

REPORT OF THE DISCHARGE OF HOMELESS PEOPLE FROM HOSPITAL (ASSH) WORKING GROUP



FEBRUARY 2016

RECOMMENDATIONS

(1) That Weston Area Health NHS Trust:-

- Commit to embedding the homeless pathway through general training/awareness building and induction (with emphasis on including locum and temporary staff) - focussing on the two principal gateways: (planned admissions and the emergency department); and
- Commit to reviewing the recording of homelessness at admission to ensure that this is picked up at the start of the process and that the homeless pathway is triggered at the earliest possible point in the process rather than being picked up close to the point of discharge (thereby allowing sufficient time for Home from Hospital to put care packages in place);

(2) That the North Somerset Clinical Commissioning Group (CCG):-

- Provide regular hospital admissions data showing the numbers of homeless patients (eg those without registered GPs or places of abode) and “frequent flyers”; and
- Commit to investigating the scope for changing the Red Cross contract to include the provision of advice and support for homeless people;

(3) That both the hospital and the CCG: agree to provide an update report on progress addressing these recommendations to the 11th November meeting of the ASSH Panel

1. SUMMARY OF REPORT

Following the publication in July 2014 of a Healthwatch North Somerset report¹ highlighting concerns about the provision of support services for homeless patients at discharge from hospital, the Adult Social Services and Housing Policy and Scrutiny Panel (ASSH) established a working group to investigate these concerns and to consider opportunities for improvements.

The above recommendations were based on the working group’s findings from meetings with service providers and commissioners held between November 2015 and January 2016.

¹ Special Enquiry on Hospital Discharge July 2014 http://www.healthwatchnorthsomerset.co.uk/wp-content/uploads/2014/06/healthwatch_north_somerset_special_enquiry_discharge_final.pdf

2. POLICY

The Council's Housing Strategy sets out the priority outcomes and key actions for housing in North Somerset.

3. DETAILS

2.1 *Background*

In July 2014, as part of a national Healthwatch investigation into hospital discharge², Healthwatch North Somerset published a special enquiry focussing on the experience of homeless and vulnerably housed users of hospital services. This report (see footnote 1 above) identified 3 key issues:-

- The need to improve hospital discharge arrangements to ensure that the needs of homeless/vulnerable people are identified prior to discharge and arrangements put in place to meet those needs for example: access to accommodation and support services.
- To improve the arrangements for handling homeless/vulnerable people who present at the emergency department but do not require hospitalisation
- To improve the arrangements for provision of follow up care and/or treatment.

The ASSH Panel considered these findings alongside service improvements proposed by service providers and commissioners at its meeting on 6th March 2015. Following the meeting, it was decided that a Panel working group be established to further investigate the challenges and consider opportunities for improvement.

2.2 *Working group objectives and approach*

The Panel working group agreed the following objectives:-

- to build on the findings of the Healthwatch report by further investigating the effectiveness of processes and services connected with the discharge of homeless people from hospital; and
- to explore opportunities to improve services.

Two meetings were arranged, the first with outreach workers and other support service providers and referral agencies and the second with commissioners and the hospital trust (Weston Area Health NHS Trust). A complete list of consultees is listed below under section 4.

The specific aims of the meetings were: –

- a), to further investigate and isolate the *key challenges and gaps* in service provision by talking to support workers (those with direct experience of providing housing and follow-up health care to homeless and vulnerably housed patients); and
- b) to identify *potential improvements* in a subsequent focussed discussion with the hospital and commissioners about these identified challenges and gaps.

² Safely Home: What happens when people leave hospital and care settings? July 2015
http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/final_report_healthwatch_special_inquiry_2015_1.pdf

3.3 *Key Challenges and Gaps*

In discussion with support service providers, the working group identified the following key challenges and gaps:-

- the need for better identification of homelessness at the start of the process (eg at admissions or by clinicians in wards) – it is more difficult to plan support if homelessness is picked up late or at the point of discharge;
- paperwork is not always complete at admission or subsequently by clinicians and there are breakdowns in communications between ward clinicians and discharge teams;
- there is an underlying lack of clarity about the “homelessness pathway” - a greater common understanding is needed between clinicians, referrers and support agencies about the process and this needs to be built into the paperwork;
- the Home from Hospital service³ is not being notified of homeless patients (with just one referred in the three months prior to the meeting) yet has clearly identified processes in place to support homeless people in obtaining access to services;
- the North Somerset Community Partnership outreach nurse is not generally receiving homeless referrals via Home from Hospital or through direct hospital referrals (but is instead identifying homeless patients herself on the wards or via the Admissions Prevent team);
- patients who self-discharge and “frequent flyers”⁴ are a significant problem - it is, for example, more difficult to arrange support out-of-hours;
- the Red Cross⁵ are not currently commissioned to deal with homelessness – but they agree that they could offer on-site support for homeless patients at the hospital’s Emergency Department (A&E)

3.4 *Potential improvements - discussions with the hospital and commissioners*

Members raised the above issues arising from their discussions with service providers at a second meeting with the hospital trust and service commissioners (see Section 4 below for a list of all those consulted).

The main discussion points were as follows:-

- There was some debate about the scale of the homelessness issue at hospital, with commissioners with the CCG and Trust saying that this was very small and mostly addressed adequately. The working group, however, reported that feedback from support service providers and the very small number of referrals to Home from Hospital suggested that more assurance was needed that homeless patients were being properly recorded and placed on the appropriate pathway.
- The working group also emphasised that there was an established pathway involving Home from Hospital but that the feedback also indicated that this was not being used.
- There was some acknowledgement from the Trust that the pressures of work and the transient nature of some clinicians (particularly locum and agency staff) could impact on communications and there was discussion about ways of embedding information about the Home from Hospital pathway in hospital

³ The Home from Hospital partnership, funded by North Somerset Council, supports the needs of people being discharged from Hospital and, as an agreed integral part of the discharge pathway for homeless patients, should be notified of any admitted patient with homelessness issues.

⁴ “Frequent flyers” are patients who repeatedly self-discharge. This is often due to drug or alcohol issues.

⁵ The Red Cross provide support to vulnerable (mainly elderly and frail patients) at the Hospital’s A&E through its “assisted discharge” programme.

systems – for instance by including the information in the induction process and highlighting this at medical and surgical admissions units; and focusing on how locum and temporary staff can be reminded of the pathway.

- There was also acknowledgement of challenges associated with homeless patients presenting at the Emergency Department (A&E). The Clinical Commissioning Group confirmed that the Red Cross was not contracted to provide homeless support.

3.5 The Working group concluded that:-

- There was a need to embed the homeless pathway via training and awareness building, focussing on the two principal gateways: admissions/wards and the emergency department, and that particular attention needed to inform locum and agency staff;
- The homelessness pathway needs to be triggered at the earliest possible point to allow sufficient time for Home for Hospital to undertake assessments and make referrals to appropriate agencies and thereby ensure sustainable discharge;
- There was a need, therefore, for a review of the recording of homelessness in the hospital admissions gateway. This should include the sharing with the working group of discharge data showing the numbers of patients registered without registered GPs or places of abode and the numbers of “frequent flyers”; and
- There was a need to consider extending the Red Cross contract to include homeless support in order to provide an improved service at the Emergency Department (A&E) gateway.

These conclusions formed the basis for the working group’s recommendations as set out at the start of this report.

4. CONSULTATION

The following were consulted by the working group:-

Mark Hughes, Head of Housing and Directorate Governance, NSC
Lynn Trigg, Housing Advice Team Manger ,NSC

Support agencies (outreach): **NSCP Outreach Nurse** – Kelly Smith; **Somewhere to Go** – Joan Eales; **Nightstop** – Claire Laroche (Outreach Officer YMCA); **St Mungo’s** – Josh Gulliford

Support agencies (referrers); **Home from Hospital** – Jenny Kealy and Charlotte Bader (Alliance Homes); **British Red Cross** – Peter Ball and Helen Butler; **NSC Housing Advice Team** – Hannah Jones

Commissioners and Hospital: **North Somerset CCG** – Julie Kell, Megan O’Brien, **NSC “Supporting People”** - Shaun Fitzpatrick, Maria Reeve; **Weston Area Health NHS Trust** - Suzanne Luxton

AUTHORS

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Homeless Discharge from Hospital working group Members: Councillors Reyna Knight (Chairman), Mary Blatchford, Robert Cleland, Ruth Jacobs, Roz Willis.