pathway
Healthcare for homeless people

How to do a needs assessment for a medical respite service
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Pathway recommends the following activities when undertaking a needs assessment for medical respite services:

1. **Obtain data on homelessness / rough sleeping numbers in the local area.**

   This might include data on rough sleeping (e.g. via the CHAIN database, or the Autumn street count), but should also include data on Part VII Homelessness applications to the Local Authority during the prior year and should consider both the number of households accepted into temporary accommodation, and those turned away for not being 'in priority need'. In addition, it may be appropriate to include a 20% mark up to account for people who are 'hidden homeless' (e.g. sofa surfers) who in many cases are homeless, but often give an address when accessing services.

2. **Obtain data on the number of homeless people accessing unscheduled care (A&E attendances and emergency admissions) in the local area.**

   This might include getting data from a number of different services providers depending how many hospitals exist in the local area. Ideally data should be obtained from both acute and mental health hospitals. In order to gain accurate data, searches should be undertaken on all forms of 'NFA' (no fixed abode) recorded in a health system, but should also include a search for clients attending from known homeless hostel addresses, clients using local homeless day centres as 'care of' addresses, and clients registered with specialist homeless health GP services (if these exist in your area). Data requests should ideally include: number of A&E attendances, number of admissions, length of stay, cost of admission, borough charged, GPs patients are registered with, outpatient appointments and 'did not attends'. Data does not need to be identifiable.

3. **If there are specialist homeless health care providers, obtain summary data on health needs the local population is presenting with.**

4. **Undertake a relatively small scale, but detailed audit of selected potential patient notes (if possible).**

   This should be ideally 40-80 patients, or at least 20% of the total number of annual admissions identified in point 2, who have been identified as potentially requiring medical respite (nominated by relevant services). This may require complicated information sharing permissions and is not always possible.

5. Map local specialist homelessness provision.

For example specialist homeless health teams, homeless hostels and day centres in the area, street outreach teams, location of Housing Options etc. This will help you to understand who some of the stakeholders are. This information may already be summarised somewhere e.g. in a Local Authority handout, or the local street outreach service may have a leaflet.

6. Interview key stakeholders regarding their views on the requirement for homeless medical respite services in an area.

Key stakeholders might be specialist homeless health service providers, street outreach teams, homeless hostel providers, homeless day centre providers, hospital discharge teams, A&E and general medicine consultants and other senior staff, addictions teams, mental health liaison teams, Local Authority Housing Options service providers, Social Services leads, commissioners and people who are homeless (who might be approached in hospital, or in a hostel or day centre).

It may be possible to arrange meetings to gauge several people's views at the same time, or send out a short survey, rather than interviewing people individually. If people have practical, pragmatic ideas on service delivery that do not quite meet your 'ideal' service, document these as it is often not possible to deliver your exact specification.

7. Analyse learning from existing/previous medical respite projects if there are any in your local area, or there have been any in the past.

8. Based on your initial findings try to clarify your thinking.

Ask yourself the following questions:

- Are you aiming to provide a service for all homeless patients, or focus on people with particular needs?
- Do you want the service to focus on reducing delayed transfers of care, or patient recovery?
- Should the service be 'wet' or 'dry'?
- What practical options do you have for service delivery in terms of partners and property?
- Can the project support patients from outside the area, or patients who have no recourse to public funds, or will it only support people with a local area connection?
- Do you want the project to provide step-down care only, or include step-up and end-of-life care?
- Should the project support patients with physical and mental health needs together, or separately?
- What is the minimum funding requirement for the service? Bear in mind that projects require a minimum of 3 years to fully embed.

9. **Produce a short report outlining the need, and potential options for service design and operation based on your findings and include the opinions of stakeholders.**

10. **Arrange a key stakeholder meeting to discuss your early findings.**

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