

HOMELESS REPORT: EMERGENCY DEPARTMENT / VULNERABLE ADULT SUPPORT TEAM

Introduction

The Emergency Department (ED) at Southampton General Hospital manages the care of about 280-320 patients a day. Some of these patients will be either homeless or living within insecure housing situations. ED staff aim to identify and manage psychosocial problems, alongside the delivery of physical healthcare, but this can be complex and time consuming, and is complicated by the rapid turnaround of the emergency workforce (for example, junior doctors rotate every 4 months). Basic mechanisms have been put in place to support staff, including a webpage with information about local homeless services and patient information leaflets. To provide a more comprehensive intervention for vulnerable patients, including the homeless, the ED has introduced a Vulnerable Adult Support Team, which is made up of highly trained AFC Band 3 staff.

Preparation of Full Homelessness Report

The Consultant Nurse Emergency Care (Vulnerable Adults) and Vulnerable Adult Project Worker are preparing a report which will provide a comprehensive profile of patients who have been identified as homeless and have been managed by the VAST in Quarters 2-4 of the current financial year. This will be submitted to the Southampton City Council health inquiry into homelessness by 04 April 2014. This provisional report gives an outline of the service provided to homeless people by the ED/VAST team and provides some provisional findings from audit of attendances during Q2-4.

Identification of Homeless Patients for Audit

Comprehensive audit of homelessness from the ED electronic patient management system – Symphony – is currently not possible. Patients who declare themselves to be of No Fixed Abode (NFA) at registration can be identified by a unique post code and those who live in homeless hostels can also be identified by their address. However, many patients who are identified as homeless by ED clinicians and/or vulnerable adult support workers (VASW) have been registered with a private address. For example in a sample of 30 patients seen by a VASW for a homelessness intervention, 47% (n=14) were registered with a private address.

We do not have a policy for identifying patients who are homeless. In the context of a fast-paced emergency department, where efficient patient flow is crucial to maintain safe patient outcomes, it would not be possible to introduce a screening tool for homelessness.

Therefore, this provisional report focuses on patients seen by members of the Vulnerable Adult Support Team (VAST).

Vulnerable Adult Support Team (VAST)

Since the introduction of VAST to the ED in May 2012, 219 patients who have disclosed that they are street homeless, or at risk of street homelessness, have been managed by a VASW. Of the 219 people assessed, 199 of them had complex needs surrounding their homelessness – including mental health problems, substance misuse, and victims of abuse.

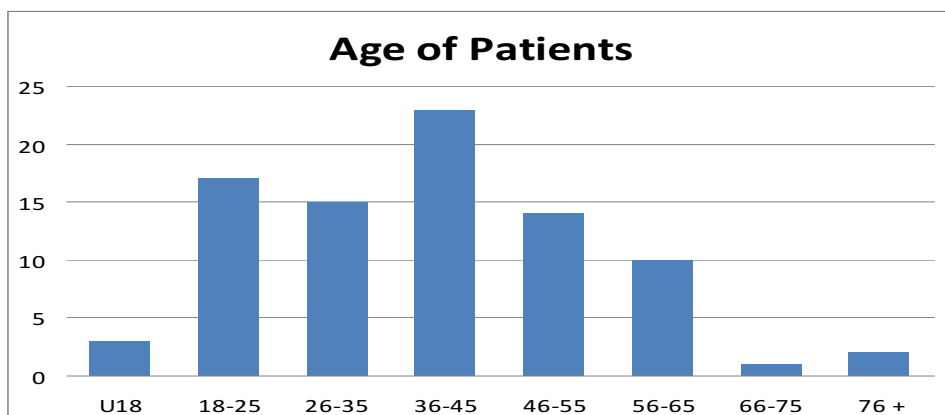
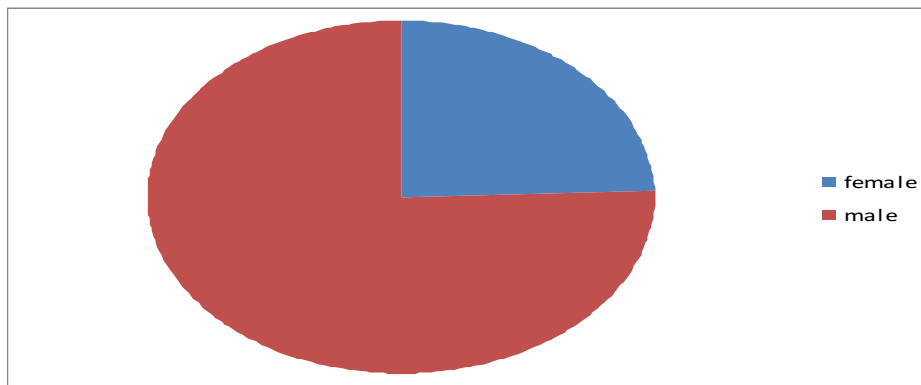
The VAST has been able to offer and, with patient consent provide, risk management for alcohol and/or drug misuse, and domestic abuse (as well as a wide range of other adult vulnerabilities) whilst providing an intervention for the homelessness. The interventions include liaison with care coordinators (if already open to services), information giving, and referral to community services. The team also has responsibility for safeguarding referrals, including raising concerns about the impact on children of parental psychosocial issues.

The team’s input, in collaboration with ED clinical staff and community partners, meant that nearly all of the 219 patients were offered access to community homeless services and other services relevant to their individual circumstance. The team is funded from 1400-2200, seven days a week. Homeless patients who attend outside of these core hours are unlikely to receive such a comprehensive service.

Collaboration with Community Partners

VAST works in close liaison with the Cranbury Avenue Day Centre, Street Homeless Prevention Team (SHPT), Homeless Healthcare Team (HHCT), Patrick House and No Limits to provide a robust referral pathway for homeless patients. They also liaise with women’s refuges, homelessness teams within appropriate council offices, and hostels that provide services for patients living in other parts of Hampshire. They work closely with services that manage some of the issues that may cause homelessness, including service providers for substance misuse, domestic abuse and mental health.

Basic Profile of Homeless Patients Seen by VAST

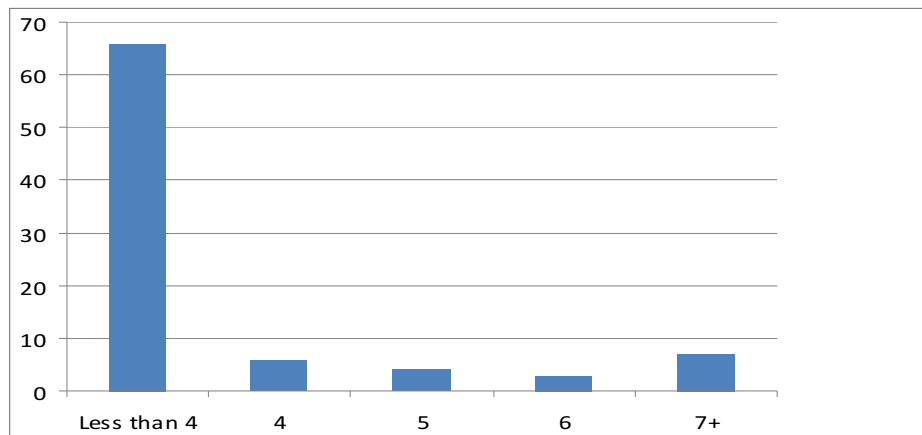


Frequent Attendance

A number of homeless patients have become frequent attendees, usually because either

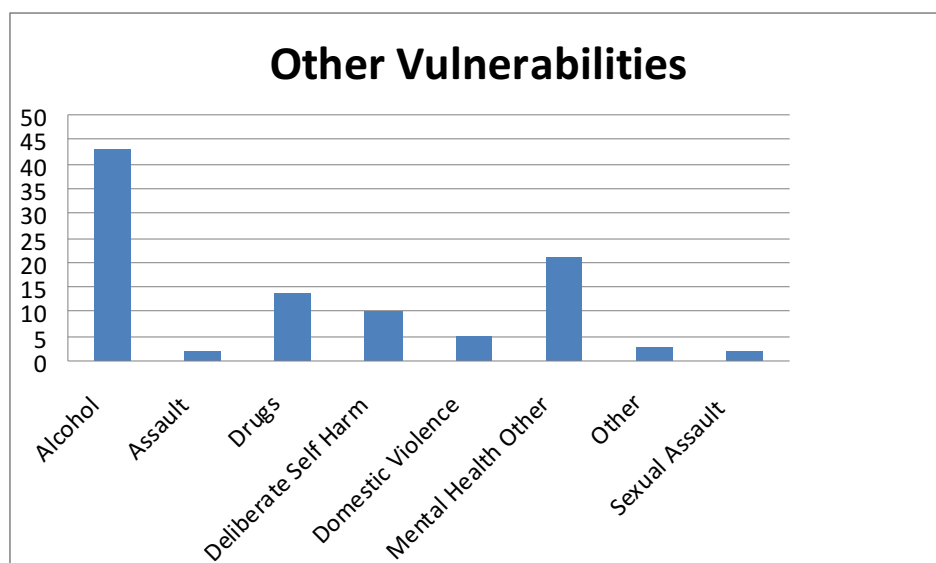
they declined referral to community services or chose not to engage with those services once discharged. Comprehensive data will be provided in the full report. To give an impression of the scale of frequent attendance, the following chart demonstrates the number of visits in the 3 months prior to VAST intervention.

Number of ED attendances in 3 Months Prior to VAST Intervention



Complex Presentations

As outlined above, the homeless patients who attend ED have a high level of complexity. Often two or more vulnerabilities are identified. The data presented in the following chart is likely to be a slight under-representation of additional vulnerabilities. In the full report, we will have enriched accuracy of reporting, through a clinical notes review.



Difficulties Encountered

Members of VAST have found that it is much harder to facilitate access to homeless services for the following patient groups:

- Patients who are declared medically fit for discharge outside of working hours. It is not uncommon for VAST to find that there is no hostel accommodation available out of hours, as all beds (including emergency beds) at Patrick House are often full. In these circumstances, VAST may request that a patient is admitted to the Clinical Decision Unit (CDU) overnight, so they can be referred to appropriate services in the

morning.

- Young people aged 18-24 years – a panel sits once a week to consider applications for hostel accommodation for young people; it is almost impossible to access same day hostel accommodation, as all applications have to be reviewed by this panel. There is an understandable reluctance to place young people in Patrick House and no emergency beds elsewhere
- Older adults aged about 60 years and above – older people are not placed in Patrick House. If they do not require residential or nursing home care – there does not seem to be a clear system in place to support emergency housing needs of older people
- People who have no recourse to public funds (usually from Eastern Europe) may not be eligible to any form of hostel accommodation as they are not in receipt of the benefits required to fund their accommodation.
- People whose behaviour has caused them to be banned from hostel accommodation
- Dependant drinkers who struggle to care for themselves with regard to activities of daily living (eg incontinence) – we have had patients who do not need acute hospital admission but, due to their diminished capacity to care for self and/or self neglect, cannot be safely managed in a hostel without a care package in place. For working age adults it seems to take a while to source funding.
- Patients with acute mental health problems, including self harm - we sometimes see patients who have self harmed in response to their psychosocial circumstance, including their homelessness. The hostels may be reluctant to accommodate them if there is an ongoing risk of self harm.
- People who live on the outskirts of Southampton - Eastleigh Parishes, Romsey, New Forest - as there is only one hostel in Winchester, which covers a large geographical area. Often we cannot pre-book a bed (first come, first served system) and so it feels risky sending them to Winchester, if there is no guarantee of a bed
- Alcohol dependant patients who live within the catchment area of the hostel in Winchester, are in a difficult situation, as alcohol is banned in the hostel. With no access to alcohol, they are at risk of alcohol withdrawal.

Suggestions for Improvement of Service Provision for Homeless Patients

1. Expansion of the hours of the VAST to at least 0800-2200, so more patients can be offered a comprehensive intervention for homelessness when they attend ED.
2. An increase in the number of emergency beds available to accommodate people who are fit for discharge from hospital, particularly those who can be discharged out of hours.
3. Same day access to emergency beds in hostels for young people.
4. Clear pathway for referral of older adults who are homeless but do not otherwise need health or social care.
5. Continued funding to provide services for people with alcohol, drug and mental health problems, including specialist service for 'dual diagnosis' clients.
6. Clearer / faster pathways for gaining care packages for the severely dependant alcoholics of working age who, because of their alcohol misuse, cannot safely care for themselves.

Sarah Charters
Consultant Nurse Emergency Care (Vulnerable Adults)
14 Mar 14

