

# Sharing Learning across London Hospital Pathway Teams

## 13 January 2022

The aim of this meeting was to share learning, celebrate successes and brainstorm issues in relation to delivering optimal prevention of admission and packages of care that support people experiencing homelessness.

Attendees were asked to share their thoughts on what has worked well and some key challenges that they would like feedback or suggestions on. Below are the key points that were captured.

#### **Key Points**

- Outcomes
  - There was a general feeling amongst many that the complexity and number of complex cases was increasing.
  - Key outcomes should be the focus for discharge accommodation is unlikely to be helpful unless appropriate support is accessible.
  - There is a need for A&E teams to identify whether someone is homeless as part of their initial assessment, and undertake mental health capacity assessments, to determine whether it is safe for an individual to leave.
  - Early identification and referral to appropriate Homeless Health teams would help initiate discussions around key issues.
  - Placements out of borough should be avoided, where possible, to ensure ongoing support is available.
- Communication
  - Being mindful when referring to 'discharge' as patient care and support often stems beyond discharge for people experiencing homelessness and the relevant teams managing their care.
  - Commissioning decisions should be communicated early and shared with impacted teams.
  - Skilled workers with the appropriate expertise and experience should be involved in the decision-making process for commissioning and care planning.
  - There should be greater transparency of capacity from providers and engagement with co-joined case management.
- Capacity
  - Due to COVID pressures, individualised care is very limited.

 While there is a need for more accommodation, appropriate support is also needed to help manage complex issues. Suggestion were made for:

a) more time-limited step-down provision and

- b) additional peripatetic teams to support an individual as they move through the system and link them in with other resources, as needed.
- Additional and more long-term funding is needed to sustain current provisions and improve capacity across the system.
- There is a need for pan-London support for individuals who may have challenges with immigration and NRPF.
- Relationships
  - Building relationships take time but is hugely valuable in getting timely responses and resolutions to key challenges.
  - Teams are gradually returning to hospitals making it easier for case management.
- Training
  - There is a need to improve awareness and training for hospital teams around homeless health and housing, particularly in relation to Care Act assessments, safeguarding and Duty to Refer.

#### What Has Been Successful / Examples of Good Practice

- Bespoke training to A&E teams on homeless health and how to identify someone who is homeless or may be at risk of being homeless.
- Having outreach and in-reach teams being the same team.
- Having dedicated step-down beds within hostels for more seamless transition.
- Establishing direct links and relationships with experienced housing staff.
- A hospital's Clinical Decision Unit (which falls under A&E) has been able to keep homeless individuals within their ward, to enable teams time to sort out safe discharges, thus, preventing discharges to the street.
- In Cornwall, discharge support is readily available within safeguarding teams.
- In Manchester, there is a GP-led primary care in-reach service that follows and supports an individual once they are discharged. There are plans to do some further work on engagement.

### Next Steps

- Pull together hospital staff and Pathway teams to look at how we might create a dashboard to help facilitate better decisions around care in the community.
- NHS England and NHS improvement are doing some work on developing a national checklist and toolkit for A&E teams to help support people experiencing homelessness and rough sleeping. This will be shared with colleagues, once published.