

MUNICIPAL YEAR 2015/2016

MEETING TITLE AND DATE
Health and Wellbeing Board – 21st
April 2016.

Contact officer: Harriet Potemkin-
Strategy and Policy Hub Manager
T: 020 8379 8399
E: harriet.potemkin@enfield.gov.uk

Agenda - Part: 1	Item: 9
Subject: St Mungo's Charter	
Wards: All	
Cabinet Member consulted: Cllr Doug Taylor	
Approved by: Shahed Ahmed	

1. EXECUTIVE SUMMARY

St Mungo's has contacted all Health and Wellbeing Boards, encouraging them to sign their Homelessness Charter, to express commitment towards tackling health inequality among people who are homeless. The Charter seeks three commitments from the Health and Wellbeing Board:

Identify need: We will include the health needs of people who are homeless in our Joint Strategic Needs Assessment. This will include people who are sleeping rough, people living in supported accommodation and people who are hidden homeless. We will work with homelessness services and homeless people to achieve this.

Provide leadership: We will provide leadership on addressing homeless health. Our Director of Public Health has a key leadership role to play in tackling health inequalities and will lead in promoting integrated responses and identifying opportunities for cross boundary working.

Commission for inclusion: We will work with the local authority and clinical commissioning groups to ensure that local health services meet the needs of people who are homeless, and that they are welcoming and easily accessible.

To date over 38 Health and Wellbeing Boards around England have signed this Homeless Health Charter, including: Essex, Greenwich, Hammersmith and Fulham, Haringey, Islington, Lambeth, Lewisham and Waltham Forest.

2. RECOMMENDATIONS

The Board is asked to:

- A. Note the content of the Charter for Homeless Health (**Appendix 1**)
- B. Agree to the Chair signing the Charter on the behalf of the Board

3. BACKGROUND

St Mungo's Broadway is a national homelessness charity and housing association that provides nightly shelter and support to people who are homeless or at risk. St Mungo's have one hostel based in Enfield.

St Mungo's provides support to more than 2,500 people a night who are homeless or at risk. Among St Mungo's clients, 65% report a mental health problem and 70% report a physical health problem. Their evidence also suggests that the average age of death for men who die while they are homeless is 47, for women it's just 43.

A recent report from Homeless Link, 'The Unhealthy State of Homelessness', states that people who are homeless face some of the worst health inequalities in society. They are at much greater risk of mental health and physical health problems than the general population and their experiences of homelessness often make it more difficult to access the healthcare they need.

The Report also highlights that:

- 73% of homeless people in the UK reported physical health problems. 41% said this was a long term problem, compared with 28% of the general population.
- 80% of respondents reported some form of mental health issue, 45% had been diagnosed with a mental health issue, compared with 25% of the general population.
- 35% had been to A&E and 26% had been admitted to hospital over the past six months.

St Mungo's has contacted all Health and Wellbeing Boards, encouraging them to sign the Charter and express a commitment towards tackling health inequality among people who are homeless. To date over 38 Health and Wellbeing Boards around England have signed this Homeless Health Charter, including: Essex, Greenwich, Hammersmith and Fulham Haringey, Islington, Lambeth, Lewisham, and Waltham Forest.

A reduction in health inequalities is a key principle for the Board and is well promoted. Also the Board already acknowledge the effect of broader determinates on health and the particular health needs of vulnerable and excluded groups. The Board is committed to reducing inequalities in health where these exist. People who are homeless are a particularly high risk group who have very high health and social care needs.

Our existing strategies and services demonstrate our commitment to the charter, including via our Joint Strategic Needs Assessment; Health and Wellbeing Strategy and our commissioned services for homeless people. The table below sets this out in more detail.

The commitment	Current strategies and Intentions meeting the commitments	Future Considerations
<p>Identify need: This should involve including the health needs of people who are homeless in our Joint Strategic Needs Assessment (JSNA). This will include people who are sleeping rough, people living in supported accommodation and people who are hidden homeless working with homelessness services and homeless people to achieve this.</p>	<p>Our JSNA already states our responsibility to reduce health inequalities across the life course, including within hard to reach groups and to ensure the provision of population healthcare advice. It also highlights that high rates of Tuberculosis (TB) are seen in vulnerable groups including the homeless.</p> <p>Particular issues for young people who are homeless are cited within our Joint Commissioning Strategy for Emotional Well-being & Child and Adolescent Mental Health for 0-18 year olds, where it states that homeless young people had an 8 fold increased risk of mental health problems if living in hostels and bed and breakfast accommodation.</p>	<p>When updating the JSNA, ensure homeless people's health needs are continued to be addressed appropriately and in line with the charter.</p>
<p>Provide leadership: This would require the Board to provide leadership on addressing homeless health. It proposes the Director of Public Health has a key leadership role to play in tackling health inequalities and will lead in promoting integrated responses and identifying opportunities for cross boundary working.</p>	<p>We acknowledge the effect of the broader determinates of health and the particular health needs of vulnerable and excluded groups as part of our Health and Wellbeing strategy. Our strategy states that in some cases, positive action will be required to target improvements in health and wellbeing among particular groups in our community. This will require on-going, active engagement with local groups and communities to understand the diverse needs of the people of Enfield and to put local people at the heart of shaping the way we deliver the Joint Health and Wellbeing Strategy.</p> <p>'Fairness for All' is one of the key messages in Enfield Council Business plan, with a strong focus on homelessness and health Inequities, stating: We are focused on improving the health and wellbeing of all residents, reducing health inequalities and empowering residents to choose to lead a healthier lifestyle.</p>	<p>All members of the Board should continue to consider the links between health and homelessness and identify ways to tackle inequalities.</p>
<p>Commission for inclusion: This proposes that we ensure that local health services meet the needs of people who are homeless and that they are welcoming and easily accessible.</p>	<p>NHS Enfield CCG Commissioning Intentions 2016-17 highlight programmes to be delivered city-wide, including the aim to 'transform the lives of the homeless and transform care for the mentally ill.'</p> <p>Enfield's Housing Strategy 2012-2027 stresses the need for improved integration of housing and health services, and the important role housing plays in reducing health inequalities.</p> <p>The Council funds early intervention and prevention homelessness projects within the VCS, including from St Mungo's. The Council also commissions accommodation based support for homeless and vulnerable groups, including hostel accommodation from St Mungo's.</p>	<p>The Board may want to consider a local awareness raising campaign around homeless health as part of a wider strategy of fairness for all.</p> <p>The Charter will need to be considered when making future commissioning decisions.</p>

4. ALTERNATIVE OPTIONS CONSIDERED

The alternative option is to not sign up to the charter. Not signing the Charter would fail to demonstrate our commitment towards tackling health inequality among people who are homeless.

5. REASONS FOR RECOMMENDATIONS

On 4th November 2015, the Health and Wellbeing Board had a development session exploring the relationship between housing and health. Supporting this charter will contribute to meeting the priorities that the Council and our partners are already working toward. It is also an opportunity to publicly demonstrate our partnership commitment to improving the health and wellbeing of people who are homeless.

Although there is concern of future budget cuts and the impact this will have on services for homeless people, the Council's commitment to fairness for all and the Health and Wellbeing Board's commitment to reducing health inequalities demonstrates our intention to not lose sight of the needs of homeless people. Existing strategies and services demonstrate our commitment to the charter.

A key part of the Council's strategic aim of 'Fairness for All' is the principle of 'Serving the whole borough fairly and tackling inequality'. The Health and Wellbeing Board are committed to promoting equality and diversity, and working to reduce the disparities in health and wellbeing that exist across the borough. We currently meet the commitments set out in the Charter.

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

There are no identified direct financial, staffing and resource implications to signing this Charter. Any work to fulfil the commitments in appendix 1 will be funded from existing budgets.

6.2 Legal Implications

Section 2B of the National Health Service Act 2006 requires each local authority in England to 'take such steps as it considers appropriate for improving the health of the people in its area.' These powers are very wide.

The Charter is not a binding legal document.

The proposals set out in this report comply with the above legislation.

7. KEY RISKS

The commitments in the Charter go hand in hand with Enfield Council's Business Plan and Joint Partnership Strategies mentioned above, addressing health inequalities and homelessness, so there are no obvious risks.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

8.1 Ensuring the best start in life

- 8.2** Enabling people to be safe, independent and well and delivering high quality health and care services
- 8.3** Creating stronger, healthier communities
- 8.4** Reducing health inequalities – narrowing the gap in life expectancy
- 8.5** Promoting healthy lifestyles

Signing up to the Charter supports us in meeting the priorities in the Health and Wellbeing Strategy. In particular:

- Enabling people to be safe, independent and well and delivering high quality health and care services
- Reducing health inequalities – narrowing the gap in life expectancy
- Promoting healthy lifestyles

9. EQUALITIES IMPACT IMPLICATIONS

In making this decision Enfield Council must have regard to the public sector equality duty (PSED) of the Equalities Act 2010, i.e. have due regard to the need to:

- A. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- B. Advance equality of opportunity between people who share a protected characteristic and those who do not.
- C. Foster good relations between people who share a protected characteristic and those who do not include tackling prejudice and promoting understanding

Homeless people share a range of protected characteristics. Equalities implications of signing the Charter are positive as the Board recognise the needs of this hard to reach and vulnerable group and encourages services to be welcoming and accessible to all users.

Background Papers

Charter for Homeless Health (**Appendix 1**)