



**Housing LIN**

*Connecting people, ideas and resources*

## **Reducing hospital re-admissions through integrated health and housing**

*By Linda McGowan, Services Director, Horton Housing Association*

Providing integrated housing and health solutions to meet some of the health needs of homeless people is one way housing associations can help reduce the demand for acute NHS services and increase the take-up of less expensive and more suitable primary care alternatives.

Research has demonstrated that people who are homeless are six times more likely to access healthcare through Accident and Emergency departments and 40 times less likely to be registered with a GP than the general population.

Once admitted to hospital, their length of stay is likely to be three times as long – an average of 6.2 days compared to 2.1 days. Having no home to go to, or only very poor quality housing, is a key factor in delaying discharge from hospital.

Bradford Respite and Integrated Care and Support Service (BRICSS) was set up in December 2013 following a successful bid for funding from the Department of Health's Homeless Hospital Discharge fund. The funding paid for the capital costs of the building, three months of initial revenue costs, and has helped us, alongside our partner Bevan Healthcare CIC, to attract 100% revenue funding from Bradford Council's Public Health department and Bradford City Clinical Commissioning Group (CCG).

BRICSS offers short-term accommodation for people who are coming out of hospital but are either homeless or haven't got anywhere suitable for them to recover. Eligible clients are identified by a member of our staff who is based at the hospital as part of the Pathway team. This means we can make ward-based assessments and referrals to BRICSS. Once at our scheme, clients can access clinical and social care provided by Bevan Healthcare CIC, which specialises in health provision for homeless people in the city.

An independent report by the York Health Economics Consortium found that for every £1 invested in our service, the cost of the benefits gained amounted to between £2 and £4. There are also wider social benefits to schemes like ours. Clients say they feel more confident managing their own home, their health and their finances and are leading a more active social life. BRICSS clients use acute healthcare less frequently or for a shorter period of time than before, irrespective of their underlying clinical problem.

We have 14 self-contained units, close to the city centre, which provide safe and comfortable accommodation for people coming out of hospital. While our

clients are staying with us, we help them to address other issues which may be affecting their ability to maintain a tenancy including alcohol or drug dependency, benefits and debt advice, immigration and asylum issues, neglect, financial, sexual, emotional or physical abuse, mental health problems or managing long-term health problems such as TB, HIV and Diabetes.

Typically, clients stay between six and eight weeks before moving on to suitable housing, for example one of our intensive housing schemes, other types of social housing, sheltered accommodation or private accommodation.

Without the intervention of BRICSS, clients would quickly be re-admitted as they are not able to recover at home or manage their significant health problems. By providing an integrated health and housing solution to meet the needs of homeless people in the city, we are not only saving the tax payer money but reducing the demand on acute NHS services.

**Published on Friday, 4 September by the Housing LIN**