NHS England and NHS Improvement, Homelessness and Rough Sleeping in Urgent and Emergency Care Pathways

Charlotte Hill, Operational Support Lead, UEC Transformation, NHSE/I

Background

UEC Recovery Plan – now published - https://www.england.nhs.uk/wp-content/uploads/2021/09/Urgent-and-emergency-care-recovery-10-point-action-plan.pdf

COVID-19 has highlighted the urgent need to prevent and manage ill health in groups that experience health inequalities, as outlined in the NHS Long Term Plan. It is important that as systems take both short and longer term actions to restore UEC services that they do so inclusively, with a particular focus on deprivation and ethnicity.

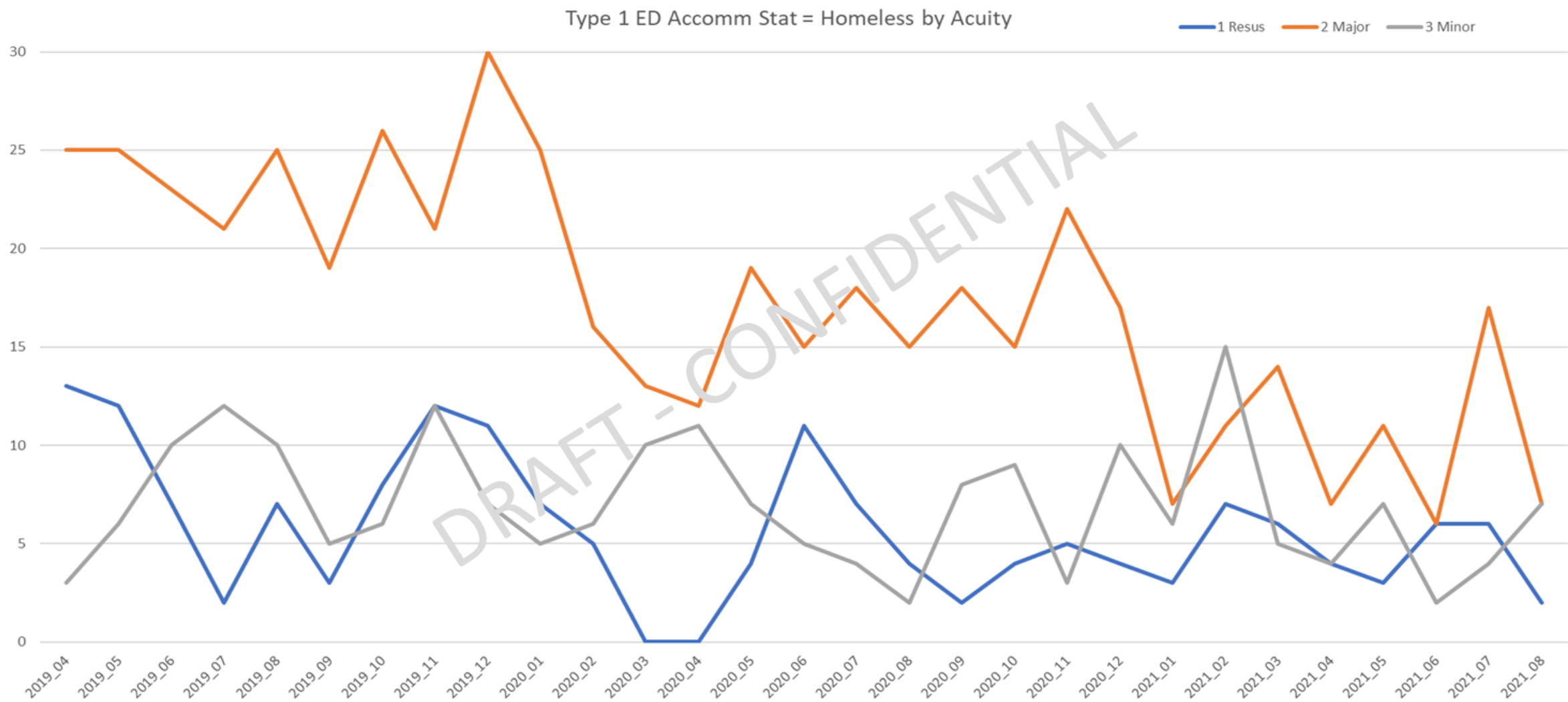Five key priorities for tackling health inequalities:

- Restoring NHS Services Inclusively

- Mitigating against digital exclusion

- Ensuring datasets are timely and complete (e.g. ethnicity coding)

- Accelerate preventative programmes (annual health checks for LD, SMI, Continuity of Maternity Carer)

- Ensure Leadership and Accountability
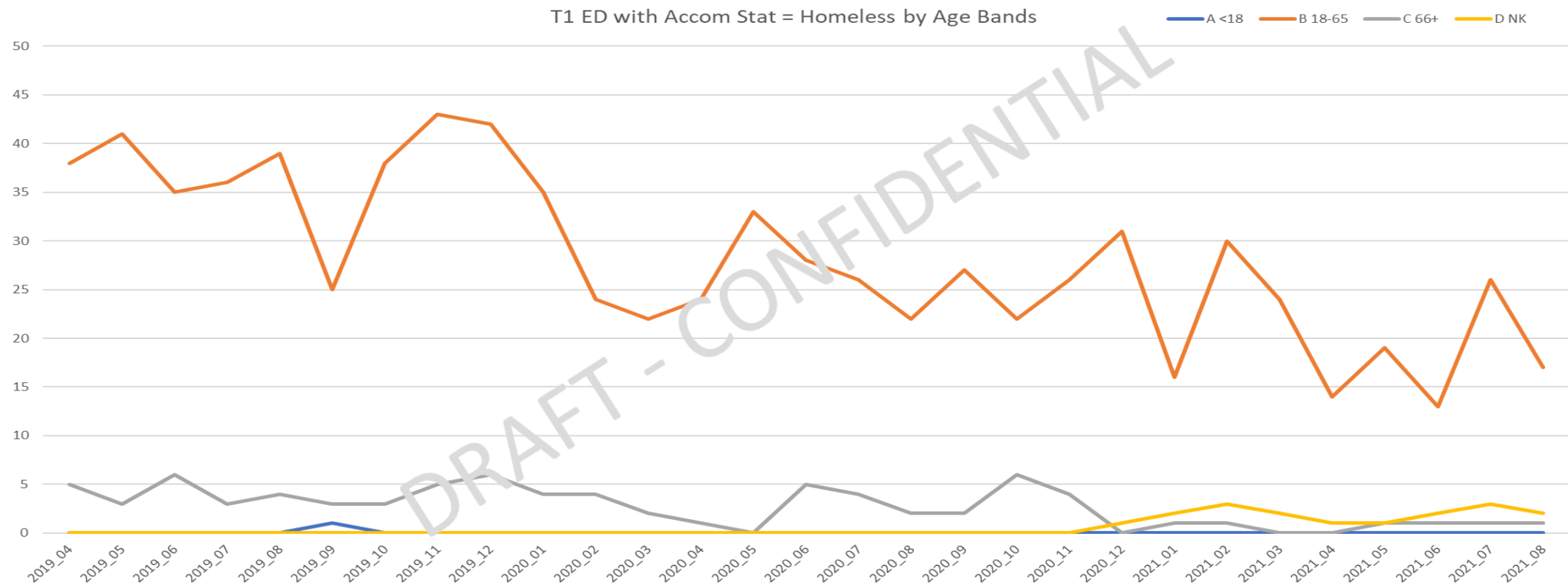
Homelessness and Rough Sleeping National Data

Please note the large % of ED/UTC attendances do not have an accommodation status recorded i.e. are "Null" so the data might not show the entirety of attendances.

Gender	Region	AccomStat	2021_01	2021_02	2021_03	2021_04	2021_05	2021_06	2021_07
M&F	East of Eng	Homeless	67	80	130	57	94	77	70
M&F	London	Homeless	416	488	542	514	552	524	361
M&F	Midlands	Homeless	76	75	84	103	94	113	70
M&F	NENCY	Homeless	296	291	257	284	284	252	179
M&F	NW Eng	Homeless	143	119	149	167	143	160	98
M&F	South East	Homeless	127	150	162	123	129	139	79
M&F	South Wes	Homeless	39	36	45	41	51	48	34
			1164	1239	1369	1289	1347	1313	891

Gender	Region	AccomStat	2021_01	2021_02	2021_03	2021_04	2021_05	2021_06	2021_07
M&F	East of Eng	Homeless	2	0	5	4	2	1	0
M&F	London	Homeless	51	46	65	53	64	46	23
M&F	Midlands	Homeless	2	9	4	6	1	11	4
M&F	NENCY	Homeless	6	5	4	7	9	5	2
M&F	NW Eng	Homeless	0	2	3	0	4	0	0
M&F	South East	Homeless	9	9	12	44	33	34	23
M&F	South Wes	Homeless	7	9	2	4	7	9	10
			77	80	95	118	120	106	62

Homelessness and Rough Sleeping – Single Trust

Type 1 ED Accomm Stat = Homeless by Acuity

1 Resus — 2 Major — 3 Minor
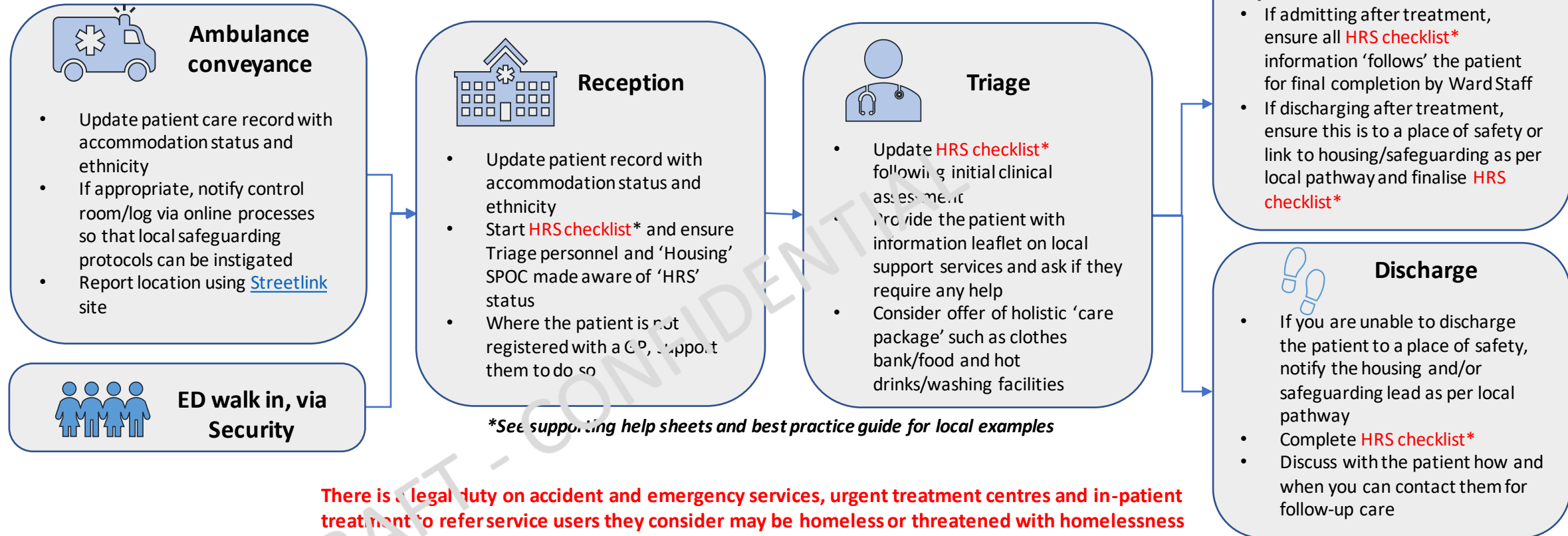
T1 ED with Accom Stat = Homeless by Age Bands

Draft Pathway, Toolkit Example Documents and Proposed Timeline

- To Note: Still under development

- Stakeholders will review on 17th November at the next Roundtable.

Supporting people who are experiencing homelessness or rough sleeping (HRS): high level ED pathway from attendance to discharge

NHS

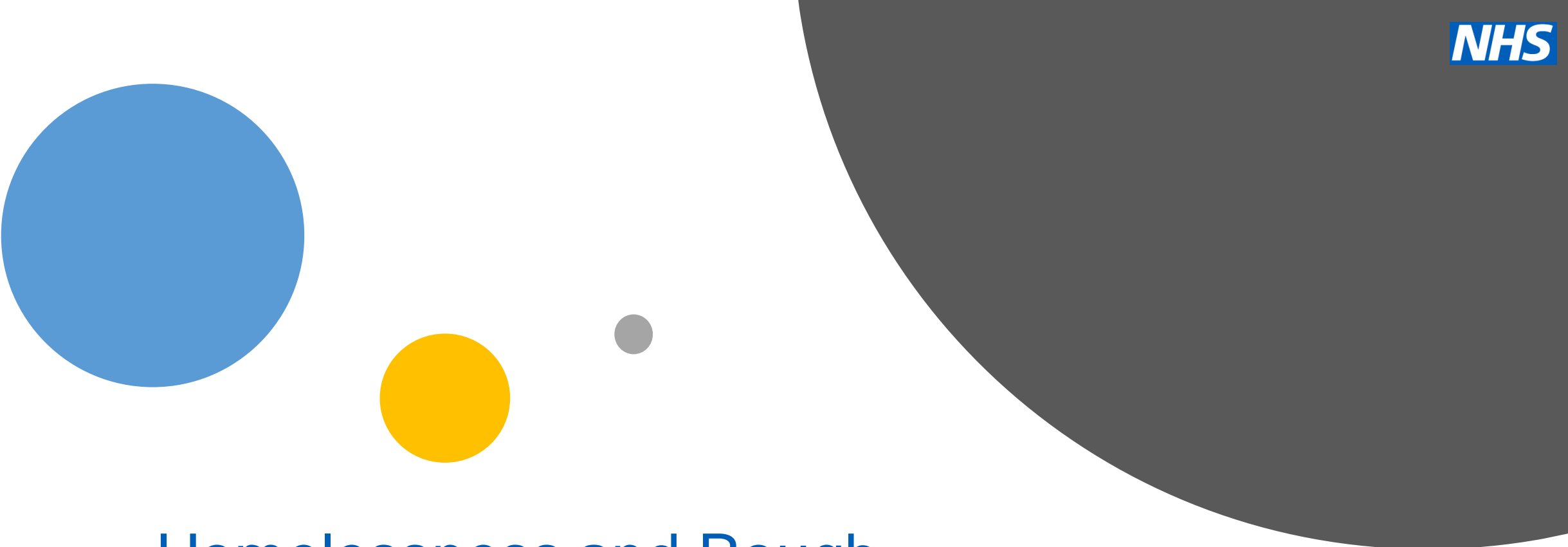**Person experiencing homelessness or rough sleeping presents at ED**

Ambulance conveyance

- Update patient care record with accommodation status and ethnicity
- If appropriate, notify control room/log via online processes so that local safeguarding protocols can be instigated
- Report location using Streetlink site

ED walk in, via Security

Reception

- Update patient record with accommodation status and ethnicity
- Start HRS checklist* and ensure Triage personnel and 'Housing' SPOC made aware of 'HRS' status
- Where the patient is not registered with a GP, support them to do so

See supporting help sheets and best practice guide for local examples

Triage

- Update HRS checklist* following initial clinical assessment
- Provide the patient with information leaflet on local support services and ask if they require any help
- Consider offer of holistic 'care package' such as clothes bank/food and hot drinks/washing facilities

Treatment

- If admitting after treatment, ensure all HRS checklist* information 'follows' the patient for final completion by Ward Staff
- If discharging after treatment, ensure this is to a place of safety or link to housing/safeguarding as per local pathway and finalise HRS checklist*

Discharge

- If you are unable to discharge the patient to a place of safety, notify the housing and/or safeguarding lead as per local pathway
- Complete HRS checklist*
- Discuss with the patient how and when you can contact them for follow-up care

There is a legal duty on accident and emergency services, urgent treatment centres and in-patient treatment to refer service users they consider may be homeless or threatened with homelessness to a local housing authority. Duty to Refer documentation included within HRS Checklist

Top tips:
- ✓ Consider appointing a/several **housing SPOCs** within the ED (either clinical or non-clinical) to engage with local housing contacts and create good working relationships
- ✓ Remember that many people who are at risk of or are experiencing homelessness have been exposed to trauma; ensuring you and your team take a **trauma informed approach to care** is important
- ✓ Consider the **language** you use at all stages in the pathway to make sure it is inclusive for HRS patients. See help sheets for example questions and guidance
- ✓ Consider accessing **further training** to support professionals at each stage of the pathway to maximise outcomes for HRS patients – see supporting help sheets for how to access free e-learning on HRS, Duty to Refer, and cultural competence

Homelessness and Rough Sleeping Case Studies, Best Practice and Evidence Guide

NHS England and NHS Improvement

Gloucestershire Hospitals – Context and Background

- Hospital Admissions relating to Homeless people are increasing.

- Many homeless people sleeping rough have complex needs and struggle to access health and social care services until they are acutely unwell.

- The average age of death in the UK in 2018 for homeless people was 45 for males and 43 for females.

- Around a third of homeless deaths are the results of treatable medical conditions.

- Homeless people are likely to attend ED 6 times more frequently than the housed population and stayed in hospital 3 times as long.

- Housing is a social determinant of health and homeless people face extreme health inequalities.

- For most people homelessness is not just a housing issue but something that is inextricably linked with complex and chaotic life experiences. Multiple Exclusion Homelessness (MEH) is associated with higher mortality rates and hospital admissions.

    - e.g. Mental health problems, homelessness, drugs and alcohol dependency, physical ill health, institutional care (care, prison etc.), street activities (begging, sex working, shoplifting etc.) and traumatic childhood experiences (abuse, neglect, poverty etc.).

- Trauma informed care - "People who are homeless are more likely to have experienced trauma than the general population, and homeless people with the highest support needs are also the most likely to have experienced multiple Adverse Childhood Experiences (ACE's). ACE's are associated with higher risks of a range of poor health outcomes. It is important to consider how services across the health system respond to people who have experience trauma" – The NHS long term plan.

- In Gloucester increasing numbers of homeless people were attending the Emergency Department and procedures for duty to refer and links to local housing officers were seen as an area for improvement.

What did they do? - Action Taken

Implemented a Single Point of Contact for Homeless Patients who attend ED

Bought together the right multi-agency input to ensure proactive and holistic support provided to Homeless patients; housing officer for inpatients and a P3 hospital navigator for those who can be discharged from the emergency department.

Implemented a Homeless Checklist implemented including Duty to Refer (see information link for example)

Single Point of contact works alongside the Safeguarding lead, High Intensity User Specialist Nurse and Housing Officer in relation to each and every homeless patient.

Specialist Homelessness Nurse completes an 'induction' training session with ED staff on Homeless patient presentations

Every attendance at Hospital is seen as an opportunity to engage and support.

What Results/Change has been seen

24/7 access into emergency accommodation has been enabled via an emergency duty team

LOS has increased but re-attendances and re-admissions have reduced by working to ensure discharge isn't back to the street

ALL patients admitted or discharged have both holistic assessments completed and a safeguarding review.

Contact Details: Shona Duffy – Shona.duffy@nhs.net

Emergency department attendances are a vital opportunity to identify homelessness and implement support. But, the process and procedure must be simple and appropriate to fit the demands of an often time and resource limited emergency department. Always happy to be contacted for advice and support.

Information Links:

📄 Homeless Patient Guideline – V5 (003).pdf

📄 Homeless patient checklist – June 2020.pdf

📄 F1F2 ED training presentation.pdf

E-Learning to support UEC Staff

All Our Health - Homelessness

A resource provided by elfH (Quick Link 530-0107, registration required to access) which helps health professionals prevent ill health and promote wellbeing as part of their everyday practice. The information will help front-line health and care staff use their trusted relationships with patients, families and communities to act on homelessness. The module is appropriate to all staff within UEC settings.

E-Learning to support UEC staff

[Open Learn – Homelessness and Need](#)

- Module provided by Open Learn part of the Open University to provide understanding as to how some of the needs of homeless people can be met.
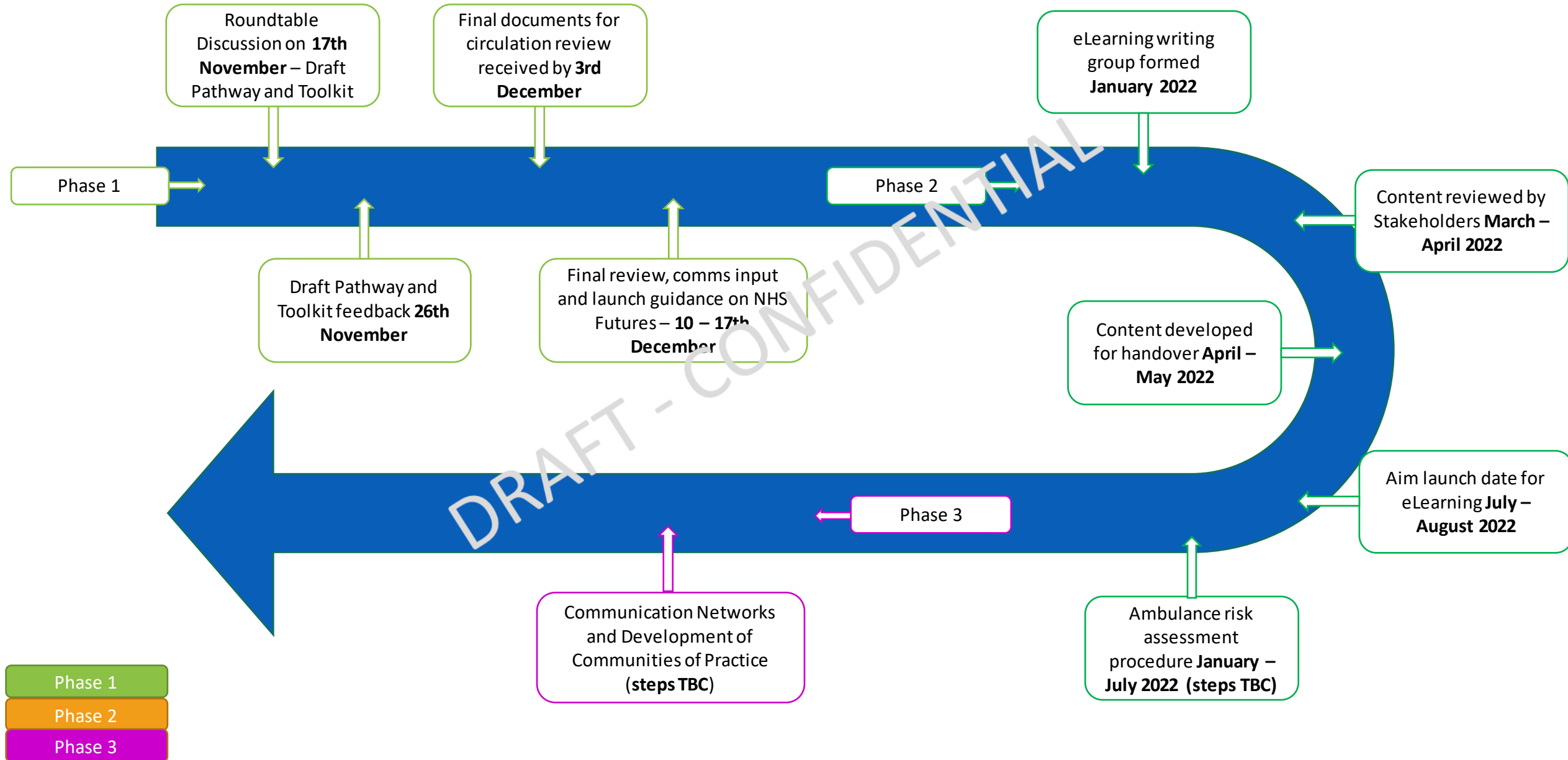
[Duty to Refer for Frontline NHS staff](#) (Quick Link 755-01_02)

- Module provided by elfH (registration required to access) setting out the duty to refer for frontline NHS staff in the emergency department, urgent treatment centres and hospital in-patient treatment wards. It provides information on the legal duty to identify people who are homeless or threatened with homelessness and work towards finding opportunities for a referral to a local housing authority.

[Cultural Competence](#) (Quick link 757-01 and 757-02)

- Two modules on cultural competence provided by elfH (registration required to access)/ Introduction session describes what is meant by 'culture' and why it is important for health professionals to be aware of its impact on health. Second session details importance for health professionals to consider cultural competence when working across cross-cultural situations.

Homelessness and Rough Sleeping 2021 Pathway Timeline

Has anything been missed?
Do you agree with the approach?
What's missing/what should we consider next?

Any volunteers to help with the eLearning content?

Any Other Questions?