Hospital to Housing Support Services

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BCHA & Health

BCHA has over 40 years experience of helping homeless and other vulnerable people access the right housing, health, learning and work opportunities

• Providing a number of specialist services supporting vulnerable people with complex needs. Including homelessness, mental health, substance misuse and offending, accommodation and support.

• Providing good quality accommodation from large hostels to 2 bed flats - examples: George House, Plymouth; Morwenna Court, Exeter; St Paul’s, Bournemouth
Since 2009 BCHA has developed a unique Leaving Hospital Service based at the Royal Bournemouth Hospital.

Commissioned through a partnership between Bournemouth Borough Council, The Royal Bournemouth and Christchurch NHS Foundation Trust, Dorset County Council, Hampshire County Council and Borough of Poole.
BOURNEMOUTH

Aim: Ensure Service Users and Carers have access to appropriate information, services and support, promoting safe and prompt discharge from hospital

Referrals: from professionals such as the ward staff, Discharge Coordinators, Occupational Therapists, Physiotherapists, Social Services or the patient themselves

Worked with 4,918 discharges in 2014/15

Benefits: Finding people the care and solutions to remain independent once discharged and preventing readmissions thereby reducing the cost to the health service
PLYMOUTH Hospital to Housing Service

- Homeless people attend A&E up to six times as often as the general population, are admitted four times as often and once admitted tend to stay three times as long in hospital due to the acute health issues and complex needs (Deloitte 2012)

- A joint report by Homeless Link and St Mungo’s found when homeless people leave hospital, more than 70% will be discharged straight back onto the streets without their housing being addressed.

- Oct 2013, DOH awarded BCHA Hospital funding for Plymouth H2H to provide advocacy and support for people identified as homeless or at risk of becoming homeless and are being discharged in the Plymouth area.

bcha
find a way forward. bcha.org.uk
The H2H Support Service aims to provide:

- Reduce the risk of re-admission
- Early intervention whilst in hospital To promote safe, prompt discharges.
- Joint support planning with Health & Adult Social Care.
- Support with planned resettlement into appropriate move on accommodation.
- Support with maintaining a tenancy and with accessing other services and Agencies.
Challenges

• **Location:** Located in the hospital enables project workers to create good links with hospital staff, be on hand to answer queries and reduce time spent travelling between sites.

• **Early identification:** Hospital staff indentifying housing issues at an early stage in the admission process, to avoid inappropriate discharges, bed blocking and readmissions

• **Staff engagement:** Research confirms engagement of health staff was key, supported through:
  • Face to face meetings
  • Daily visits to the wards
  • Information available
  • Training to ward staff on homelessness
Challenges

- **Senior Management / staff buy in:** Protocol in place will ensure clear procedures, providing information on who does what, and by establishing clear roles and routes of communication.

- **Information sharing:** Data sharing protocol needs to be in place to allow effective information sharing. i.e. access to databases / systems.

- **Access to accommodation:** The Bournemouth project experiences challenges in gaining short term access to supported housing, in Plymouth there is more supported accommodation.
Benefits

• **Cost:** Average length of stay will reduce as homeless people are more likely to be discharged sooner if they have suitable accommodation. If patients are discharged at a clinically appropriate time to suitable accommodation, they are in a better position to recover, thus fewer emergency readmissions to hospital in 28 days.

• **NHS time:** Having a homeless discharge service, enables the NHS staff to concentrate on the patient’s medical needs. Discharge coordinators are able to concentrate on other patients requiring a placement or package of care.

• **Patients:** Continued support in the community and signposting to other services
Outcomes

• Evidence from Bournemouth Hospital leaving service showed that over a 6 month period the project experienced only 1 readmission out of the 45 referrals it received, representing a readmission rate of 2.2%

• Hospital to Housing Support Service costs approximately £75,000 to run, the project needs to prevent 22 readmissions occurring to reach a breakeven point.

• In the past six months H2H clients had 197 presentations to hospital and 964 bed days 12 months prior to being referred, within 28 days of exiting the service only 23 of these were readmitted with only 66 bed days
Case studies

John

- 48 year old male
- Diabetic insulin dependent also he has partial foot amputation
- History of self harm and overdoses of his insulin
- Admitted to hospital over 50 times
- Property in a poor state of disrepair and over £1000 in rent arrears
- John was self harming in hospital to prevent him returning the property
- Supported John to access support housing
- John has now gone through the single homeless pathway and lives in his own independent accommodation and has not returned to hospital
Case studies

MANDY

• 29 year old female
• Diagnosis of bipolar
• Homeless after losing her accommodation in a shared house following a breakdown in her mental health
• Admittance to hospital under section 2 of the Mental Health Act 1983
• BCHA hospital discharge service supported with co-ordinating a discharge plan into suitable accommodation once taken off her section
• BCHA referred to Mental Health Accommodation Services
• Supported Mandy through the process of assessments, acceptance and discharge into one of their projects
• Mandy continues to live in the supported housing project where she fully engages with the activities and support available to her
• No further hospital admissions
Research and service evaluations available

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Thank you – any questions