

It is important to note that the rough sleeper figures do not include the number of 'sofa surfers' and vulnerably housed, etc. Table 3 gives an indication of the total

[6] Department for Communities and Local Government Rough sleeping statistics England Autumn 2016 Table 1 (www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016)

number of 'statutory homeless' between July and September 2016, which was above the national averages overall and for Corby, Northampton and Wellingborough.

Table 2: Demographics of rough sleeping in England, Autumn 2016[7]

Local Authority	Total rough sleeper count/ estimate 2016	Female	Under 25 years old	Non-UK rough sleepers from EU countries	Rough sleepers from outside the EU
Corby	6	1	0	0	0
Daventry	4	1	0	0	0
East Northamptonshire	4	0	0	0	0
Kettering	3	1	1	0	0
Northampton	14	2	3	3	1
South Northamptonshire	3	1	0	0	0
Wellingborough	5	0	2	2	0
N'hant total	**39**	**6**	**6**	**5**	**1**

Table 3: Local authorities' action under the homelessness provisions of the 1985 and 1996 Housing Acts (decisions made during the July to September quarter 2016)[8]

Local Authority	Number of Households (projected number) for 2016 ('000s)	Numbers accepted as being homeless and in priority need	Number per 1,000 house-holds	Eligible, homeless and in priority need, but intention-ally	Eligible, home-less but not in priority need	Eligible, but not home-less	Total de-cisions
Corby	28	**20**	**0.72**	9	-	-	**30**
Daventry	33	**13**	**0.39**	-	-	-	**18**
East Northamptonshire	38	**14**	**0.37**	8	-	-	**31**
Kettering	42	**22**	**0.52**	-	-	14	**46**
Northampton	95	**122**	**1.29**	-	-	23	**165**
South Northamptonshire	37	**19**	**0.52**	-	-	-	**21**
Wellingborough	33	**34**	**1.03**	-	-	10	**53**
N'hants Total	306	**244**	**0.80**	**17**	**0**	**47**	**364**
England	23,229	14,930	0.64	2,530	4,900	7,040	29,400
London	3,589	4,580	1.28	700	1,010	1,330	7,620
Rest of England	19,640	10,360	0.53	1,830	3,890	5,700	21,770

[7] Department for Communities and Local Government Rough sleeping statistics England Autumn 2016 Table 2 (www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016)

[8] Department for Communities and Local Government Homelessness statistics 15 December 2016 (www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness)

Support for homeless people

In England, local authorities have a statutory duty to help people if they are homeless or threatened with becoming homeless[9]. People in this situation should first go to their local council, where they will be asked a range of questions to determine whether they meet the legal definition of homelessness[10], and therefore the criteria to be helped by the council. Questions include assessing their vulnerability and whether it is safe for them to reside in the property (if there is one). Where a person does not meet the criteria for housing then local councils should provide information to the person on where they can go for further help with accommodation. People also have the right to appeal a councils homelessness decision and should be encouraged to seek independent advice as soon as possible if the council state that they cannot assist.

It is important that people who are not given council assistance are signposted to local homeless support organisations, local charities, night shelters and other services where they can obtain food, warmth and alternative accommodation, and often healthcare clinics and assistance with claiming benefits. A priority for homeless people is to find a bed for the night but there are only two formal night shelters operating in the county (The Sanctuary in Rushden and the newly opened Northampton Night Shelter), plus some churches offering sleeping arrangements for homeless people during cold weather. Therefore homeless people can end up sleeping on the street or, at best, being able to stay a few nights with a friend before having to move (sofa surfing).

There are a number of charities and other organisations who support homeless people in Northamptonshire via a range of means, including:

- provision of hot or cold food
- provision of support to move on into other accommodation and apply for benefits
- quality marked independent legal advice in relation to housing, welfare, benefits and debt
- help registering with a GP or dental practice and obtaining mental health treatment where necessary
- help with drug and alcohol misuse
- help with securing employment

These charities and voluntary organisations provide what for many seems to be a lifeline and crucial role in keeping homeless people alive and well.

[9] england.shelter.org.uk/get_advice/homelessness/help_from_the_council_when_homeless

[10] england.shelter.org.uk/get_advice/homelessness/homelessness_-_an_introduction/legal_definition_of_homelessness

Method

Steering group

The project was directed by a steering group, which included a representative from Northampton Hope Centre (which provides help and support to homeless people at the Oasis Centre in Northampton) and a homeless person to offer insight and suggestions to help develop the project.

Data was collected in two stages:

Stage one - homeless support organisations

Services that currently exist in local areas were identified via the Homeless Link website[11] and local contacts. We spoke with the following services to ascertain what health and social care provision is available locally and what the benefits and barriers are to homeless people accessing these services:

- Northampton Hope Centre
- Accommodation Concern (Kettering)
- The Daylight Centre (Wellingborough)
- East Northants Community Services/The Sanctuary (Rushden)
- The Mayday Trust (Daventry)

Stage two - focus groups

We facilitated three focus groups with homeless people - two at Northampton Hope Centre (nine people in total) and one at The Sanctuary in Rushden (15 people). We also planned a fourth focus group at the Daylight Centre in Wellingborough but only one user of the centre who identified themselves as homeless wanted to talk to us.

The focus groups took the form of table discussion with users of these centres. Having analysed the data we collected, we determined that we had sufficient information for us not to need to talk to homeless people directly on the street.

Limitations

Due to our desire to produce a report in time to inform the Northampton Borough Council Overview and Scrutiny Committee we focussed on gaining a 'snapshot' of people's experiences, mostly in Northampton. Further work would enable us to find out more about the experiences of homeless people in other parts of the county, especially Corby as we were not able to speak to an organisation there.

This project focussed on the ability of homeless people to access health and social care services and it was never the intention to analyse or address the causes of homelessness. However, the steering group raised other issues faced by homeless people that were beyond the scope of this project to investigate.

[11] www.homeless.org.uk/facts/homeless-england

What people told us

During the three focus groups we heard from 25 people who were currently homeless or who were on the path to getting their life back together.

We also spoke to a range of organisations providing either accommodation or support, or both, to homeless people in Northamptonshire (see Method)

Health needs

Being homeless makes it difficult to lead a healthy lifestyle. Poor sleep, inadequate diet, and difficulty in maintaining personal hygiene, coupled with problematic access to health care and difficulties maintaining a treatment regime can lead to poor health. Additionally, many homeless people have alcohol, drug, and/or mental health problems, which can lead to neglect of, and exacerbate, any physical health issues[12]. The homeless support organisations we spoke to commonly see people with people who are malnourished and suffering from the effects of cold as well as tooth ache/rotten teeth, bowel issues, respiratory issues, bad feet, trench foot, etc., blood borne diseases, liver issues, and mental health issues.

All of these issues contribute to an increased risk of death[12]. The average age of death from homeless people is 47 years old, 30 years earlier than for the UK population overall. Young homeless people (16-24) are twice as likely to die as their contemporaries and this increases to four to five times for 25-34 year old and five to six times for 35-44 year old.

GPs

It has commonly been thought that struggling to access primary care, particularly General Practitioners (GPs), was an issue for homeless people. However, during the focus groups we were told that this is not always the case. Often homeless people retain their own GP from before they were homeless and are therefore able to see that GP when they need to (this was the case for nine people at the Rushden focus group). Others told us that they did not want to see a GP as they did not trust them (or the medication or treatments they were offered – this was felt by all but one of the focus group in Rushden – 14 people) or that they felt they did not need to be registered with a GP or dentist as they were medically fit and healthy.

Registering homeless people as new patients at GP practices can be still be an issue in some parts of the county. The Sanctuary in Rushden told us they are unable to register patients at the local GP practices as they are not taking on any further patients. Registering at a practice in a nearby town is sometimes suggested as an alternative, however, it is particularly difficult for homeless people to travel to register or see a GP as they often have no money for transport. There have been

[12] Homelessness kills: An analysis of the mortality of homeless people in early twenty-first century England - Summary, Crisis, 2012 www.crisis.org.uk/data/files/publications/Homelessness%20kills%20-%20Executive%20Summary.pdf

occasions where The Sanctuary has had to take homeless people to the GP in their own vehicles or where a homeless person has had to walk several miles to the next town to register with and see a GP.

In Northampton homeless people can access the Maple Access Partnership GP surgery, which provides primary care services to a variety of vulnerable groups, including homeless people. All of the Northampton focus group members who used the Maple Access surgery said they were satisfied with the services they receive from the practice and sited it as a good place to go for treatment, etc. They felt able to interact with the staff there and that staff understood their situation. Maple Access Partnership work closely with Northampton Hope Centre and the Hope Centre are able to refer clients to the practice. The practice has also provided some clinics and doctors and nurses for health checks at Northampton Hope Centre.

Northampton Hope Centre has hosted a flu vaccination clinic and oral cancer screening clinics to help prevent people becoming ill. However, almost all the homeless people we spoke to told us that getting a flu vaccination was not a priority for them, in the same way that registering with a GP or dentist when they were not ill or in pain was not a priority.

> "I am well, a young man and fit so I don't need a flu jab"

Dental care

Homeless people in some parts of Northamptonshire do have some access to dental/oral care. Northamptonshire Healthcare NHS Foundation Trust (NHFT) Community Dental Service has an outreach programme that has funding for outreach clinics focusing on oral cancer awareness. The dental outreach is carried out at services, such as Northampton Hope Centre, Bridge (substance misuse programme in Northampton, Wellingborough and Corby) and drug and alcohol services. It has taken the form of oral cancer screening as homeless people are at higher risk of oral cancer than the general population. While the dentist is doing this screen they are able to pick up any other dental needs and advise people or refer them into the Community Dental Service for treatment.

Attending appointments with dentists and GPs is often difficult for homeless people. They told us that as they often cannot sleep at night due to being cold on the streets or having to keep moving during the night when asked to by the police or to avoid being in an unsafe environment where they might experience verbal and physical abuse. This means that they often sleep in the daytime and so miss daytime appointments. For some this has resulted in them being removed from patient lists and having to be seen as a temporary patient.

An Oral Health Promotion Practitioner from NHFT told us that the Community Dental Service was fairly flexible with patients as they recognised the problems homeless people face in making, getting to and keeping appointments. If a homeless person is late or does not turn up they can usually rebook them at a later date. When referring the person back to their own dentist, the Community Dental

Service make sure that they inform the dentist about the person's circumstances so they can make allowances for the patient.

Accommodation Concern in Kettering told us that they often see people with tooth ache and/or rotten teeth. There may then be a need to expand the dental service to other parts of the county and/or hold additional dental health clinics to help homeless people across the county access appropriate dental care.

Mental Health

Approximately seventy percent of the homeless people we spoke to claim they had experienced or were currently being treated for a mental health condition. For some people having a mental health issue contributed to them becoming homeless, but this is not the case for all. One focus group member highlighted how being homeless also has a negative impact on mental health:

> "Some people already have mental health issues when they arrive on the street, however if you don't have a mental health issue before you arrive on the street then you are likely to develop one on the street"

While some of these conditions can be successfully managed via the GP there are other conditions which need more intensive therapy or management. At all the focus groups people told us that seeing someone regarding their mental health was always difficult.

Northampton's Hope Centre told us they are making significant inroads and building a relationship with the NHFT Adult Mental Health Services, based across the road from them in Campbell Street. The outreach workers have been able to facilitate psychiatrists and Community Psychiatric Nurses (CPNs) seeing people at the Hope Centre and advising staff, thus responding to the needs of homeless people in a familiar environment. However, this is not mirrored throughout the county where we heard that getting to see a psychiatrists or CPN is particularly difficult.

The Sanctuary in Rushden and the Daylight Centre in Wellingborough have said they would welcome the regular attendance of a CPN or a psychiatrist. However, they were not sure how to achieve this and whether the mental health services would want to do this.

Focus group members also felt that mental health services in Accident and Emergency (A&E) were not effective. They felt A&E staff were focussed on trying to get the homeless person out of the door and did not listen to what they had to say. One person told us how they found it difficult to be seen by a hospital when they felt they needed to be and how at other times not being understood could lead to being sectioned under the Mental Health Act.

Organisations and focus groups told us that alcohol is often getting in the way of a person receiving psychiatric help. We heard of experiences where a person was told that it was their alcoholism that was causing their behaviour issues, not a mental health problem, so they could not be seen within mental health services.

The person felt this was not seeing them as a whole person and just assuming that the alcohol was the problem.

Wellbeing

Understanding the culture and nature of homelessness along with the challenges faced by homeless people and the organisations that support them has been a vital part of understanding what health and social care provision homeless people need and the barriers they face every day.

It has become clear during this project that what the homeless people we spoke to saw as priority health needs were not always the same as those assumed by local health organisations.

Other than not being able to sleep at night (see above), our focus groups told us that they value foot care and a clean, dry pair of socks. Homeless people's feet often get wet and with no way of effectively drying them out, coupled with walking for considerable distances during the course of the day, their feet can become painful and sore and they develop fungal infections, etc.

Foot care is provided at Northampton Hope Centre in Northampton, where they also provide a nail cutting service. The Sanctuary in Rushden also provides a foot care service and clean, dry socks.

The Sanctuary and the Daylight Centre both expressed an interest in providing further services such as mental health consultations and access to dental services and preventative services, such as flu jabs. However, they either are not sure where to ask about these services or whether these services could be funded.

The organisations also told us that once a person has had their homelessness application rejected by the local district or borough council it is vital that they are put in touch with the right local support organisations for their area, as once someone is homeless their health starts to deteriorate. After a person is told they have not met the criteria for accommodation their focus shifts from maintaining their wellbeing to surviving on the streets or sofa surfing, where they will sleep and where they can get food. This is also the time when alcohol problems and mental health problems are exacerbated or it can be the start of using alcohol or developing a mental health condition.

Northampton Borough Council has two outreach workers based at Northampton Hope Centre. Their role is to liaise with the housing team and other accommodation suppliers and the services at Oasis House. They talk with homeless people and encourage them to use the services available at the Hope Centre as well as being able to refer them to a range of other services and start the process of getting their lives back to normality.

Food

It became apparent from talking to homeless people and organisations that access to good food is a problem for homeless people and that this is linked to the deterioration in their health. Most of the food available on the street is of poor nutritional quality and expensive. A focus group member in Rushden told us:

"It can be very expensive living on the street; if you want hot food it is a takeaway and cold food is a pasty to eat later. Eventually many homeless people turn to drinking alcohol as it obliterates reality. It keeps you warm and suppresses the appetite and so we don't need to eat as much. However, inevitably this leads to the alcohol being an addiction"

We were told of organisations that do provide food in some areas, such as the Sikh community and Street Church, who provide food in Northampton town centre on Sundays, and the Daylight Centre in Wellingborough, where a hot meal can be purchased cheaply. A member of the Northampton focus group told us that you can get hot food on the streets of Northampton five days out of seven. However, there appear to be fewer options outside of Northampton. The Mayday Trust in Daventry told us that they have encountered young people (18-25) who have not eaten for three days. This is often caused by young homeless people not being able to claim benefits as they have no address. They can use the Job Centre as their benefit claim address but are usually not aware of this and so go without money and food.

Alcohol

In our focus groups two people stated that drink and drugs can be a barrier to them getting treatment or accessing psychological services. Both the Northampton and the Rushden focus groups stated that they did not have access to detox programmes. However, they can be referred into services such as the Bridge and Substance to Solution (S2S), which assist people who have drug and alcohol issues. Again, provision of these services varies around the county. However, some focus group members felt that they were not treated as a whole person by these services and that there was a lack of understanding about the link between alcoholism, mental health and being homeless. One person did think this was improving at S2S:

"We are not seen as a whole person. We are told our drink problem must be addressed before we move on to mental health services when we feel that both our mental health and our alcohol addiction are intertwined"

"S2S now starting to get mental health involved in work – used to just deal with alcohol before mental health but this changed two years ago"

"We often buy cheap beer as it keeps us warm and suppresses our hunger and helps us sleep"

"People get drunk and have seizures and get taken to A&E. They are then stabilised and discharged back to the street. This is a perpetual cycle for some people and needs to be broken"

We note the recent Northamptonshire County Council consultation on the provision of drug and alcohol services states specifically that services must offer mental health services alongside the drug and alcohol services.

A support worker working with the Eastern European community in Northampton told us that many of the Eastern European community have come to Northamptonshire with a promise of work. They work for two or three days and are then laid off work and subsequently have no money. This can lead to them consuming large amounts of alcohol.

Discharge

We heard about a perpetual cycle, where the client is discharged from a psychiatric hospital to a night shelter. The shelter is given little or no information about the reasons for discharge or any problems/issues which may affect the wellbeing of the patient or other people at the night shelter. The shelter may be unable to manage the client's behaviour or mental and physical health. This often means the person needs to return to hospital. On some occasions, the hospital will refuse to readmit the patient, which can lead to police involvement and contact with the criminal justice system. The client may also be discharged back to the street again.

We were told by The Sanctuary night shelter that they often get phone calls saying a homeless person is on their way to them. However the person never arrives and no one knows where they have gone. It is just assumed that they have gone back on the street. This is unsurprising if you are discharged from a hospital some 15 miles away with no means of transport and little or no money you would not be able to travel very far.

In 2014 Healthwatch Northamptonshire produced a short 'snapshot' report of the experiences of homeless people who were discharged from acute, mental health and social care settings[13], which fed into Healthwatch England's national enquiry into unsafe discharge, Safely Home[14]. We found that often homeless people were being discharged to the street with drugs that had a street value and that these were often sold and used for the purpose other than that which they were prescribed for. One homeless person told us that often people will sell their prescription medication to get money to purchase food.

[13] www.healthwatchnorthamptonshire.co.uk/sites/default/files/unsafe_discharge_report_final.pdf

[14] www.healthwatch.co.uk/sites/healthwatch.co.uk/files/170715_healthwatch_special_inquiry_2015_1.pdf

Conclusion

Homelessness is a complex issue with each person presenting with both common and unique experiences of what it is like to be homeless. Likewise there is no 'one size fits all' provision of health and social care. It is clear, however, that the circumstances faced by homeless people, including the increased likelihood of poor physical and mental health and risk of death, require specialised or tailored services to meet the health needs of this population.

From talking to homeless people we have heard some basic needs to be considered when thinking about good health in homeless people. Rather than wanting better access to services such as GPs and dentists, homeless people prioritise their more immediate needs, such as having warm, dry socks and having their feet attended to. They also highlighted the importance of having good, hot food and how the use of alcohol is hard to avoid but can be a barrier to people accessing mental health services and support, due to professionals not understanding how the two are linked.

Having this wellbeing support is important to help prevent ill health, but access to medical treatment, screening and other preventative services is important. While some people felt that they were looked down on at their GP surgery or not taken seriously, others told us they found the treatment they received was ok, but rarely dealt with the real underlying issues. Focus group members felt that on the whole GPs did not understand the homeless culture and the barriers they face. We heard that the Community Dental Service oral cancer screening service provides an ideal way to engage with homeless people in a location they trust. Replicating this model with other services may provide a more successful way to address the health needs of homeless people.

In Northampton the Borough Council and Northampton Hope Centre are proactively engaging with rough sleepers and providing them with assistance to get their lives back on track, claim benefits, and secure accommodation and work. Northampton Borough Council has also just opened a new night shelter in central Northampton. We recognise that there are a number of other services offered within Northampton, and the rest of the county, that we have not mentioned, such as the CAN homeless person's team, and the Salvation Army and various churches offering blankets and food or hot drinks for homeless people. In some cases, such as during cold weather, some churches will provide homeless people with space to sleep.

Throughout the rest of the county valuable support for homeless people is being provided by the charitable sector, particularly those organisations we spoke to, but we have concerns about the variability of support across the county.

Understanding the culture and nature of homelessness along with the challenges faced by homeless people and the organisations that support them has been a vital part of understanding what health and social care provision homeless people need and the barriers they face every day.

Recommendations

Based on what we have been told from focus groups and from the organisations and councils we have had contact with we would make the following recommendations.

1. Introduction of assertive outreach workers in each borough or district with the remit to find homeless people and support them to get off the streets and back into a settled life, including appropriate accommodation and employment.

2. Support for the homeless charities in the county that provide a number of services to homeless people, including clothing, food, legal advice, and general support.

3. Coordination of services for homeless people – while we are aware there is some partnership work taking place, the work of all the organisations involved with homeless people does not seem to be coordinated in many parts of the county. Coordination would ensure there is less duplication of services and better information sharing about services users to give a rounded view. One charitable organisation in each borough or district could serve as a central point of contact for homeless people, and should be more than just a helpline or desk.

4. While it would not be practical to have a GP attached to a voluntary organisation in every district permanently there seems to be a case for holding periodic GP surgeries with a focus on a theme as homeless people seem reluctant to seek preventative healthcare.

5. The Community Dental Service outreach clinics provide an ideal way to engage with homeless people in a location they trust and is an example of a successful model for addressing the health needs of homeless people. This model should be replicated by other services and clinics and resourced to increase the range and amount of treatment and preventative health care available for homeless people in the county. Services such as the Daylight Centre and The Sanctuary are willing to host clinics.

   NHFT Deputy Medical Director and Specialist in Special Care Dentistry are supportive of the project being extended using their junior dentist supported by the wider team. They will also be contacting Accommodation Concern in Kettering to offer dental support.

6. Access for homeless people to mental health services within the county could be improved with the regular availability of a Community Psychiatric Nurse in night shelters and local support services, enabling homeless people to access advice and treatment in a more familiar environment.

7. Provision of warm socks and foot care funding for a Podiatrist to work county wide with pop-up clinics in the seven districts using local homeless provision.

8. Provision of good, hot food is essential for those who do not engage with local support centres and could be helped by providing assistance for any group who is interested in providing food for homeless people, while supporting existing provision. This however should be done in conjunction with support organisations that can encourage people to start to come off the streets and move towards accommodation of their own.

9. Alcohol and drug support services should also provide support for mental health issues from the outset and view homeless people holistically.

Thanks and acknowledgements

Healthwatch Northamptonshire would like to thanks all the organisations and professionals who were willing to talk to us and arrange focus groups, particularly:

- Northampton Hope Centre (and to the staff member and service user who joined the project steering group)
- East Northants Community Services/The Sanctuary (Rushden)
- The Daylight Centre (Wellingborough)
- The Mayday Trust (Daventry)
- Accommodation Concern (Kettering)
- NHFT Community Dental Service

We would also like to thank all the homeless people who gave their time to talk to us.

About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as "Enter and View") health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.
- Where we do not feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

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