

For more information about the equality impact assessment process in commissioning, please see the EIA Guidance 2018 located in **Y:HULLCCG\Corporate Templates and Forms\Equality and Diversity Information before completing your EIA.**

## Equality Impact Assessment (EIA) - Service Specification

<b>Please briefly describe the service</b>	<p><b>Homeless Discharge Service</b></p> <p>The service will support patients who are admitted into the Acute Trust that have been identified as homeless. This support will be upon admission, or as early as possible, to identify their specific needs, and develop a plan to support their ongoing acute care and predominately the discharge process. This will mean linking closely with the Housing Options Team within the Local Authority and other services to ensure patients are referred and appropriate treatment commences. The ultimate aim is that upon discharge the individual has a destination for accommodation and their ongoing health needs are met.</p>																																							
<b>Name &amp; roles of person / people completing the EIA:</b>	Toni Yel, Head of Integrated Commissioning																																							
<b>Date of assessment:</b>	26.10.18 - 22.01.19																																							
<b>Who will be affected by this service / who will be the key beneficiaries?</b>	The key beneficiaries of the service will be people who attend or are admitted to Hull & East Yorkshire Hospitals NHS Trust and identified as homeless/No fixed abode.																																							
What <b>data sources</b> do you have about the population, disaggregated by protected characteristic that is relevant to this service specification? (e.g. research, clinical insight, monitoring data, complaints, engagement feedback etc.)	<p>Hull City Council are responsible for monitoring the number of rough sleepers in the city, which is difficult to audit due to the nature people moving around, the increase is shown below:</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr style="background-color: #d3d3d3;"> <th>Rough sleepers</th> <th>Apr</th> <th>May</th> <th>June</th> <th>July</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td><b>2014/15</b></td> <td>15</td> <td>12</td> <td>19</td> <td>20</td> <td>15</td> <td>17</td> <td>23</td> <td>19</td> <td>18</td> <td>8</td> <td>8</td> <td>7</td> </tr> <tr> <td><b>2015/16</b></td> <td></td> </tr> </tbody> </table>	Rough sleepers	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	<b>2014/15</b>	15	12	19	20	15	17	23	19	18	8	8	7	<b>2015/16</b>												
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<b>2015/16</b>																																								

	7	10	-	39	21	22	20	23	24	16	5	24
<b>2016/17</b>	22	23	20	28	29	27	29	15	11	20	25	24
<b>2017/18</b>	18	32	39	35	36							

The above number refers to rough sleepers only; in addition there are approximately 693 people in hostel / short-term accommodation in Hull.

The statistics above is not broken down into any protected characteristic groups.

A recent thematic review of access to Health Services in Hull for those with no fixed abode was undertaken in December 2018 by Hull Healthwatch indicated that hospital discharge processes could be improved for individuals with no fixed abode, to ensure continuity of care, after care and support accessing out of hospital (community) services. A recommendation of the review was to develop a Homeless Discharge Process.

## Needs and issues

What does this data tell you about the needs or issues affecting people from different protected characteristic groups, relevant to this service?

### General issues

There is an extensive literature on health issues faced by the homeless which shows that the homeless suffer from poor health, dying younger than the general population, and with poor access to healthcare. The ill health can be both a cause and a consequence of homelessness, around two-thirds of serious chronic health problems pre-exist the homelessness. Despite having serious health problems, the homeless have a different pattern of accessing healthcare compared to the typical general population; they are less likely to be registered with a GP and their untreated medical problems are more likely to escalate until they become emergencies. The homeless are therefore more likely to access A&E Departments, and when admitted they are likely to have lengthier lengths of stay. The homeless have a lower average life expectancy of between 40-44 years and a study by the charity Crisis found the average age of death for a homeless man to be 47 years and for a woman to be 43 years, compared to Hull average of 77 years for men and 80 years for women.

	<p>Homeless patients access services differently to housed people. They attend A&amp;E six times as often, are admitted to hospital four times as often and stay twice as long. This is because they are two to three times sicker when they arrive. Research demonstrates that homeless people have both poorer physical and mental health than the general population, 'Healthcare for Single Homeless People' - March 2010. (Office of the Chief Analyst. Department of Health)</p> <p>There is currently a national spotlight on rough sleeping homelessness as a result of increasing austerity and the Homelessness Reduction Act 2017. Within this context there has been a focus on health needs of the homeless, with the acknowledgement of multiple data sets reconfirming the link between health and a person's housing situation. The Department of Health estimates homeless people's use of healthcare at a minimum of £85m per year.</p> <p>Poor communication around discharge planning and joint working between organisations, inappropriate and unsafe discharge for vulnerable patients have been reported as key challenges and also reasons for poor outcomes (The Queen's Nursing Institute (2014), 'What Community Nurses Say About Hospital Discharge for People who are Homeless').</p> <p>NHS Hull Clinical Commissioning Group (CCG) population (people registered with a Hull GP practice) is approximately 301,000 people (Dec 2018). The resident population of Hull is approximately 260,000. NHS Hull CCG and Kingston upon Hull City Council boundaries are co-terminus. Many of the wider determinants of health: statutory homelessness, addiction, long term unemployment, offending, smoking, obesity, deprivation, violent crime, and children in poverty are worse in Hull than its surrounding areas. (Public Health England Profile 2016).</p> <p>Statistics provided by Hull City Council show that rough sleepers have increased in the city by 140% from April 2015 to August 2018. In addition there are currently 693 people (approx.) in hostel/short term accommodation in Hull. There are more than 600 A&amp;E attendances at our local hospital in a 2017/18 which is high likely to be under-reported due to the nature of the definition of how homelessness is used.</p>
<b>Race</b>	Estimates from the 2011 Census are that black or minority ethnic residents now make up 10.3% of the population, compare to the 2001 Census figure of 3.8%. We have no specific data relating to BME groups and homelessness in Hull; in the Healthwatch Hull report 100% of the respondents were English/Welsh/Scottish/NI/British.
<b>Disability</b>	We currently have no information in regards to those that are homeless and if they have a disability
<b>Gender / Sex</b>	We do not have the full breakdown of the rough sleepers information or those in short-term accommodation in relation to gender; but the Healthwatch Hull report identified that 66% of people they spoke to was male and 33% female. This reflects to what is known about the homeless population; largely that this represents white males aged 25-49
<b>Gender reassignment</b>	We currently have no information in regards to those that are homeless and in relation to gender reassignment
<b>Sexual orientation</b>	We currently have no information in regards to those that are homeless and their sexual orientation
<b>Religion or belief</b>	We currently have no information in regards to those that are homeless and their religious belief

<b>Age</b>	We don't have a full breakdown of the rough sleeper information or those in short-term accommodation in relation to gender; but the Healthwatch Hull report identified that 70% of people they spoke to are aged between 25-49yrs and 30% aged between 50-64 years.
<b>Pregnancy and maternity</b>	We currently have no information in regards to pregnancy and maternity
<b>Marriage or civil partnership</b>	We currently have no information in regards to marriage or civil partnership
<b>Any other relevant groups</b> (e.g. carers, veterans, asylum seekers and refugees, socio-economic disadvantage)	
<b>How has engagement informed your service specification?</b>	Our comms and engagement team have been working with the Community & Voluntary groups that support people in Hull who are homeless and this has supported the development. Also the Hull Healthwatch report indicated that hospital discharge processes could be improved for individuals with no fixed abode, to ensure continuity of care, after care and support accessing out of hospital (community) services. A recommendation of the review was to develop a Homeless Discharge Process, so this has supported the development of the actual service too.
<b>How has engagement reached out to groups representing a diverse range of protected characteristics?</b>	We have specifically reached out to those people that are currently homeless, irrespective of their protected characteristics.
<b>What has been put in place to ensure the accessibility and acceptability of the service design?</b>	The service is available to anyone that is homeless and aged over 18yrs. Those under 18yrs will be supported by the Looked After Children Service via the Local Authority. The service will be tender and as part of the procurement exercise we will ensure that the service works closely with the hospital to support identification of those who are homeless.
<b>How does service design reflect the insight gained through engagement (of different population groups)?</b>	As mentioned above there is a need for this service due to a gap in service provision, currently people who are homeless are not supported upon discharge and this puts them more at risk. This service will fill that gap.
<b>Has your equality analysis identified any specific outcomes that need to be incorporated into the service specification (beyond what is required in the standard contract)?</b>	Staff attitude was something that came out of the Hull Healthwatch report; homeless people report that they feel staff treatment them differently when they know they are homeless and do not take into consideration their specific needs and the issues they face. We have built into the service specification the need to support and train staff in the hospital because of this feedback.
<b>How will you feedback to the groups you have engaged about service design?</b>	We have already feedback to some of the groups via the Voluntary & Community groups that support people who are homeless and advised them that this service is going to be put in place and they are supportive of that fact. Also, Hull City Council have a regular Homeless Working Group that brings all agencies together which we will also continue to feed into so that this information can be shared amongst our homeless population.

## Follow up actions

Action required	By whom?	By when?
The service will be required to collect ethnicity, disability and age data that will be included in the evaluation. (this will include individuals that have presented at A&E)	Service Provider	Throughout the 2 year period of the proof of concept.

## Signoff

<p><b>Signed off by:</b></p> <p><b>Name &amp; Role</b></p>	 <hr/> <p>Associate Director of Corporate Affairs</p>	<p><b>Date:</b></p>	<p><b>25.01.19</b></p>
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