

City of London Homeless Health Work Programme

Owner: Nana Choak - City of London Homeless Health Coordinator
 SMT Lead: Will Norman - Head of Homelessness Prevention and Rough Sleeping

Aim: "To permanently eliminate health inequalities for rough sleepers and other groups vulnerable to homelessness"

Links to: City of London Homelessness & Rough Sleeping Strategy 2023-27
 City of London Health & Wellbeing Strategy

Priorities

1	Developing the Primary Care offer
2	Improved collaboration with health and related partners
3	Use of data to inform and influence strategic planning
4	Bring the voice of lived experience into strategic decision making
5	Better access to an extended healthcare offer

Work Plan Overview and Action Areas

Priority	Activity areas	Category
Priority 1	Activity areas	Primary Care
		1.1 Pilot ELFT led clinical van in City
		1.2 Collect learning from DoTW, Driving for Change and ELFT Van and evaluate
		1.3 Create business case for targeted Primary Care delivery in CoL
		1.4 Coordination of seasonal flu and Covid-19 vaccination efforts
		1.5 Support with development of clinical inreach provision for CoL commissioned supported accommodation and assessment centre
Priority 2	Activity areas	Collaboration
		2.1 Establish hospital discharge pathway protocol
		2.2 Maximise health sector engagement with multi-agency meetings
		2.3 Use existing research to establish a theoretical basis for inclusion health
		2.4 Meet partners and establish regular meeting attendance
		2.5 Conduct needs survey - stakeholders
		2.6 Maximise People department collaboration
Priority 3	Activity areas	Using Data
		3.1 Establish data/information sharing agreements with health partners
		3.2 Use health data sets to build business cases to influence strategic planning
		3.3 Create trend data to demonstrate impact/needs/gaps
		3.4 Improve level of cultural competence in health related work
		3.5 Build on current outreach recording of health needs practice
Priority 4	Activity areas	Integrating Lived Experience
		4.1 Embed coproduction in health work plan
		4.2 Embed coproduction in service delivery
		4.3 Increase peer led contributions to health related work
Priority 5	Activity areas	Better Access
		5.1 Integrate eye care, podiatry, smoking cessation, and dental care in healthcare provision
		5.2 Develop relationships with local pharmacies and integrate 'pharmacy first' model in healthcare provision in CoL
		5.3 Create opportunities for clients to benefit from holistic care and general wellbeing
		5.4 Map out local and neighbouring clinical services and health related provision; disseminate with service users