**Report No.**
**ACH24-012**

# London Borough of Bromley

**PART ONE - PUBLIC**

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| **Decision Maker:** | **Health and Wellbeing Board** |
| **Date:** | **8th February 2024** |
| **Decision Type:** | Non-Urgent Non-Executive Non-Key |
| **Title:** | **Overview of Homeless Health Project** |
| **Contact Officer:** | Bronwyn Ward,<br>Project Officer, Public Health<br>London Borough of Bromley<br>Tel: 020 8461 7551 Email: Bronwyn.ward@bromley.gov.uk<br><br>Mimi Morris-Cotterill<br>Assistant Director, Public Health<br>London Borough of Bromley<br>Tel: 020 8461 7779 Email: Mimi.Morris-Cotterill@bromley.gov.uk<br><br>Dr Agnes Marossey<br>Consultant in Public Health, One Bromley<br>Tel: 0208 E-mail: agnes.marossy@selondonics.nhs.uk |
| **Chief Officer:** | Dr Nada Lemic<br>Director of Public Health<br>London Borough of Bromley<br>Tel: 020 8313 4220 Email: nada.lemic@bromley.gov.uk |
| **Ward:** | Boroughwide |

1. Reason for decision/report and options

To present an overview of the Bromley Homeless Health Project and report on the progress so far.

## 2. RECOMMENDATION(S)

The Health and Wellbeing Board are asked to note the report**.**

Impact on Health and Wellbeing
Summary of Impact: To address the health and care needs of the homeless population within Bromley.

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Impact on Health and Wellbeing
Summary of Health and Wellbeing Implications: Improve health outcomes for the homeless population within Bromley.

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Customer Impact
The clinic has, as of January 2024, seen 85 individual clients. It is highly likely that this number will increase as the project progresses. Although it is difficult to give an estimate of by how much.

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## 3. COMMENTARY

Bromley Homeless Health Project is a collaboration between Local Authority, NHS, and the VCS to provide a health and wellbeing Clinic for Bromley's' homeless community. It is a joint initiative sponsored by Bromley Public Health and funded by the local ICB.

An assessment and triage Clinic for homeless clients was opened in March 2023, located within Bromley Homeless Shelter. Staffed by a full time Nurse Practitioner, ably supported by a Care Co-ordinator, employed through Bromley GP Alliance.

The project scope includes those being housed in Temporary Accommodation, sofa surfing or rough sleeping.

**Aim and Approach:**

The aim is to work with the homeless community to build confidence, through trusted relationships with health professionals, to encourage better understanding of their own health status and to facilitate access to mainstream services.

Bromley Public Health have adopted the approach of tackling the wider social determinants of health, in collaboration with other council departments, grounded by experience gained from operating seasonal winter homeless clinics. This approach is underpinned by the Council's Health and Wellbeing Strategy that has a stated ambition to 'tackle identified health inequalities and achieve real and measurable improvements'.

The project illustrates what can be achieved when trusted partners, across all agencies, work together for a common cause, made possible through a close working relationship between Bromley Public Health and the local ICB.

**The Journey:**

In January 2020, Bromley Homeless Shelter Charity, Bromley GP Alliance and Public Health came together with a range of agencies, to provide once a week Winter Clinics, offering health and wellbeing support to homeless clients in Bromley. Being located within the Homeless Shelter meant that it was part of a pre-existing and trusted resource known to the local homeless population. The support of the shelter staff, volunteers and homeless peer network was crucial to its success. This model became the forerunner for the current, commissioned, Bromley Homeless Health Project.

The Winter Clinics operated for three consecutive winters amidst the Covid years, at which point the evidence was clear that there was an unmet need requiring more sustained, and funded, intervention.

Initial funding was allocated from one of the Public Health Covid grants with further funding secured by Public Health and the ICB for a three-year project, with design and KPIs informed by a Needs Assessment carried out in September 2022, by Public Health. This Phase One Needs Assessment into Homelessness identified three priority areas: a need for more data around the homeless population in Bromley, increased partnership working and collaboration between organisations, and stronger pathways and tailored support for the highest need homeless population.

Homelessness is strongly associated with a number of additional health issues, these include but are not limited to, mental health, dental health, substance misuse, podiatry issues, suicide and traumatic head injury. The average age of death of homeless men in England in 2021 was 45.4 years, and in homeless women average age of death was 43.2 years (ONS Deaths of homeless people in England and Wales - Office for National Statistics (ons.gov.uk)). Health inequalities around accessing timely care and treatment are a significant contributor to poor health outcomes for this population, and work around reducing barriers to healthcare are important in addressing these.

Milestones for the project include gathering more data about the health needs of the Homeless Population in Bromley, building stronger partnerships and referral pathways and creating a training

programme for local health care providers. The training programme will be accompanied by a 'Charter' that demonstrates provider commitment to removing stigmas and improving access for the homeless.

So far this has led to:

- ***Better Post-discharge Support*** *through close liaison with the local Hospital Homeless Discharge Team.*
- ***Improved Housing Support*** *through the council's responsive and engaged Housing Team actively engaging with the clinic and pursuing housing referrals.*
- ***Increased Mental Health Support*** *from the local Mental Health Trust's Rough Sleeping and Mental Health Pathway Team*
- ***Closer Links and Pathways established*** *with St Christopher's Hospice, and Bromley Drugs and Alcohol Service.*

**Evidence of outcomes:**

At this stage the most compelling way to describe the impact of this project is through personal story.

This is just one amongst many:

> *'B' came into Bromley Homeless Shelter with a severe cough, intending to visit A&E, instead the shelter staff directed him to the Clinic Nurse Practitioner (NP). The NP diagnosed a chest infection and discovered that 'B' had a triple CABG previously but had not attended a follow-up. The Care Co-ordinator arranged a face-2-face GP appointment as soon as possible and the NP explained the importance of self care. As a result of the Clinic's support, 'B' avoided going to A&E and after seeing the NP he reached out for help with housing, realising that his health was too important to continue to sleep rough in a changing room clubhouse. Although 'B' initially came in for help with his health, staff worked with him to resolve his housing situation and improve his outcomes.*

In the nine month period between March and December, 85 patients have been seen in the homeless health clinic. Two thirds of these were referred by the Homeless Shelter and 10% were self-referrals (possible because the Homeless Shelter and Health Clinic are co-located). Small numbers have been referred by secondary care providers, but work is ongoing to strengthen this relationship.
Over three-quarters of these were male (77.6%) with ages ranging between 21 and 82 years, with a median age of 47 years.
The majority (61.9%) are of White British ethnicity, with Black ethnic groups comprising a further 20%.
The type of homelessness fluctuates with any single individual reporting rough sleeping, temporary accommodation and sofa surfing at different appointments.
A wide range of presenting problems have been seen with mental health problems, limb pain/injury, skin conditions, gynaecological conditions and infection most prevalent.
Mental health disorders have been identified in 20% of those seen, 82% are smokers, 69% drink above the recommended alcohol limits and 23% have substance misuse issues. Whilst over half (55.6%) are at a healthy weight, 11% are underweight and 22% are severely obese (BMI>40). High blood pressure has been identified in 26.7% of the cohort.
Individuals have required between 1 and 25 appointments to address their issues, with a total of 292 appointments generated. Of these, 234 (80.1%) have been for new issues, and 58 for follow up of an existing complaint. The median number of appointments per individual is 2. The fact that clients are returning for further appointments is evidence that trust has developed with the clinic staff.
Individuals are assisted with GP registration by the Care Coordinator and 41% of 51 referrals made by the Team have been to the registering GP for further follow up care. The Community Drug and Alcohol Team has received 16 referrals (31.4% of referrals), and 15.75 of referrals have been to Community Physiotherapy with smaller numbers to podiatry and to community hubs.

It is important to honour the voices of the homeless clients themselves, this is what they say:-

*'You've . . . hit the ground running . . . you can see the difference in me and the others in terms of how our health is – both physically and mentally. The impact's been massive.' (Liz)*

*'When you become homeless . . . you no longer exist. It's very difficult to access (healthcare) as a homeless person, places like this are few and far between.' (Michael)*

*'Having a dedicated person . . . to be able to join up the dots makes life so much better for people like me on the streets.' (L)*

**The Future:**

The clinic continues to develop and, due to a robust working partnership with Oxleas, a Mental Health specialist nurse will be providing 4 hours per week at the clinic to see and assess the more complex mental health homeless clients.

The project is currently looking to expand Podiatry care for the homeless with the hope of a qualified podiatrist assistance commencing in March. There are also ongoing discussions with the Community Dental Service about homeless dental provision within the borough.

The next two years will include development of training opportunities for local health partners and continued strengthening of referral pathways between health professionals to reduce barriers and facilitate easy access to a wider range of health care available to the homeless in Bromley.

It is still early days in terms of using feedback data to assess long term direction, however there is already an identified need for a centralised health hub to co-ordinate healthcare for Bromley's homeless population. This is clearly useful to all stakeholders and partners, as well as service users. Although the main project outcomes remain the same, increasing partnerships and strengthening pathways, and ongoing legacy of a 'Charter'; it is acknowledged that there is growing demand and a concern for ongoing provision.

The Bromley Homeless Health Project has already been recognised, in partnership with Bromley Homeless Charity, with an award for Homeless Project of the Year from Affordable Homes.

## 13. IMPACT ON HEALTH AND WELLBEING

The project has already made a significant difference to the following services, who have offered these testimonials to provide an insight into the impact.

The Clinical Lead at Bromley Urgent Treatment Centre states that they have *'seen a benefit from our interaction with the Homeless Health Project Team (which has) far elevated our response . . .to manage this group of patients. (the project has) helped us to understand and perform our role better as part of this, bigger system . . .so as to improve outcomes and patient journey for those affected people.'*

The Services Manager for Bromley Homeless Charity says that;

*'Having the health project onsite has given the rough sleepers and homeless cohort access to services many of them previously couldn't access. . . This collaboration . . . has made a positive impact by improving the well-being and quality of life for rough sleepers in Bromley.'*

One Senior Practitioner for the Bromley, Bexley and Greenwich RAMPH Team says this:

*I have been (so) impressed by this pioneering project that I have arranged a visit to the service for a team from another local authority and have suggested setting up a similar scheme . . . in our two other local authorities.'*

## 14. CUSTOMER IMPACT

The impact on service users is best expressed in their own voices. The service has been described as a ‘godsend’ and ‘having a dedicated person, the hub, that has made a massive difference to me’.

A recent example of impact comes from a homeless client who presented at the clinic just after Christmas. The Nurse Practitioner assessed him and diagnosed early sepsis, the clinic was able to get him into hospital with a plan in place to enable him to access his methadone treatment whilst admitted, to help prevent his absconding. His mum called and said that the clinic had saved his life.

The following link provides further information:

BGPA in partnership with Bromley Homeless | Bromley GP Alliance