

HOSPITAL IN-REACH SERVICE

A summary of findings from the first 18 months of operation 2020-2021

Cyrenians Hospital In-reach Service is a pilot project funded by a private grant making trust designed to support patients that may be at risk of, or experiencing homelessness - ultimately rendering them unable to maintain their treatment.

The service was introduced to the Royal Infirmary of Edinburgh & Western General Hospital in late February 2020 and currently runs until December 2022.

Project Aims:

To combat the health inequalities faced by people experiencing homelessness Homeless men and women have an average age of just 47 and 43 years respectively, and during their lives will experience hospital admission 3.2 times more often than a non-homeless patient. Furthermore, these admissions last on

average three times as long, driving up the unscheduled secondary care costs (Hewett et al, 2012).

To ensure patients maximise engagement with treatment

We work alongside clinicians providing access to items such as clothing and footwear, storage, mobile phones and other devices that allow people to maintain social networks. This supports individuals to continue engaging with their treatments, and reduces the risk of re-admission.

To work alongside our colleagues in Health to support positive discharge and wellbeing

We work alongside clinicians to provide a broad range of social support. Most commonly, this will involve access to housing but also includes linking in with community-based resources, access to food, income and ongoing support for those who require it. We have found that this is essential in preventing a return to homelessness and crisis driven primary care usage that many people have experienced. A course of treatment can only be so effective if you have nowhere to sleep and nothing to eat that night - something this project is directly challenging.



Hospital In-reach in numbers:

The figures quoted below represent the period to end September 2021 (18 months of operation)

68.7%

reduction in readmissions compared to previous 12 months prior to introducing Hospital Inreach Service 292

patients supported, with a further 35 one/light touch interventions provided to individuals referred more than once



accommodation secured for 73 patients, ensuring no one is discharged to homelessness



ensuring bedspaces in shared houses are not closed while patients are in hospital - supporting 99 patients to maintain their accommodation throughout their stay



supported 52
patients who did not
feel safe in current
tenancy or needed
support to bid for
permanent
accommodation



58 individuals received ongoing support - all of whom were discharged to appropriate accommodation.

16 of which secured a tenancy in this period.

All 58 were supported to manage the inpatient environment and complete treatment.



WHAT NEXT?

The Scottish Government recently consulted on proposals to extend homelessness prevention duties to public bodies including integration authorities and health services including hospitals and GPs. Cyrenians responded warmly to these proposals and argued strongly in response to the proposals that all health services, including hospitals and GPs, should have a duty to "ask and act" to prevent homelessness.

Our Hospital In-Reach service is an example of good practice and demonstrates how health services and the voluntary sector can work together and take a prevention-led approach to improving outcomes for people at risk of homelessness.

With a two-thirds reduction in readmissions to hospital, this project is contributing to a significant reduction in pressures on acute services and most importantly, better clinical and social outcomes for patients. It is our ambition that this project is mainstreamed beyond the pilot with sustainable funding. The Hospital In Reach Service offers a model which could enable many more hospitals across Scotland to improve outcomes for this patient group and contribute to fulfilling future homelessness prevention duties.

If a social worker is involved, they can't spend that intensive time that the hospital in reach can. It's all about that discharge and that transition to somewhere else... I haven't seen any other service doing that as effectively as they have, so I would like to think it would continue.

- Hospital Staff member

Read the full report here.