

NHS Fife & Shelter Scotland approach to supporting homeless patients attending hospital

Healthcare Improvement Scotland were approached by Shelter Scotland and their colleagues in the Fife Health and Social Care Partnership (HSCP), to carry out both an health economics evaluation and qualitative study of an intervention being conducted in the Victoria Hospital, Kirkcaldy (NHS Fife). This executive summary highlights key learning from our evaluation to inform the design of future intervention models.

The intervention

Two full-time Shelter funded staff with a combination of clinical and housing expertise, within an acute hospital setting. The staff liaised with clinical staff to assess, and provide support to patients prior to discharge (and follow up with them post discharge if necessary), and local authority staff to help facilitate the provision of suitable accommodation.

Hospital settings

There were two hospital settings for the intervention; inpatient discharge via the hospital's "Discharge Hub" (January 2018 - January 2019), and A&E discharge (November 2019 – February 2020).

"The team were a big success for me, having someone you can trust who is interested in you and what you need. The whole team, the way the medical staff, general nurses and occupational therapy made a difference even just in their encouragement, someone telling you that you are doing well."

Client A



Key findings

Resource and cost saving

The health economics analysis highlights that the intervention has the potential to **significantly reduce** both the proportion of people experiencing **future hospital stays**, and **inpatient length of stay**.

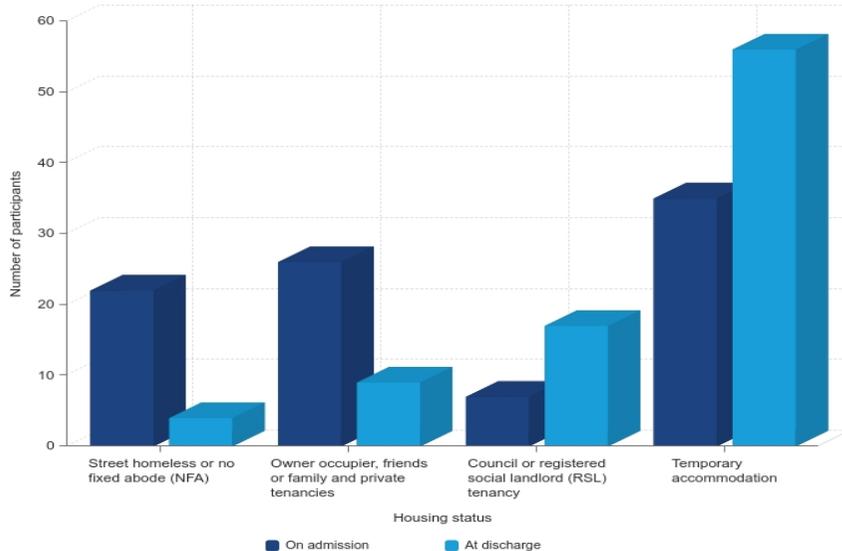
Having hospital-based staff who can support homeless people at the point of discharge from hospital is potentially cost-effective, on average **saves between £610 to £3,853 per patient supported**. The total observed saving in terms of NHS (acute health services) resource use is **£376,964**.

Figure 1: Median costs pre- and post-intervention



Pre-Intervention		Post-Intervention
£1,170	Inpatient visits	£0
£298	Emergency visits	£149
£248	Outpatient/Daycases	£147
£3,721	Total	£1,299

Figure 2: Self-reported housing status



Impact on housing status

Data collected on self-reported housing status following the intervention provides an indication that the intervention increases the number of people in Council/Registered Social Landlord (RSL) accommodation and temporary accommodation, and **reduces the number of people who have no fixed abode and/or are street homeless**.

Additionally, data on HL1 applications showed that if applications occurring within one month of the intervention were assumed to be a direct result of the intervention then **13% of the applications can be regarded as being initiated by the intervention**.

Improved ways of working

The importance of having both clinical and housing expertise within an acute setting was seen as essential by intervention patients and NHS staff as it enabled **the spread of knowledge and awareness of homelessness and its associated health issues**.

The team's ability to provide support and advocacy on a range of patient needs gave reassurance to both patients and NHS staff that **wider health and wellbeing needs including housing could be addressed**. This helped to alleviate pressure on staff.

“This project made me think more about homelessness, homelessness isn’t just not having a house it’s all the wider permeations beyond that, it’s not just one thing and all the things are intertwined.”

NHS Fife staff member

What did the intervention achieve?

The intervention has shown that **having a mix of health and housing expertise within a hospital setting** to support patients to have their medical and wider housing and support needs met can:

- lead to **better use of healthcare resources**
- offer a **better way of working** between hospital staff and housing staff, leading to **better outcomes for people experiencing homelessness**, and
- **raise awareness of the wider issues** faced by people experiencing homelessness.



“Ease of access is important, as a clinician I don’t have a lot of time to fill in forms so knowing that the team are around and I could just call them worked.”

NHS Fife Clinician

“ We built relationships with the reception staff who developed an understanding of what cues they could look out for – such as ‘I’ll just leave my mums address’, then they would come to me and say I think they need help because of X, Y, Z.”

Shelter Scotland Support Officer