FIND & TREAT

UCLH NHS

Health Needs Assessment Multi-disciplinary Team Guidance

(Based on CHRISP assessments)

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This guidance has been out together with input from local teams who have been involved in the CHRISP process and set up MDTs to feedback results.

What is CHRISP?

COVID-19 Homeless Rapid Integrated Screening Protocol (CHRISP) is a health needs assessment which can be performed over the phone or face to face. It seeks to identify any ongoing health and social care needs in order to support engagement with health and social care and inform housing needs. It was set up as a way of opportunistically screening and helping homeless people who were residing in temporary accommodation as part of the London COVID-19 homeless response.

The assessment consists of a series of detailed questions enabling a thorough review of each person's health and social care needs. It helps identify: current acute physical health problems (including TB symptoms/COVID symptoms) and mental health issues, as well as past medical history (including identifying where people have run out of medications or have been lost to follow up), smoking, drug and alcohol use, cognitive impairment, problems with self-care, mobility issues, safeguarding issues (e.g. physical and sexual assault, domestic violence). The assessment identifies people with vulnerability to COVID and those in need of shielding. In addition, it highlights those in need of onward referrals, and those who need GP registration.

Once all the information has been collated, urgent referrals are made and people signposted to relevant help. People with complex needs or who do not have a GP are discussed at an MDT.

The following guide has been put together following feedback from staff involved in these MDTs.

What is the purpose of the MDT?

It is an opportunity for complex clients to be discussed with multiple team members so that action plans can be made to best support them in terms of physical, mental health, addiction and housing needs.

People with less complex needs but who need input from an attending team can be briefly discussed so that the team are aware of them or can update on any outcomes.

Which people should be discussed at the MDT?

a. People who might benefit from social care act assessment – these could include people who are frail (e.g. frailty score >10)* and those needing ongoing support following move on e.g. Significant cognitive problems / difficulties with personal care / mobility problems

   * Domains captured in CHRISP tool derived from Edmonton Frailty scorehttps://www.bgs.org.uk/sites/default/files/content/attachment/2018-07-05/efs.pdf

b. People with other complex needs who need input from invited/ other services e.g. severe, acute mental health problems, drug and alcohol problems, those who have been subjected to trafficking, exploitation, domestic violence etc.

c. People who don't have a GP and require registration. This is essential for everyone – but urgently needed for those with active health issues.

d. People who are particularly vulnerable to COVID and as a result ideally need self-contained housing e.g. those suffering from hypertension, diabetes, IHD, previous stroke, obesity, asthma/ COPD.

e. The health needs assessment and MDT can help identify and support applications to local authority for priority need and supported accommodation where this is appropriate

How should the MDT be organised?

a. Try to set a date with as much notice as possible - at least 1 week in advance. Ideally this would become a regular meeting occurring at the same time at a pre-decided frequency.

b. Decide whether it will be face to face or remote (if everyone is on site it does tend to work better). Meetings organised on online platforms can work but take longer than face-to-face meetings and present more challenges. This should be taken in to account when planning the logistics of the meeting. There is a risk that information is missed due to issues with connections, microphones etc – particularly where there is a mixture of people onsite and people online. Where possible a face-to-face meeting should be arranged in a pre-booked room, with enough space for social distancing, ideally in the accommodation being discussed.

c. Ensure (where possible) that everyone has all the information they need in advance (bearing in mind what sensitive information can be shared and with whom).

d. Try to obtain a GP summary.

e. People with complex needs often require a lot of discussion so realistically 5-8 people can be discussed in 1 hour. People with less complex needs but who need input from an attending team can be briefly discussed so that the team are aware of them or can update on any outcomes.

f. Some staff such as EASL are only involved with people with mental health issues. Therefore, where possible, organise the meeting such that they are discussed first so the EASL staff can leave after relevant people have been discussed. Consider other similar separations dependant on people's needs and attendees.

Which team members should be invited?

This may vary depending on the cohort being discussed at the MDT.

a. Medical team members – at least one person from local GP practice if most residents are registered with a local practice
b. Housing team member (someone who is working with the hotel residents currently and involved in move on planning) / someone from the hotel. (It is important to hear from people who have the day to day contact and ongoing observations of the clients and can feed back information to the clients).
c. Mental health provider (ideally someone who is working with this population)
d. Person responsible for social care assessments
e. Representative from the pan-London or local drug and alcohol addiction services as relevant.
f. OT/ physio or other therapist able to undertake cognitive, functional and other assessments where required

What should be discussed?

a. Start with an overview of the person. This should include observations and concerns from the hotel providers, the individuals self-reported CHRISP findings in conjunction with relevant information gleaned from the GP summary. All members of the MDT should then share any additional information not already covered.
b. Highlight - any acute issues that need dealing with.
   - any further assessments that are needed.
c. Move-on plans including any currently known, relevant issues relating to move-on destination e.g. specific accommodation needs that need to be factored in (e.g. flat level, self-contained for shielding etc.)
d. Whether a priority need letter will be helpful
e. Which services need to be linked into / maintained

MDT outcomes

One team member needs to be assigned the task of documenting key points from the MDT. This could be done on a laptop/computer during the meeting to enable rapid dissemination of the outcomes

This should include for each person

- A summary of needs.
- What actions are to be taken to address these needs?
- Who will undertake each action and by what date?

The outcome summary should then be disseminated to the group ideally as soon as the meeting ends.