Cornwall Homeless Patient Hospital Discharge Service

December 2017

Until there's a home for everyone.

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Shelter

BACKGROUND

In 2013 the Minister for Public Health announced the Homeless Hospital Discharge Fund. This followed a report by Homeless Link and St Mungo's published in May 2012[5] that showed 70 per cent of homeless people had been discharged from hospital back onto the street, without their housing or underlying health problems being addressed. Many homeless people have nowhere to go when discharged from hospital and far too many are simply discharged back to the streets or end up in a hostel that is not an appropriate for their recovery. This can lead to a repeated cycle of inappropriate, acute hospital readmissions, where the individual feels that admission to hospital is only safe place to go for assistance.

St Petroc's Society, the lead contractor and its' partners[1] submitted a joint partnership bid for Cornwall in August 2013. The bid was successful and Cornwall received funding of £65,780 from the revenue stream and £83,894 from the capital stream. As a delivery partner Shelter provides a Homeless Patient Advisor, to work from the hospital sites and implement the protocol, at £39,261 per annum. The revenue stream also allowed a flexible enabling fund of £7,500. The fund is administered by Inclusion Cornwall and allows the project worker to provide financial assistance to a patient, to ensure that their discharge is not delayed.

The service launched in December 2013 and in October 2014 a further six months of funding was secured under the NHS Winter Pressures funding. This allowed the post for the Homeless Patient Advisor to continue until the September 2015. In the first year Shelter assessed 167 patients – 100 over the target further demonstrating a significant need for this service. In 2016 we received funding from Cornwall Housing to provide a dedicated full time worker for hospital staff and agencies to contact and engage with the service. This funding comes to an end in March 2018.

INTRODUCTION

Since the start of the Cornwall Patient Hospital Discharge Service in January 2014 over 600 patients have been discharged with a support plan in place, with a third of all patients discharged into accommodation.

Dedicated support to homeless patients ensures they are discharged into secure and safe accommodation[2], with support plans to reduce the length of stay in hospital and community support to ensure risks or readmission are reduced.

[1] The partner agencies include Cornwall Council – Public Health, Kernow Clinical Commissioning Group, Royal Cornwall Hospitals Trust, Cornwall Foundation Partnership Trust, Drug & Alcohol Action Team, Inclusion Cornwall, Coastline Care, St Petroc's Society, Cornwall Housing, Peninsula Community Health, Cornwall Health

[2] Safe and suitable accommodation has been defined as: Crisis Accommodation/Private Rented Accommodation/Hospital Discharge Accommodation/Social Housing/Supported Accommodation/Emergency Accommodation.

Addressing housing needs early can prevent unnecessary, prolonged, length of stay and access to appropriate accommodation can reduce the risk of unplanned re-admissions, alongside an increase of the likelihood of recovery from an illness.[3] Our experience tells us that in order to sustain a home, a holistic approach that addresses multiple and

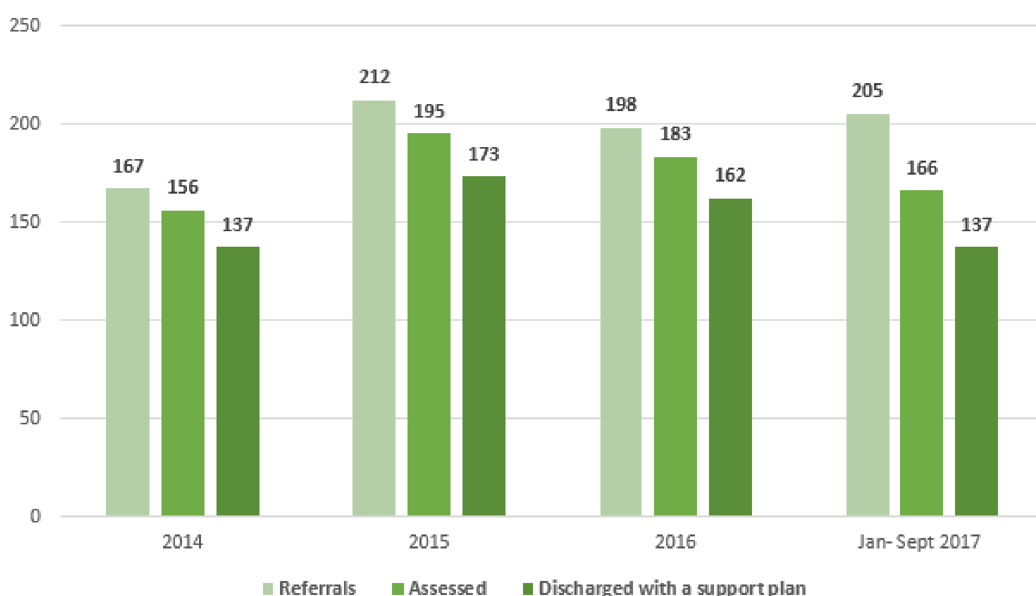
Our dedicated worker with a housing expertise has resulted in:

- A clear pathway in place allowing for discharge to begin at the point of admission
- much more help and clarity around the process for those who are admitted that have no fixed abode
- safe and effective discharge plans
- staff being able to dedicate more time to other aspects of patient care
- greater awareness and understanding of timescales, as well as options available to our homeless patients
- earlier interventions due to the changes that have been made.

Through this service and in partnership with a range of stakeholders, Shelter continues to give clients the housing advice, support and guidance they need to make sure they are discharged into suitable recovery accommodation. We work closely with hospital staff to identify patients who need help to address complex housing needs. The Homelessness Reduction Act will be implemented as of April 2018 in all Local Authorities. This places more emphasis on public bodies to refer clients when needed and this post will help to fulfil that duty and enable seamless join up of support.

SERVICE OUTCOMES

Our impact in Cornwall:



[3] Homeless Link: Review of Hospital Discharge Fund 2015, page 1

Fig 1. People helped by the Service (January 2014 – September 2017)

Key highlights

A third of homeless patients had suitable accommodation to go to when they were discharged between December 2014 to September 2017.

78% patients were discharged with a support plan.

168 rough sleepers accessed the service from 2014 to September 2017. Based on the 2013 - 2016 rough sleeping count (281), a significant proportion of that group became known to the project.

13% of patients were placed in the dedicated hospital discharge accommodation.

10% of patients were placed in supported accommodation.

"The changes made have allowed for earlier interventions to be made alongside discharge planning. The project has enabled the Shelter worker to use their expertise sooner and quicker than what is possible for a busy ward."

Patient Flow Co-ordinator

"Discharge planning can now begin at the point of admission as we clearly identify the housing needs at that point."

Occupational Therapist

"Without the safeguards afforded by (the) role, our ED would have a higher re-attendance rate for homeless patients, would suffer more delayed discharges from CDU / ED, would be less able to keep resources up-to-date and train staff, and would see more homeless patients with deteriorating conditions due to inadequate follow-up and ignorance of their other needs."

Consultant Emergency Physician

Wider benefits of the service

Our Hospital Discharge Service supports clients to build the skills, knowledge and confidence they need to address the problems they face. We help people achieve sustainable outcomes which promote independent living and reduce their need for statutory services.

Client outcomes achieved through our Hospital Discharge Service
Securing and maintaining accommodation ▪ Supporting clients to access and set up a tenancy. ▪ Addressing the direct threat of homelessness. ▪ Helping clients make a home they want to keep through access to home furnishings and white goods.
Health ▪ Allowing clients to return home from hospital in a timely and safe way. ▪ Reducing the need for clients to unnecessarily readmit to hospital after discharge. ▪ Clients have an address so that aftercare appointments can be co-ordinated and GPs registered with. ▪ Accommodation is suitable for the needs of the client and promotes their recovery.
Achieving economic wellbeing ▪ Income maximisation through assessing benefits and specialist debt management. ▪ People helped to address debts and manage money/finances effectively. ▪ Budgeting skills learning sessions. ▪ Access to hardship and grant funds. ▪ Affordability checks on properties.
Work, leisure, social, education and training ▪ Helping clients to identify and plan how they can work towards their aspirations with help from local community agencies.
Community involvement ▪ Providing clients with volunteering and peer mentoring opportunities upon service exit.

Next steps

We have conducted a thorough evaluation of the service and have identified some key areas in which we can make a bigger impact. We are now asking for local expertise in helping us to continue and expand this service in the most effective way possible in Cornwall.

Please contact Vicki Sampson on 0344 515 2360 or vicki_sampson@shelter.org.uk for further information.

Shelter helps millions of people every year struggling with bad housing or homelessness through our advice, support and legal services. And we campaign to make sure that, one day, no one will have to turn to us for help.

We're here so no one has to fight bad housing or homelessness on their own.

Please support us at shelter.org.uk

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