

Homelessness and Out-of-Hospital Care

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Background

- In 2012, a report was published suggesting up to 70% of people who were homeless were being discharged to the street.
- In response, the Department of Health released a **“£10 million cash boost”** funding 52 specialist homeless hospital discharge (HHD) schemes.
- We were commissioned to undertake a realist evaluation (2015-2019) **“What works for whom, in what circumstances and why?”**

‘All too often, the homeless end up in a hostel that is an inappropriate environment for treatment plans and for their recovery.... [The HHD funding] will ensure adequate provision of intermediate care facilities to be available upon discharge from hospital’ (DHSC, 2013)

**IMPROVING HOSPITAL
ADMISSION AND DISCHARGE
FOR PEOPLE WHO ARE HOMELESS**



“They just came to my room, and said “you can go now”. I said, “no, I’m homeless. I’ve got no clothes. And basically they kicked me out. I didn’t want to go. I was ill, in pain, just had an operation, and they should have kept me longer, or done more to help.”

**ANALYSIS OF THE
CURRENT PICTURE AND
RECOMMENDATIONS
FOR CHANGE** MARCH 2012

**inclusion
health**

St Mungo’s
Opening doors for homeless people

∞
NorthWest 2012

Mixed methods

1) Qualitative fieldwork

- 6 case study sites (4 with specialist care / 2 with standard care)
 - ✓ 71 Patient interviews (at discharge then 3 months later)
 - ✓ 77 Stakeholder interviews (practitioners, managers, etc)

2) Economic Effectiveness Evaluation

- NICE standards for cost effectiveness (Michela Tinelli, LSE)

3) Data Linkage (NHS Digital)

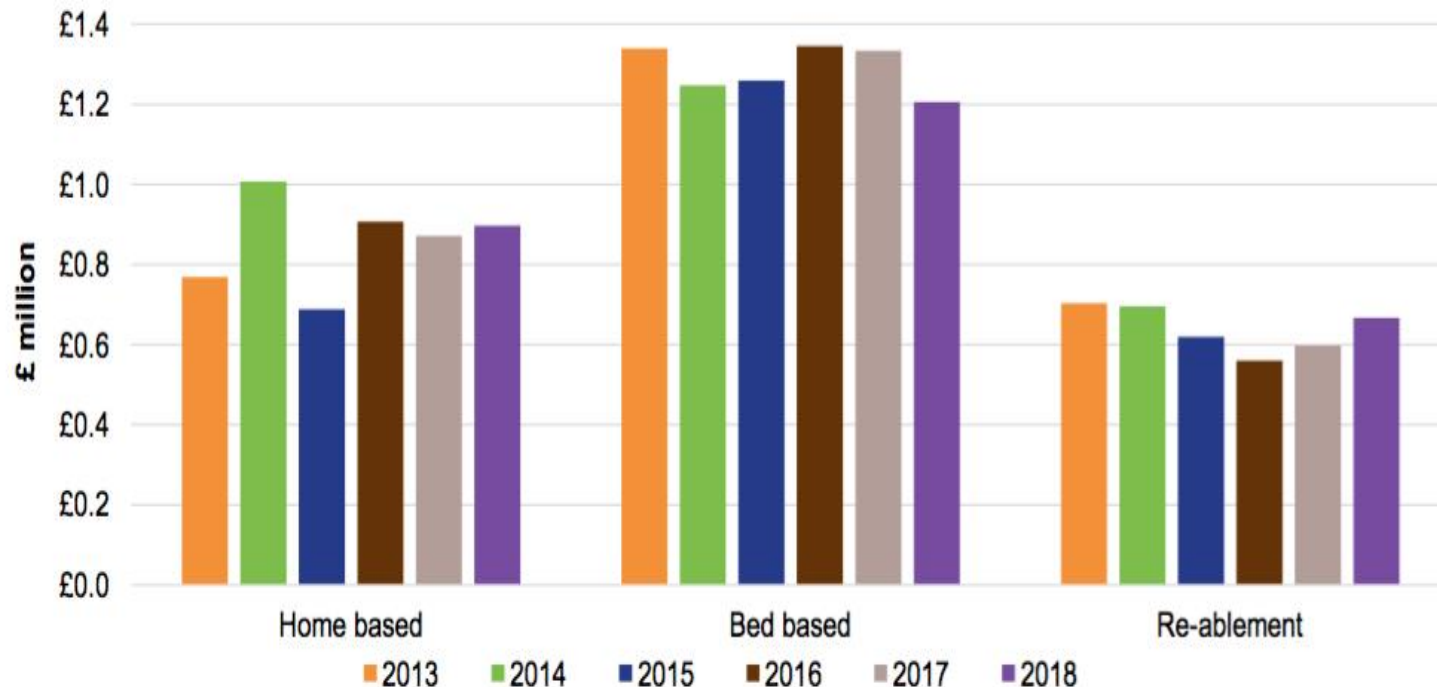
- Information held in 'safe haven' on 3,882 service users collected from 17 hospital discharge schemes
- Looking at a range outcomes including '28 day emergency readmission rates' and 'Time from admission to mortality from causes amenable to healthcare. (Rob Aldridge, UCL)

Patient & Public Involvement & Engagement (PPIE) throughout
'Nothing about us without us'

Scale: has investment changed?

- NAIC 2012: IC capacity needs to double
- Mean £2.8 million per 100k weighted population
- Still no evidence of a material increase in budgets nationally

Commissioner budgets for IC per 100,000 weighted population (mean) £m



Tightening eligibility

- Earlier DHSC (2009) guidance defined intermediate care as **support for anyone with a health-related need through periods of transition**
- Specific reference was made in this guidance to the eligibility of people who are homeless and prisoners
- With increasing pressures, later guidance has increasingly conceptualised intermediate care as an older adults' service

We need to reverse this trend and to ensure that out-of- hospital care is accessible to every adult who may potentially benefit from these services.

Principles of out-of-hospital care (Home First)

“Out-of-hospital care will not work at its best if services are solely commissioned from existing services where they were not established for that purpose (eg using standard home care agencies) when they are not geared up to take a regular flow of new people” (Bolton, 2018 p11)

The 9 High Impact Changes

Early discharge planning
(e.g. duty to refer)

Multi-disciplinary working

Monitor and respond
to system flow

Flexible working patterns

Home First - Step down

Trusted assessment

Engagement and choice

Improved discharge to care
homes

**Housing and related
services**

Transforming out-of-hospital care
for people who are homeless

Support Tool & Briefing Notes

complementing the High Impact Change Model
for transfers between hospital and home

Support for
challenged
systems

Reducing long
length of stay

Focus on NHS
responsible
delays

Implementation of
the High Impact
Change Model

Improve reporting
and counting of
DTC data

Implementation of the High Impact Change Model

Better Care Fund

- HWBs report level of maturity against the 9 high impact changes
- Recovery plan and support for any element 'not yet established'

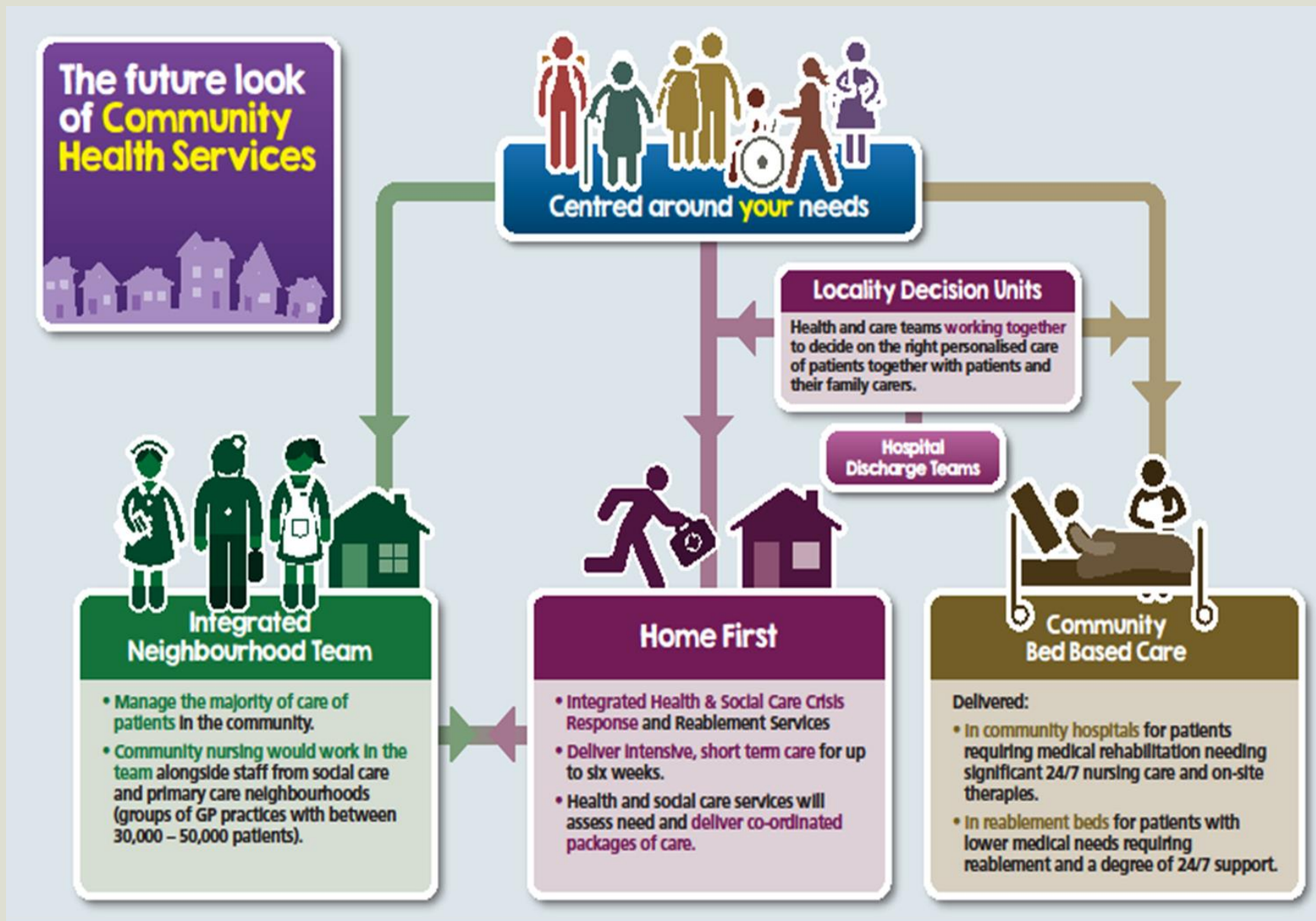
Quick Guide updates / relaunches

- Revision of the Quick Guide: Discharge to Assess – to be published in Spring 2020
- Project group to be established

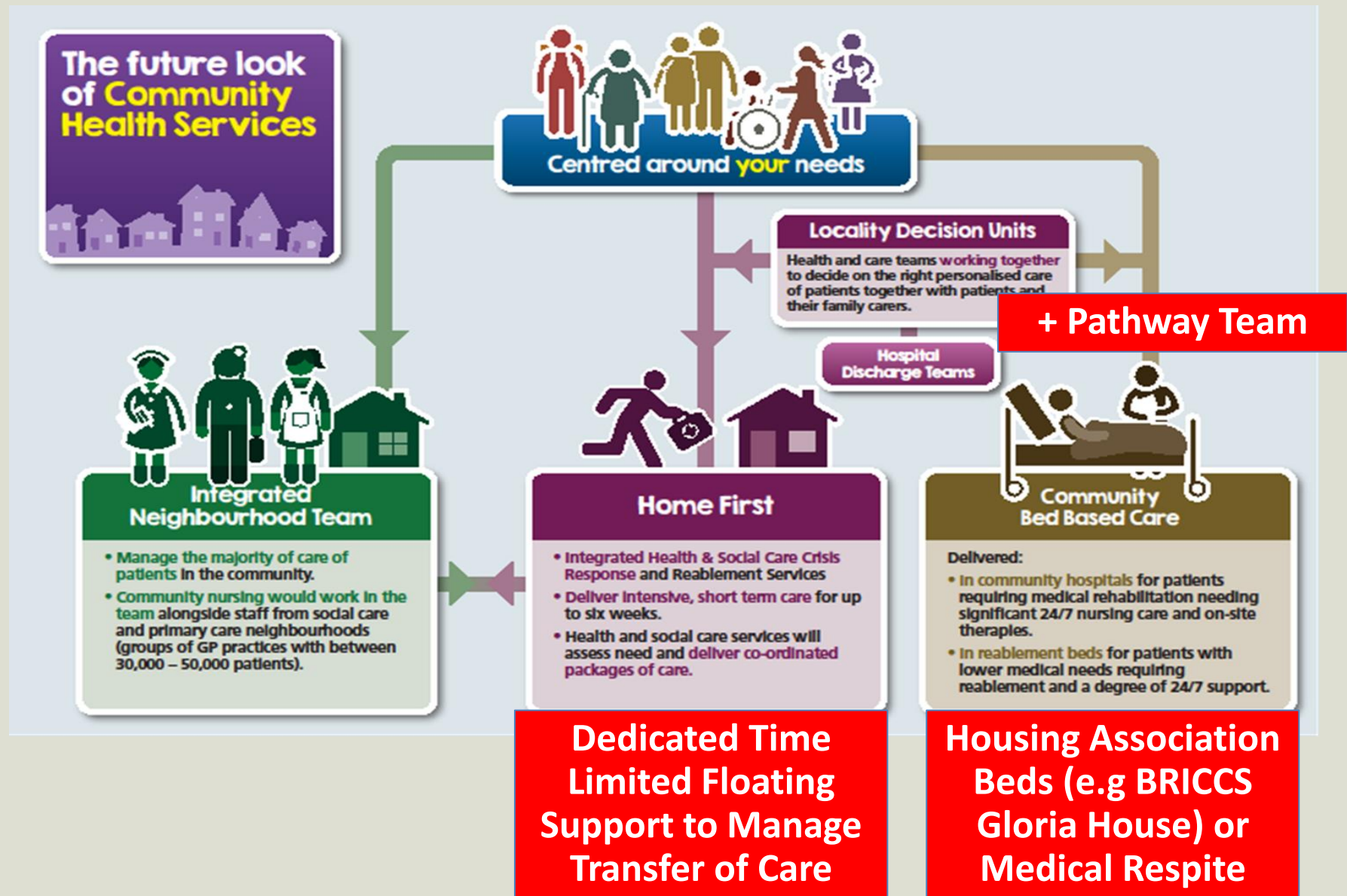
High Impact Change Model (HICM) refresh

- High Impact Change Model (HICM) has been revised following extensive cross-sector consultation
- Soft launch took place in November 2019
- Better Care Fund reporting from April 2020
- Four HICM workshop events took place in Jan & Feb 2020
- The programme is working with government departments to support the implementation of the statutory **Duty to Refer**

Integrated Home First Offer

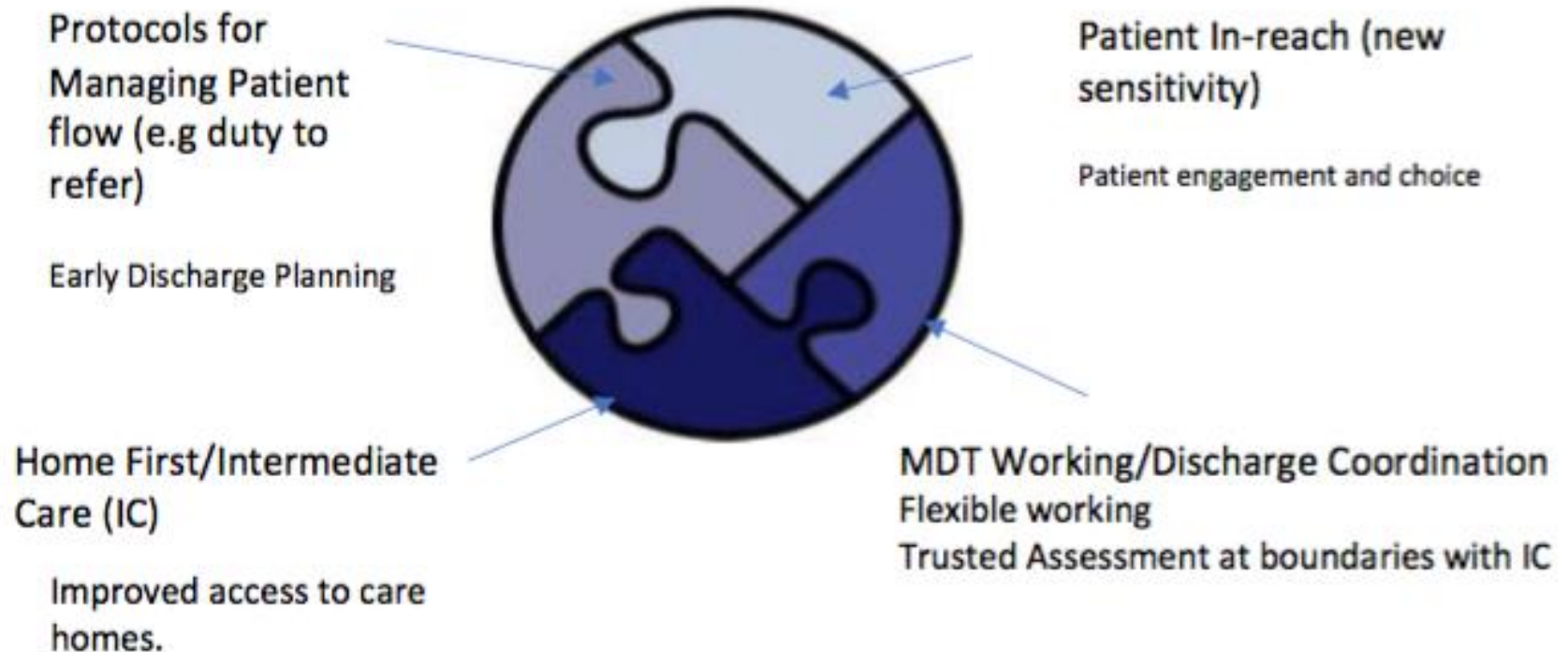


Evaluation Focus: What happens when you integrate housing and homeless services in the Home First Offer?



Realist Hypothesis

HHD schemes with more of the 'jigsaw pieces' will be more effective and cost-effective. Any missing pieces will open up the potential for untimely or unsafe discharge and poorer outcomes for service users



Key Findings on homeless hospital discharge

- ✓ Specialist HHD schemes are consistently **more effective and cost effective** than standard care.
- ✓ NHS Trusts with specialist HHD schemes have **lower rates of Delayed Transfers of Care (DToCs)** linked to 'Housing' than standard care.
- ✓ Clinical advocacy by hospital-based homeless health care teams **increases access to planned (elective) follow-up care**. Important as **1 in 3 deaths** in HHD cohort due to common conditions amenable to timely health care.
- ✓ HHD schemes with direct access to specialist intermediate care (step-down) are **more effective and cost effective** than those with no direct access.
- ✓ HHD schemes with step-down are associated with **reduction in subsequent hospital use**, with **18% reduction A&E visits**, compared to those without.

“Implementing intermediate care and discharge to assess (D2A) models where going home is the default pathway, with alternative pathways for people who cannot go straight home, is more than good practice, it is the right thing to do”
(NHSE, 2016)

Contact us

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For more information about the study: *“Effectiveness and Cost-effectiveness of ‘Usual Care’ versus ‘Specialist Integrated Care’: A Comparative Study of Hospital Discharge Arrangements for Homeless People in England”* visit:

www.kcl.ac.uk/scwru/res/hrp/hrp-studies/hospitaldischarge

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