Homelessness Multi-Disciplinary Team
Engagement Summary Findings

Introduction

To support the development of a proof of concept for an integrated healthcare model for homeless people and rough sleepers in Hull; NHS Hull CCG has undertaken an engagement exercise with people who have no fixed abode.

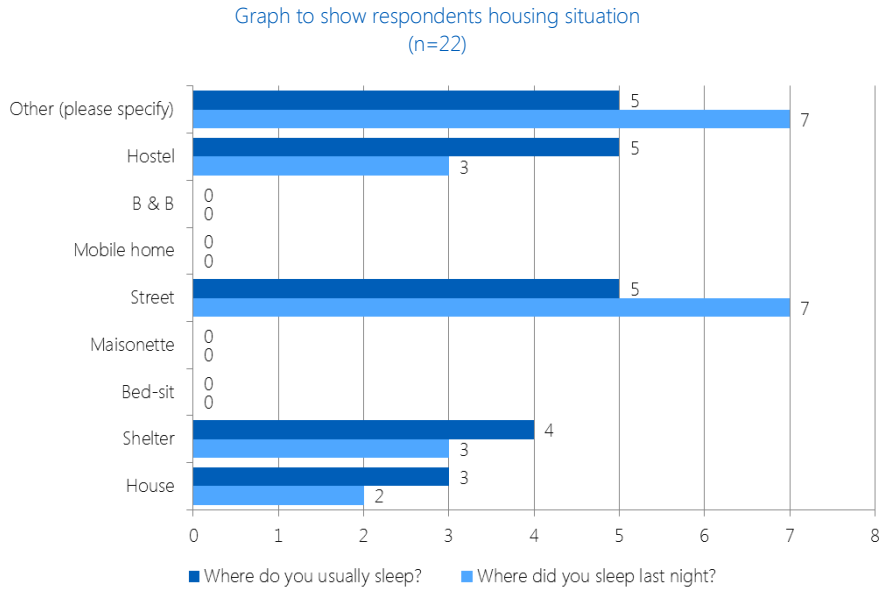
The goals of the engagement exercise were to:

- Gain insight into what happens when someone with no fixed abode is discharged from hospital
- Gauge general health and wellbeing views of those with no fixed abode

There are a number of challenges to overcome when engaging with this group of people. It order to maximise the reach to this small group, Hull CCG relied on the support of VCSE organisations in the city working with people who are homeless or on the edge of homelessness; these groups already have a trusted working relationship with the people the CCG wanted to hear from. Groups working with homeless people who were involved in this piece of work were Hull City Council, Emmaus, Hull Homeless Community Project and the Rough Sleeper Action Group.

A questionnaire and discussion guide were developed to be used by people from the VCSE groups working with those who are homeless, on the edge of homelessness and those sleeping rough. The questionnaire asked about general health and wellbeing issues and views, the discussion guide was aimed at supporting and capturing a conversation about the last time the person was admitted and discharged from hospital. Between 21st December 2018 and 14th January 2019, 23 questionnaires were returned, and 2 discussion guides completed.

Graph 1



Graph 1 shows respondents housing status, the places indicated in the "other" section were almost entirely "a friend's sofa" or "recently accommodated" in a house, hostel or shelter.

Respondents were aged between 22 and 49, with about third in their 20's, a third in there 30's and a third in their 40's.

Almost all respondents were "White British" (19 out of 21), and a 60:40 split between men and women.

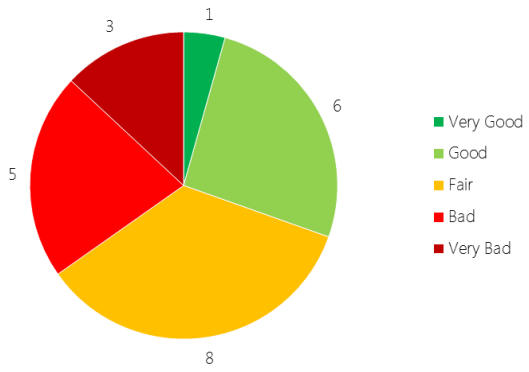
Results

General Health

The two graphs below show how respondents would rate their own health and fitness. There was an equal spread of those who thought that their health was good, fair and bad; however only a fifth of respondents felt their fitness was good or very good.

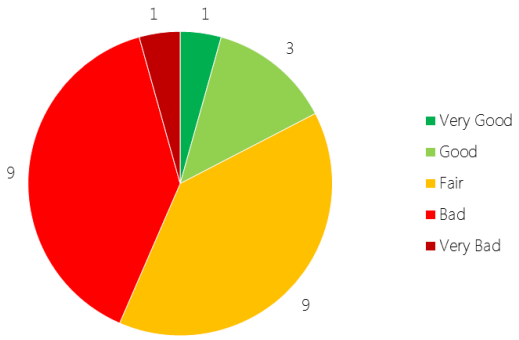
Graph 3

How would you describe your overall state of health?
(n=23)



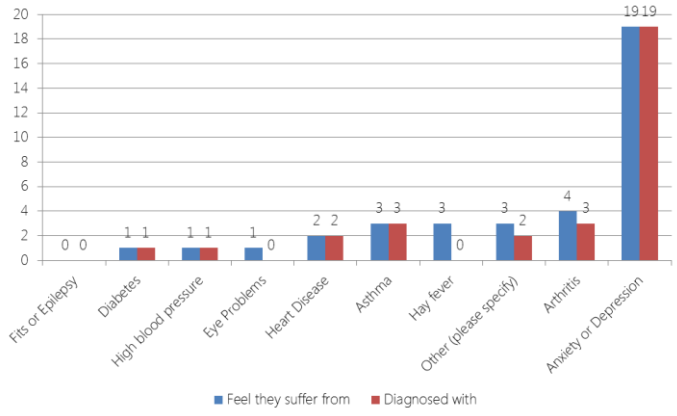
Graph 4

How would you describe your fitness?
(n=23)



Graph 3

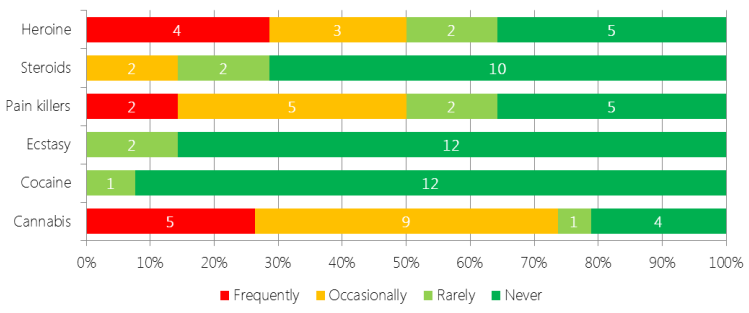
Graph to show respondents long term health problems
(n=20)



Graph 3 shows a number of long term health conditions that respondents report to be living with. The graph suggests that, on the whole, respondents don't self-diagnose, and that if they feel they have an issue they receive a diagnosis. It is clear that any health service developed for homeless people should have strong links with mental health services.

Graph 4

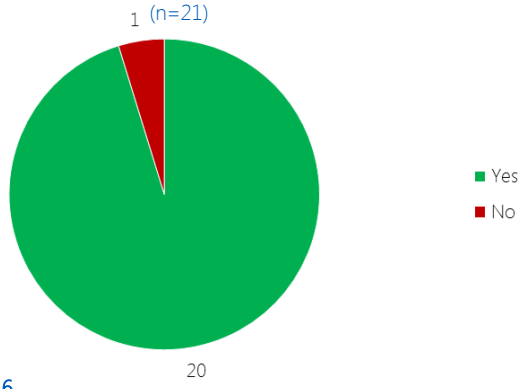
Graph to show respondents drug habits
(n=20)



Graphs 4 to 8 show the habits and views of respondents in relation to smoking drinking and drugs. The three highest used drugs are cannabis, heroine and pain killers. Graph 5 shows that almost all respondents smoke (20 out of 21), graph 6 shows that half feel that they should stop, and that a third would like to stop. Graph 7 shows that just over a third (n=8) drink, however 14 respondents went on to answer questions about stopping drinking; graph 8 shows that about half feel that they should stop and would like to stop.

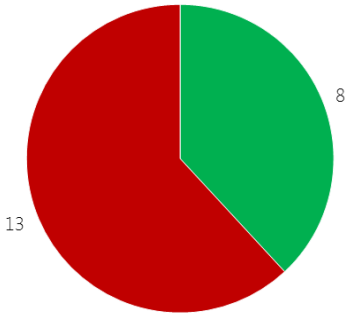
Graph 5

Graph to show respondent smoking status (n=21)



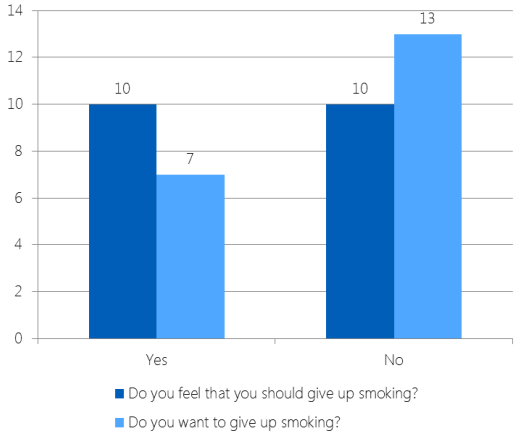
Graph 7

Graph to show respondent drinking status (n=21)



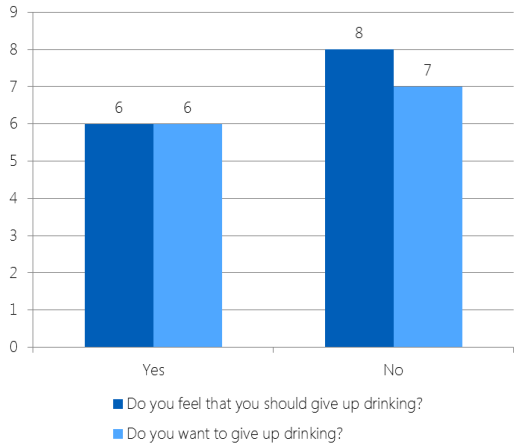
Graph 6

Graph to show feeling toward smoking cessation (n=21)



Graph 8

Graph to show feeling toward stopping drinking (n=14)



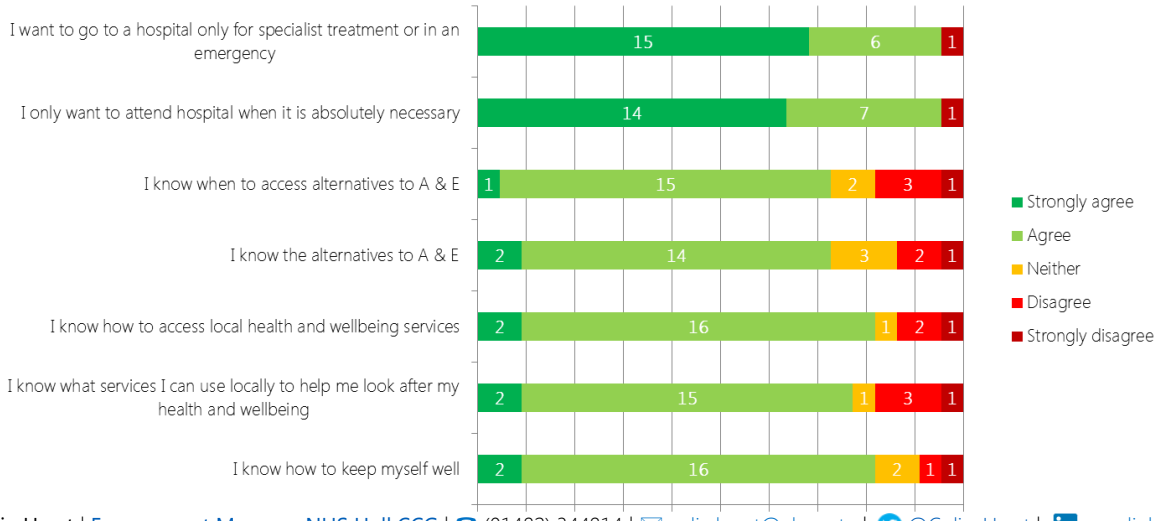
Respondents were given the opportunity to comment about their health, although only three respondents made additional comments, all felt that their health deteriorates when they sleep rough, and that their bad health is directly a result of being homeless. The comments are below:

- Health is consistently bad, could be due to drug use. Health deteriorates when rough sleeping.
- Current chest problems / breathing. Back problems. Think bad health is linked to being homeless.
- I will die if I stay on the streets

Accessing Services

Graph 9

Graph to show responses to statements about accessing healthcare services (n=22)



Graph 9 shows that participants feel they have the knowledge to access health services and to keep themselves well. Respondents stated that they only wish to access A&E in an emergency and know the alternatives to A&E; and they only want to attend hospital if it is absolutely necessary.

All respondents stated that they are registered with a GP; almost half are registered with The Quays, the remainder are registered with the following practices: Bransholme Health Centre, Elliot Chapel, Kingston Medical Practice, Marfleet, Morrill Street, Newington and Orchard Park.

Experience of services seem to be mixed, on the whole respondents were positive about the time spent in hospital and the service they received, however some have had a negative experience based on how they were treated by staff, feeling that the service was not person centred. The comments made about health services can be seen below.

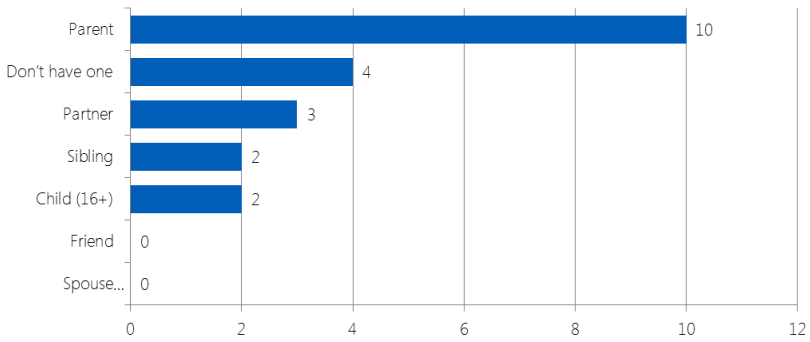
- All health services have been useful. All staff have treated me fairly.
- Positive experience while in hospital for 20 days No negative experiences
- Service was good. Not prescribed designated medication.
- Negative experience of services. Stigmatised for being a substance user. Needs improving/listen to people Understand the impact homelessness has and how this can be a barrier to access health services. Don't like how staff made me feel.
- Wouldn't have discharged if no space but got there and there wasn't a room. Good care inside.
- Following procedure, rather than a person centre approach.
- In for couple of weeks. It was alright. I wasn't going to go.
- "walk in is good if it is quiet" "hospital don't care, get kicked out as soon as treated"

Next of kin

Graphs 10 and 11 show who respondents feel is their next of kin and whether they would like that person to make decisions for them if they were unable to. Just under half feel that their parent would count as next of kin with about a fifth not believing they have one. Only 6 respondents felt that the person they believe to be their next of kin should be the one who would make decisions about them if they were unable to; the RESPECT programme may help reduce the complexity of this issue, particularly as a high percentage of respondents are registered with a GP.

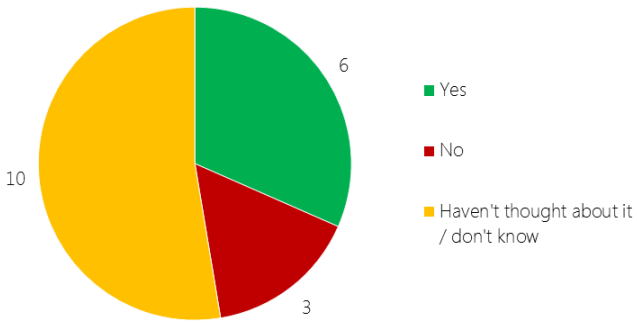
Graph 10

Graph to respondents next of kin
(n=21)



Graph 11

Graph to show if the respondent's next of kin is the person they would like to make decisions for them
(n=19)



Conclusions

- Additional engagement is recommended as the model develops; working in partnership with agencies that have an established and trusted relationship with those who are homeless or on the edge of hopelessness has worked well.
- The model should have close links with depression and anxiety services, as well as public health input for those who wish to make positive health changes, for example quit smoking and drinking.
- Respondents feel that being homeless or sleeping rough has a direct negative effect on their health.
- Although experiences, on the whole, are positive, there are some that feel their negative experience is due to the way they are treated by staff, it is not clear of this is solely down to their housing status or related to drug use as well.
- Some additional work should be undertaken relating to the RESPECT programme for this cohort of patients. Respondents state that their next of kin would be a parent; identifying the next of kin in a situation where the individual is unable to communicate or make decisions, may be particularly difficult for this group of people, more so than for those with an address.