

Hospital Admission and Discharge: People who are homeless or living in temporary or insecure accommodation

Aims of this document

These guidelines are issued jointly by the Department for Communities and Local Government and the Department of Health. They represent recommended practice for organisations involved in hospital admission and meeting the needs of people who are homeless or living in temporary or insecure accommodation, and were drawn up by an expert steering group consisting of representatives from Homeless Link, the London Network for Nurses and Midwives, and the Health Inclusion Project Advisory Group.¹

In *‘Discharge from hospital: pathway, process and practice’*² the Department of Health stated that all acute hospitals should have formal admission and discharge policies ensuring that homeless people are identified on admission and that their pending discharge be notified to relevant primary health care services and to homelessness services.

More recently, *‘Our health, our care, our say’*³, made clear that better integrated health and social care can help prevent the inappropriate use of specialist or acute health care and can help prevent or reduce homelessness. *‘Commissioning a patient-led NHS – Delivering the NHS Improvement Plan’*⁴ emphasises the need to change systems to be more responsive to patients needs through better integration of services.

The Government’s homelessness strategy *‘Sustainable communities: settled homes; changing lives’*⁵ highlights that people who are homeless or living in temporary or insecure accommodation are more likely to suffer from poor physical, mental and emotional health than the rest of the population, and that hospitalisation presents an opportunity to deal with underlying medical, social and mental health problems, and to address their accommodation needs.

The aim of this guidance document is to support hospitals, Primary Care Trusts (PCTs), local authorities and the voluntary sector, working in partnership, to develop an effective admission and discharge protocol for people who are homeless or living in temporary or insecure accommodation. The over arching aim of the protocol will be to ensure that no one is discharged from hospital to the streets or inappropriate accommodation.

People who are homeless or living in temporary or insecure accommodation includes:

- Rough sleepers
- Individuals or families owed the main homelessness duty and living in temporary accommodation (see glossary)
- People living in hostels, night shelters, squats, or in bed and breakfast accommodation.

This document applies to the situation when a person who is homeless or living in temporary or insecure accommodation is admitted to, and discharged from, a hospital ward. Most of the underlying principles apply also to Accident and Emergency (A and E) Departments; however, the document is not designed to cover fully the issues that arise in A and E.

Audiences

The document is aimed at health professionals and managers in hospital trusts, primary care providers and PCTs, local authorities and the voluntary sector to help them establish an effective hospital admission and discharge protocol.

Background information

Most homeless people – in particular rough sleepers or those with a chaotic lifestyle – have poorer health than the rest of the population. People living in temporary or insecure accommodation may have difficulty accessing primary care which means they often do not seek treatment until the problem is at an advanced stage. Once admitted to hospital, they can present a complex medical and social picture.

In addition, they often self-discharge from hospital for a variety of preventable reasons such as:

- Unrecognised or inadequately managed alcohol or drug dependence
- Anxiety about losing their accommodation, which may be insecure (e.g. hostel or bed and breakfast accommodation)
- Ongoing or unrecognised mental health problems.

Some homeless people will be known by a homeless service, such as a street outreach team, or primary care or mental health team and may have a keyworker who can provide background information and support to the patient both during admission and following discharge. Identification of a patient's housing status, keyworking arrangements (if any) and special vulnerabilities at an early stage in the admission is vital to achieve an appropriately planned and timely discharge.

The Department of Health's '*Achieving timely simple discharge from hospital: a toolkit for the multi-disciplinary team*'⁶ provides a step by step guide to developing a discharge protocol. It acknowledges that it deals with straightforward discharges and that complex discharges may need more complex arrangements. This guide sets out to adapt the timely simple discharge process to one appropriate for managing the discharge of homeless people, thus promoting:

- Reduced self-discharge rates
- Reduced lengths of hospital stay
- Timely, appropriate and safe discharge
- Reductions in readmissions.

This is in accordance with the principle of patient-centred care and the aim of reducing health inequalities.

The multiple and complex needs and lack of settled accommodation of some patients means that it can take time to identify and secure appropriate housing and services for people on discharge. The range of services that may be required means that a discharge protocol needs to be developed in partnership. Since 2003, each local housing authority has been required to have a homelessness strategy which must be kept under review and renewed at least every 5 years. This provides an opportunity for the hospital's admission and discharge policy to be included within the homelessness strategy, which should involve all partners working to meet the needs of people in the district who are homeless or at risk of homelessness.

Development of hospital discharge and admission protocol

Due to the complex needs of some homeless people, a hospital admission and discharge protocol will be most effective when it is developed in partnership by the hospital, local PCTs and primary care providers, the voluntary sector and the local authority. The local housing authority's homelessness strategy should identify the key stakeholders in the area and there may already be a formal or informal forum of key agencies which can be involved in the development of the protocol.

Steps to consider in developing a protocol

The steps below should be considered in developing, implementing and reviewing the protocol.

These steps are only a guide and although they are presented as sequential some of the elements can be worked through in parallel.

Step one – Identify relevant organisations

Establish the willingness of services and agencies to be involved in the development of a protocol for admission and discharge of people who are homeless or living in temporary or insecure accommodation, and secure agreement that the protocol will be incorporated in the local homelessness strategy. This process should include representatives from the Hospital Trust, PCT(s), primary care providers, the local authority housing department, social services, and voluntary sector agencies working with people who are homeless or living in temporary or insecure accommodation.

Corporate ownership of the protocol is important. This involves engaging the relevant managers and convincing them of the need for, cost effectiveness and value of the protocol in promoting good practice.

The most effective protocols usually have champions in key agencies to ensure that they have a positive impact on practice.

Step two – Set up a steering group

Identify a steering group to oversee the development and implementation of the protocol:

- Ensure that all relevant sectors and agencies are represented
- Clarify the roles and responsibilities of the steering group
- Set progress review dates for the steering group, including dates after the protocol has been implemented
- If appropriate, consider the need for creating a group to continue to support the work in the longer term.

Protocols need to be developed in partnership to make sure that they work within local conditions and services. Safe discharge is the duty of the hospital trust, but the key to success is that the protocol is developed and owned by all the relevant agencies. Health agencies, the local authority, and voluntary sector agencies need to be engaged, each respecting the skills and knowledge of the other. For example, voluntary sector agencies have developed a substantial skill base in engaging successfully with people who are homeless or living in temporary or insecure accommodation.

The protocol should be developed through an existing partnership forum if possible. If a homelessness strategy steering group, or a health and homelessness planning group already exists, this group could facilitate the bringing together of the relevant agencies. If not, it will be necessary to establish a group for this purpose.

Clarifying the roles and expectations of the forum or steering group at the outset can help avoid confusion or difficulty in the partnership at a later date. The group should be responsible for developing, implementing and reviewing the protocol.

Step three – Review existing systems

Review systems and processes and identify:

- What happens when people who are homeless or living in temporary or insecure accommodation are admitted and discharged
- Gaps in the system at present e.g. establishing and recording a patient's housing circumstances on admission, links between hospital, accommodation providers and the local authority in planning the patient's discharge
- Need for new systems e.g. how to inform local homelessness agencies.

A process for reviewing and understanding the current system should be established. It is only by understanding the gaps or obstacles to overcome, that an effective admission and discharge protocol can be developed. It may be worthwhile organising a meeting involving organisations such as social services, housing, drug agencies, outreach teams, hostel, hospital and primary care staff, in order to gather as much information as possible.

Step four – Identify training and resource requirements

Identify skills/additional resources needed to implement a protocol:

- Identify key people to be involved
- Consider the appropriateness of training for hospital staff on homelessness, issues and problems associated with it, and the services available
- Set up a resource book or area on the intranet outlining homelessness and related services available in the area, including information on the local authority criteria for housing assistance.

To support hospital staff in successfully implementing the protocol, they will need training to understand the range and complexity of needs and the problems and difficulties associated with being homeless or living in temporary or insecure accommodation. The local housing authority and/or voluntary sector agencies may be able to provide this training.

Due to the complexity and variety of needs associated with homelessness, there are a number of agencies who may need to be involved in planning a safe and timely discharge for patients who are actually homeless. Options for maintaining an up-to-date directory of these services should be considered.

There are a range of services available to support homeless people on discharge from hospital such as supported housing, access to drug and alcohol treatment services, employment and training opportunities. The creation of a resource book or website can be useful, containing key contact telephones and names.

The Supporting People on-line directory of services lists all services nationally, including emergency and non-emergency accommodation with support. It is updated quarterly, and can be accessed at www.spdirectory.org.uk.

Other useful websites, such as www.homelessuk.org.uk and www.homelesslondon.org.uk, could be included.

A system will need to be put in place for regularly updating the local directory.

Step five – Develop a protocol building on existing systems

Develop a protocol which:

- Links to the current hospital discharge protocol
- Identifies key people to lead on the implementation of an admission and discharge policy for people who are homeless or living in temporary or insecure accommodation
- Establishes a protocol for sharing information.

The hospital admission and discharge protocol will require carefully planned implementation which may benefit from the establishment of a small multi-disciplinary steering group involving local authority housing, hospital and voluntary sector staff. Information or flow charts highlighting the key steps to be taken by staff are useful.

Step six – Ensure protocol is fit for purpose

The admission and discharge protocol will work best if it:

- Establishes a patient's housing status on admission
- Includes procedures for obtaining patient's consent to share information
- Includes procedures for ensuring that existing accommodation is not lost
- Identifies key external agencies to notify about a homeless person's admission
- Develops the resources and training needed
- Involves voluntary sector agencies, primary care providers and local authorities throughout the discharge planning process.

Identifying a person's housing status on admission is essential for successful discharge. The protocol should clarify processes to deal with the different housing circumstances of individuals, including steps to ensure that where someone has accommodation it is not lost while they are in hospital, e.g. because rent is not paid or a hostel place is not kept open. Some homeless people, who are in contact with services, will have a key worker or named individual responsible for overseeing the implementation of an agreed support plan. Most homeless people will know the name or organisation of this person. The key worker should be kept informed of the progress of a person's admission.

Agreement about information sharing between agencies is essential.

Preventing self-discharge is important. Understanding the reasons why people discharge themselves (such as concern about losing their accommodation, unaddressed chemical dependence or mental health issues) can help in preventing a deterioration of a person's health and readmission.

The protocol should contain the following procedures:

If the person is or may be homeless or at risk of homelessness:

- If sleeping rough, a mechanism for contacting street outreach providers in the area who may already be working with the individual, and who may have an accommodation plan for the individual concerned.
- If not sleeping rough, a process for liaising with the local housing authority to ensure that an application for housing assistance can be considered.

If the person is in a hostel or other supported housing:

- If in supported housing, a mechanism for contacting the person's housing/support provider to ensure they don't lose their accommodation
- A process for evaluating whether the accommodation will be appropriate for them on their release from hospital.

If the person is in temporary accommodation secured by the local authority under the homelessness legislation (see glossary):

- A process to ensure that the relevant section of the local housing authority is informed of the hospital admission.

Step seven – Test and monitor protocol

Agree to:

- Pilot protocol
- Monitor impact of protocol
- Ensure that the steering group remains in place to oversee the implementation of the protocol
- Brief appropriate staff.

It may be possible to pilot the protocol in wards which see the largest numbers of people who are homeless or living in temporary or insecure accommodation. The steering group should monitor the implementation process, and ensure that all staff in relevant agencies are briefed appropriately.

Step eight – Set up audit arrangements

Once the protocol is in place there needs to be a process for auditing its impact on:

- Patient and staff experiences
- Patterns of admissions/re-admissions and accommodation on discharge for people who are homeless or living in temporary or insecure accommodation
- Level of self-discharge
- Actual date of discharge (compared with the estimated date of discharge).

A clearly identified audit cycle should look at outcomes to see how effective the protocol is, set out a review timescale if necessary, and ensure that problem solving and dispute resolution strategies are created.

In particular, the audit should assess that:

- Housing status has been identified on admission
- A multi-agency discharge planning meeting has been convened if the patient has complex needs
- No discharge to the streets or inappropriate accommodation has occurred
- Appropriate accommodation has not been lost while in hospital.

Appropriate time limits and standards for achievement of the above targets should be set locally to ensure that the process meets the needs of both the patient and the hospital.

Step nine – Review and refine protocol

Review and refine the protocol in response to feedback from:

- People who are homeless or living in temporary or insecure accommodation
- Health staff
- Local authority housing staff
- Voluntary sector staff
- Incident reports, and any complaints through patient advice liaison services
- Audit.

Once the initial audit and monitoring of the protocol has taken place, the protocol should be refined and revised to take into account feedback. This is to ensure that the protocol continues to be fit for purpose.

Ensuring the protocol remains up to date

Once the protocol has been implemented, a system will need to be put in place for regular updating to ensure that any changes in hospital practice are incorporated and that information and contacts for external agencies remain correct.

Glossary

Homelessness strategy: The Homelessness Act 2002 requires local housing authorities to review homelessness in their area and publish a homelessness strategy based on the review at least every 5 years. The first homelessness strategies had to be adopted by July 2003.

Main homelessness duty: Under the homelessness legislation, local authorities must ensure that suitable accommodation is available for applicants who are eligible for assistance, unintentionally homeless and who fall within a priority need group (e.g. families with children). This duty continues until a settled home becomes available for the applicant (or some other circumstance brings the duty to an end).

Patient Advice Liaison Services (PALS): PALS provide information, advice and support to help patients, families and their carers.

Rough sleepers: People sleeping, or bedded down, in the open air (such as on the streets, or in doorways, parks or bus shelters); people in buildings or other places not designed for habitation (such as barns, sheds, car parks, cars, derelict boats, stations, or “bashes”).

Supported housing: Supported housing is usually provided by a local authority, housing association or voluntary group. It can be for specific groups of people, such as older people, physically disabled people, people with mental health problems, people recovering from addictions, or young people. There is a wide range of supported housing available (e.g. hostels, shared accommodation, individual units, sheltered accommodation) and differing levels of support provided (e.g. ranging from 24 hour staffing to occasional support).

Temporary accommodation: Accommodation arranged by a local housing authority pursuant to a duty to secure accommodation under the homelessness legislation. This can include local authority housing stock or housing association homes let on a temporary basis, a house or flat leased from a private landlord, B&B accommodation, hostels and refuges. Where a main homelessness duty is owed, people may remain in temporary accommodation for a considerable period before a settled home becomes available.

Endnotes

- ¹ Homeless Link's Health Inclusion Project is overseen by a cross-sectoral advisory group. More information on the project is available at <http://homeless.org.uk/policyandinfo/issues/health/hip>
- ² 'Discharge from hospital: pathway, process, and practice' Department of Health, January 2003 – <http://www.dh.gov.uk/assetRoot/04/11/65/25/04116525.pdf>
- ³ 'Our health, our care, our say: a new direction for community services' Department of Health, January 2006 – <http://www.dh.gov.uk/assetRoot/04/12/74/59/04127459.pdf>
- ⁴ 'Commissioning a patient-led NHS – Delivering the NHS Improvement Plan' <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/CommissioningAPatientledNHS/fs/en>
- ⁵ 'Sustainable Communities: settled homes; changing lives' Office of the Deputy Prime Minister, March 2005 – http://www.communities.gov.uk/pub/784/SustainableCommunitiesSettledHomesChangingLivesPDF796Kb_id1149784.pdf
- ⁶ 'Achieving timely simple discharge from hospital: a toolkit for the multi-disciplinary team' Department of Health, August 2004 – <http://www.dh.gov.uk/assetRoot/04/08/83/67/04088367.pdf>

On 5th May 2006 the responsibilities of the Office of the Deputy Prime Minister (ODPM) transferred to the Department for Communities and Local Government.

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