



## The Royal College of Emergency Medicine

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### Homelessness and Emergency Departments Briefing

**August 2020**

#### Policy background

Before the coronavirus pandemic, homelessness was a considerable problem in the UK. In December 2019 Shelter revealed that 280,000 people were recorded as homeless in England – an increase of 23,000 people since 2016.<sup>1</sup>

On the 17<sup>th</sup> March, the Communities Secretary Robert Jenrick announced £3.2 million emergency funding to help the homeless to self-isolate during the coronavirus pandemic. Alongside this, emergency legislation to suspend new evictions from private and social rented accommodation was introduced. These measures were introduced initially for three months and were extended until August.

The eviction ban is to end on the 23<sup>rd</sup> of August. Charities, medical royal colleges, and healthcare organisations have warned about a 'wave of homelessness' when the eviction ban ends.<sup>2</sup> Given the link between homelessness and emergency services, RCEM cautions that this will have a serious impact on Emergency Department attendances as we head into the Winter months with COVID19 still present in the community.

#### Definition of homelessness

The law defines someone as homeless if they do not have a legal right to occupy any accommodation or if their accommodation is unsuitable to live in.<sup>3</sup>

Homelessness is often associated with rough sleeping but this can hide the range and scale of the issue. There are four different types of homelessness:

- Rough sleeping
- In temporary accommodation
- Hidden homelessness
- Statutory homeless

#### Key concerns

##### 1. Relationship between homelessness and Emergency Department attendance

Housing is a social determinant of health and homeless people face extreme health inequalities. Homeless people have complex health needs and have difficulty accessing health services appropriately. Due to the nature of their

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<sup>1</sup> Shelter (2019) '280,000 people in England are homeless, with thousands more at risk' Available here: [https://england.shelter.org.uk/media/press\\_releases/articles/280,000\\_people\\_in\\_england\\_are\\_homeless,\\_with\\_thousands\\_more\\_at\\_risk](https://england.shelter.org.uk/media/press_releases/articles/280,000_people_in_england_are_homeless,_with_thousands_more_at_risk)

<sup>2</sup> BBC News (2020) 'Coronavirus: MPs warn of wave of homelessness when eviction ban ends.' Available here: <https://www.bbc.co.uk/news/uk-politics-53797657>

<sup>3</sup> Shelter (2007) Homelessness Factsheet. Available here: [https://england.shelter.org.uk/\\_data/assets/pdf\\_file/0010/39574/Homelessness\\_Factsheet.pdf](https://england.shelter.org.uk/_data/assets/pdf_file/0010/39574/Homelessness_Factsheet.pdf)

disadvantage, they require flexible and timely healthcare such as that provided by Emergency Departments. Indeed, homeless people tend to access healthcare primarily through Emergency Departments, rather than primary care. This is partly because of various organisation issues, for example the confusion with registering with a GP without a fixed address, a lack of integration of services, and partly due to patient-related barriers such as a lack of awareness of primary services, difficulty in navigating these services, and a lower level of health literacy.<sup>4</sup>

Homelessness is linked with high Emergency Department use.<sup>5</sup> Although it is difficult to assess the strength of this relationship, there have been numerous studies published examining the prevalence of homeless patients in Emergency Departments. Past studies have suggested that homeless people in England use Emergency Departments 5-7 times more than the general population and are admitted to hospitals four times as often.<sup>6</sup> Furthermore, people who are homeless stay three times longer than the general population.

Last year the British Medical Association reported that the number of visits to Emergency Departments by homeless people in England almost trebled in the last seven years.<sup>7</sup> They conducted a series of Freedom of Information requests and found that the number of recorded visits to Emergency Departments by patients classed as having no fixed address rose from 11,305 in 2010-2011 to 31,924 in 2017-2018. This represents an increase in homeless attendances as a proportion of all attendances from 0.08% to 0.21%.

The study also found a 175% increase in admissions of homeless patients. The BMA reported that many hospital trusts did not respond to requests for figures, so the numbers are likely to be much higher.

## **2. Homelessness goes together with deprivation, disease, and death**

In 2019 the British Journal of General Practice conducted a study examining multimorbidity and Emergency Department visits by a homeless population.<sup>8</sup> They examined the EMIS electronic database of patient medical records and Quality Outcomes Framework data of 928 patients registered with a major specialist homeless primary healthcare centre based in the West Midlands. They found that a high prevalence of substance and alcohol dependence

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<sup>4</sup> Homeless Link (2017) Homelessness and Healthcare: the right to register. Available here:

<https://www.homeless.org.uk/connect/features/2017/oct/06/homelessness-and-healthcare-right-to-register>

<sup>5</sup> Lynch RM, Greaves I (2000) Regular attenders to the accident and emergency department. *Journal of Accident and Emergency Medicine*, 17(5):351–354.

<sup>6</sup> Office of the Chief Analyst. Healthcare for Single Homeless People. London: Department of Health, 2010; NHS North West London. Rough Sleepers: Health and Healthcare. London: NHS North West London, 2013.

<sup>7</sup> Iacobucci Gareth. Homeless people's A&E visits treble in seven years *BMJ* 2019; 364 :l323

<sup>8</sup> Matthew Bowen, Sarah Marwick, Tom Marshall, Karen Saunders, Sarah Burwood, Asma Yahyouche, Derek Stewart and Vibhu Paudyal (2019) Multimorbidity and emergency department visits by a homeless population: a database study in specialist general practice. *British Journal of General Practice*. 69 (685): e515-e525. DOI: <https://doi.org/10.3399/bjgp19X704609>

and Hepatitis C exists amongst this population of patients. Almost a third of these patients visited Emergency Departments at least once in the past year, compared with 0.5% of the general population; their visit rate was 60 times that of the general population.

In the absence of nationally collated data on the rate of homeless attendances at Emergency Departments, it is useful to examine attendances based on deprivation. Deprivation is a useful proxy because there is clear association between homelessness and deprivation.

The Index for Multiple Deprivation is the official measure of relative deprivation in small areas. It ranks every small area in England from the most deprived to the least deprived - these areas are then grouped into deciles and ranked from 1 (most deprived) to 10 (least deprived).<sup>9</sup>

In addition, there is an association between deaths of homeless people and deprivation. There is a clear gradient with most deaths occurring in the more deprived local areas. The rate of deaths per 100,000 population in the most deprived tenth of local areas in England was 9.2 times that of the least deprived tenth.

Table 1: Emergency Department attendances by Index of Multiple Deprivation Decile output for England 2018-2019

<b>English Indices of Deprivation</b>	<b>2018-2019</b>	<b>Percentage</b>
Most deprived 10%	3,114,379	14.03%
More deprived 10-20%	2,832,532	12.76%
More deprived 20-30%	2,529,652	11.39%
More deprived 30-40%	2,321,724	10.46%
More deprived 40-50%	2,117,568	9.54%
Less deprived 40-50%	1,982,082	8.93%
Less deprived 30-40%	1,842,463	8.3%
Less deprived 20-30%	1,728,824	7.79%
Less deprived 10-20%	1,677,242	7.56%
Least deprived 10%	1,517,717	6.84%
NULL	455,702	2.05%
<b>Total</b>	<b>22,199,885</b>	

The data above shows that the most deprived communities use Emergency Department services significantly more than the least deprived communities. The highest number of attendances come from the most deprived 10% areas in England. There is a steady decline in the proportion of attendances as the communities become less deprived.

### **3. Provision of services outside of Emergency Departments**

<sup>9</sup> ONS (2018) Deaths of Homeless people in England and Wales. Available here: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deaths-of-homelesspeopleinenglandandwales/localauthorityestimates2013to2017>

Local authorities already have a general legal duty to prevent homelessness. However, in practice legislation has embedded a welcome – but limited – safety net, generally offering assistance only when a crisis is imminent and where people are in 'priority need'. Even so, before the pandemic, half (51%) of households found to be homeless by their local council left the system without being helped to secure a home.<sup>10</sup> This suggests Councils are unlikely to cope with further increases in homelessness triggered by the end to the eviction ban and the economic downturn many are facing due to COVID-19. An increase in Council funding is critical, now more than ever.

Nevertheless, homelessness is not just an issue of housing. Healthcare support for those who are homeless certainly should not begin and end with a visit to the emergency department; the need for community-based care is crucial and should incorporate a wide range of initiatives in a multi-agency approach. Investment into services such as mental health and substance abuse can play an important role in early intervention. Furthermore, taking a holistic and joined up approach by integrating Health and Housing is a more sustainable remedy, ensuring that people do not fall through the cracks of the system. In both the short and long term, this may go some way in preventing emergency department attendances, hospital admissions and readmissions.

## **Recommendations**

As the routine provider of healthcare services to the homeless population, our Members and Fellows witness the harsh reality of homelessness in Emergency Departments every day. We are fast approaching a cliff edge on evictions and are deeply concerned about the impact of this on population health and Emergency Department attendances. These concerns are particularly acute as we approach the colder winter months with COVID19 very much present in the community. To address these concerns, we make the following recommendations.

Government:

1. The Government should make provision to protect the tens of thousands of tenants that are at risk of being evicted when the ban lifts.
2. The Government should provide the necessary funding to allow Councils to tackle homelessness. In the short term, this means providing adequate funding for temporary accommodation, whilst building affordable social housing in the long term
3. The Government should integrate housing and health in its approach to tackling homelessness. Mental health and community health must be adequately funded and take priority.
4. The Government should provide additional funding to Emergency Departments to ensure the formulation of dedicated homeless health teams

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<sup>10</sup> Shelter (2020) 'Council unlikely to cope with rise in homelessness if the Government lifts the eviction ban without protecting renters' Available here: [https://england.shelter.org.uk/media/press\\_releases/articles/councils\\_unlikely\\_to\\_cope\\_with\\_rise\\_in\\_homelessness\\_if\\_the\\_government\\_lifts\\_the\\_eviction\\_ban\\_without\\_protecting\\_renters](https://england.shelter.org.uk/media/press_releases/articles/councils_unlikely_to_cope_with_rise_in_homelessness_if_the_government_lifts_the_eviction_ban_without_protecting_renters)

responsible for coordinating inclusive care. A homeless care delivery model advocated by University College London Hospital board witnessed vast improvements in the quality of care and outcomes for homeless people.<sup>11</sup>

NHS England:

5. NHS Digital must collate data on Emergency Department attendance data on homeless patients. NHS Digital currently reports data based on social deprivation and ethnicity, but there is nothing on homeless patient attendances to Emergency Departments. The data that is collated by NHS Digital on homelessness focuses on hospital admissions only and uses 'no fixed abode' as a proxy for homelessness. This represents a significant underestimate of homeless patients.
6. NHS England must ensure that new models of emergency care must consider the healthcare seeking behaviours and needs of this extremely vulnerable and socially excluded group of people.

RCEM:

7. Providing high quality patient care for homeless people in Emergency Departments can be challenging. It requires staff to be understanding of the social determinants of health, an understanding of the role Emergency Departments play in population health, and place-based aspects of homelessness in their communities. This can be achieved by striving to work more closely with public health bodies.
8. The Homelessness Reduction Act 2017 introduced is a statutory duty on Emergency Department staff to refer patients who are homeless or at risk of being homelessness in the next 56 days. Emergency Departments are legally mandated to follow this pathway. Emergency Departments must raise awareness of this statutory duty and train staff to effectively identify at risk patients.

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<sup>11</sup> Pathway (2013) University College London Hospital Trust: Homeless Care. Available here: [https://www.pathway.org.uk/wp-content/uploads/2013/02/UCLH\\_Homeless\\_Care\\_FINAL1.pdf](https://www.pathway.org.uk/wp-content/uploads/2013/02/UCLH_Homeless_Care_FINAL1.pdf)