pathway
Healthcare for homeless people

NHAS
National Homelessness Advice Service

Homeless Hospital Discharge Work – Supporting Best Practice

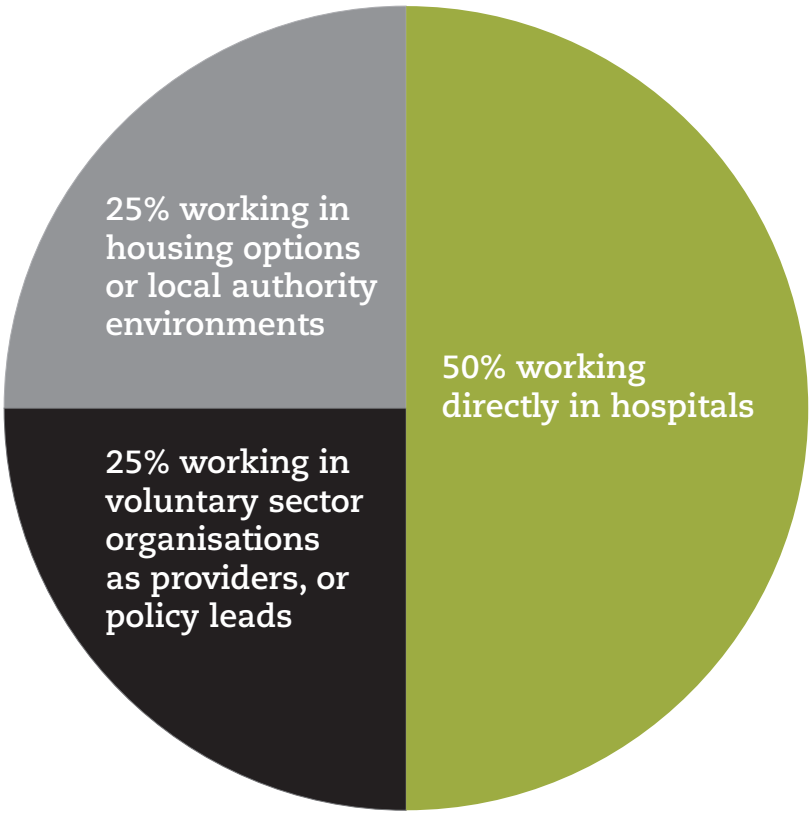
NHAS/Pathway
Health roadshow report
July 2019

Introduction

On 16th July 2019, National Homelessness Advice Service (NHAS), in partnership with Pathway, the homeless healthcare charity, ran a learning event funded by the MHCLG for staff working directly or indirectly to improve homeless hospital discharge.

The road shows are an opportunity to report back to MHCLG the themes and trends, challenges and solutions that different organisations and teams are experiencing and have implemented.

Attendees



- 50% of attendees were from outside of London
- 75% were front-line workers
- Front-line workers included; housing workers, social workers, nurses and peer advocates

Vulnerability Law Seminar

Presented by Richard Lee, NHAS trainer, the objectives of the session were;

- To ground the context of vulnerability decisions in homelessness cases
- To give an overview of the current meaning of 'vulnerability'
- To look at some guidance on supporting applicants with medical submissions

> "The presenter made a difficult subject interesting and easy to understand"
>
> - attendee comment

> "Really well presented"
>
> - attendee comment

The seminar was based on a NHAS webinar, Vulnerability.
To sign up for the webinar go to nhas.org.uk

Hospital 2 Home Initiative

Simon Favell, Wellbeing Partnership Manager at Hospital to Home, Northampton Borough Council. Simon talked about the results of the 'Hospital 2 Home' initiative.

620 PEOPLE HELPED

ONLY 7% RETURNS

Helping vulnerable adults and people, who become homeless due to admission to hospital, to;

- Reduce the length of stay in hospital
- Sustain a life outside the hospital
- Reduce frequent attendances
- Find a home

Simon emphasised that this system works because it is patient focussed, engages local agencies, co-produces collaborative working delivering sustainable outcomes and empowers patients and their families.

Pathway Homeless Team

Melu Mekonnen, Senior Housing Liaison Officer, Kings Health Partners Pathway Homeless Team

Melu works with a multi-disciplinary team with a plethora of departments, taking referrals to provide advocacy, support and quality discharge interventions for homeless clients of the Kings health partner hospitals.

Intervention Aims & Goals

- Improve the quality of care for homeless patients
- Reduce potential delays in discharge
- Reduce further admissions & A&E visits

Challenges

- Lack of funding
- NRPF
- Bed managers
- Lack of suitable accommodation
- Patients who decline reconnection back to their LA
- No single point of contact

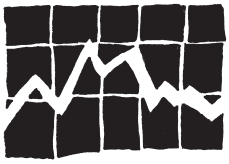
Oxfordshire Trailblazer

Paul Wilding, Systems Change Manager (Homelessness Prevention), Oxford City Council

Paul talked about the Oxfordshire trailblazer in homelessness prevention, a MHCLG funded programme, a multi-agency approach working in health, criminal justice and children's social care.

Aims

- Work as upstream as possible, in order to prevent homelessness by embedding housing workers in health across the county.
- Support discharge staff and social workers to facilitate discharges, to prevent Friday afternoon presentations to housing in housing departments, link to Homelessness Champions network and duty to refer



Intervention has drawn systems closer together and has identified a need for ongoing presence to support housing

The presentations are now on the NHAS website
nhas.org.uk/voluntary-agency/training-events/events

NHAS Briefing

After a networking lunch Andy Nutley the NHAS Consultancy Line manager delivered a briefing on all NHAS services and Shelter 2nd tier services.

For more information on all our free services head to;
nhas.org.uk

High Quality, Flexible Training

Expert Resources

Telephone & Webchat Consultancy

Events

The Discussion

After a useful networking lunch delegates were assigned to discussion groups that were conducted for 45 mins. The attendees were divided into 7 groups to undertake the activity summarised in the box below.

How to deliver safe and effective hospital discharge

- 10 mins – group introductions, and describe your current role and what you do
- 10 mins – in the group agree on some key challenges that you all share (First take a minute to write down what you think are the top 3 challenges you face on a post-it note. Then pool these post-it notes on the table to identify shared challenges)
- 10 mins – in the group discuss one or two of the most universal challenges in depth to discuss:
    a) What needs to change / what would help
    b) What new policy or practice responses are required
    c) Does anyone in the group have any existing solutions
- 15 mins – 2 mins feedback from each group

Discussion Summary - Challenges

Hospitals not Identifying or Understanding Homelessness

This challenge included a number of issues. **A lack of screening and early identification of a patient's homelessness status** to enable housing work to be done in a realistic timeframe was mentioned on several occasions.

Many attendees described **hospital clinicians simply not understanding the complexity of process** involved in getting someone housed e.g. not understanding the need for simple things like identification to support housing applications. It was felt that it would help if hospital workers could explain early to homeless patients, the need for ID.

A key challenge to workers based in hospitals, was p**atients being described as 'medically fit', without the clinicians responsible for this description considering the impact that homelessness might have** on this 'medically fit' descriptor, and there was considerable discussion about what 'medically fit' actually meant. There was also a feeling that most doctors did not really know how to write an effective letter to housing.

Homeless people being described and perceived as 'bed blockers' was a common issue, and **housing workers in hospital felt they were commonly put under extreme pressure to work miracles and 'get them out'** into ideal accommodation immediately, when this was not achievable for a variety of reasons.

Some in-hospital housing workers were having to undertake 'clinical advocacy' in addition to their housing role (e.g. pointing out the health risks of life on the street to hospital clinicians, challenging or making assessments of mental capacity, or making sure substitute prescribing was being considered appropriately), perhaps underlining the need for housing workers to be embedded in a multi-disciplinary team, rather than being lone in-reach workers.

Other hospital challenges included **Care Act assessments being done in unrealistic environments,** hospital staff not understanding levels of support in homeless hostels, and thinking they have similar levels of support to care environments, and prescribed follow-up medication being totally unsuitable to take in a homelessness context.

Nobody working in a hospital thought that the Homelessness Reduction Act (HRA) duties had effectively filtered through to all relevant staff, although Local Authority staff did note that referrals had nevertheless increased as a result of the HRA. There was also a concern regarding the practicality of meeting the HRA duty within A&E environments.

Stigmatisation of clients was also mentioned, and the role of this in patient's self-discharging, and thus returning to homelessness. There was some discussion of hospital's perhaps wanting these patients to self-discharge.

Lack of Housing / Appropriate Accommodation / Step-Down

This challenge clearly has an austerity context in terms of **actual lack of housing availability**, but the **suitability of accommodation** e.g. temporary or supported accommodation was alluded to multiple times, as was the **need for step down care** / intermediate care / medical respite that would be available to someone experiencing homelessness. Patients not being able to access mainstream care due to a lack of a discharge address was discussed and felt to be discriminatory.

There was a discussion about whether step-down should be best provided as a specialist service, or whether barriers to mainstream services should be broken down, but all felt that homelessness should not bar a person from receiving appropriate follow-up care.

Lack of Integration Across Health, Housing, Social Care & the Voluntary Sector

Lack of integration between services was the next most commonly described challenge. When directly asked during the feedback session nobody felt they had good working relationships across the combination of health, housing and social care. Some had good health and housing relationships, some had good housing and social care relationships etc, but nobody could claim a successful integration of all three. In many cases services were perceived to be working against each other, and gatekeeping - primarily due to funding constraints.

Links with voluntary sector support agencies were also lacking in many areas, although where these were in place this was clearly making a perceived big difference to the community support options offered to patients. There was a particular feeling that A&Es needed to be linked to voluntary sector support services.

Discussion Summary - Challenges

Local Authority Processes

Local authority processes were frequently described as not being anywhere near fast enough to respond to the acute situations occurring in hospital settings, and there was some discussion regarding the reasons for this, and how this could be addressed.

There was also discussion about the fact that many '**priority need' decisions** suggested that these decisions were **not being made on the basis of need, but on a comparative basis** depending on the number, and relative unwellness of people on the local housing list.

Local connection was also described to be a very unhelpful concept in the context of hospital discharge, although it was recognised that an interim housing duty should override this.

Client Behavioural Factors

The high prevalence of personality disorder, complex trauma, and a variety of other psychiatric and psychological conditions combined with additions was mentioned. In particular this was leading to a **high incidence of clients with 'burned bridges'**, and/or local authority 'intentionally' homeless decisions against them. Many also had multiple convictions behind them, and challenging behaviour.

There was a feeling that this was being exacerbated by a lack of appropriate mental health, dual diagnosis and trauma informed services, although patient accountability and responsibility did have a role to play.

Austerity / Lack of Funding

Similarly, austerity and reduced funding (in particular for local authorities and voluntary sector organisations was frequent mentioned). **Gatekeeping and high service thresholds** were felt to be a result of this, and something that **mitigated against clients with complex needs receiving a service.**

No Recourse to Public Funds

Clients with no recourse to funds were seen by most front-line practitioners, and were an ongoing challenge, although there was a general feeling that this was a political and complex issue that had no easy solution.

Information Sharing

Finally, a lack of appropriate information sharing was described to be problematic, and unhelpful for patients.

Discussion Summary - What Would Help

Early Identification of Homelessness in Hospitals

Early identification of homelessness for patients when first admitted to hospital was mentioned, as were specific pro-active interventions – e.g. early awareness raising about the need for certain ID documents, and refer the patient as early as possible to a housing support service. Some groups had examples of early identification that were going on locally, but no service mentioned routine early identification of homelessness within health environments.

NB Pathway later presented it's work in this area and is happy to talk to organisations about current approaches in this area.

Education of Hospital Staff

More education of hospital staff about the complexity of the housing process, the health consequences of homelessness, and the Homelessness Reduction Act duties was mentioned several times as an intervention that was needed. In particular the need to get across to staff that the responsibility for the HRA lies with all hospital staff, and not just specialist staff was emphasised.

NB The NHAS provides free training and consultancy advice to support staff working within local authorities, health, voluntary agencies and other public bodies. Interested staff are invited to get in touch via nhas@shelter.org.uk or nhas.org.uk They also provide a range of downloadable factsheets on a range of housing and homelessness issues.

Pathway also have some experience in training hospital staff and are willing to share their experience in this area, for more information contact: Samantha Dorney-Smith, Nursing Fellow, Pathway samantha.dorney-smith@nhs.net 07957 552057.

Improved Integration

Multi-disciplinary and multi-agency meetings were felt to be a core intervention to support integration, and some services had effective, regular MDTs in place. However, investing time to improve partnerships, and build new links, protocols and pathways was felt to be vital. However, most services seemed to report limited time to do this work and felt that more time was needed to be allocated to do this.

Shadowing between statutory services was mentioned as an effective way to increase integration, by helping workers to understand each other's roles and perspectives.

Links with voluntary sector support agencies were felt to be vital, and networking meetings with all local voluntary sector organisations were mentioned as being as important an intervention as health, housing and social care integration, and something that could happen in every area.

Faster Responses from the Local Authority

It was felt that local authority response times needed to improve as they did not fit discharge requirements, and that this would require local protocols to be set up in each area.

Step Down Care

Step down care/intermediate care/medical respite care was recognised as a key intervention. It makes a difference to discharge outcomes in areas where it is currently available, and is standard care for the population. It was felt that step-down care should ideally be available everywhere, either as a specialist service or within mainstream services.

NB Dr Michelle Cornes later suggested that safeguarding referrals should perhaps be put in when people are rejected from a necessary service due to being No Fixed Abode.

Pan London Response to No Recourse to Public Funds

It was suggested that a pan London response to transient patients with no recourse to public funds was needed, where the number of NRPF patients with deteriorating health conditions is high.

NB This suggestion will be taken to the Department of Health and Social Care Rough Sleeping Advisory Group

Guidance on How to Manage Clients with More Challenging Behaviour with Limited Options

Whilst trauma informed care was noted by all to be known to be best practice, real time advice and guidance regarding how to manage clients with 'burnt bridges' was felt to be needed.

Discussion Summary - Existing Solutions

South Northamptonshire Co-Location of Housing & Social Care

This co-location of services was felt to improve integration and to be of benefit to more complex clients.

Oxford Trailblazer

Provides outreach workers into health, criminal justice and children's social services to support early identification and positive discharge, and also provides 'Homeless Champions' advocates to people at risk of eviction.

Brighton ARCH

Provides primary care and inpatient support to homeless clients, and also post discharge floating support for 6 months. This reduces readmissions and improves outcomes.

Northampton Information Sharing Platform

A new information sharing platform has been developed to support information sharing with the voluntary sector.

Southwark Trailblazer

Shelter provide independent advocacy within the housing department to support clients in making applications.

Westminster Frequent Attender Forum

This multi-agency, multidisciplinary meeting takes place monthly and discusses the management of frequent attenders. A quarterly partnership meeting discusses strategy

Norwich Pathways Meeting

This well attended meeting takes place weekly, and is an attempt to bring together multiple services as one.

Groundswell

Provide a peer advocacy service to support homeless clients to follow-up appointments on discharge in an attempt to avoid readmission.

Bradford BRICCS

A 14 bedded step-down care facility for homeless people that is widely seen as being a gold standard service

Manchester 'Creative Solutions'

Described a complex needs meeting being rebranded as a 'Creative solutions' meeting.

UCLH booklet

A homeless advice booklet was brought along as an example of information that might be provided to all homeless patients on health and housing rights.

Charities networking meeting - Norfolk

One area described a specific meeting devoted to sharing information on services available in the voluntary sector at a given time.

Nottingham & Bath

Early identification of homelessness on the wards by nurses was described in two areas.

If you are interested in making contact with any of the providers of 'existing solutions' please get in contact and we will try to facilitate this: Samantha Dorney-Smith samantha.dorney-smith@nhs.net 07957 552057

Results of NIHR study on Homeless Hospital Discharge Practice

Dr Michelle Cornes, Senior Research Fellow, Kings College London

'What is safe, timely discharge? What works to deliver this?'
Michelle set out the preliminary findings from a 3 year realist evaluation exploring how to deliver consistently, safe, timely transfers of care for people who are homeless or in housing need.

For more information about the study
'Effectiveness and Cost-effectiveness of 'Usual Care' versus 'Specialist Integrated Care': A Comparative Study of Hospital Discharge Arrangements for Homeless People in England'

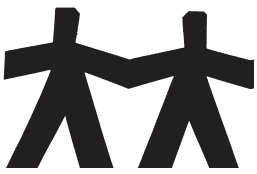
Recording Housing Status Working Group

Sam Dorney–Smith, Nursing Fellow, Pathway

Sam presented evidence for the Pathway model, demonstrating that it improves capacity, outcomes and is cost effective. The Pathway model is cited as best practice in the NHS Long Term Plan. Sam went on to talk about recording housing status and 'risk of homelessness' in health data sets, advising we do not have a satisfactory system.

Sam asked for volunteers to get involved in a Housing Fields working group. Pathway has been working with Crisis, Shelter, Homeless Link, St Mungo's and others to lobby for routine identification of housing status and/or risk of homelessness within NHS healthcare organisations. This project is still in relatively early stages, although some progress is being made via the Rough Sleepers Strategy.

If you would like to be part of working group that might be asked to comment on a set of housing fields that might be recommended for use in the NHS and/or if your organisation is already doing work in this area, and you would be willing to share your experiences with others please get in contact:



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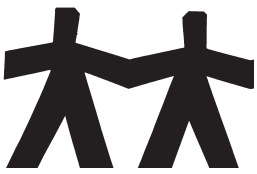

Event Summary

The event provided a good platform for networking and sharing best practice.

The NHAS will follow up leads to provide assistance where requested and share good practice via the NHAS free services on the NHAS website, training and consultancy line.

We have a blog post on the NHAS website 6 Things We Learned At The NHAS & Pathway Homeless Hospital Discharge Event.

Next Steps

The NHAS are planning two more public authority roadshows. A further health roadshow in February 2020, again, in conjunction with Pathway and one concentrating on prison and probation in November 2019, working with the Ministry of Justice around the duty to refer.

In addition there will be 6 roadshows open to all NHAS audiences in 2019/2020, 3 in the autumn (Liverpool 17 September, Newcastle 24 September and London 3 October) and a further 3 in Spring 2020, details TBC. For further information of any of our events or services contact nhas@shelter.org.uk