

Out-of-Hospital Care Models Programme for People Experiencing Homelessness

Audit Tables for Hospital In-reach Teams

Quarterly Monitoring Data Year 2 (2021/22) and Year 3 (2022/23)

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Homeless Hospital In-reach Teams (IRTs) offer specialist clinically-led (**CL**) and/or housing-led (**HL**) case management support to homeless patients while they are in hospital. Most clinically-led **IRTs** are multi-disciplinary and include housing advisors and support staff. They advise the integrated discharge hubs about the most appropriate D2A pathway for the patient and manage aspects of the Duty to Refer. Some IRTs offer time limited support after discharge to ensure continuity of care, but they work mainly inside the hospital.

Positive Practice is Highlighted Using the Symbol =



1. Number of Homeless Patients Referred/Accepted (% acceptance rate).
2. Average Case Load (Clinical Staff)
3. Average Case Load (Non-clinical/Housing)
4. Number of Health/Therapy Assessments Completed in Hospital (per patient)
5. Percentage of Patients Receiving a Care Act Assessment in Hospital
6. Number of Patients Taking Early Self-discharge from Hospital
7. Number of Patients Sleeping Rough at Point of Admission to Hospital
8. Number of Patients Sleeping Rough on Discharge from Hospital
9. Number of Patients Supported by IRTS in the Community after Discharge
10. Length of time IRT supports patients in community after discharge.

More information on specialist homeless out-of-hospital care services can be found at:

<https://www.local.gov.uk/sites/default/files/documents/68.7%20HICM%20HomelessnessAA.pdf>

Table 1: Homeless Hospital In-reach Teams (IRTs) - Patient Numbers & Acceptance Rates (%)


Homeless Hospital In-reach Teams (IRTs) offer specialist clinically-led (**CL**) and/or housing-led (**HL**) case management support to homeless patients while they are in hospital. Most clinically-led **IRTs** are multi-disciplinary and include housing advisors and support staff. They advise the integrated discharge hubs about the most appropriate D2A pathway for the patient and manage aspects of the Duty to Refer. Some IRTs offer time limited support after discharge to ensure continuity of care, but they work mainly inside the hospital.

Out-of-London Test Sites	All Test Sites OoL	TS1 CL	TS2 CL	TS3 CL	TS4 CL	TS5 HL	TS6 HL	TS7 HL	TS8 CL	TS9 CL	TS10 CL	TS11 HL	TS12 HL
2021/22 Accepted (<i>referred</i>)	1847 (1982)	226 (233)	159 (177)	NR	104 (116)	48 (71)	410 (467)	206 (206)	NR	302 (320)	293 (293)	NR	99 (99)
2022/23 Accepted (<i>referred</i>)	4008 (4561)	886 (942)	404 (704)	NR	712 (796)	40 (53)	841 (879)	67 (67)	NR	329 (362)	549 (551)	66 (90)	114 (117)
Total Accepted	5855 (6543)	1112 (1175)	563 (881)	NR	816 (912)	88 (124)	1251 (1346)	273 (273)	NR	631 (682)	842 (844)	66 (90)	213 (216)
% Acceptance Rate	89.5%	94.6%	63.9%		89.5%	71.0%	92.9%	100%		92.5%	99.8%	73.3%	98.6%

London Test Sites	All London Test Sites	TS13 CL.lc	TS14 CL	TS15A CL	TS15B CL	TS16A CL	TS16B HL	TS17A CL	TS17B CL	TS17C HL
2021/22 Accepted (<i>referred</i>)	926 (967) 95.8%	NA	439 (439)	77 (77)	124 (139)	226 (237)	NR	54 (60)	NR	6 (15)
2022/23 Accepted (<i>referred</i>)	4249 (4915) 86.4%	NA	1979 (2279)	69 (108)	337 (498)	740 (840)	400 (415)	326 (340)	256 (272)	142 (163)
Total Accepted	5175 (5882)	NA	2418 (2718)	146 (185)	461 (637)	966 (1077)	400 (415)	380 (400)	256 (272)	148 (178)
% Acceptance Rate	88.0%		89.0%	78.9%	72.4%	89.7%	96.4%	95.0%	94.1%	83.1%

Table 2: Homeless Hospital In-reach Teams (IRTs) – Average Caseload - Clinical Staff

Homeless Hospital In-reach Teams (IRTs): Working in trauma informed ways represents positive practice and is facilitated through lower caseloads that facilitate relational working. High caseloads can lead to burnout and staff retention issues.


 = Lower caseloads

Out-of-London Test Sites	All Test Sites OoL	TS1 CL	TS2 CL	TS3 CL	TS4 CL	TS5 HL	TS6 HL	TS7 HL	TS8 CL	TS9 CL	TS10 CL	TS11 HL	TS12 HL
2021/22	9.6	13	6	NR	7	NA	NA	NA	NR	11	11	NR	NA
2022/23	10	NA	13	NA	5	NA	NA	8	NR	10	14	NR	NA
Average Case Load	9.9	13	9.5	NA	6	NA	NA	8	NR	10.5	12.5	NR	NA

London Test Sites	All London Test Sites	TS13	TS14 CL	TS15A CL	TS15B CL	TS16A CL	TS16B HL	TS17A CL	TS17B CL	TS17C HL
2021/22	6.25	NA	6	3	10	6	NR	NR	NR	NR
2022/23	7.6	NA	5	6	11	8	8	7	8	NR
Average Case Load	7.2	NA	5.5	4.5	10.5	7	8	7	8	NR

Table 3: Homeless Hospital In-reach Teams (IRTs) – Average Caseload Housing/Non-clinical Staff

Homeless Hospital In-reach Teams (IRTs): Working in trauma informed ways represents positive practice and is facilitated through lower caseloads that facilitate relational working. High caseloads can lead to burnout and staff retention issues.

 = Lower caseloads

Out-of-London Test Sites	All Test Sites OoL	TS1 CL	TS2 CL	TS3 CL	TS4 CL	TS5 HL	TS6 HL	TS7 HL	TS8 CL	TS9 CL	TS10 CL	TS11 HL	TS12 HL
2021/22	11.4	8	13	NR	7	5	3	25	NR	NA	NA	NR	19
2022/23	14.9	8	18	18	5	6	9	25	NR	10	32	14	19
Average Case Load	14.5	8	15.5	18	6	5.5.	6	25	NR	10	32	14	19

London Test Sites	All London Test Sites	TS13	TS14 CL	TS15A CL	TS15B CL	TS16A CL	TS16B HL	TS17 A CL	TS17B CL	TS17C HL
2021/22	7.5	NA	10	3	15	5		5	NR	7
2022/23	12.5		5	6	12	11	17	6	8	33
Average Case Load	10.5		7.5	4.5	13.5	8	17	5.5	8	20

Table 4: Homeless Hospital In-reach Teams (IRTs) – Number of Health Assessments Carried Out in Hospital (per Patient)


Homeless Hospital In-reach Teams (IRTs): Under **D2A** the expectation is that fewer assessments will take place inside hospital and that patients will be assessed in the community once they have had time to recover. However, this can be problematic for homeless patients due to the difficulties of following patients up in temporary accommodation if they do not enter residential step-down. Coupled with the traditional barriers facing homeless patients in accessing assessments - we see higher numbers of assessments as positive practice even in hospital settings. A wide range of health and therapy assessments are counted for this metric.

 = Higher numbers of assessments

Out-of-London Test Sites	All Test Sites OoL	TS1 CL	TS2 CL	TS3 CL	TS4 CL	TS5 HL	TS6 HL	TS7 HL	TS8 CL	TS9 CL	TS10 CL	TS11 HL	TS12 HL
2021/22	1300/1847 0.70	242	213	NR	104	12	126	26	NR	222	283	NR	72
2022/23	3350/4008 0.84	746	283	NR	456	27	709	5	NR	372	607	60	85
Total No. of Assessments per Patient	4650/5855 0.79	988/ 1112 0.89	496/563 0.88	NR	560 /816 0.69	39/88 0.44	835 /1251 0.67	31 /273 0.11	NR	594 /631 0.94	890 /842 1.06	60/66 0.91	157 /213 0.74
London Test Sites	All London Test Sites	TS13	TS14 CL	TS15A CL	TS15B CL	TS16A CL	TS16B HL	TS17A CL	TS17B CL	TS17C HL			
2021/22	525/926	NA	201	72	10	188	NR	54	NR	NR			
2022/23	3633 /4249	NA	1821	69	343	463	400	265	256	16			
Total No. of Assessments per Patient	4158 /5175 0.80	NA	2022 /2418 0.84	141 /146 0.97	353 /461 0.77	651 /966 0.67	400/400 1.00	319/380 0.84	256 /256 1.00	16/148 0.11			

Table 5: Homeless Hospital In-reach Teams (IRTs) – Percentage of IRT Patients Receiving a Care Act 2014 Assessment in Hospital

Homeless Hospital In-reach Teams (IRTs): Under **D2A** the expectation is that fewer assessments will take place inside hospital and that patients will be assessed in the community once they have had time to recover. However, this can be problematic for homeless patients due to the difficulties of following patients up in temporary accommodation if they do not enter residential step-down. Coupled with the traditional barriers facing homeless patients in accessing assessments - we see higher numbers of assessments as positive practice even in hospital settings.

 = Higher percentage of patients receiving an assessment

Out-of-London Test Sites	All Test Sites OoL	TS1 CL	TS2 CL	TS3 CL	TS4 CL	TS5 HL	TS6 HL	TS7 HL	TS8 CL	TS9 CL	TS10 CL	TS11 HL	TS12 HL
2021/22	211/1847 11.4%	62	23	NR	NR	20	21	5	NR	4	2	NR	74
2022/23	244/4008 6.1%	64	63	NR	NR	8	24	3	NR	10	12	16	44
Total (% of patients)	455/5855 7.8%	126/ 1112	86/563	NR	NR	28/88	45 /1251	/273	NR	14 /631	14 /842	16/66	118 /213
		11.3%	15.3%		NR	31.8%	3.6%	2.9%		2.2 %	1.7%	24.2%	48.6%

London Test Sites	All London Test Sites	TS 13	TS14 CL	TS15A CL	TS15B CL	TS16A CL	TS16B HL	TS17A CL	TS17B CL	TS17C HL
2021/22	35/926 3.8%	NA	5	3	15	0	NR	2	NR	10
2022/23	158 /4249 3.7%		23	1	28	6	16	14	60	10
Total (% of patients)	193 /5175 3.7%	NA	28 /2418	4/146	43/461	6/966	16/400	16/380	60/256	20/148
			1.1%	2.7%	9.3%	0.6%	4.0%	4.2%	23.4%	13.5%

In-reach Teams

Table 6: Homeless Hospital In-reach Teams (IRTs) - Number of Patients Taking Early Self-discharge from Hospital

In-reach Homeless Teams: The expectation is that the IRT will challenge the stigmatization of homeless patients and address other needs such as the need for opiate replacement medication and will as a result prevent early self-discharge.

 = Low numbers of patients taking early self-discharge

Out-of-London Test Sites	All Test Sites OoL	TS1 CL	TS2 CL	TS3 CL	TS4 CL	TS5 HL	TS6 HL	TS7 HL	TS8 CL	TS9 CL	TS10 CL	TS11 HL	TS12 HL
2021/22	208/1847 11.3%	28	13	NR	14	5	42	11	NR	34	1	NR	2
2022/23	335/4008 8.4%	34	27	NR	76	3	81	1	NR	49	61	2	1
Total (% of patients)	485/5855 8.2%	62/ 1112 5.6%	40/563 7.1%	NR	90 /816 11.0%	8/88 9.1%	123 /1251 9.8%	12 /273 4.4%	NR	83 /631 13.2%	62 /842 7.4%	2/66 3.0%	3 /213 1.4%

London Test Sites	All London Test Sites	TS13	TS14 CL	TS15A CL	TS15B CL	TS16A CL	TS16B HL	TS17 A CL	TS17B CL	TS17C HL
2021/22	58/926 6.3%	NA	14	4	11	25	NR	4	NR	NR
2022/23	399 /4249 9.4%	NA	151	0	52	96	45	32	15	8
Total (% of patients)	457 /5175 8.8%	NA	165 /2418 6.8%	4/146 2.7%	63/461 13.7%	121 /966 12.5%	45/400 11.3%	36 /380 9.5%	15/256 5.9%	8/148 5.4%

Table 7: Homeless Hospital In-reach Teams (IRTs) - Number of Patients Sleeping Rough on Admission to Hospital


Homeless Hospital In-reach Teams (IRTs) The expectation is that Teams funded through the OOHCM will work with people sleeping rough or at risk of rough sleeping

Out-of-London Test Sites	All Test Sites OoL	TS1 CL	TS2 CL	TS3 CL	TS4 CL	TS5 HL	TS6 HL	TS7 HL	TS8 CL	TS9 CL	TS10 CL	TS11 HL	TS12 HL
2021/22	372/1847 20.1%	34	52	NR	23	16	141	37	NR	52	11	NR	6
2022/23	792/4008 19.8%	122	139	NR	200	14	163	0	NR	52	53	41	8
Total	1164/5855	156 /1112	191/563	NR	223 /816	30/88	304 /1251	37 /273	NR	104 /631	64 /842	41/66	14 /213
% sleeping rough on admission to hospital	19.9%	14.0%	33.9%		27.3%	34.1%	24.3 %	15.2 %		16.5 %	7.6%	62.1 %	6.6%

London Test Sites	All London Test Sites	TS13	TS14 CL	TS15A CL	TS15B CL	TS16A CL	TS16B HL	TS17A CL	TS17B CL	TS17C HL
2021/22	215/926 23.2%	NA	63	12	58	73	NR	9	NR	0
2022/23	1003 /4249 23.6%	NA	393	20	86	263	109	63	56	13
Total	1218 /5175	NA	456 /2418	32/146	144 /461	336 /966	109/400	72/380	56/256	13/148
% sleeping rough on admission to hospital	23.5%		18.9%	21.9%	31.2%	34.8%	27.3%	18.8%	21.9%	8.8%

Table 8: Homeless Hospital In-reach Teams (IRTs) - Number of Patients Sleeping Rough on Discharge from Hospital

In-reach Homeless Teams (IRTs): The expectation is that in-reach support and with access to D2A will prevent rough sleeping.

 = Low numbers of patients sleeping rough after discharge

Out-of-London Test Sites	All Test Sites OoL	TS1 CL	TS2 CL	TS3 CL	TS4 CL	TS5 HL	TS6 HL	TS7 HL	TS8 CL	TS9 CL	TS10 CL	TS11 HL	TS12 HL
2021/22	117/1847 6.3%	9	18	NR	20	5	51	0	NR	11	3	NR	0
2022/23	391/4008 9.8%	33	63	NR	80	8	142	0	NR	28	32	4	1
Total (% of patients sleeping rough on discharge)	508/5855 8.7%	42 /1112 3.8%	81/563 14.4%	NR	100 /816 12.3%	13/88 14.8%	193 /1251 15.4%	0/273 0.0%	NR	39 /631 6.2%	35 /842 4.2%	4/66 6.1%	1/213 0.5%

London Test Sites	All London Test Sites	TS13	TS14 CL	TS15A CL	TS15B CL	TS16A CL	TS16B HL	TS17 A CL	TS17B CL	TS17C HL
2021/22	61/926 6.6%	NA	12	6	1	40	NR	2	NR	NR
2022/23	312 /4249 7.3%	NA	38	0	3	179	54	26	8	4
Total (% of patients sleeping rough on discharge)	373 /5175 7.2%	NA	50 /2418 2.1%	6/146 4.1%	4/461 0.9%	219 /966 22.7%	54/400 13.5%	28 /380 7.4%	8/256 3.1%	4/148 2.7%

Table 9: Support Provided by Homeless Hospital In-reach Teams (IRTs) in the Community After Discharge

Homeless Hospital In-reach Teams (IRTs): It is recommended that that IRTs continue to ‘case manage’ patients until other services are in place and working well. Continuity of clinical support is especially important where patients are moving into housing-led (HL) step-down services.

 = Higher numbers supported by IRTs **after discharge**

Out-of-London Test Sites	All Test Sites OoL	TS1 CL	TS2 CL	TS3 CL	TS4 CL	TS5 HL	TS6 HL	TS7 HL	TS8 CL	TS9 CL	TS10 CL	TS11 HL	TS12 HL
2021/22	244/1847 13.2%	0	2	NR	NR	NR	NR	16	NR	162	64	NR	NR
2022/23	446/4008 11.1%	0	73	NR	NR	14	NR	8	NR	240	67	44	NR
Total % patients	690/5855 11.8%	0/1112 0%	75/563 13.3%	NR	NR	14/88 15.9%	NR	24 /273 8.8%	NR	302/631 47.9 %	131/842 15.6 %	44/66 66.7 %	NR

London Test Sites	All London Test Sites	TS13	TS14 CL	TS15A CL	TS15B CL	TS16A CL	TS16B HL	TS17 A CL	TS17B CL	TS17C HL
2021/22	72/926 3.7%	NA	NR	69	3	NR	NR	NR	NR	NR
2022/23	1849 /4249 43.5%	NA	523	NR	313	235	400	378	NR	NR
Total % patients	1921 /5175 37.1%	NA	523 /2418 21.6%	69/146 47.3%	316 /461 68.5%	235 /966 24.3%	400/400 100%	378 /380 99.5%	NR	NR

Table 10: Length of Time IRT Supports Patients in the Community After Discharge

Homeless Hospital In-reach Teams (IRTs): It is recommended that that IRTs continue to ‘case manage’ patients until other services are in place and working well. Continuity of clinical support is especially important where patients are moving into housing-led (HL) step-down services. Longer support times may reflect a lack of capacity in community services.



= Shorter times reflect capacity in community services

Out-of-London Test Sites	All Test Sites OoL	TS1 CL	TS2 CL	TS3 CL	TS4 CL	TS5 HL	TS6 HL	TS7 HL	TS8 CL	TS9 CL	TS10 CL	TS11 HL	TS12 HL
2021/22 (days)	44	NR	NR	NR	NR	NR	NR	70	NR	42	21	NR	NR
2022/23	118	NR	92	NR	NR	35	NR	168	NR	42	214	154	NR
Average Length of Time Supported	93	NR	92	NR	NR	35	NR	119	NR	42	117.5	154	NR

London Test Sites	All London Test Sites	TS13	TS14 CL	TS15A CL	TS15B CL	TS16A CL	TS16B HL	TS17 A CL	TS17B CL	TS17C HL
2021/22	28	NA	NR	13	42	NR	NR	NR	NR	NR
2022/23	28	NA	14	21	28	28	28	49	NR	NR
Average Length of Time Supported	28	NA	14	17	35	28	28	49	NR	NR