

## HOMELESS HOSPITAL DISCHARGE FUND 2013-14

### ELIGIBILITY CRITERIA

This document gives you information on applying to the Homeless Hospital Discharge Fund, launched and on 13<sup>th</sup> May 2013. Applications should be completed and submitted, no later than 12pm on 8<sup>th</sup> July, via e-mail to [homelesshealth@dh.gsi.gov.uk](mailto:homelesshealth@dh.gsi.gov.uk).

#### BACKGROUND

The Government's first report from the Ministerial Working Group on tackling and preventing homelessness, *Vision to end rough sleeping: no second night out nationwide*, included a commitment to improve hospital discharge for the homeless.

As a first step, Homeless Link and St Mungo's were commissioned by DH to explore how the system of hospital admission and discharge was working for homeless people, and what more needed to be done to improve where the system is failing to discharge homeless people into appropriate accommodation.

The report, [\*Improving hospital admission and discharge for people who are homeless\*](#), published in May 2012, showed that more than 70 per cent of homeless people had been discharged from hospital back onto the street, without their housing or underlying health problems being addressed. This was further damaging their health and increasing costs to the NHS through 'revolving door' admissions.

The report includes examples of effective measures that have been implemented; however, this is not widespread. It describes how NHS staff could improve health outcomes for homeless people and save the NHS money by ensuring all patients have somewhere appropriate to stay when they are discharged from hospital.

Hospitals, local authority housing teams and local voluntary sector agencies need to ensure that there is a clear process in place so that nobody who is homeless, or at risk of homelessness, is discharged from hospital without having their housing and ongoing support needs planned for.

On 13<sup>th</sup> May 2013, the Minister for Public Health, Anna Soubry MP, announced Government investment of £10 million to improve hospital discharge procedures for the homeless. At the same time, an application process was launched for voluntary sector organisations, working in partnership with the NHS and local government, to bid for funding.

#### OVERVIEW OF THE HOMELESS HOSPITAL DISCHARGE FUND

The Fund aims to improve hospital discharge for the homeless after treatment and to secure appropriate facilities for those requiring ongoing medical support after discharge. As a result, reductions in readmission to hospital are expected to be seen along with improved health outcomes for the homeless.

Funding will be provided from the Department of Health to the voluntary sector, for voluntary sector-led local partnerships. Funding will run for the 2013-14 financial year, with funding to be allocated to voluntary sector organisation, as grant payments, in August 2013, following a bidding process.

Projects will be expected to adopt the good practice approach outlined in *Improving hospital admission and discharge for people who are homeless*. There will be an evaluation of both the individual projects, and the overall impact of the Fund.

## AIMS AND OBJECTIVES

The Fund is designed specifically to support the set up innovative, voluntary sector-led projects. The Fund has two overarching aims, which are to:

1. Ensure safe discharge from hospital after treatment. Many homeless people have nowhere to go when discharged from hospital and far too many are simply discharged back to the streets. We want to ensure nobody is discharged back to living on the streets to continue the cycle of poor health and re-admission to hospital. This will be achieved through the provision of revenue funding to explore sustainable models to ensure that:
  - NHS staff identify people who are homeless or at risk of becoming homeless;
  - NHS staff involve key partners (including hostels, outreach teams, local authority housing teams etc) and notify these contacts when they admit somebody who is homeless; and
  - local authorities, the NHS and voluntary sector work together to improve patient experience.
2. Provide appropriate facilities for those requiring ongoing medical support after hospital discharge to allow time for recovery. All too often, the homeless end up in a hostel that is an inappropriate environment for treatment plans and for their recovery. For those who are TB patients, homelessness is a major barrier to completing their treatment and recover from infection. This will be achieved through the provision of capital funding to ensure adequate provision of intermediate care facilities to be available upon discharge from hospital.

## EXPECTED OUTCOMES

We would expect each grant holder to demonstrate the following outcomes:

- An increase in the proportion of homeless patients who have appropriate accommodation to go to on discharge from hospital;
- An increase in the proportion of homeless patients who leave hospital with support for ongoing healthcare needs in place;
- Improved patient experience of admission and discharge process; and
- A reduction in re-admissions to hospital.

It is our expectation that this will ultimately lead to:

- Improved health outcomes for homeless people; and
- Reduced costs of secondary care.

Outputs for individual projects might include:

- Training sessions delivered to hospital staff to improve awareness of needs of homeless patients
- Peer mentoring/advocacy scheme to support clients through and after discharge
- Discharge protocol developed and in place locally
- Local networks of providers and hospital staff established to review and case manage challenging discharge cases
- Monitoring system established to record admission and discharge outcomes for homeless people

## ELIGIBILITY

In order to be eligible to apply for funding, organisations:

- must provide services to homeless people or those at risk of becoming homeless;
- should spend more than 50 per cent of their income on homeless people; and
- have approved annual accounts no more than 12 months old.

As integrating services is a key objective of this work, applications from consortiums of organisations will be strongly encouraged. However, the applications must be led by the voluntary sector agency. In order to apply, organisations must be at least one of the following:

- a registered charity;
- a voluntary and community unincorporated charitable association;
- a community benefit society registered as an industrial and provident society;
- a community interest company; and
- an organisation of another type if it operates as a social enterprise and principally reinvests its surpluses for social benefit.

The Fund will primarily be available to help to develop new or to expand existing services to meet local demand. It will also be available to support existing services where they are at risk of closure due to funding shortages. Therefore, if you are an existing service this will give you an opportunity to demonstrate your importance to commissioners in the health system. Applications to the Fund must be able to demonstrate how you meet the following criteria:

- To help ensure that nobody is discharged from hospital without their housing needs being considered and addressed;
- To provide intermediate care for people who are homeless upon discharge from hospital;
- To support a smooth transition for existing service to sustainable funding arrangements.

Applications must also be able to demonstrate an assessment of local need, as funding will be distributed proportionately around the country. In addition, in order to ensure sustainability of projects, we will expect applications to be able to demonstrate that local commissioners are engaged in the work from the outset.

Applicants must also meet the conditions set out in Section 64 of the Health Services and Public Health Act 1968 to be eligible. You must meet the following legal requirements (which are a summary of the criteria in Section 64 and not a complete description of the law):

- Your organisation must be carrying out activities that involve "... providing a service similar to a service provided by the National Health Service or by local authority social services, promoting, publicising or providing advice to do with providing either a national health or local authority social service or a similar service".
- A 'relevant service' is defined in the 1968 Act and means, "a service which must or may, under relevant law, be provided or arranged by the Secretary of State or a number of other public authorities". Or, it is a service a primary care trust or other health service body under Part 2 of the National Health Service Act 2006 are under a duty to make arrangements to provide.
- A 'voluntary organisation' is defined in Section 64 of the 'Health Services and Public Health Act 1968 as "... an organisation which carries out activities but not for profit, but does not include any public or local authority".
- The Act gives the Secretary of State for Health the power to award grants to not for profit organisations in England whose activities support our priorities.

Those applying for capital funding must also bear in mind the following expectations:

- That there is a reasonable probability that the capital funding will deliver future economic benefit (i.e. valuable service) over more than one year (in most cases, many years);

- That funding will be spent on the capital items as set out in the grant proposal; any changes to this must be agreed by the Department of Health in advance;
- That the assets, for which grant funding was provided, shall remain part of the organisation making the grant application for the lifetime of the asset or until the point the Department of Health reviews its position to relinquish its charge over the capital asset.
- Once the capital funds have been spent, you provide evidence on how your work has contributed to improve the outcomes for NHS patients; and
- In the event that there is a substantial change to the operation and activity of the applicant organisation you must:
  - Consult the Department of Health to propose alternative use of the assets for approval. Such approval will not be unreasonably withheld;
  - Return the grant to the Department of Health; or
  - Yield the proceeds of sale (or a specification proportion, as agreed with the Department) to the Department of Health.

**What will not be funded:**

- projects that do not have a clear exit strategy or a focus on becoming sustainable beyond the funding provided by this Fund;
- activity that can be funded by another source;
- shortfalls in other funding;
- something with a short term impact only – funding must leave a longer term ‘legacy’ and lead to greater sustainability of services; or
- academic research

**GOOD PRACTICE STANDARDS**

We will also look for applications to demonstrate how they have had appropriate regard to the following good practice standards.

The Faculty for Homeless and Inclusion Health standards include the following principles which should underpin all provision of homeless health care, including intermediate care:

- continuity of care;
- trusting relationships with familiar clinicians;
- multi-disciplinary collaborative care;
- person centred care with service user involvement in planning and delivery;
- incorporation of the Recovery Approach, summarised by the phrase ‘hope, agency and opportunity for all’;
- share decision making as the norm, based on ‘no decision about me without me’ approach.

In addition, projects should seek to meet the following standards:

- ‘regular involvement in and, where necessary, leadership of multi-agency planning for rough sleepers;
- visible service user involvement in planning and evaluation of services;
- co-ordination of the health care of homeless people as they move between different organisations;
- participation in documenting, researching and publishing on the health hazards of homelessness, evaluations of service delivery models, continuous monitoring of longer term outcomes;
- promotion and encouragement of accessible provision of dental and podiatry care.

**PROJECTS APPLYING FOR REVENUE FUNDING TO ENSURE SAFE DISCHARGE FROM HOSPITAL**

Hospitals, local authority housing teams and voluntary sector organisations should work together to agree a clear process from admission through to discharge to ensure homeless patients are discharged with somewhere to go and with support in place for their ongoing care. This process should start on admission to hospital.

Projects are expected to follow the good practice standards set out in *Improving hospital admission and discharge for people who are homeless* (please find a link to this document below). Projects aiming to improve hospital discharge arrangements should be able to demonstrate that they will:

**1. Ensure that needs are properly identified**

- Homeless patients should be identified and recorded effectively on admission to hospital;
- Relevant support agencies which the client is engaged with (e.g. accommodation and support services) should be identified and contacted.

**2. Respond to housing need.** If housing needs are identified, there should be a clear process for referring clients for assessment and an appropriate response.

- Appropriate steps should be agreed and taken in order that accommodation response can be identified;
- In the event of self-discharge, steps should be taken to minimise the risk of harm;
- Clients should be able to access on-going treatment following discharge;
- Clients should be able to safely get to accommodation or other destination on the day of discharge.

**3. Maintain quality and effective practice:**

- All staff should have the skills and confidence to provide an effective service to homeless patients;
- Outcomes for homeless people's admission and discharge should be regularly monitored;
- Relevant local agencies should work together to improve practice;
- Joint approaches should be taken with all the relevant local agencies to reduce frequent attendances to hospitals.

**PROJECTS APPLYING FOR CAPITAL FUNDING TO SECURE APPROPRIATE FACILITIES FOR THOSE REQUIRING ONGOING MEDICAL SUPPORT AFTER HOSPITAL DISCHARGE**

When developing their proposals, projects intending to provide intermediate care should refer to the Faculty for Homeless and Inclusion Health's [outline service specification of medical respite for homeless people](#).