

# Discharged to no fixed abode

A study into the number of hospital patients released onto the nation's streets

## Key Findings:

- The number of patients recorded as having no fixed abode on discharge from hospital jumped 36% over the past five years.
- The number of patients recorded as having no fixed abode when admitted to hospital rose 28% between 2003 to 2007.
- Between 2003 - 2007, there was a 37% increase in the number of homeless patients being discharged with no relative or carer recorded.

## Background:

On Christmas Eve 2007 Grant Shapps slept rough in Victoria as part of his research into homelessness in modern day Britain.

Soon after arriving in the area he met Christopher Dole who had just been discharged from hospital, despite having nowhere to go but the streets. Mr Dole was left ill, disorientated and in need of urgent assistance. He was pleading for help. A short video of Mr Dole's Christmas Eve situation can be found here:

<http://www.shapps.com/reports/homeless>

Grant Shapps made contact with Jeremy Swain, Chief Executive of London based homeless charity Thames Reach. Arrangements were made for the charity to rescue Christopher Dole from the street that Christmas Eve.

This experience and the many similar ones are the reason for this report. The aim was to assess the extent of the problem whereby hospitals are increasingly releasing patients straight onto the street with no idea where to go.

Shadow Housing Minister, Grant Shapps MP, recently founded the Conservative Homelessness Foundation. The purpose of this organisation is to allow the Conservative Party to work with leading homeless charities in order to assess and address the serious problems of homelessness in this country. This report forms part of the ongoing work by the Homelessness Foundation and contributes towards an attempt to obtain hard data in an area where information is often lacking.

In addition to issuing Freedom of Information requests to all Acute NHS Hospital Trusts, further information has been included via submissions received from those organisations who sit on the Advisory Panel for the Conservative Homelessness Foundation. These organisations have fulfilled an important role in creating this report and have provided invaluable support. The report authors are grateful for their support.

The Advisory Panel is made up of the following organisations and individuals:

Jenny Edwards (Chair of Advisory Panel), Chief Executive of Homeless Link  
John Bird, Founder and Editor of The Big Issue  
Jeremy Swain, Chief Executive of Thames Reach  
Adam Sampson, Chief Executive of Shelter  
Lesley Morphy, Chief Executive of Crisis  
Charles Fraser, Chief Executive of St Mungo's  
Matt Peacock, Chief Executive of Streetwise Opera  
Sister Ellen, Chief Executive of The Passage  
Maff Potts, Chief Executive of Salvation Army  
Athol Hallé, Chief Executive of Groundswell UK  
Jo Grant, Chief Executive of Aquila Way, Newcastle  
Sue Frost, Chief Executive of Herts Young Homeless

## Introduction:

The NHS is one of the greatest achievements of the 20<sup>th</sup> Century, an enterprise which hugely enriches our society. Its substantial achievements are not in doubt and the NHS continues to work hard to ensure that people get the quality healthcare they deserve, regardless of financial means.

The environment in which the NHS operates is however largely dictated by the government of the day and data revealed for the first time in this report about the link between hospital release and homelessness makes troubling reading.

By way of background, research by Shelter suggests that the health experience of those rough sleeping is particularly acute:

- 30-50 per cent of homeless people experience mental health problems.
- About 70 per cent of homeless people misuse drugs.
- Long term rough sleepers have an average life expectancy of just 42 years.
- There are high rates of Tuberculosis (TB), respiratory problems and skin diseases.<sup>1</sup>

The risks are particularly severe in children as spending time in cramped hostels and B&B accommodation leads to a greater risk of developing childhood TB.<sup>2</sup>

Critically, children without a permanent address are significantly more likely to have poor health outcomes.<sup>3</sup>

This report has sought to add hard data to the anecdotal information already available elsewhere and Freedom of Information requests were sent to 171 NHS Acute Trusts across the country. This request contained detailed questions which sought to assess how the NHS deals with patients who are of no fixed abode, to assess whether policies are in place, whether these policies are universal to the NHS and whether there was a difference in numbers from those who arrived as homeless and those who left the system into homelessness.

The results make for disturbing reading and reveal that a rising number of people without permanent homes are relying on a system which is not in a position to help those most in need. It also reveals that if the NHS was able to work more closely with homeless organisations, a great deal could potentially be achieved. Indeed the case study below, details good work by the Guys and St Thomas Acute Trust in London and shows how impressive services for homeless people can be achieved.

---

<sup>1</sup>[http://england.shelter.org.uk/professional\\_resources/good\\_practice/homelessness\\_strategies/health\\_and\\_homelessness#\\_edn1](http://england.shelter.org.uk/professional_resources/good_practice/homelessness_strategies/health_and_homelessness#_edn1)

<sup>2</sup> Harker, L., Chance of a lifetime: the impact of bad housing on Children's lives, Shelter, London, 2006

<sup>3</sup> There's No Place Like Home, Published by Grant Shapps MP : <http://www.shapps.com/reports>

This report represents a piece of original research which goes beyond the previously publicly available information. It shows a failure to help the homeless when they are at their most vulnerable, a dramatic rise in the numbers of people without homes to go to on release from hospital and potential solutions to the Hospital to Homelessness crisis.

As far as the authors are aware, it is the first time that hard data on homelessness from hospital has ever been gathered and is certainly the most up to date information currently available.

## **NHS Best Practice – Guys and St Thomas Acute Trust:**

In the course of researching this report we were keen to highlight examples of best practice by the NHS, particularly Trusts which performed exceptional work in helping the homeless.

The Passage Day Centre, for example, has an NHS provided team, led by skilled nurses along with GPs to meet with and assess the needs of rough sleepers. Mick Clarke, Deputy Chief Executive of The Passage, said “This service has undoubtedly saved many lives and is absolutely invaluable to us.” Many of 200 people who daily attend The Passage use this service.

Guys and St Thomas Foundation Trust stand out as having an exceptional team who work hard to help the homeless arriving through their doors. The following case study is typical of their work:

The patient was admitted to hospital complaining of severe leg pain. Subsequent treatment involved the patient becoming a wheelchair user. The patient had other health needs which included drug dependency. The patient disclosed to ward staff that they were homeless with no address to be discharged to; the patient was then referred to the homeless persons discharge coordinator.

The Homeless persons discharge coordinator established that the patient had a long history of rough sleeping and substance misuse. Patient was known to a rough sleeper outreach services but had a history of poor engagement and had not been placed in a hostel for several months.

The patient and the homeless person discharge coordinator discussed housing options and agreed that a homeless hostel would not be suitable accommodation and it was unlikely that any hostel could accommodate a wheelchair user. It was agreed the best course of action was to approach the local council housing department to make a homeless application. Due to the patients poor mobility it was unreasonable for them to approach the housing department in person and therefore the application needed to be made from the hospital.

To make this application the homeless person discharge coordinator first had to establish which local authority borough the patient had strong local connections with. To do this the homeless person discharge coordinator had to liaise with the rough sleeper outreach service asking them to assist and provide written evidence that they knew and were working with the patient and confirm that the patient was homeless.

The patient did not have any formal documentation that could be used as identification and was not on any welfare benefits. The homeless person discharge coordinator applied for the patient's birth certificate and referred them to the department of work and pensions to make an application for benefits.

The patient was also referred to a drug project that would assist with a methadone programme in the community once discharged from hospital and referred to social services.

Once all relevant documents were obtained such as birth certificate, evidence of homelessness/ local connection, proof of welfare benefits and evidence of physical health needs, a referral to the housing department was made. This referral was made to the housing department and a request that the part 7 homeless application be completed in the hospital as the patient could not attend the housing department.

The patient was assessed by the housing department and the part 7 application was successful. The housing department agreed that they had a duty to house the patient. The patient was now on the waiting list for a mobility adapted flat. The patient was now medically fit for discharge.

The homeless person discharge coordinator discussed the issue of interim accommodation with social services as the patient was medically fit for discharge. Social services agreed to look at step down options to help facilitate the safe discharge of the patient. During this time the patient was referred to a tenancy support team and an offer of adapted permanent accommodation was made. The patient was registered with a local GP and safely discharged to their accommodation with financial support from a community care grant from the Department of Work and Pensions and with follow up from the tenancy support team and the drug project.

Work by the NHS can provide an immeasurable amount of help to patients in extremely vulnerable living situations. It is often particularly difficult for homeless people to make links to social services or to obtain correct documentation. By assisting in this process and applying their valuable experience to the problem the Trust helped 67 people between April and June of 2008, making links not only to social services, but also to homelessness organisations.

In addition to helping 67 individuals in desperate need, this NHS Trust's work will have, without a doubt, saved the NHS large amounts of money as someone who is no longer homeless is liable to recovery faster and require lower levels of future NHS treatment.

## Methodology:

The Freedom of Information survey used to collect these results was conducted across 171 NHS Acute Trusts. A number of NHS Trusts helped frame the questions asked in order to ensure that they were accurately phrased and would enable the Trusts to answer as fully as possible. We are in particular grateful to the East and North Herts NHS Trust for their assistance.

The data which was requested is not routinely collected; despite this 103 NHS Trusts were able to return the data requested and now included in this report; representing a healthy 60% return rate for this survey. This report therefore represents an entirely new piece of research, providing an analysis of fresh information.

Further information has been provided by representatives of the Homelessness Foundation and particular help was received from Guys and St Thomas Foundation Trust and the East and North Herts Trust. The organisations involved in the Advisory Panel provide invaluable support in creating this and other reports.

It should be noted that the information contained here does not represent every homeless person or individual of no fixed abode that uses the NHS as whole, but rather those whose data is recorded by the Trusts. It covers both rough sleepers and those of no fixed abode who exist as part of the hidden homeless problem. Inevitably the full picture will therefore be much graver than it is possible to demonstrate through the data alone.

## The Survey:

The number of homeless patients across the NHS has continued to rise since 2003, representing a growing number of people who have urgent problems beyond their immediate health needs. There has been a 27% increase between 2003 and 2007, with 6358 people registered as having no fixed in 2007 on admittance.<sup>4</sup>

Due to the way in which different Trusts collect information we also asked for information on how many people were being recorded as no fixed abode on discharge. This accounts for the reason why the information slightly different to what is recorded above in the data on admittance. Again, the same steep rise in patients is evident, with an overall increase of 36% between 2003 and 2007.

Of these homeless patients, many are being recorded as having no relative and carer on discharge. At best this means that there is no one to contact if the patient needs support or assistance. At worst it means that patients being discharged with serious medical conditions risk having to return to the streets still suffering from major illnesses.

Only a minority of the NHS Trusts were able to record when patients were discharged without the support of a relative or carer. However 35% of Trusts answered the question, identifying 1139 patients with no fixed abode who had been discharged without a relative or carer being recorded on their discharge forms.

Many of the charities involved with the Homelessness Foundation have shocking stories of homeless people being discharged from hospital back to the streets with little or no support. Grant Shapps's experience of meeting a homeless man who had just released from hospital is by no means exceptional. Whether the release is onto the street or even into temporary accommodation this represents an extremely exposed and unsafe environment which will most likely exacerbate any medical condition

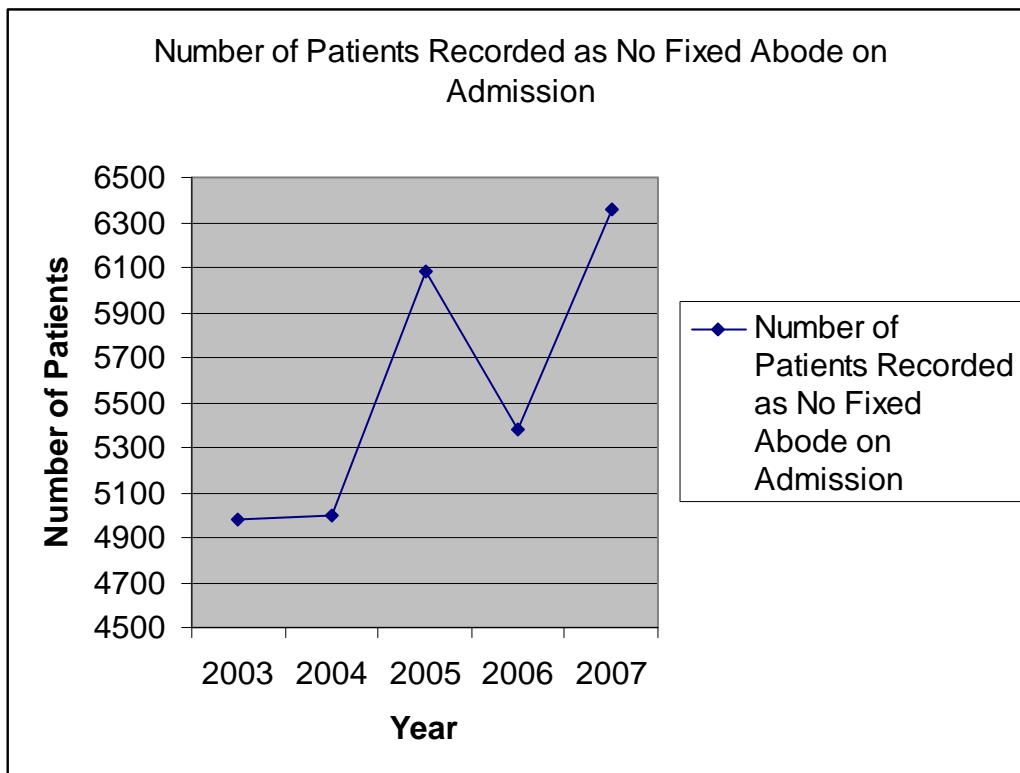
A map of the hotspots identified in this report is available at this address:

<http://maps.google.com/maps/ms?ie=UTF8&hl=en&msa=0&msid=107687251459589561143.000456877c0805a772531&ll=53.225768,2.197266&spn=12.806475,28.300781&z=5>

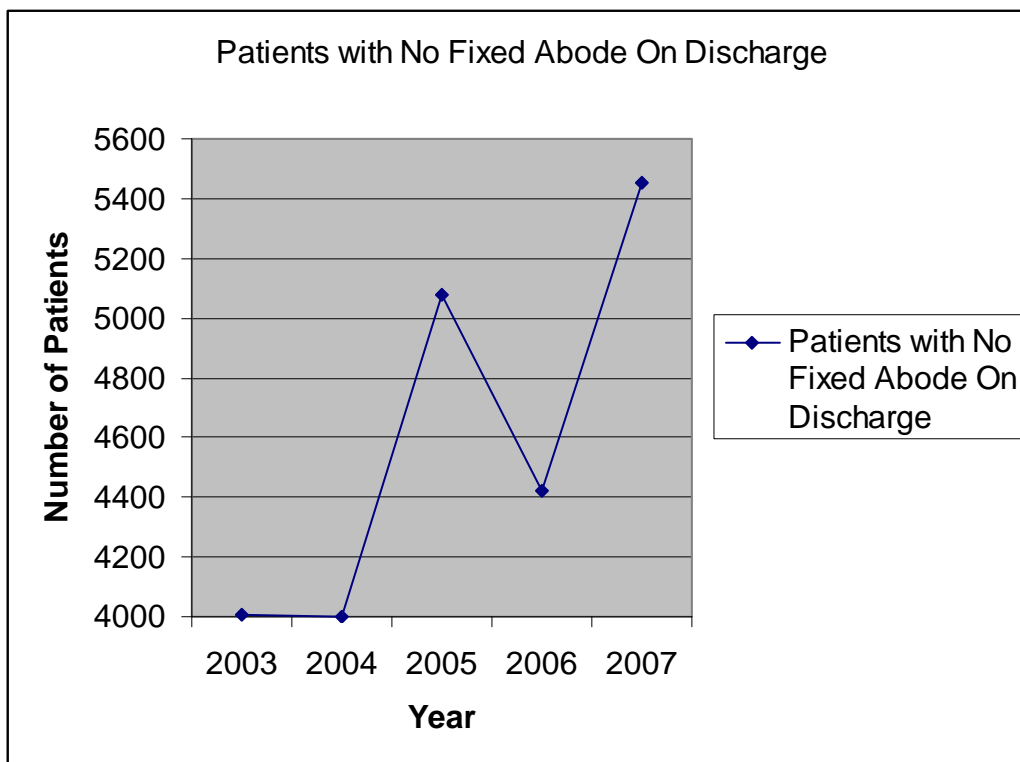
---

<sup>4</sup> Information from FOI request

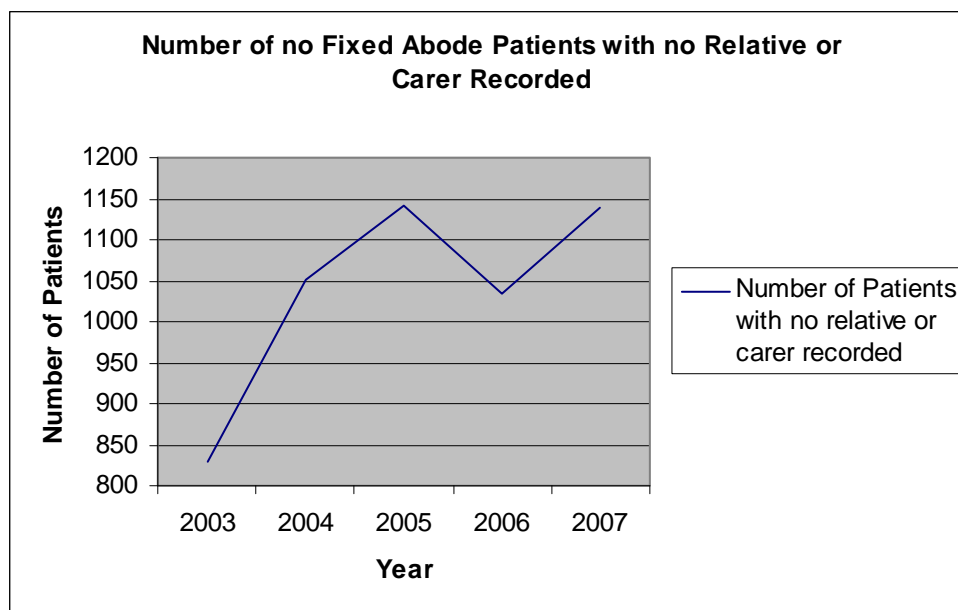
Number of patients who were recorded as having no fixed abode on admittance.	
2003	4984
2004	5001
2005	6080
2006	5380
2007	6358



Number of patients who were recorded as having no fixed abode on discharge.	
2003	4006
2004	3998
2005	5078
2006	4425
2007	5453



Number of patients with no fixed abode with no recorded carer or relative	
2003	830
2004	1052
2005	1142
2006	1034
2007	1139



## Patients Recorded on Discharge as No Fixed Abode

Trust	2003	2004	2005	2006	2007	Percentage Change Percentage change
<b>Trust</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	
Aintree University Hospitals NHS Foundation Trust	42	36	28	7	13	-69
Ashford and St Peter's Hospitals NHS Trust	1	0	5	1	7	600
Barking, Havering and Redbridge Hospitals NHS Trust						
Barnsley Hospital NHS Foundation Trust	42	35	21	34	24	-43
Barts and the London NHS Trust	119	89	120	89	101	-15
Basildon and Thurrock University Hospitals	12	18	22	24	44	267
Birmingham Children's Hospital NHS Foundation Trust						
Birmingham Women's NHS Foundation Trust						
Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust	33	33	44	68	44	33
Burton Hospitals NHS Trust	1	7	6	7	9	800
Calderdale and Huddersfield NHS Foundation Trust						
Cambridge University Hospitals NHS Foundation Trust	115	117	72	42	64	-44
Central Manchester and Manchester Children's University Hospitals NHS Trust	60	149	192	111	130	117
Chesterfield Royal Hospital NHS Foundation Trust						
City Hospitals Sunderland NHS Foundation Trust	29	61	54	52	83	186
Clatterbridge Centre for Oncology						
County Durham and Darlington NHS Foundation Trust	17	35	43	41	33	94
Dartford and Gravesham NHS Trust	19	20	21	9	5	-74
Derbyshire Hospitals NHS Foundation Trust	45	45	70	54	70	56
Dorset County Hospital NHS Foundation Trust	40	24	32	38	38	-5
Dudley Group of Hospitals NHS Trust						
East Cheshire NHS Trust	9	10	12	13	21	133
East Kent Hospitals University NHS Trust	17	118	80	65	60	253
East Sussex Hospitals NHS Trust	19	15	9	13	6	-68
Epsom and St Helier University Hospitals NHS Trust	34	38	45	51	27	-21
George Eliot Hospital NHS Trust	19	28	34	30	26	37
Great Ormond Street Hospital for Children NHS Trust						
Guy's and St Thomas' NHS Foundation Trust						
Harrogate and District NHS Foundation Trust	5	8	9	8	13	160
Heatherwood and Wexham Hospitals NHS Foundation Trust						
Hinchingbrooke Health Care NHS Trust						
Hull and East Yorkshire Hospitals NHS Trust						
Ipswich Hospital NHS Trust	12	5	5	6	17	42
Isle of Wight NHS Primary Care Trust	19	36	23	38	28	47
James Paget University Hospitals NHS Foundation Trust	25	24	10	4	13	-48
Kettering General Hospital NHS Trust	21	29	24	57	67	219
Kings College Hospital NHS Foundation Trust	1865	1531	2301	1832	2589	39
Kingston Hospital NHS Trust	20	36	49	22	3	-85
Liverpool Heart and Chest Hospital	0	1	0	0	1	

**Report by Grant Shapps MP  
Shadow Housing Minister**

Liverpool Women's NHS Foundation Trust	3	4	3	0	0	-100
Luton and Dunstable NHS Foundation Trust	8	9	6	7	13	63
Medway NHS Foundation Trust						
Mid Cheshire Hospitals NHS Foundation Trust	19	26	23	28	39	105
Mid Essex Hospitals NHS Trust	7	13	31	31	19	171
Mid Staffordshire NHS Foundation Trust						
Moorfields Eye Hospital NHS Foundation Trust						
Norfolk and Norwich University Hospital	25	23	22	12	19	-24
North Bristol NHS Trust						
North Cumbria Acute Hospitals NHS Trust	14	13	17	10	8	-43
North Tees and Hartlepool NHS Foundation Trust	18	21	18	14	13	-28
North West London Hospitals NHS Trust						
Northampton General Hospital NHS Trust						
Northern Lincolnshire and Goole Hospitals NHS Trust	16	17	25	24	26	63
Northumbria Healthcare NHS Foundation Trust	35	31	40	46	64	83
Nottingham University Hospitals NHS Trust	116	123	132	111	117	1
Oxford Radcliffe Hospitals NHS Trust	108	115	108	104	93	-14
Papworth Hospital NHS Foundation Trust						
Pennine Acute Hospitals NHS Trust						
Peterborough and Stamford Hospitals NHS Foundation Trust						
Plymouth Hospitals NHS Trust	61	60	54	68	69	13
Poole Hospital NHS Foundation Trust						
Portsmouth Hospitals NHS Trust	138	144	140	102	117	-15
Robert Jones & Agnes Hunt Orthopaedic & District Hospital NHS Trust						
Rotherham NHS Foundation Trust	20	14	33	29	34	70
Royal Cornwall Hospitals NHS Trust	146	168	194	154	205	40
Royal Devon and Exeter NHS Foundation Trust						
Salisbury NHS Foundation Trust	14	15	14	14	19	36
Scarborough and North East Yorkshire Healthcare NHS Trust	21	16	20	14	2	-90
Sherwood Forest Hospitals Acute Trust	59	84	68	77	73	24
Shrewsbury and Telford Hospital NHS Trust						
South Devon Healthcare NHS Foundation Trust	18	22	49	56	81	350
South Tees Hospitals NHS Trust						
South Tyneside NHS Foundation Trust	12	14	12	20	8	-33
Southampton University Hospitals NHS Trust						
St George's Healthcare NHS Trust						
Stockport NHS Foundation Trust	11	16	29	24	29	164
The Hillingdon Hospital NHS Trust	32	32	52	67	91	184
The Princess Alexandra Hospital Trust	7	6	15	16	19	171
The Royal Liverpool and Broadgreen University Hospitals NHS Trust	93	68	84	69	61	-34
The Royal Wolverhampton Hospitals NHS Trust	43	21	35	49	59	37
The Walton Centre NHS Trust	0	0	1	0	0	
Trafford Healthcare NHS Trust	20	10	8	6	7	-65
University Hospital Birmingham NHS Foundation Trust	55	84	122	64	103	87
University Hospital of North Staffordshire NHS Trust	23	38	52	38	92	300
University Hospital of South Manchester NHS Foundation Trust						
University Hospitals of Leicester NHS Trust	11	11	23	28	23	109

West Middlesex University Hospital NHS Trust	70	71	183	178	212	203
West Suffolk Hospital NHS Trust	17	13	10	21	16	-6
Whipps Cross University Hospital NHS Trust	117	123	82	118	51	-56
Wirral University Teaching Hospital	34	41	60	97	134	294
Wrightington, Wigan and Leigh NHS Trust	17	20	10	20	14	-18
Yeovil District Hospital NHS Trust						
York Hospitals NHS Foundation Trust						

**Report by Grant Shapps MP  
Shadow Housing Minister**

Trust	2003	2004	2005	2006	2007	Percentage Change
Aintree University Hospitals NHS Foundation Trust	39	36	28	7	13	-67
Ashford and St Peter's Hospitals NHS Trust	1	0	5	1	7	600
Barnsley Hospital NHS Foundation Trust	42	35	21	34	24	-43
Barts and the London NHS Trust	119	89	120	89	102	-14
Burton Hospitals NHS Trust	1	7	6	7	9	800
Calderdale and Huddersfield NHS Foundation Trust	31	29	26	23	34	10
Central Manchester and Manchester Children's University Hospitals NHS Trust	59	150	192	114	130	120
Chesterfield Royal Hospital NHS Foundation Trust	21	28	41	51	44	110
City Hospitals Sunderland NHS Foundation Trust	31	65	63	58	93	200
County Durham and Darlington NHS Foundation Trust	17	35	43	41	33	94
Dartford and Gravesham NHS Trust	19	20	21	9	5	-74
Derbyshire Hospitals NHS Foundation Trust	59	55	70	54	70	19
Dorset County Hospital NHS Foundation Trust	45	27	31	39	35	-22
East Kent Hospitals University NHS Trust	117	119	80	64	60	-49
East Sussex Hospitals NHS Trust	19	115	10	12	6	-68
George Eliot Hospital NHS Trust	19	28	34	30	26	37
Guy's and St Thomas' NHS Foundation Trust	437	475	454	448	452	3
Heatherwood and Wexham Hospitals NHS Foundation Trust	38	19	12	33	25	-34
Hull and East Yorkshire Hospitals NHS Trust	93	92	104	111	105	13
Isle of Wight NHS Primary Care Trust	20	35	23	38	28	40
James Paget University Hospitals NHS Foundation Trust	25	24	10	4	13	-48
Kettering General Hospital NHS Trust	21	29	24	57	67	219
Kings College Hospital NHS Foundation Trust	1865	1531	2301	1832	2589	39
Kingston Hospital NHS Trust	20	36	49	22	3	-85
Liverpool Women's NHS Foundation Trust	8	2	4	2	2	-75
Luton and Dunstable NHS Foundation Trust	8	9	6	7	13	63
Mid Cheshire Hospitals NHS Foundation Trust	19	26	23	28	39	105
Mid Essex Hospitals NHS Trust	7	13	31	31	19	171
Mid Staffordshire NHS Foundation Trust	56	3	41	48	54	-4
Moorfields Eye Hospital NHS Foundation Trust	21	13	14	16	31	48
Norfolk and Norwich University Hospital	25	23	22	12	19	-24
North Bristol NHS Trust	20	25	20	26	30	50
North Cumbria Acute Hospitals NHS Trust	14	13	17	10	8	-43
North Tees and Hartlepool NHS Foundation Trust	18	21	18	14	13	-28
Northampton General Hospital NHS Trust	17	14	27	34		-100
Northern Lincolnshire and Goole Hospitals NHS Trust	16	18	24	24	26	63
Northumbria Healthcare NHS Foundation Trust	34	41	40	46	64	88
Nottingham University Hospitals NHS Trust	120	125	131	113	114	-5
Oxford Radcliffe Hospitals NHS Trust	123	122	119	115	109	-11
Peterborough and Stamford Hospitals NHS Foundation Trust	40	59	54	46	57	43
Poole Hospital NHS Foundation Trust	5	7	1	8	22	340
Portsmouth Hospitals NHS Trust	165	168	171	122	144	-13
Rotherham NHS Foundation Trust	20	14	33	29	34	70
Royal Cornwall Hospitals NHS Trust	145	169	193	157	203	40

**Report by Grant Shapps MP  
Shadow Housing Minister**

Scarborough and North East Yorkshire Healthcare NHS Trust	21	16	20	14	2	-90
Sherwood Forest Hospitals Acute Trust	59	84	68	77	73	24
Shrewsbury and Telford Hospital NHS Trust	9	22	32	33	1	-89
South Devon Healthcare NHS Foundation Trust	18	22	49	57	80	344
South Tyneside NHS Foundation Trust	13	15	13	18	8	-38
St George's Healthcare NHS Trust	20	18	12	14	8	-60
Stockport NHS Foundation Trust	11	16	29	23	28	155
The Hillingdon Hospital NHS Trust	105	148	99	78	140	33
The Princess Alexandra Hospital NHS Trust	7	6	15	16	20	186
The Royal Liverpool and Broadgreen University Hospitals NHS Trust	147	149	261	233	253	72
The Royal Wolverhampton Hospitals NHS Trust	29	13	20	35	40	38
Trafford Healthcare NHS Trust	15	7	6	5	6	-60
University Hospital Birmingham NHS Foundation Trust	55	84	122	64	103	87
University Hospital of North Staffordshire NHS Trust	28	41	52	40	85	204
University Hospital of South Manchester NHS Foundation Trust	33	36	37	32	13	-61
University Hospitals of Leicester NHS Trust	10	10	24	28	24	140
West Middlesex University Hospital NHS Trust	70	71	183	178	212	203
West Suffolk Hospital NHS Trust	15	11	9	20	16	7
Whipps Cross University Hospital NHS Trust	121	121	81	119	50	-59
Wirral University Teaching Hospital	34	41	60	97	134	294
Wrightington, Wigan and Leigh NHS Trust	17	20	10	19	14	-18
York Hospitals NHS Foundation Trust	108	86	121	114	74	-31

## Conclusions:

Homeless people represent some of the most vulnerable people in our society; they are also largely divorced from the normal support mechanisms for those in need. When a homeless person accesses NHS care it could be a prime opportunity for them to also access further services.

There is a protocol which has been distributed by the Department of Health which seeks to advise hospitals on how they should deal with patients of no fixed abode<sup>5</sup>. When we addressed this in our FOI it was clear, however, that since the majority of hospitals were unable to identify a policy or pathway which dealt with homelessness many hospitals are not fully implementing this guidance. 67% of those Trusts responding were unable to identify an existing policy addressing homeless patients.

Of the minority of Trusts able to identify an active policy, most were unable to point to any initiative aimed at helping the homeless. Since it is clearly unacceptable for so many people to be falling by the wayside, we must do more to help ensure that this key opportunity for important work to be done is not lost.

The number of people appearing as homeless or no fixed abode within the NHS has risen almost every year since 2003. Previous research reveals that the number of people living without homes is on the rise across the country<sup>6</sup>. The NHS is one area where this rise is being felt and where it can be analysed and where solutions could be employed.

By discharging those who are homeless without intervening on the problem, a false economy is created. The case encountered by Grant Shapps illustrated that people suffering with serious medical conditions are being discharged to homes they don't have. It will then cost the NHS far more when these people return to hospital with exacerbated chronic conditions.

The government continues to fail in its duty to ensure that people have a place to live, with thousands a year attending hospital and having no homes to go back to. The data contained here and in other reports conducted by Grant Shapps<sup>7</sup> all point to the same conclusion. There are simply not enough homes and those most vulnerable are the least likely to be able to access appropriate accommodation. As more and more people become hidden homeless, or worse are forced onto the streets by the invidious housing situation, we must do all we can to link up services to help those most in need.

---

<sup>5</sup>The Hospital Admission and Discharge Guidance can be found at [http://www.homeless.org.uk/policyandinfo/issues/health/discharge/Admissions\\_discharge29.11.pdf](http://www.homeless.org.uk/policyandinfo/issues/health/discharge/Admissions_discharge29.11.pdf)

<sup>6</sup> All reports on homelessness can be found at [www.shapps.com/reports](http://www.shapps.com/reports)

<sup>7</sup> *ibid*

## Recommendations:

As this report has described, there are NHS Trusts who are doing excellent work caring for those who are unable to make the transition from hospital to a stable living environment. They do this by making links with social services and working with appropriate agencies in the voluntary sector. They intervene at critical moments as the patient has contact with established service providers like the NHS.

1. The problem of hospital homelessness needs to be recognised by the NHS, Local Authorities and organisations involved in homelessness.
2. NHS Trusts should be asked to review their existing protocols with regard to *The Hospital Admission and Discharge Guidance* issued by the Department of Health.
3. Best practice examples need to be widely disseminated from those NHS Trusts who have the greatest expertise in homelessness intervention, with the aim of encouraging other Trusts to adopt their approach within existing budgets and structures.
4. Work by the Homelessness Foundation has shown that the voluntary sector is often uniquely positioned to provide the bridge between hospital and a secure housing solution. We therefore recommend that NHS Trusts actively seek to engage with relevant organisations in order to maximise outcomes for potentially homeless patients.
5. There needs to be a recognition that intervention by the appropriate organisations prior to discharge will usually provide both cost and social savings for the NHS and patient, as a result of better projected outcomes for the individuals involved.

## Quotes:

*“Over the past five years there has been a dramatic 36% increase in the number of people leaving hospital and entering homelessness.*

*“These figures reveal how homelessness and healthcare are inextricably linked and how easily a vicious circle can develop for those who are discharged from hospital onto our streets.*

*“It’s evidence that Government policy is failing the most vulnerable in our society and much more needs to be done to link up those patients who are discharged into homelessness with the many excellent organisations out there who have the expertise to help.*

*“We now proposing progressive policies aimed at both recognising the problem and addressing the solutions because failing this group of people is counterproductive in terms of their being able to rejoin mainstream society and both the cost to their own health and the NHS as a whole.”*

### **Grant Shapps MP – Shadow Housing Minister**

*“The moment when a vulnerable homeless person is discharged from hospital can be a major turning point in an individual’s life. At Thames Reach, we have examples of hospital staff making prompt and sensitive interventions, linking up with our teams to ensure that the person is found a safe, comfortable hostel bed or helped to return home.*

*At the other extreme, we have helped rough sleepers to hospital, visited them during their stay and next found them wandering the street again, having been discharged without any serious effort been made to find them somewhere to stay. Hospital discharge arrangements need to be uniformly of the highest standard across the country. Sending people back to the street is morally unacceptable and also creates an expensive, unnecessary drain on precious NHS resources.”*

### **Jeremy Swain – Chief Executive of Thames Reach**

*“St Mungo’s congratulates the Conservative Party for raising the vital issue of access to healthcare for the homeless with the publication of this report. It is of particular relevance as it coincides with St Mungo’s Health Action Week which included the launch of our own report and strategy.*

*Homeless people suffer from a uniquely complex set of health problems which require a wide range of medical attention. St Mungo’s report ‘Homelessness: it makes you sick’ highlights the severe healthcare inequalities facing homeless people. St Mungo’s strategy shows what can be done but real change is needed at a policy level to improve access to effective treatment.”*

### **Charles Fraser – Chief Executive of St. Mungo’s**