

Improving GHFT access to a newly developed community Health & Social care partnership team working with individuals experiencing homelessness.

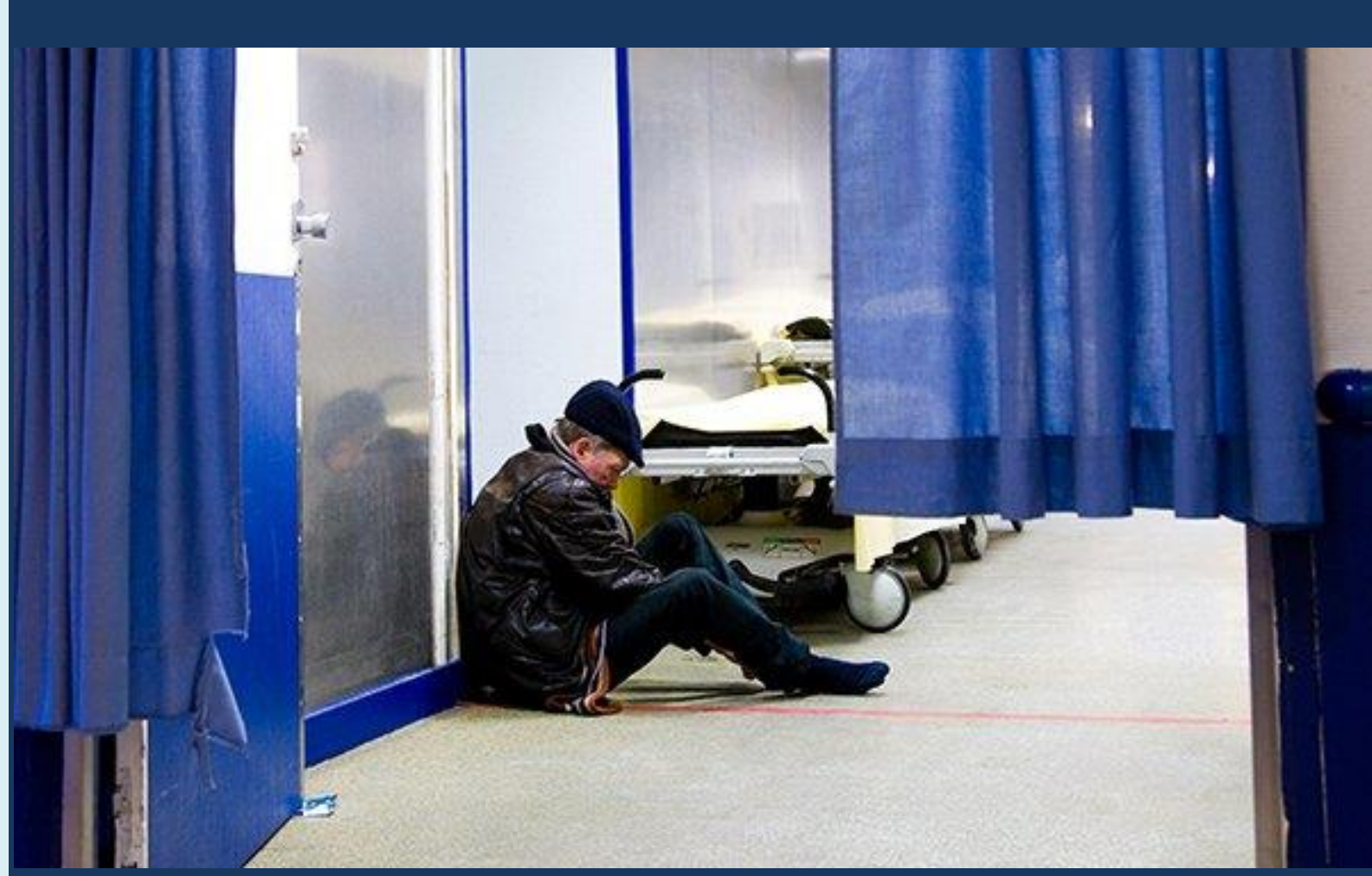


INTRODUCTION

The NICE guidelines for integrated Health and Social Care for people experiencing homelessness were finalised in 2022. The guidelines recognise the need for improving access to health services and outcomes for those experiencing homelessness.

The new Homeless Outreach Support Team has also been created and funded by Department of Levelling up, Housing Communities (DLUHC). Our role is to work with rough sleepers and improve access to Health services.

In the initial stages of developing this team, we have made informal links with GRH and P3 hospital worker. This project works on formalising this relationship and establishing a referral pathway.



BACKGROUND & SAFETY CONCERN

The Homeless Outreach Support team are newly developed therefore the team are starting at a point of 0 referrals from GHFT.

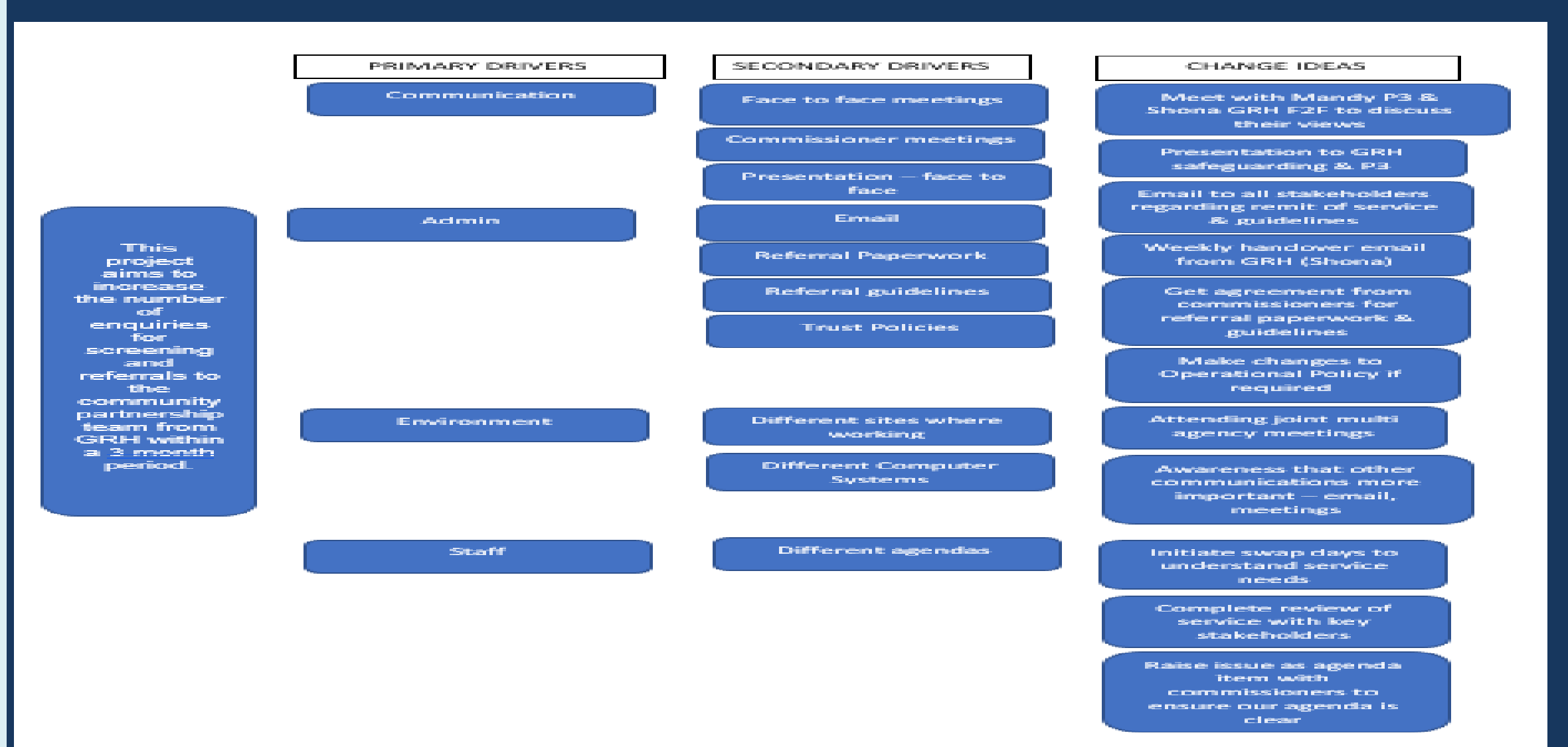
However GHFT statistics report 400-600 presentations of people experiencing homelessness annually.

Initial joint working case studies have identified gaps in links between services. Analysis of a specific case study of J displays:

ED attendances – 81 Admissions – 42 Total nights in hospital – 256

Our viewpoint was that a formal established working relationship would aim to improve patient outcomes and reduce admissions/ED presentations

QI Team: M Jennings, K Conlon, HOST team, S.Duffy GHFT



INTERVENTIONS

- Work with GHFT Safeguarding Team and P3 Hospital inreach to set up new pathways
- Create formal referral form
- Create referral guidelines
- Write and deliver presentation
- GHFT to alert team to admissions/presentations of people experiencing homelessness

NEW REFERRAL FORM

Multiple Disadvantages Team - Referral Form "RLOT COPY"	
Name	
Date of birth	Sex
Contact number	
Email address	
Gender identity	
NH Number	
GP Number	
Nationality	
Immigration Status	
Relationship status	Single <input type="checkbox"/> In a Relationship <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>
Proposed care date	
Responsible for any children	Please provide details below
Do you contact with your family	
Do you an informal carer?	
Have you ever been in the hospital?	
If yes, please provide details including your hospital number	
How will you be contacted?	
Notes	
Where I need like to meet	
Do you want to be kept when you are not in hospital?	
Do you have any other needs?	
Do you have any other needs?	
Do you have any other needs?	

HOST Homeless Outreach Support Team
Multiple Disadvantages Team

Working with individuals with complex health and social care needs who are experiencing homelessness.

OUTCOME & PROCESS MEASURES

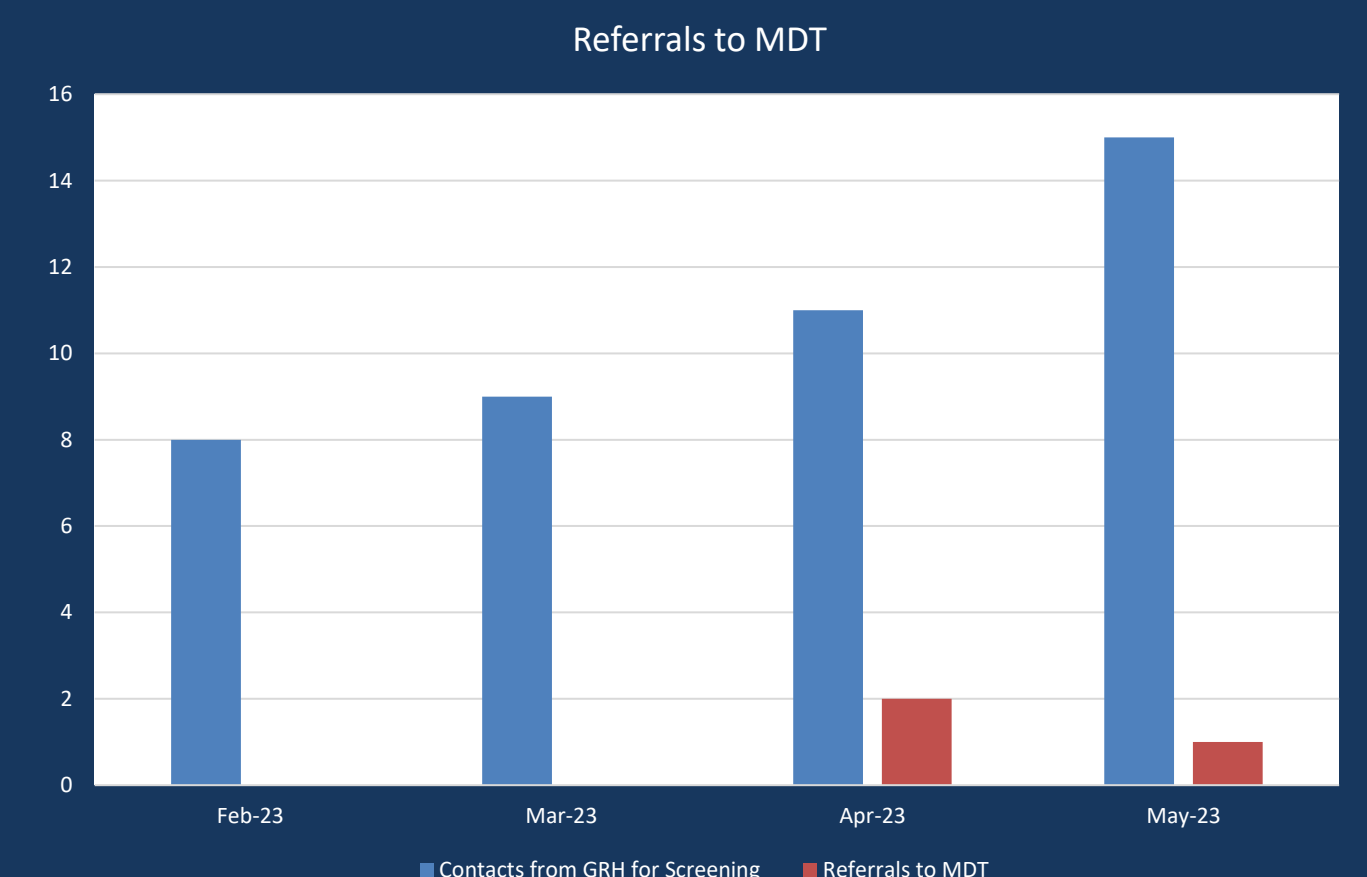
- Our measures were taken from two separate figures
 - Number of enquiries - [Blue Box]
 - Number of referrals - [Red Box]
- Our target group is homeless patients admitted to GHFT
- We decided to record enquiries separately as this can be a separate but equally important piece of work
- Our data is recorded in the table per month

BALANCING MEASURES

- Time pressures to staff workload
- Reliant on informal relationships – sickness/AL.

RESULTS

- Steady increase of enquiries over 4 months
- Formal referrals starting to be made



SUMMARY & FUTURE AIMS

We now have a formal established link between our newly developed team and GHFT. The results show that we have started to accept enquiries & referrals. Our future aim will be to build on this relationship with GHFT and learn from specific case studies.

Our generic team development aims also apply to this project, they include: 1. Review of pilot referral form following feedback received. 2. Continue with communication plan to reach teams associated with this specific link between services eg Mental Health Recovery Team, Adult Social Services. 3. Replicate data collection throughout team operations in terms of enquiries & referrals. 4. Long term monitoring of specific case studies to consider improvement of outcomes. 5. Feedback data to commissioners to work on development with support.