

# **Case Study: Reframing Homeless Health**

## **Somerset's Specialist Outreach Healthcare Service for People Experiencing Homelessness**

Dr Laura Devlin & Andy Lloyd



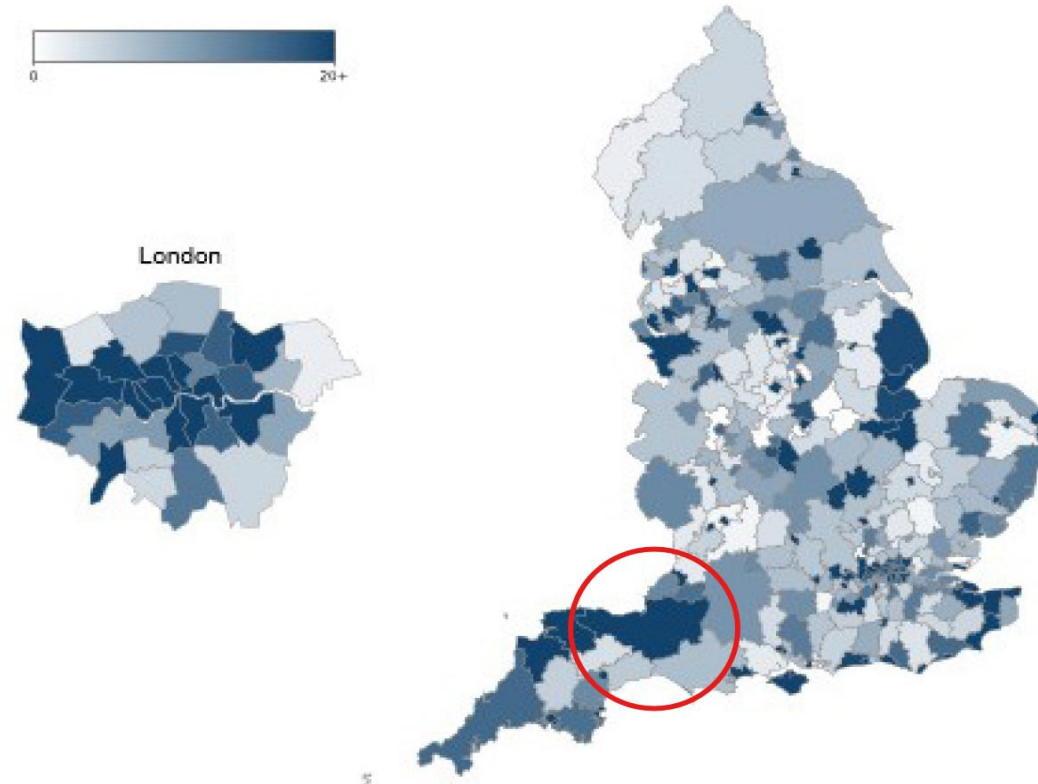
**Somerset**  
Council

# Somerset Homelessness?

Somerset is a largely rural county in the South-West of England

- We have a housing system under strain.
- Rough sleeping numbers compared to other neighbouring areas are relatively high.
- The issue is not restricted to urban areas – in March 2024, 25% of Somerset's rough sleepers were in rural areas.
- Over autumn / winter 2025 our monthly count has consistently identified 80-100 people rough sleeping.
- **Christmas SWEP - 97 people accessed accommodation with about 40 others who either declined or were unable to be placed**
- The National Plan to End Homelessness graphic (right) illustrates how rough sleeping in Somerset compares to the national picture.

Figure 1.1c Estimated number of people sleeping rough over the month per 100,000 people in the population, September 2025



# **‘Trust Enables Innovation’**

Andy Lloyd (Public Health)

# The context around the approach taken to reframe homelessness as a health and wellbeing issue in Somerset

Our approach has been driven by professional curiosity and enabled by a trusting, permissive management culture which allowed us to develop our understanding of health and wellbeing need through robust data and intelligence.

In the absence of a countywide strategy for Homeless or Inclusion Health, we adopted an evidence-led response, achieved through a coalition of committed colleagues across Health, Housing, and the VCSFE sector—bringing together the right people, in the right place, at the right time.

2017/18	Series of homeless deaths over the winter – Public Health led thematic review. = Leadership
2018	Trialled an accommodation, health and care SWEP response in local church = Learning
2019	Actively began <b>reframing</b> how we talked about Homelessness in Somerset - a ' <b>Health and Wellbeing Issue</b> ' and not simply a housing issue (two-tier authority county) = on the HWB strategic agenda
2020	COVID 'Everyone in', Homelessness Sub-Cell developed in-reach approach to health and care Anxiety amongst professionals regarding sustaining what had been achieved post COVID = Learning
Oct. 2020	Health Equality Partnerships (HEP) Programme funding bid. PH jointly with Safeguarding Lead at Somerset FT(NHS) secured £65k to pilot a Homelessness Health Care Service in Somerset <a href="#">This was our catalyst!</a>

# The steps, collaboration, and strategy to providing an equitable Inclusion Health offer

2021	<p>Recruited nurses to the HEPP pilot linked to existing Inclusion Health GP role in Taunton</p> <p>ICB Recruited to Inclusion Health GP post in Yeovil</p>
2022	<p>Jointly fund (NHS and Public Health) Inclusion Health GP post in Mendip</p> <p>Awarded NHSE funding to provide countywide specialist rough sleeping mental roles (these have been difficult posts to recruit and retain staff – MHN and Peer Support workers)</p> <p>NG214 Published – Our approach reflected the guidance</p> <p><a href="#">Finalist in the 2022 Royal Society for Public Health 'Health &amp; Wellbeing Awards'</a>.</p>
2023	<p><a href="#">Winner of the 2023 NHS Parliamentary Awards 'Health Equality Award'</a></p> <p><a href="#">Somerset Homeless Health Needs Assessment</a> = Clear recommendations to pursue</p>
2024	<p>After nearly 2yrs trying to secure a host PCN - ICB funded GP post introduced in Sedgemoor (which contains the highest concentration of deprived neighbourhoods in Somerset).</p>
2025	<p>Service has developed into a team of 15 nursing staff together with a county-wide outreach GP offer (1xFTE), delivering a comprehensive outreach healthcare service.</p> <p>Somerset Council introduce 2 Specialist Rough Sleeper Social Worker posts to the MDT (Heavily influenced by the work of Ellie Atkins in Manchester and the Kings Fund)</p> <p><b>Long-term funding for two GP posts remains uncertain and subject to annual funding requests.</b></p>

# The Service

Dr Laura Devlin

# Delivering a service, making the cohort visible in data and evaluating the demonstrable impact and outcomes

## A 'service' in practice – NG214



What do we do?

- Outreach Clinics in VCSFE venues across the county providing an equitable GP and Nursing offer.
- Treatment 'In the field'
- Care coordination and Advocacy
- Inclusion Health Groups – not simply homelessness, GRT, Vehicle Dwellers, etc.
- Data – EMIS, RIO, Maxims, Trak
- Coding and Flagging
- System change

**Impact**

# Evaluation

## Impact

In 2024, using data from across the system, Somerset's public health team began to evaluate this approach.

They found significant impact in areas including; visibility in data, mental health, appointments attended and limb and wound care.

## Visibility in data

People who are socially excluded are more likely to be invisible in health datasets.

We have improved coding and following the introduction of alerts on patient records, Somerset now has good visibility of this cohort within their data.

It is increasingly possible for the NHS to identify those experiencing homelessness.

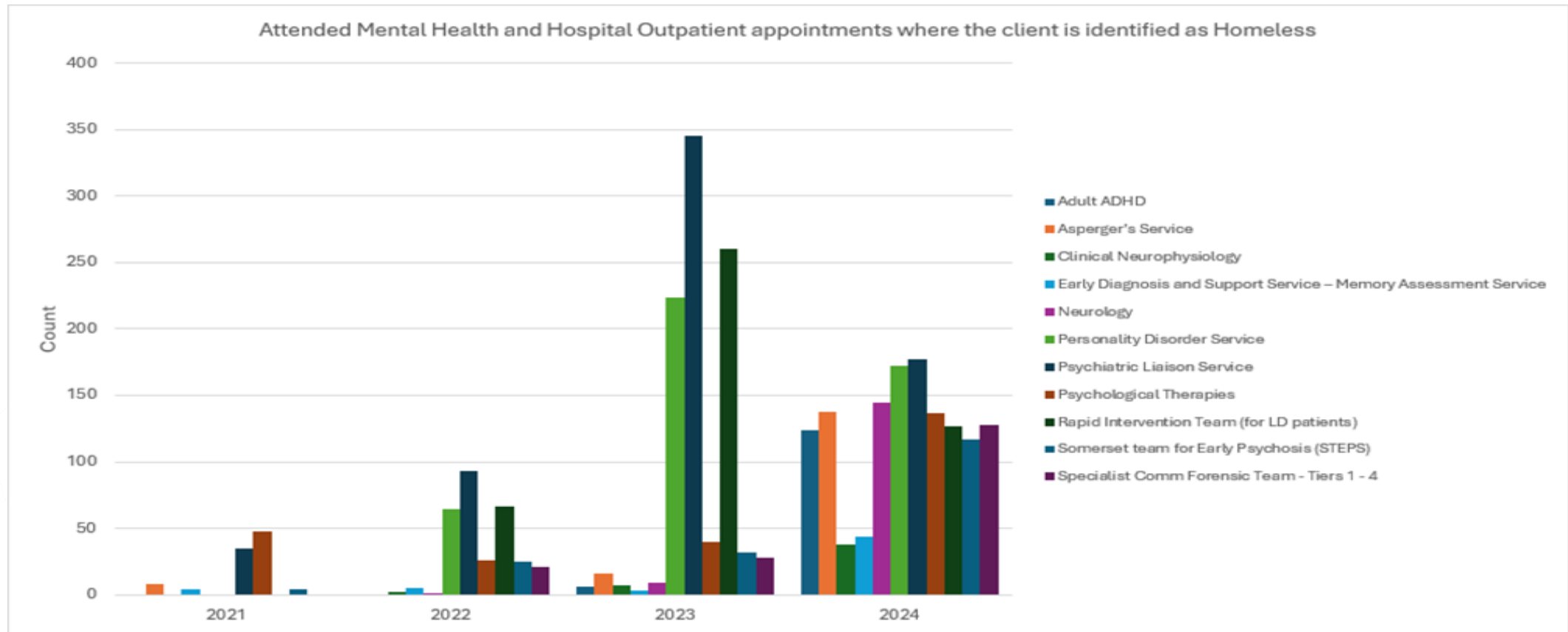
For example, between January 2020 and October 2024, approximately 1,500 people in Somerset experiencing homelessness accessed NHS services.

They attended a total of 28,888 outpatient appointments, 35 per cent of which were delivered by the specialist homeless healthcare service.

# Mental health Outpatient appointments:

## Mental health

Our research identified that mental health was the primary support need in the homeless population. In 2022 we secured funding to provide a specialist rough sleeping mental health offer. Trusting relationships with our GP's and the homeless nursing service have helped clients to attend mental health appointments and remain engaged.



# Evaluation - Interviews, Thematic review, Analysis of Data:

## **Appointments attended/DNA**

People in the most deprived 20 per cent of the national population are most likely to miss appointments.

Prior to the specialist service, about 40 per cent of NHS appointments in Somerset for people identified as homeless were 'DNA' (did not attend).

Our evaluation showed that this population group were now more likely to attend appointments than the general population.

With the support of the specialist outreach team, homeless patients in Somerset now attend approximately 82 per cent of appointments, compared with 77 per cent for the rest of the population.

## **Limb and wound care**

In the first four years of the homeless outreach service, there were almost 400 specialist appointments where limb or wound care activity took place. Service user interviews found that at least 30 per cent of patients had previously been anxious about losing a limb. There have been no amputations involving this patient group since the service began.

Service users speak of the impact of our specialist service on their wider wellbeing and self esteem

# The iterative nature of the service development including the introduction of the Rough Sleeper Social Worker role.

- Our approach has primarily been developed from the ground up, using local insight and leadership, capitalising on trusting relationships and funding opportunities.
- Activist managers using NHS funding have enabled award winning operational delivery which has influenced the strategic conversation.
- We can demonstrate impact.
- Our experience has shown we deliver a much wider 'inclusion health' offer.
- *'Much of our funding is insecure which is very stressful and disheartening. If our jobs are not valued, it is because our patients are not valued and this reflects badly on our society'.*
- MHCLG have supported use of homeless funding to deliver preventative health and care e.g. 2 x Social Workers using evidence and practice from Manchester (Ellie) and Bristol.
- We still have significant work to do in Somerset addressing system deficits identified in our HHNA such as:
  - Somerset Homeless and Inclusion Health Strategy – to address funding and delivery issues
  - Accommodation and Treatment / Care (e.g. suitable detox accommodation in Somerset)
  - Improve availability and suitability of Temporary Accommodation - Local Housing Strategy

# Thank You

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# Inclusion Health Programme

## Somerset Response to Homeless Health

**Inclusion health** is a term used by the NHS to describe people who are socially excluded and who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma.

This includes people who experience homelessness

People belonging to inclusion groups, tend to have very poor health outcomes, often much worse than the general population and a lower average age of death.

Somerset NHS Core 20 Plus identifies Homelessness as an Inclusion Health priority

- 300 homeless adults are in contact with NHS services in Somerset at any time. Many:
- Have significant and complex physical and mental health needs
- Experience multiple disadvantage
- Struggle to access mainstream services
- Attend ED/A&E in crisis

Somerset has developed a **nationally recognised** Inclusion Health response for Homeless Health which is considered best practice and which models NICE Guidance (NG214)

**Inclusion Health Specialist  
Outreach GP**  
Taunton / Yeovil / Mendip



**Outreach Clinics**  
Church, Hostel, Day Centre Drop-In  
'In the field'



**Homeless and Rough Sleeper  
Nursing Service  
(Physical and Mental Health)**  
Countywide