



Bristol Clinical Commissioning Group

## Bristol Health & Wellbeing Board

### Agenda Item No. 8

<b>Charter for Homeless Health</b>	
Author, including organisation	Kathy Eastwood, Bristol City Council on behalf of the Mayor, George Ferguson
Date of meeting	26 February 2015
Report for Decision	

#### 1. Purpose of this Paper

To seek endorsement of the Charter for Homeless Health, developed by the homelessness charity, St Mungo's Broadway. The Charter is attached as Appendix A.

#### 2. Purpose of the Charter

Health and Wellbeing Boards (and their member organisations) are asked to commit to:

- Identify need, through including the needs of people who are homeless in our Joint Strategic Needs Assessment
- Provide leadership on addressing homeless health
- Commission for inclusion: ensuring that local health services meet the needs of people who are homeless

The full document can be accessed through the following links.

<http://www.mungosbroadway.org.uk/documents/5390/5390.pdf>

[http://www.mungosbroadway.org.uk/homelessness/publications/latest\\_publications\\_and\\_research/2069\\_charter-for-homeless-health](http://www.mungosbroadway.org.uk/homelessness/publications/latest_publications_and_research/2069_charter-for-homeless-health)

### **3. Context**

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.

A recent report from Homeless Link, 'The Unhealthy State of Homelessness: Health Audit Results 2014' provides a useful snapshot of the health needs of this population.

They report that, for example:

- 73% of homeless people 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.

In addition, lifestyles are less healthy with around 35% not eating at least two meals a day, around two thirds consume more than the recommended amount of alcohol each time they drink and around 77% smoke (compared with 21% of the general population) and around 36% reporting that they had taken drugs in the past six months.

### **4. Key risks and Opportunities**

St Mungos Broadway is one of Bristol's key providers of homelessness prevention services, including rough sleeper services at the Compass Centre on Jamaica Street.

Compass Health, which meets the health needs of rough sleepers, commissioned by the Clinical Commissioning Group (CCG), is based in the Compass Centre.

Considerable work on the health needs of rough sleepers and others who are vulnerably housed has been done in Bristol and Bristol has also been involved in a national piece of work being led by Public Health England that is making

recommendations to improve services. Locally, information in the JSNA requires updating. However, the Strategy (see below) carried considerable evidence/background on the needs of rough sleepers.

The Council has a statutory Preventing Homelessness Strategy, approved by Cabinet in Autumn 2013. In addition, and as a direct result of the Homelessness Summit held last Autumn, a new action plan is currently in preparation. The health needs of homeless people will be one of the key actions in the action plan. A task group on this will be led by Jackie Beavington from Public Health who sits on the Preventing Homelessness Board, which provides the overall lead for work on preventing homelessness and its consequences.

The Big Lottery-funded Golden Key programme is focussing on the holistic needs of rough sleepers and others, including both mental and physical health. Both St Mungos Broadway and the CCG are represented on the GK partnership board

## **6. Implications (Financial and Legal if appropriate)**

There will be resourcing implications in relation to staff time. However, this work is in line with current plans.

## **7. Conclusions**

There has been a lot of work done on this issue and there are already plans for further work that fit well with this charter.

## **8. Recommendations**

To agree to the adoption of this charter.

## **9. Appendices**

Appendix A - Charter for Homeless Health



St Mungo's  
Broadway  
Rebuilding lives, day by day

# Charter for homeless health

People who are homeless face some of the worst health inequalities in society. They are at much greater risk of mental 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 Bristol **Health and Wellbeing Board** is committed to changing this. We therefore commit to:

**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.

**Signed:** .....

**Chair:** ..... **Health and Wellbeing Board**

**Date:** .....