

# Banking on a Meal ...



## **1. Introduction**

### **What is Healthwatch Bromley and Healthwatch Lewisham?**

Healthwatch Bromley and Healthwatch Lewisham are two of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

The remit of Healthwatch is as an independent health and social care organisation is to be the voice of local people and ensure that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers.

Healthwatch gives children, young people and adults in Bromley a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Healthwatch's core functions are:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Work with the Health and Wellbeing board in Bromley and Lewisham on the Joint Strategic Needs Assessment and
8. Joint Health and Wellbeing strategy (which will influence the commissioning process).

## **2. Strategic Drivers**

Healthwatch Bromley and Healthwatch Lewisham's role is to ensure the voices and views of the local community are expressed and to ensure their opinions are taken into account when services are commissioned. Healthwatch's routine engagement often includes feedback around patient registration and access to health and social care. This included a visit to the Living Well Project in Penge, an initiative that supports the growing number of people in Penge seeking support and help. The project offers a food bank, drop in lunches and a community garden, amongst other

services. Struck by the huge numbers in attendance, Healthwatch launched a research project focusing on the health needs of those who are at risk economically or identify as vulnerable, as well as any particular challenges they may face in accessing health and social care services. It is worth noting that for those interviewed who identified as homeless, borough boundaries had no influence on accessing services.

Healthwatch explored services across both the London Borough of Bromley and the London Borough of Lewisham. This report outlines the findings of the research, which took place from February to April 2016. This report highlights the areas of success in the current community and clinical services offered and identify areas for improvement in service access for those who are most vulnerable.

This report will be shared with the Bromley and Lewisham Health and Wellbeing Boards, participating General Practices, the Voluntary and Community Sector, the Bromley Clinical Commissioning Group (CCG), the Care Quality Commission (CQC), NHS England and Healthwatch England, and other Health subgroups.

### **3. Health inequalities in Bromley and Lewisham boroughs**

The Joint Strategic Needs Assessment for Bromley (2015) states that “housing is a fundamental need for good health and wellbeing, and inequalities in a range of health issues can be tracked back to the quality of housing ... For many already deprived communities, the only housing available is substandard, thus worsening pre-existing health conditions and making vulnerable individuals more housebound and at risk of homelessness. The threat of homelessness remains an issue for an increasing number of people.”<sup>1</sup> Furthermore, for those who identify as homeless, the depth of exclusion is amplified as “traditional approaches to measuring health inequalities will struggle to explore the experiences of homeless people. For example, studies based on Indices of Multiple Deprivation are often based on the postcode of an individual which clearly excludes those without a fixed address”.<sup>2</sup>

Furthermore, a report carried out by Kings College London, looked into the resettlement of homeless people and the ongoing challenges still faced by those who had managed to secure stable accommodation. For those, “living independently and establishing a home created several financial demands on the participants, and many were struggling financially five years after being resettled. The majority were reliant on social security benefits, had low incomes and found it hard to meet everyday living expenses.”<sup>3</sup> Of the 297 participants involved in the research project, “fifty six per cent said that they ran short of money for food at times, and 44 per cent sometimes

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<sup>1</sup> “The Joint Strategic Needs Assessment for Bromley 2015”, London Borough of Bromley

<sup>2</sup> “Room to Breathe, A Peer-led health audit on the respiratory health of people experiencing homelessness”; *Trust for London - Tackling Poverty and Inequality*, *Groundswell - Inclusive solutions to homelessness*

<sup>3</sup> Maureen Crane, Louise Joly and Jill Manthorpe. “Rebuilding Lives Formerly homeless people’s experiences of independent living and their longer-term outcomes”; Kings College London; January 2016

did not have enough money to heat their home. Overall, 65 per cent had an income below the UK poverty threshold.”<sup>4</sup> The study clearly demonstrates that some homeless people are still vulnerable after they are resettled, and require ongoing support from housing and social care services in order to prevent further homelessness.

Further research suggests that for those whom housing or finance is an area of concern, health inequalities are significantly higher. Those who are economically deprived are often more prone to poly-morbidities, loneliness and isolation, and are at higher risk for developing mental illness. National research conducted by Homeless Link states that of those who are classified as homeless or in between homes “73% of participants reported a physical health problem and 80% a mental health issue.”<sup>5</sup>

Similarly, a recent audit carried out by Groundswell and Trust for London, found that of 23 emergency departments in areas with large homeless populations, only 12 had a system for identifying and recording homeless patients, suggesting a lack of integration and communication between health and social care services and increasing concern around their standard of care and general wellbeing. Most notably, it is reported that for this demographic, “as well as the human cost of these issues, the costs to the NHS for secondary care have been estimated as 8 times that of treating the general population.”<sup>6</sup> Ultimately suggesting that economic inequalities not only affect the health and wealth of the individual but have a detrimental effect on the local health economy.

#### 4. Methodology

This study was conducted by Healthwatch’s Community Engagement Officer, who visited 5 food banks across the boroughs of Bromley and Lewisham. Those in attendance were informally interviewed about their experiences of accessing health and social care services and the circumstances which has caused them to access community services in the borough. The community providers of food banks were also engaged, regarding information around numbers and their front line experiences. Engagement consisted of informal questions around the need and cause for community support, as well as the mental and physical wellbeing of their clients. Combining their experiences and voices helped Healthwatch to form a comprehensive picture of the state of services for those most at risk.

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<sup>4</sup> “Rebuilding Lives Formerly homeless people’s experiences of independent living and their longer-term outcomes”

<sup>5</sup> “The Unhealthy State of Homelessness - Health Audit Results 2014”; *Homeless Link*

<sup>6</sup> “Room to Breathe”; *Groundswell* - Inclusive solutions to homelessness

## 5. Summary of Findings

Overall, Healthwatch's research suggests that:

- Those suffering from financial hardship are more likely to suffer from lower standards of physical health and mental wellbeing.
- Zero hour contracts and unsecure employment often leaves people without sufficient resources to support themselves and their families, and thus become dependent on local support, such as food banks.
- Lack of communication between services means people are susceptible to falling through the gaps. This was most evident with benefit processing and a delay in payments, often for reasons unknown to the claimant.
- GP registration and access to primary care was severely restricted by a lack of permanent address, despite legislation stating that it is not a necessary requirement.
- Those who were already at risk were unable to support themselves in day to day life and as a result remained susceptible to further health complications.



## 6. Case studies

### Living Well Project

Healthwatch's Community Engagement Officer visited the **Living Well Project at Holy Trinity Church, Penge** to speak to those accessing the food bank and community service. There were over a 100 people present at one session. The project offers all attendees a hot meal, shower, food parcel, as well as art and music sessions. Bromley Drug and Alcohol team were also present for those who wanted advice. It is worth noting that many present suffered from mental health challenges and lacked any form of clinical or familial support in dealing with the day to day realities of this.



To cite one example, Healthwatch spoke to a gentleman, who identified as homeless, who had previously visited a local drop in clinic for a prescription. He had been recommended a certain course of treatment, yet had been unable to ultimately access the treatment as he was not registered with a GP.

The gentleman had previously been **turned down by a local GP as he did not have a permanent address**. Healthwatch offered to support him but was met with the same response, despite it not being a legal requirement for registration. It was later agreed that the church address could act as a temporary address for the client. However, this was not accepted initially by the practice and Healthwatch had to escalate the query to both Bromley CCG and NHS England before the situation was finally resolved. The case required significant intervention to secure medical treatment, when in fact the medical need had already been established.

The challenges faced in registering this one patient is indicative of the **extensive barriers faced by some people trying to access health and social care** and the subsequent health inequalities within our community.

*"This was more than a little victory and has sown a seed for the future."*

**Christine Stone, Living Well Project**



## Whitefoot and Downham

Whitefoot & Downham



Community Food + Project

**Whitefoot and Downham Community Food + Project (wdcfplus)** offers a range of services to combat deprivation within their local ward. As well as providing food parcels for those in need, the project offers support from Citizens Advice Bureau, parent and family services, the local housing association and spiritual guidance. Clients are not required to have a letter of referral or food tokens to access services but records are kept of everyone who accesses the service.

Healthwatch spoke to several clients during the visit and for many brief bouts of ill health had left them unable to support themselves. It was commented that the project had been a real lifeline when times had been difficult. Not only were clients provided with nutritional support, they were also offered additional services and guidance around housing.

The wdcfplus project is an excellent example of a **comprehensive community based service tackling local deprivation**.

## Bromley Food Bank

**Bromley Food Bank, at the United Reform Church**, operate on a referral basis, with those eligible for food support being referred by local services, such as the Job Centre or Citizens Advice Bureau. It is part of The Trussell trust and is organised by the local authority.



One participant Healthwatch spoke to, who had clear poor physical health and mental health issues, was having difficulties accessing his **disability benefits**. He had **conflicting information from social services and the job centre**, and as a result he was left without financial support for weeks at a time. Consequently, he was left with no choice but to seek support from local food banks. However, there is a total limit on how many times an individual can access this support, with it being capped at three visits. On the day of Healthwatch's visit, this was the last time he was eligible for support. The individual was concerned about how he was going to support himself in the following weeks and had no indication how long it would be until his benefit situation would be resolved.

It is evident in this case that **poor communication between social care and health services**, resulted in a local resident being left isolated and without support at his time of need. If local services are allowed to continue to operate disjointedly and in silo, it is likely more and more people will be left without support, with the increased chance of growing health inequalities.





## Lewisham Food Bank



Also overseen by the Trussell Trust, **Lewisham food bank** offer a comprehensive signposting service including housing advice and domestic violence support, as well as food parcels. It was noted that any leftover food packages parcels are distributed to the homeless by the police at night. The community service even offer a **short term crisis loan** in the case of delayed benefit allowance. The reasons for accessing the food bank are recorded by staff at the point of referral. One of the main reasons for accessing the service is due to a **delay in benefits**, with clients often forgetting to inform the local authority of a change of address and subsequently missing letters and appointments. The total number of referrals to the project, in 2015, stands at **4664**. Low income clients made up the largest group accessing the food bank. The following table highlights the key reasons for deprivation within Lewisham. Please note that the table lists only the top reasons for accessing the services, not all.

REASON GIVEN	VOUCHERS	ADULTS	CHILDREN	TOTAL
Benefit Changes	307	411	259	670
Benefit Delays	624	816	373	1189
Debt	94	136	74	210
Delayed Wages	17	21	11	32
Homeless	89	98	56	154
Low Income	470	677	364	1041
Unemployed	167	241	144	385

## The Hope Foundation

**The Hope Foundation at Bromley Christian Centre** provides food parcels for people in the London Borough of Bromley. Operating independently from the local council, the service offers support to any local resident who is in need. There is no limit to the number of parcels individuals can access, but if support is needed for a sustained amount of time, a review and assessment of individual circumstances will take place to see how the client can be further supported.



Healthwatch spoke to a retired individual who had been visiting the food bank weekly for an extended period of time. **Financial hardship**, due to taking on an unexpected family mortgage, had left this older couple financially unstable. As a result, they were unable to support themselves independently. They had become increasingly **socially isolated** as a couple, with the wife no longer able to leave the house. The food bank had proved a vital lifeline and support system for them at this time.



## 7. Impact on health inequalities

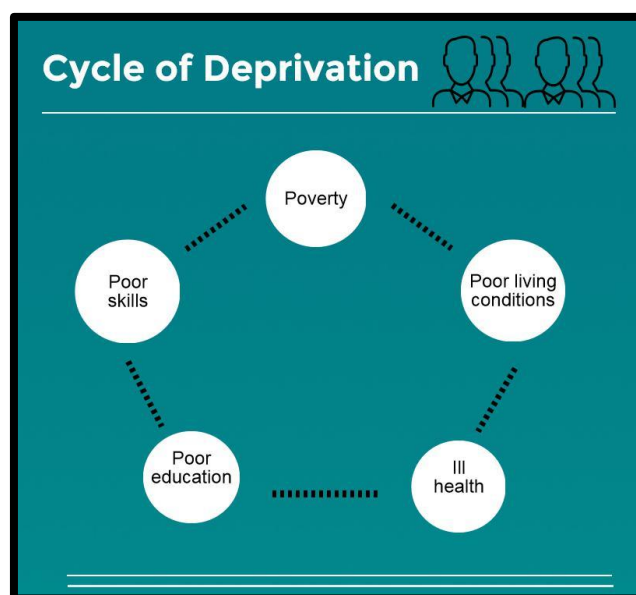
The causes of homelessness and economic deprivation included: “personal circumstances such as relationship breakdown, family unwilling to accommodate, debt, addiction and substance misuse.”<sup>7</sup> Healthwatch’s research confirms that there is clear evidence to link poor health and poor housing conditions. Furthermore, “the location, type of housing and access to amenities also contributes to the health inequalities. Those most susceptible are children, older people and those with chronic health problems.”<sup>8</sup> Ultimately, everyone is potentially at risk from the effect of poor housing conditions.

The Centre for Social Justice writes that for those who are economically deprived, financial struggles are:

*“exacerbated by the suspension or stopping of social security benefits, due to their non-compliance with benefit requirements, or to their lack of understanding of what to do when time limited benefits ended. In many instances, this had led to their housing benefit payments being stopped, rent arrears and threats of eviction. People who were employed casually or under ‘zero-hours’ contracts experienced the greatest financial difficulties. Their working hours and income were irregular. Most would have preferred to work more hours but were not given the opportunity.”<sup>9</sup>*

This sentiment was echoed by the service users and providers we spoke to during our research.

People are increasingly at risk of health inequalities due to external environmental factors, such as a lack of affordable housing, a strained economic climate, and policy reforms with knock on effects on welfare, poverty and unemployment. Furthermore, for those who regularly rely on food banks as their main source of nutrition, there are dangers of malnutrition. They are also less likely to seek medical help and as a result, conditions can often go undiagnosed for longer.



**Ultimately, lack of access to primary care services has a huge impact on individual’s physical wellbeing and emotional health.**

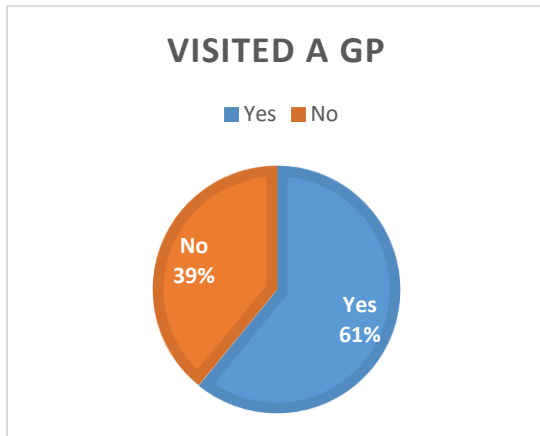
<sup>7</sup> “Joint Strategic Needs Assessment”, Bromley 2015, *The London Borough of Bromley*

<sup>8</sup> “Environment and Health Risks: a review of the influences and effects of social inequalities”; *World Health Organisation*, Europe

<sup>9</sup> “Rebuilding Lives”; Kings College London

## 8. Homeless Health Needs Audit

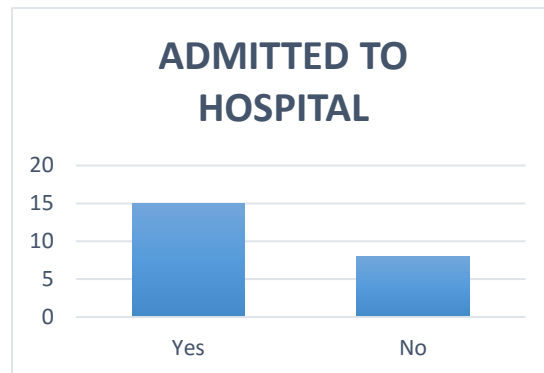
As part of a London wide homeless audit, Healthwatch interviewed a small sample of the single homeless population in the London Borough of Bromley. In total, there were **23** participants interviewed, who were asked about the key challenges and difficulties they face. The main results are shown below:



Of those surveyed, only **39%** had been able to access a GP service

**Over half** had been admitted to hospital in the last 12 months

**61%** had visited A&E recently



**57%** of those spoken to had suffered some form of sexual, physical or domestic violence prior to becoming homeless

**16** people had slept rough

**15** participants had not used the homeless healthcare services

These figures clearly indicate that compared to the general population, the health statistics and admittance to emergency care for those who identify as homeless, are much higher. There are also issues around the high levels of abuse prior to becoming homeless. This small sample is suggestive of the health inequalities within the local population and supports the findings put forward by the Trust for London research previously referenced.

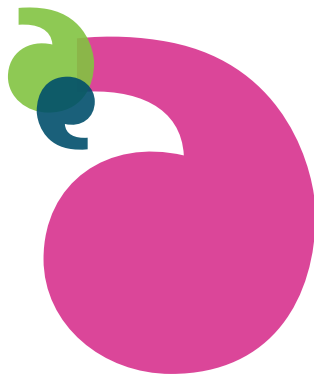
## 9. Conclusions and Recommendations

Following Healthwatch's research into health inequalities within the boroughs of Bromley and Lewisham, we recommend:

1. Increased promotion and awareness of community support services and food banks.
2. Further support and advocacy for those who are suffering financial hardship as a result of benefit delays or difficulties in benefit processing.
3. Additional council support and advice for those who are struggling to live independently to prevent people from entering the cycle of deprivation.
4. Increased awareness around the knock on effects of zero hour contracts and the unstable nature of many resident's financial position.
5. If not already in place, it would be advisable for the local authority and Clinical Commissioning Group to offer Equality and Safeguarding training which includes the homeless as a group at risk.
6. There would be mileage in operating a clinic type arrangement at local homeless facilities or food banks to capture those who are not registered with a GP, and to allow for a basic health review and health education.
7. A scheme that works across the borough, potentially a specific or nominated practice for those who are homeless or do not have a fixed address, would be hugely beneficial to the local population.
8. Promotion of 111 as a free, accessible route to health care for patients who are unsure of how to access local services or who are not registered with a GP.
9. Further work around hospital discharge and re-admittance for those without a stable living situation.
10. Open and equal access to primary care, especially for those who are most at risk. It is essential that residents have equal access to high quality local services and that they are supported to register and access the appropriate service.
11. Improved awareness and education among clinicians regarding the difficulty for many in accessing their services.

## 10. Acknowledgements

Healthwatch Bromley and Healthwatch Lewisham would like to express gratitude to all those who contributed and participated in this research project and allowed us to gather a comprehensive picture of health inequalities within the borough.



## **Responses from providers and commissioners:**

### **Bromley Clinical Commissioning Group**

*“Thank you for sending the report to the CCG. We note that the report has a few recommendations for the CCG to consider. Following initial reading there are other aspects that we also feel we should consider such as ensuring there is clarity of GP registration process for the homeless.*

*Your report will be taken to the to Primary Care Board by the Head of Primary and Community Care for discussion of next steps.”*

### **London Borough of Bromley - Public Health**

*“This report covers two important issues: the use of food banks and the health needs of the homeless. It links in with work being carried out across SE London (Homeless Health Needs Audit). The report raises the important issue of the difficulties in homeless people accessing healthcare services.*

*The report would have benefited from a more clear demarcation between the issues causing food bank use and the issue of hardship related to homelessness.”*

### **Whitefoot and Downham Community Food Plus Project**

*“It is a very good read, definitely highlighting some of the main issues people are facing today. Hopefully this will be the start of things being put in place to eliminate the need for food banks altogether!”*

## **Appendix: Food Bank Contact Information**

### **Living Well Project, Penge**

Holy Trinity Beckenham

66 Lennard Road

London SE20 7LX

020 8778 7258

### **Whitefoot and Downham Community Food Plus Project**

480 Whitefoot Lane

Downham BR1 5SF

### **Bromley Borough Food Bank**

Duncanson Room

United Reform Church

20 Widmore Road and Glades Place

Bromley

Kent, BR1 1RY

### **Lewisham Food Bank**

Hope Centre

118 Malham Road

Forest Hill, SE23 1AN

### **Bromley Community Church**

2 Masons Hill, Bromley

Kent BR2 9HA

020 8464 3101



## Responses to Banking on a Meal

### Bromley Clinical Commissioning Group

#### Jessica Arnold - Head of Primary and Community Care

Bromley CCG greatly welcomes the report, *Banking on a Meal*, from Healthwatch Bromley and Healthwatch Lewisham in June 2016. As well as the insight provided by the report into the general health and wellbeing challenges faced by people accessing food banks, the report highlights some particular concerns for general practice and CCG commissioned services. For this reason, the report was presented to a meeting of the Bromley Primary Care Programme Board on Tuesday 9<sup>th</sup> August 2016.

Key points of discussion, and corresponding actions that the CCG pledge to take, were:

- The difficulties experienced by homeless patients in registering with a GP identified in the report tally with the CCG's experience. We have had several calls in recent months from homeless patients and one from a practice unsure about what to do. We acknowledge that some practices are not aware that they can register a patient without proof of address, using a friend's house, a public building such as a church, or the GP practice itself as a temporary address

*ACTION #1: The CCG will communicate to all Bromley GP practices about their obligations to register homeless patients, how they would do this and what support is available in managing complex patients. This will be in the form of an article in the widely read, weekly GP e-bulletin and as a memorandum at the next bi-monthly 'cluster' meetings of GPs on a locality basis.*

- Training would be beneficial to help some GPs to manage homeless patients with more confidence

*ACTION #2: The CCG will assess the likely need and uptake of a training opportunity amongst Bromley GP practices. If demand is sufficient to warrant organising training, this will be delivered by a suitable speaker.*

- Some practices will be deterred from registering homeless patients due to an actual or perceived greater demand and complexity of caring for these patients

*ACTION #3: We will scope the numbers of Bromley patients who are homeless who are not registered with a GP. If demand is sufficient, we will seek to establish one 'hub' GP practice in each of the borough's three localities that is incentivised to take homeless patients. This will not prevent patients from registering elsewhere, but will be a named practice where they can be registered without difficulty and with*



*GPs who are suitably trained and confident in caring for homeless people. If there is not sufficient demand in numbers, we would hope that action #1 will improve the ease of registering at any GP practice.*

- As well as support from primary care, we questioned whether GPs and practice staff would know where to signpost patients who are homeless or in financial hardship in the voluntary sector. The offer from the voluntary sector is heterogeneous and information is not clearly available for signposting. Social prescribing might be of benefit to these patients

*ACTION #4: As part of the CCG's transformation of the health and social care system into 'Integrated Care Networks' (our version of multispecialty community providers), a robust directory of voluntary sector services is being developed as well as creation of four Care Coordinator roles covering the borough. Care coordinators will be on hand via GPs and other health providers to support the care management of vulnerable patients, which would include homeless people and those experiencing financial hardship. Part of the Care Coordination role will be signposting to financial advice such as benefit claims and housing advice, as well as health care advice.*

- The CCG needs to consider how we support frequent attenders at Urgent Care Centres and A&E who are homeless or in financial hardship and who might not be registered with a GP. Support from primary care may help to reduce or cease frequent attendance at urgent care settings by improving health outcomes for this cohort

*ACTION: The CCG will follow up with our providers of urgent care services to assess the numbers and nature of presentations at urgent care settings by homeless patients. We will work on this as part of our wider approach to frequent attendance, a particular priority going into winter.*

Finally, the Board raised that despite these actions that we will take as a CCG, there are wider determinants of homelessness and reliance on food banks that need to be considered in the round as preventative measures. These include poor mental health prevention; drug and alcohol abuse prevention; greater support for ex-offenders leaving prison/young offender institutions; and greater support for ex-Armed Forces personnel especially veterans. The CCG therefore urges Healthwatch to continue working with partners, including through the Bromley Safeguarding Adults Board, to holistically address the challenges identified in *Banking on a Meal*.

## **London Borough of Bromley**

### **Dr. Nada Lemic - Director of Public Health**

This report covers two important issues: the use of food banks and the health needs of the homeless. It links in with work being carried out across SE London (Homeless Health Needs Audit). The report raises the important issue of the difficulties in homeless people accessing healthcare services. The report would have benefited from a more clear demarcation between the issues causing food bank use and the issue of hardship related to homelessness.

**Healthwatch Bromley is still awaiting responses from the London Borough of Lewisham and Lewisham Clinical Commissioning Group.**



## **Banking on a Meal ...**

**London Borough of Bromley and the London Borough of Lewisham**

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