



Bristol, North Somerset  
and South Gloucestershire  
Clinical Commissioning Group

# Focus on Homeless Support

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# What is homelessness?

The CCG provides healthcare, advice and support for homeless people in Bristol, North Somerset and South Gloucestershire.

- It isn't just rough sleepers
- It includes those who are vulnerably housed
  - Hostel accommodation
  - Sofa surfers
  - Temporary accommodation

“ *Homelessness is a healthcare issue* ”



# About the team

## What is the Homeless Support team?

- 1 x WTE Clinical Co-ordinator (nurse lead)
- 0.5 x WTE Social Worker
- 1 x WTE Housing Support/Outreach Worker
- 1 x four-hour session/week GP from Homeless Health Service providing clinical leadership

They were set up as an 18-month pilot and they facilitate support across organisations for this group.



# About the team

## Why did we set up the Homeless Support team?

- People who are homeless attend A&E six times more than the housed population; are admitted four times as often; and stay three times as long
- By not integrating support for this population, there is repeated access to services at times of crisis
- An initial audit showed the full impact



# About the service

## How did we evaluate the service?

### Performance targets

- Admissions and re-admission rates
- Self discharge rates
- Attendance and re-attendance at A&E
- Housing outcomes post discharge

### Quality standards

- Improve health outcomes and experience
- Improve engagement with primary care



# Performance results

## UHB admissions (April 2014/15 to January 2017/18)

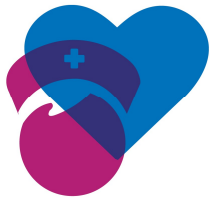
- 24% decline in admissions
- 75% decline in average length of stay
- 35% decline in self-discharge
- 62% decline in number readmitted within 28 days

## Housing outcomes greatly improved

- Reduced discharges to the street – 53% to 3%
- Improved access to temporary accommodation
- More patients on the housing pathway



# Quality measures



Positive service user feedback about the specialist integrated support given, in particular feeling valued and supported to engage in supporting themselves



Increased homeless patient registrations and agreed care plans shared with Primary Care



# Summary

## What did we find out about these patients?

- Healthcare issues
  - Drug misuse
  - Alcohol misuse
  - Mental Health
  - Trauma
- Only 5% were known to mental health services
- 70% had all of these issues.





# What next?

- Commissioning Executive have approved continuation of the service
- Expand outreach and occupational therapy support
- Working closely with partners
  - Bristol City Council, St Mungo's Healthcare
  - Prime Minister's Rough Sleepers Fund
  - MRSA septicaemia pilots
  - Develop a BNSSG approach including digital sharing, care plans and high impact users

