From Hospital to Home:
A critical appraisal of the role of specialist
hospital discharge arrangements in preventing
homelessness in England

Martin Whiteford
Health Services Research, University of Liverpool
European Network for Housing Research 2016, Belfast
Five theses on specialist hospital discharge for homeless people

• Homelessness is as much a health issue as it is a matter of housing.

• Specialist hospital discharge arrangements can make an important contribution to improved health and well-being outcomes for people who are homeless or at risk of homelessness.

• Specialist hospital discharge arrangements can alleviate and prevent homelessness.

• Specialist hospital discharge arrangements represent an effective and cost-effective way of integrating health, housing and social care for homeless people.

• Welfare retrenchment is undermining the sustainability of specialist hospital discharge arrangements for homeless people.
Homeless Health

- Poor health can contribute to being homeless, homelessness can contribute to poor health.

- Homeless is characterised by tri-morbidity – the combination of chronic medical needs, psychiatric illness and substance misuse.

- Cost of hospital treatment for homeless people is at least £85m a year (DH, 2010).

- Homeless people attend A&E six times more often than people with a home; are admitted to hospital four times more often; and stay in hospital three times as long.

- Research carried out by Homeless Link and St Mungo’s in 2012 found that 70% of homeless people receiving hospital treatment were being discharged onto the streets.
A chronology of care


- Hospital admission and discharge: People who are homeless or insecurely accommodated (DH & DCLG, 2006).

- ‘Healthcare for single homeless people’ (DH, 2010).

- ‘Vision to end rough sleeping: no second night out nationwide’ (DCLG, 2011).

- ‘Improving hospital admission and discharge for people who are homeless (Homeless Link & St Mungo’s, 2012).

- Health and Social Care Act 2012

- ‘Homeless Hospital Discharge Fund’ (DH, 2013).
Homeless hospital discharge fund (2013-14)

- The £10m fund was specifically designed to support innovative, voluntary sector projects to improve hospital discharge policies and practices for homeless people in England.

- Revenue funding was available to help fund new or to expand existing services, while capital funding was available to ensure adequate provision of intermediate care facilities upon discharge from hospital.

- Funding ran for the 2013-2014 financial year.

- Funding was distributed proportionately across the country.

- Expected outcomes included: an increase in the proportion of homeless patients able to access appropriate accommodation and post-discharge healthcare provision; facilitate greater integration between the NHS, local government and the voluntary sector; improved patient experience of the admission and discharge process; and a reduction in readmissions to hospital.
The voluntary sector has historically played a major role in the provision of support services for homeless people in England.

A central theme in the Coalition government’s policy on homelessness was a belief that support services could be improved if agencies worked together more effectively:

- Hospitals, local authority housing teams and local voluntary sector agencies need to ensure that there is a clear process in place so that nobody who is homeless, or at risk of homelessness, is discharged from hospital without having their housing and ongoing support needs planned for (DH, 2015, p5).

- Securing funding under the Homeless Hospital Discharge Fund (2013-14) was dependent on securing the active support of local government and NHS partners.

- Voluntary homelessness sector increasingly dependent on the pursuit and maintenance of individual contracts.
A typology of specialist hospital discharge schemes in England

- 52 voluntary sector schemes received funding under the Homeless Hospital Discharge Fund (203-14). The principal typologies identified by Homeless Link (reflecting how the Department of Health funding was spent):
  - Housing link workers (22 schemes)
  - Accommodation with housing link workers (8 schemes)
  - Accommodation - including intermediate care (8 schemes)
  - Pathway model (6 schemes)
  - Housing and nurse link workers (4 schemes)
  - Nursing link workers (2 schemes)

- Considerable variation in size and scale of funded projects – e.g. the smallest grant award (£19,702) was used to support the introduction of a ‘hospital discharge prevention officer’ in Greater Manchester, while the largest single grant of £3,711,342 was awarded to St Mungo’s ‘Hospital Discharge Network’ to provide safe temporary accommodation with recovery support across four London boroughs: Camden, Hackney and City, Lewisham and Westminster.
Hospital Discharge Fund Evaluation (Homeless Link 2015)

- 69% people had suitable accommodation upon discharge
- This rose to 93% of homeless people in projects which combined NHS and housing staff
- 72% of homeless people were not readmitted with 28 days of discharge
- Patients reported high standards of care
- Practitioners reported improved links between housing and the NHS, better access into accommodation and ongoing medical support.
Local Evaluations of the Homeless Hospital Discharge Fund

- The Cornwall Homeless Project exceeded all funding objectives: 89% patients discharged from hospital to suitable accommodation; £169,500 cost saved in number of bed days reductions.
- Trident Reach Birmingham saved economy more than £500k based on a social return of £8.80 per £1 invested.
- Gateshead 80% of patients accommodated via supported accommodation, private rented and local authority housing.
- Gloucester Emergency Accommodation Resource - 84% of homeless patients housed and supported on discharge.
- Derby Housing Futures (Intensive Housing First approach delivered over 12 week period) –
  - 94 people housed overall
  - 33 into social housing
  - 59 supported accommodation
  - 2 people placed in the private rented sector
- For a local investment of £265,000 Healthy Futures has returned nearly £3m of social value
Caring in hard times

- End of Supporting People ring-fenced funding (used to help people secure accommodation). 77 local authorities cut a total of £34m from their housing-related support budgets from homeless people between 2010/11 and 2013/14 – a drop of 26%. Causing a reduction in range of services, staffing and support levels (Inside Housing, 2015).

- Local authorities and homelessness services report growing demands from homeless people with complex needs, and greater difficulty in meeting these needs (Homelessness Monitor, 2015).

- Number of people sleeping rough in England has doubled since 2010 (DCLG, 2016).

- Welfare reforms
Legacy and sustainability

• Snapshot of specialist hospital discharge schemes as of June 2016 (based on a review of local evaluations, discussions at regional workshops and service provider survey)
  • 33 schemes remain in existence
  • 12 schemes have ceased operating
  • Unable to verify the status of the remaining 7 schemes

• Looking beyond the Pathway model - the recognised gold standard for discharge planning and practice – most existing services have witnessed significant reductions in funding. This has led to cuts in service provision, geographical contraction and operational uncertainty.

• The landscape of specialist discharge arrangements for homeless people is increasingly characterised by a mixed economy of welfare. Sources of funding include: local authority homelessness prevention grants, CCGs, the Big Lottery and the Better Care Fund.
Conclusion

- England is an international outlier in the development of specialist hospital discharge arrangements for homeless people.

- Available evidence suggests that specialist hospital discharge arrangements can lead to better health, housing and social care outcomes for people affected by homelessness in England.

- Homelessness, particularly rough sleeping has grown year-on-year in England since the Department of Health released a ‘£10m cash boost‘ to fund 52 homeless hospital discharge projects across England.

- Welfare retrenchment and fiscal austerity are compromising local actors to effectively secure safe, timely and compassionate discharge for people who are homeless or at risk of homelessness.
• Research Team: Dr Michelle Cornes (Chief Investigator) Professor Jill Manthorpe (King’s College London); Dr Martin Whiteford (Liverpool University); Professor Andrew Hayward, Dr Robert Aldridge, Fatima Wurie, Dr Spiros Denaxas (University College London); Dr Michela Tinelli and Mike Clark (London School of Economics); Dr Jo Neale (Institute of Psychiatry); Professor Richard Byng (Plymouth University); Professor Graham Foster (Queen Mary’s); Dr Nigel Hewett (Pathway); and Alistair Story (Find and Treat)

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