Voices of the street

Exploring homeless experiences of Yorkshire Ambulance Service NHS Trust

healthwatch
Kingston upon Hull

Produced in partnership with

YORKSHIRE AMBULANCE SERVICE CHARITY

NHS
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About us

Who are Healthwatch Kingston Upon Hull?

We are the independent champion for people who use health and social care services in Kingston upon Hull. We exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved, and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to make sure that people's voices are heard by those who commission (pay for) services and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

Disclaimer

All the views, opinions and statements made in this report are those of the public who participated in our research across Hull. Any quotes within this report are written verbatim to fully capture the meaning, tone and emotion of the person sharing their experiences. Feedback is not verified for factual accuracy.

Summary

Kingston Upon Hull faces significant challenges concerning homelessness, with around 20 rough sleepers and approximately 200 individuals living in hostels or night shelters. The city ranks 6th highest in England for multiple unmet needs, with a range of complex issues affecting the health and well-being of its homeless population.

The homeless population in Hull faces disproportionately low life expectancies, with significant mortality rates attributed to drug poisoning, liver disease, and suicide. Ambulance services bear a high burden in attending to the health needs of this community, with mental health issues, substance misuse, and intoxication being the main reasons for callouts.

Over a period of 24 weeks, Healthwatch Hull adopted a comprehensive approach to engage with people experiencing homelessness, Yorkshire Ambulance Service (YAS) staff and wider stakeholders. This approach included individual interviews, focus groups, surveys, and participation in outreach sessions.

Feedback from people experiencing homelessness was largely positive; staff provide compassionate and dignified care and treatment. However, amongst this population there remains a fear of health service interaction, which creates barriers to accessing the most appropriate treatment.

Stakeholders, who work with people experiencing homelessness (PEH) highlighted generally positive interactions with YAS but also identified systemic barriers and gaps. Ambulance crews lack clear pathways for non-clinical cases involving the homeless population, leading to inconsistent approaches. Mental health support, stigma, and access barriers were significant concerns that stakeholders felt affected PEH.

Healthwatch Hull proposes several recommendations to address these challenges, including investing in specialist liaison roles, enhancing technology for signposting advice, and improving staff training on issues related to homelessness and trauma. Enhanced communication

mechanisms and better collaboration among services are also recommended.

The recommendations aim to reduce pressure on emergency services, reduce hospital admissions, and improve the overall well-being of both people experiencing homelessness (PEH) and Yorkshire Ambulance Service (YAS) staff.

Healthwatch Hull's engagement activity over a period of 24 weeks has highlighted the importance of a coordinated, compassionate approach by all services to people experiencing homelessness. By implementing recommendations, it is hoped that those experiencing homelessness will receive equitable access to ambulance services.

Acknowledgements

Healthwatch Kingston upon Hull would like to thank the following organisations and people for their contribution to and involvement in this engagement and project:

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- Thank you to all the services that worked alongside us in this project, supporting us to engage with PEH, or providing valuable insight and knowledge:
    - Emmaus Hull and East Riding
    - Change, Grow, Live, Renew Hull and the street outreach team
    - Jubilee Church, Hull
    - **Donna Tindall**, Housing options Manager
    - Humber Homeless Mental Health team
    - Modality Homeless Health Team (Pathway Team)
    - Humbercare, and **Emma Wagner** manager of Westbourne House
    - Hull City Council, Changing Futures
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    - Change, Grow, Live, Renew Hull - **Susan Robertson** for facilitating the breakfast club sessions and **Braidey English** who shared knowledge and experiences about her role as an outreach nurse.
- Thank you to **Alex Hebblewhite** and **Ollie Griffiths** from Hebb and Griff videographers who created the Homeless voices video.

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Introduction

Background

'Inclusion health' describes people who are socially excluded, who typically experience multiple overlapping risk factors for poor health(1).

Inclusion health groups include

- People who experience homelessness
- People with drug and alcohol dependence
- Vulnerable migrants and refugees
- Gypsy, Roma, and Traveller communities
- People in contact with the justice system
- Victims of modern slavery
- Sex workers
- Other marginalised groups

People in inclusion health groups are significantly more likely to face multiple unmet need and often experience mental ill health; substance misuse; have a history of rough sleeping (often entrenched); have poor physical health; or have a history of offending and multiple periods in prison. Often, individuals have undiagnosed learning difficulties or autism and particularly for women, have a history of domestic/sexual abuse and/or sex work. (2)

In Hull, the number of people experiencing severe and multiple disadvantages as a result of having significant and complex needs is very high. In the Lankelly Chase, Hard Edges report, Hull was identified as the 6th highest in England for people experiencing multiple disadvantage with 224 people per 10,000 population against 100 people per 10,000 population being the average for England. Poor access to health and care services and negative experiences are commonplace for these vulnerable groups due to multiple barriers, often related to the way healthcare services are delivered. (2)

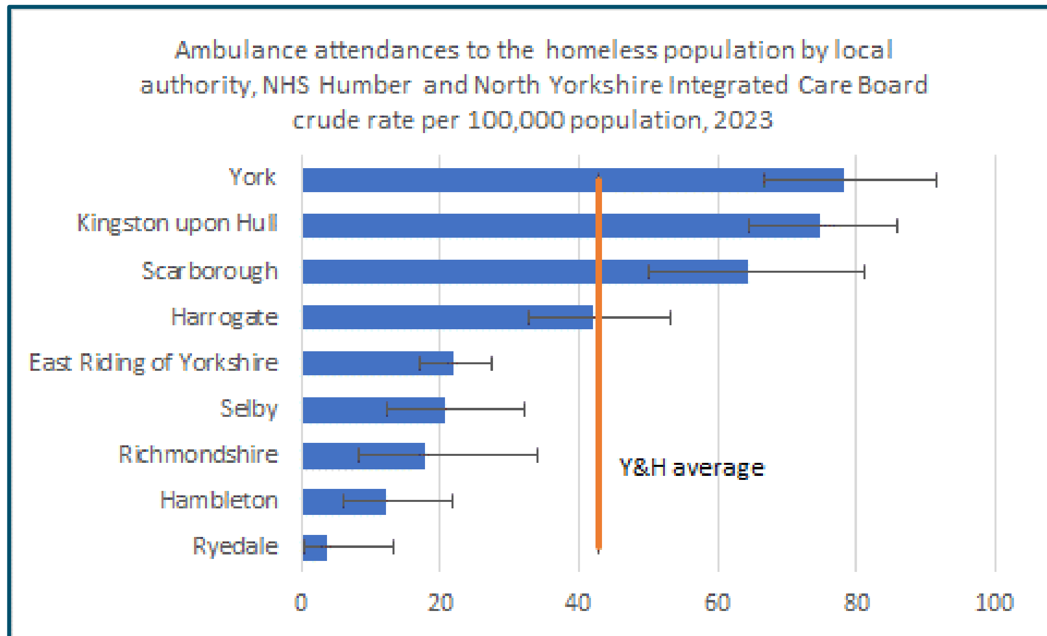
In Kingston Upon Hull there are currently around 20 people who are rough sleepers. A regular rough sleeper count takes place to understand this number, and therefore this can fluctuate. In addition to this, there are currently around 200 individuals who are in commissioned hostels/night shelters within the city.

According to data from the office of national statistics, the average age of death for homeless men is 44 years, and even lower for homeless women, at just 42 years. (3) This is almost half the average age of death in Yorkshire and Humber which is 78.4 years for men and 82.2 years for women.(4) A third of the deaths in this population (32%) were recorded to be as a result of drug poisoning, and over half of deaths were due to drug poisoning, liver disease or suicide. (3)

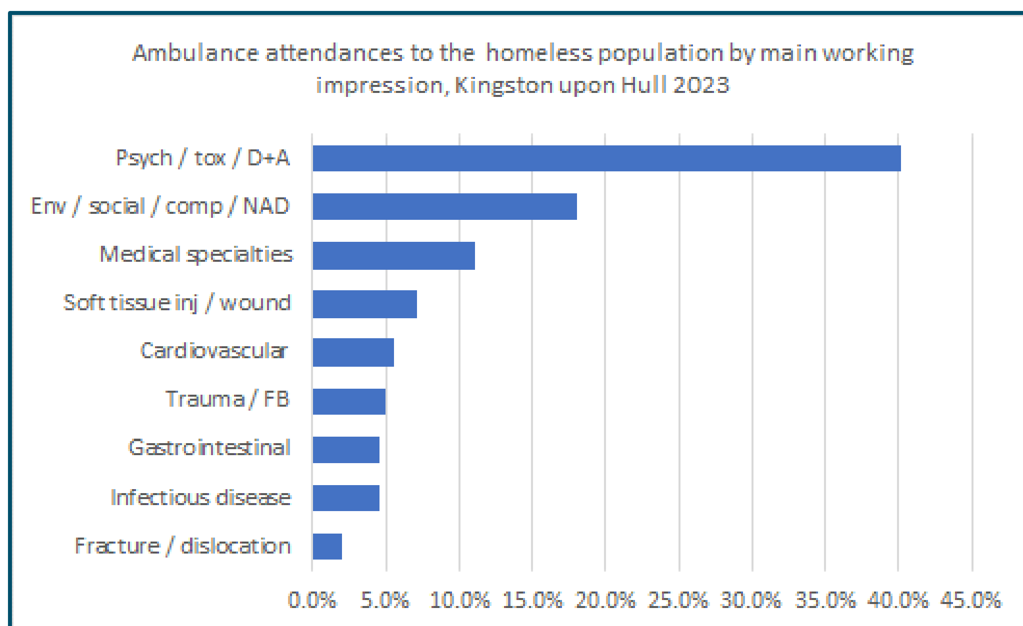
The homeless population do not present to healthcare services in the same way as other populations and may delay seeking medical care until their health issues become severe, leading them to rely on emergency services for their acute care needs. This is due to a number of factors, including physical and emotional barriers to access, and perceptions of their own health. (5) Recent data compiled by Yorkshire Ambulance Service (YAS) demonstrates that Kingston upon Hull had the second highest number of emergency ambulance attendances to the homeless population in the Yorkshire and Humber (Y&H) region, at almost 80 per 100,000 population. This equates to 199 ambulance attendances for people flagged as homeless in 2023.

This is significantly higher than the Yorkshire and Humber average. (Fig.1)

Figure 1

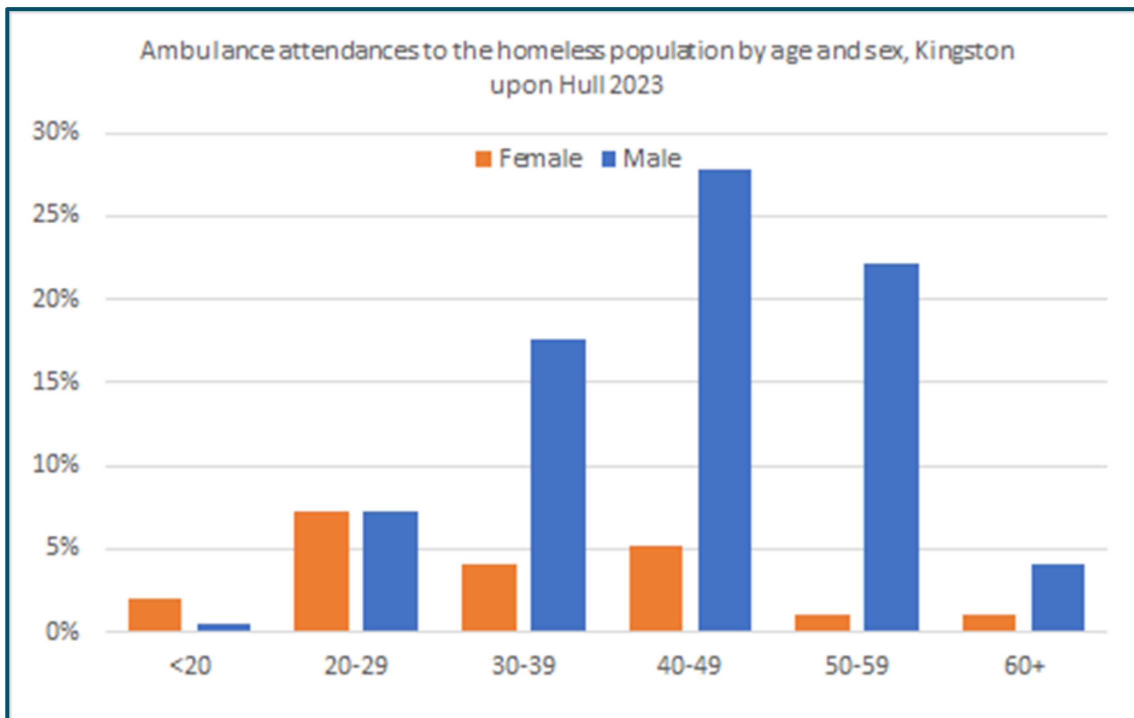


The reasons for callouts are categorised by Yorkshire Ambulance services by 'main working impression'. The main reasons for ambulance attendances to the homeless population in Hull in 2023 were due to 'Psych/tox/D&A', (Psychological, Toxicology, Drug and Alcohol) meaning that 40% of ambulance calls for people reported to be homeless were for these reasons. To break this down further, of these calls, two thirds were related to drugs and alcohol, 20% for toxicology and 14% for mental health. (fig2)



Almost 80% of all attendances were for males and more than half (54%) were in males aged 40 and over. (Fig3)

Figure 3



Local support for people experiencing homelessness

Hostels

Currently, in Hull there are 3 main hostels available for people experiencing homelessness. During the winter period, William Booth house reopened making 4 hostels available, however this was a temporary reopening for winter provision. Hostels are accessed through the single point of access by telephone, online or by email. Currently, there is no public facing single point of access for those facing homelessness, and there is no 'walk in' provision in Hull. If an individual does not have access to a mobile phone and/or the

internet or require assistance they can visit the Wilson Centre in Hull City Centre for support.

Hostel places are allocated by the housing support team and are provided to people who have support needs - this is known as priority need. If no support need is present, a hostel place will not be offered, however the housing team will continue to work with the individual for 56 days to find them accommodation and/or support.

The current hostel provision in Hull is:

- Westbourne House, Humbercare
- The Crossings, Riverside
- Russell Street
- William Booth house (reopened in winter 2024, and was used for severe weather emergency protocol (SWEP) beds as well as winter provision).

SWEP

SWEP, or Severe Weather Emergency Protocol, refers to emergency shelter for individuals sleeping rough during periods of increased risk to life due to extreme weather conditions, such as temperatures near or below freezing. Coordinated by the Local Authority, SWEP can be activated at any time of the year and there are no restrictions on access. The primary goal of SWEP is to ensure the safety and well-being of vulnerable individuals during severe weather events(6) During SWEP, the outreach team support those who are sleeping rough to directly access temporary accommodation if they wish.

The Changing Futures Programme

The Changing Futures Programme, 'Changing Futures: changing systems to support adults experiencing multiple disadvantage' was launched as a cross-government programme in December 2020 with the aim of improving the way local systems and services work for adults experiencing multiple disadvantages and to use learning from this to influence future government programmes and policy".

The Changing Futures programme in Hull provides a front line team to work directly with people experiencing homelessness and includes

- Navigators- (MEAM- Making Every Adult Matter and Rough Sleeper)
- Housing Workers
- Social Workers
- Neuro Navigator
- Substance Misuse Workers (ReNew)
- Probation Workers
- Department for Work and Pensions (DWP) Worker
- Domestic Abuse Workers

The Changing Futures front line team work in partnership with

- Homeless Primary Care Team
- Homeless Mental Health Team
- Rough Sleeper Outreach Service
- Voluntary and Community Sector
- Police
- Anti-Social Behaviour Team
- Yorkshire Ambulance Service
- Primary Care
- Welfare Rights
- Accommodation Providers
- Faith Sector

The aim of the Changing Futures programme is to provide holistic individual support and robust case management. The Hub run by Changing Futures is

based in Hull City Centre which provides multiagency support to those who are experiencing multiple unmet need in Hull.

Trauma Informed Approach, Trauma Informed Need

One of the ways in which stakeholders across Hull are trying to ensure that people who experience multiple disadvantages receive the right care and support is through the MEAM (Making Every Adult Matter) approach, and through Trauma Informed training being offered to providers. The MEAM team are based within the Neighbourhoods and Housing service at Hull City Council and manage a caseload of individuals all of whom have experienced significant trauma. The MEAM team navigate and co-ordinate services for those individuals and negotiate flexibility in services to ensure that their needs are met.

The Homeless Health team

The Homeless Health team at Hull Royal Infirmary operates from 8 am to 5 pm, Monday to Friday, offering additional support to individuals arriving at the hospital, whether as walk-ins or through ambulance transport. This team is notified when a homeless individual arrives, allowing them to offer tailored support as required.

Why this subject?

Yorkshire Ambulance Service undertook a piece of work to analyse health inequalities and patient data, which revealed that certain groups, including those at risk of rough sleeping had poorer health outcomes than the general population resulting in more frequent use of hospital emergency departments. It became clear that understanding their experiences with Yorkshire Ambulance Service and broader health and care services was crucial. Through community engagement and discussions with voluntary sector groups, an opportunity arose from feedback provided by the Changing Future programme in Hull, specifically regarding call-outs to rough sleepers. This feedback highlighted the need for a more in-depth understanding of how these individuals access and experience healthcare services.

YAS Charity supports communities and the work of Yorkshire Ambulance Service by funding projects and activities over and above that of the NHS. It was decided that exploring the experiences of people experiencing homelessness would be a project funded by the charity.

In April 2023, organisations across Hull were invited to complete an expression of interest to lead on the engagement on behalf of YAS, to produce a report, which would focus on the homeless population in Hull and their access to and experience of using emergency ambulance services- 999, the 111 service and PTS (Patient Transport Service).

Healthwatch Hull were successfully awarded the contract and began working on the project in Summer 2023.

"This is the first project of it's kind that YAS Charity has funded. It has been incredible to see so many stakeholders and partners involved; to have engagement from the people of Hull who are homeless or rough sleeping and those with lived experience has been invaluable. The information and insights this project gathered will be key to informing meaningful system wide change for the homeless and rough sleeping population across all of Yorkshire and the Humber and YAS Charity aims to support Yorkshire Ambulance Service in the next steps to make those changes. We are

grateful to all the partners, stakeholders, and individuals who have given their time and shared their stories throughout the project and beyond."

Carey Taylor, Head of Charity, Yorkshire Ambulance Service NHS Trust.

Aims & Approach

Aims:

The aim of the project is to understand the experiences of people experiencing homelessness when accessing ambulance services, across three service areas - 999, NHS 111 and Patient Transport (PTS). By exploring the views and experiences of those who provide the service, those who experience the service, and those who support PEH, we aimed to find out what works well and identify any issues and gaps that are a barrier to providing support to PEH. This information will be used to drive improvements within YAS and within the wider health and care system in Hull.

Approach:

We took a 360-degree approach to engagement to ensure we had a good understanding of the subject and represented as many voices as possible. The engagement activity has taken place over 24 weeks in various forms and in total we listened to the views and experiences of 179 people. During this project we engaged with the following groups:

People experiencing homelessness.

We listened to the views and experiences of 78 people who are experiencing homelessness.
The National Clinical Institute for Excellence (NICE) define people experiencing homelessness (PEH) as;

'people aged 16 and over who: are sleeping rough, are temporary residents of hostel, B&B, nightly-paid, privately managed accommodation and other types of temporary accommodation, use day centres that provide support for people experiencing homelessness, are obliged to stay temporarily with other people, are squatting, are newly homeless , have a history of homelessness (as defined above), and are at high risk of becoming

homeless again because of ongoing severe and multiple health and social care needs'. (7)

People with previous lived experience

Our lived experience group is made up of 3 people who have previously experienced homelessness and are now in permanent, secure housing. This group provided support in the planning and shaping of the project. This included co designing approaches to engagement, engaging in the video interviews and planning of the project showcase event, as well as sharing their own experiences.

YAS staff

We engaged with 70 people who work for Yorkshire Ambulance service, made up of the following roles;

- **YAS 999 ambulance crews.** Staff who work on the frontline responding to emergency 999 calls. They provide emergency treatment, ensure a patient is comfortable and safe and will take them to the emergency department at the hospital if required.

- **Patient Transport Service (PTS) staff.** We spoke to staff who provide non-emergency transport for patients' home from hospital or to and from outpatient appointments. PTS are sometimes used to move patients between hospitals if they are in a stable condition.

- **111 health advisors.** We spoke to staff who provide advice to the public as part of the NHS 111 service. In many cases NHS 111 clinicians and call advisors can give patients the advice they need without using another service such as their GP or A&E.

- **Other YAS staff groups**. This engagement included speaking to people at YAS head office who worked within the safeguarding team, Emergency Operations Centre (EOC) dispatch team and outreach team.

Stakeholders

Throughout this report we refer to stakeholders as those who work directly with the homeless community. Our engagement with stakeholders included health professionals such as the Homeless Mental Health Team, Homeless Health Team, Hull Street Outreach Team, breakfast clubs, soup kitchens, Changing Futures team, the MEAM (Making Every Adult Matter) team and hostel staff. We gathered the views and experiences of 28 stakeholders in total.

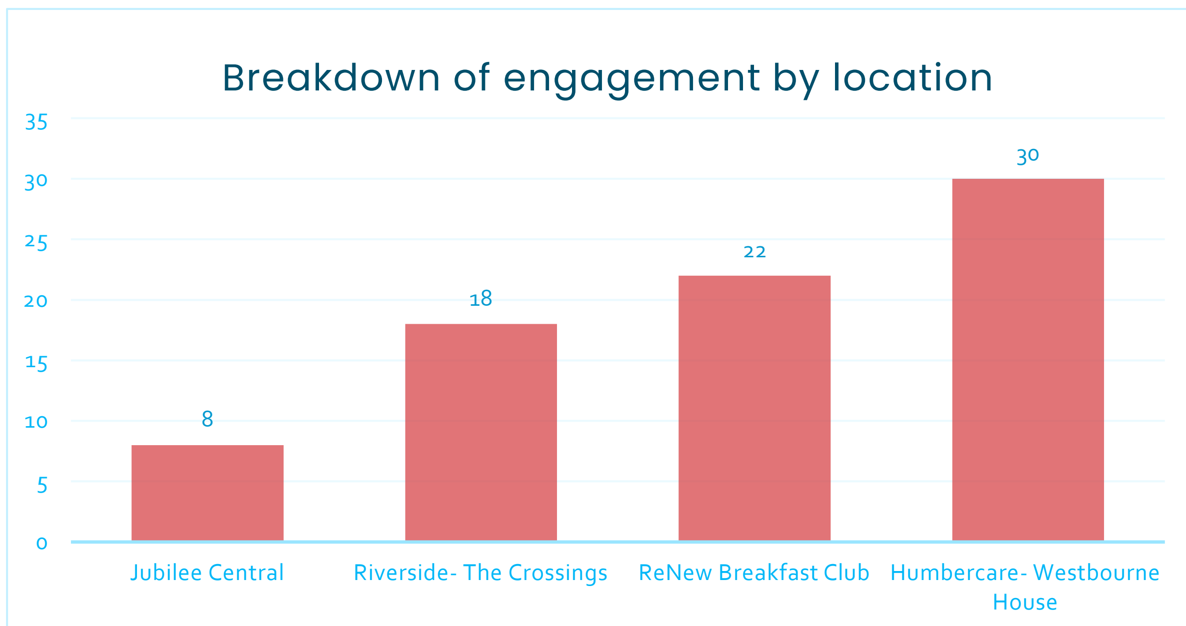
How we gathered feedback

Conversations

Based on the advice from our lived experience group, we discovered that the key to connecting with PEH is to build trust. We recognised the need for a more relaxed approach to gathering their experiences and understood the importance of meeting them in environments that they are familiar and

comfortable with. Therefore, we attended sessions at places where services for PEH are provided. The relationships we built with staff in these locations were crucial to building trust with PEH, and the staff supported us by helping to facilitate the conversations.

We also learnt that providing incentives to PEH would encourage more participation in the project and as such we provided each person with a £10 Greggs gift voucher, each time that they shared their experiences with us.



Alongside the engagements which took place directly speaking to the homeless community about their experiences, Healthwatch Hull also joined the rough sleeper outreach team on their morning outreach to gain a greater understanding of the community.

Individual interviews

Individual semi structured interviews were used to engage with stakeholders, and YAS staff. This approach allowed us to have relatively free flowing conversations that roughly followed a set structure, but also meant that we were able to explore the issues, barriers and beliefs of the interviewees in more depth.

The interview 'lines of enquiry' were discussed and shaped by the rough sleeper steering group who met monthly throughout the project.
The interviews took place over several weeks at Hull Royal Infirmary and YAS headquarters for YAS staff across 999, 111 and Patient Transport Services Interviews with wider stakeholders took place at ReNew, The Crossings Hostel, and Westbourne House.

Focus Groups

Three stakeholder focus groups were organised to gain deeper insights into the experiences of those supporting PEH. The aim was to create an interactive environment where participants could engage in dynamic discussions and share their experiences freely. Two of these sessions were conducted in person at Centre 88 in Hull, while the third took a hybrid approach at Hull CVS, allowing participants to take part face to face or remotely via Teams.

Survey

A survey was circulated to YAS staff to gain a wider view into working with and supporting rough sleepers. This survey was available for all YAS staff- 999 crews, Patient Transport Service, health advisors (111 call handlers) and Emergency Operations Centre staff (those taking 999 calls).

Stakeholder meetings

We attended meetings with stakeholders to understand the issues those who are currently homeless face and what initiatives are in place to support people. A representative from Healthwatch Hull attended the Changing Futures weekly operational meeting to develop a deeper understanding of the homeless community, backgrounds, the issues they face, and what is in place within Hull to support people back into accommodation.

Other activity

Steering Group

The rough sleeper steering group came together on a monthly basis both before and during the project to provide assistance to Healthwatch Hull in

its project delivery. The group is made up of diverse stakeholders dedicated to supporting the homeless community, Yorkshire Ambulance Service and other health and care services (this group collaborates closely with Healthwatch Hull).

Video production

As part of the project, we created a video with Hebb and Griff Videographers to showcase people's experiences in a visual format and create a deeper understanding of the homeless community and their access and experiences of Yorkshire Ambulance Service. The footage was shot at several locations and has speakers from Yorkshire Ambulance Service, stakeholders, and people who have lived experience of homelessness. https://www.youtube.com/watch?v=Rd-WDPem9HA&feature=youtu.be

Homeless Voices event 11th April 2024

An event was organised to bring together those who had supported and been involved in the project with wider stakeholders. The event was held at Jubilee Central, a familiar and well-used space for the homeless community, as well as a central location for stakeholders and Yorkshire Ambulance Service staff. The event ran from 12 pm to 4 pm and began with a buffet lunch and a human library approach. The human library approach aimed to 'get everyone on the same page'. Over 60 people attended from Yorkshire Ambulance Service, stakeholders, people with lived experience of homelessness and/or rough sleeping.

The event was opened by Helen Grimwood, CEO for Hull CVS and closed by Martin Havenhand; Yorkshire Ambulance Service Chair. The speakers during the event were:

- **Amanda Hailes**, who kindly shared her lived experiences of homelessness to bring the event to life.
- **Lesley Butterworth**, Head of Nursing and Patient Experience, Yorkshire Ambulance Service NHS Trust, spoke about how the project with Healthwatch Hull came about and about what has been learnt so far from the project.
- **Ellie Whitfield**, Healthwatch Hull Delivery Manager and **Carrie Duran**, Head of Health and Care Programmes Hull CVS, spoke about how we undertook the engagement for the project, an overview of the report, key findings and recommendations from this piece of work.
- **Debbie McKinney**- Changing Futures Programme Manager, spoke about the wider picture of homelessness and severe multiple disadvantages in Hull.

Evaluation forms were available for attendees to complete at the end of the event. **39** attendees completed these evaluation forms, and the response was overwhelmingly positive. Highlights included;

'Real stories, hearing from those with lived experience'

'Human Library/ voice of lived experience- wow'

'Key messages, listening and respect'

'All speakers were excellent'

'Hearing lived experience stories, the video'

Attendees were encouraged to complete Pledge Cards during the break with the idea of people making a pledge either in their personal and/or

professional life to make a change to support people experiencing homelessness. Pledges completed included:

'Ensure that as a service we listen to the voices of lived experience to help us shape our support services'

'Push forward and encourage colleagues to action the recommendations from the engagement. Personally, deliver employability skills programmes to support those who are homeless/ rough sleeping to give back.

Findings

People experiencing homelessness (PEH)

Feedback below represents the views of those defined as PEH and those with previous lived experience of homelessness.

Experiences of accessing emergency ambulance services (999)

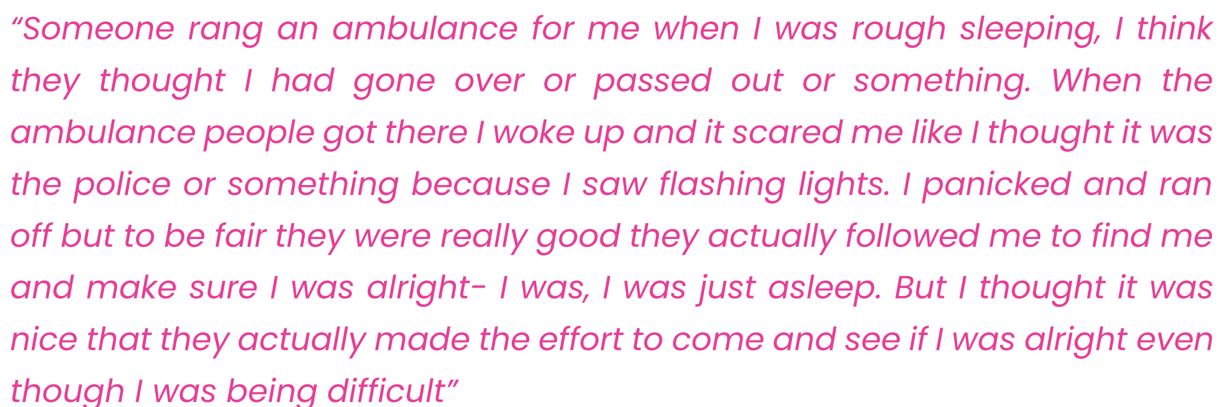
From our engagement with PEH, particularly those sleeping rough we found that members of the public were more likely to call ambulances than the rough sleepers themselves, in fact those sleeping rough very rarely called 999. This was due to various factors such being too unwell to make the call, or well-meaning members of the public contacting 999 due to concerns over a rough sleeper's wellbeing.

Another reason for this was also due to the fact that the health is a low priority for people who are rough sleeping. People told us that despite feeling incredibly unwell, some rough sleepers have more urgent needs, such as finding a safe space to sleep, or accessing substances to avoid withdrawal.

However, one of the most frequently mentioned reason for a reluctance to call 999 is the fear of the clinical setting. PEH told us that ambulances can be very triggering environments, especially if people have a history of trauma. Often, ambulances are called for mental health conditions, and the clinical nature of the ambulance can cause emotional distress for this group of individuals, highlighting the need for sensitivity and awareness among responders.

"They (YAS) could do with some ambulances which don't look as much like ambulances, a bit more comfortable without the white walls and stuff and without the blue lights- for mental health it triggers my anxiety really bad because the blue lights look like police as well"

Many individuals experiencing homelessness often have a fear of authority figures and those in uniform due to the complex challenges they face in their lives. One person told us how they had mistaken the ambulance crew for the police and panicked and ran away.



"Someone rang an ambulance for me when I was rough sleeping, I think they thought I had gone over or passed out or something. When the ambulance people got there I woke up and it scared me like I thought it was the police or something because I saw flashing lights. I panicked and ran off but to be fair they were really good they actually followed me to find me and make sure I was alright- I was, I was just asleep. But I thought it was nice that they actually made the effort to come and see if I was alright even though I was being difficult"

However, sometimes, due to trauma, some people experiencing homelessness may prefer to be treated on the ambulance rather than go into hospital. Hospitals can also be a very triggering place for people who have a history of trauma, and previous negative experiences.

Often, PEH prefer to access services such as ReNew which offer medical care in an environment which is more comfortable as everyone is 'like them' and they do not feel out of place or judged by staff.

The lived experience group told us that within society, and the health system there is a lot of stigma surrounding the homeless population due to the lifestyle they lead, or the perceived lifestyle they lead. This can often be a lifestyle that involves alcohol and drug addiction, being unkempt and unclean- poor hygiene, self-neglect, anti-social behaviour and in some cases sex work. As a result of this, fear of judgment has been identified as a significant barrier to access.

Although people feared being judged by 999 crews, the reality of their experiences when needing help from emergency services was very different.

Crews were found to be supportive, and non-judgemental, and would go out of their way to make the person feel comfortable and find them the right support.

"'I wouldn't be where I am today without them, they were so kind and helpful and they didn't judge me at all, they showed me a lot of kindness"

"'They were really helpful when they came out to me, I don't remember much from them being there and in the ambulance because I was a bit out if it, but they spoke to me like a human being, and it was really nice to not feel judged. It was my own fault, but they didn't make it feel like that"

Positivity towards ambulance crews was a theme that ran through the engagement with people experiencing homelessness.

"They do a good job, don't have a bad word to say about them, they have come to me a couple of times and they have always been nice and helpful"

"The crews are lovely, and do all they can to help"

"Don't have a bad word to say about them"

"It's a hard job they do a good job"

Only one person we spoke to said there had been a small number of occasions where they had felt the YAS crews had spoken to them in a different, more negative tone and had been judgemental towards rough sleepers and those who are homeless.

Delays in ambulance response times was raised several times during our engagement causing anxiety and fear. One person told us their story of how an ambulance sadly arrived too late to save their partner.

"The wait time is so long, even for serious things, my partner took an overdose, and she was still breathing at the time I called them, they took that long to come she ended up dying, I don't feel I have any trust in them after that".

The lived experience group told us that long wait times for ambulances can cause anxiety and a concern about not being found, as often, members of

the public will call ambulances for people however they very rarely stay with the person until the ambulance arrives.

"A member of the public rang an ambulance for me but didn't stay while the ambulance came so I was worried they (YAS) wouldn't find me- they did find me and they were great, but it felt like I was waiting forever, I don't know how long it actually was, but it felt like hours."

Experiences of NHS 111

People experiencing homelessness told us that the 111 service does not effectively cater to the rough sleeper community due to a number of barriers. For instance, 111 requires a phone for contact and often people are required to wait for a callback. These call backs can be a few hours later which can create difficulties for rough sleepers who may not have mobile phone access or may not have credit on their phone to make a call. Additionally, battery charge issues arise, especially in the evenings when charging facilities may not be available.

"Don't have a phone so I wouldn't use it I just go in hospital or walk in centre if I need to, but I never really need to go".

"Didn't have a phone when I was homeless so I couldn't have used it".

One individual, formerly a rough sleeper, resorted to using their last £5.00 to contact 111 from a phone box.

"It took forever to get through, I had to ring from phone box for my mental health because I was having a breakdown, and I wanted some help, and I thought it would be quicker than ringing the crisis team. It used my last fiver and I never actually got anywhere with the help I wanted so I went to hospital instead".

A rough sleeper in Hull experienced difficulties accessing emergency dental care through 111, as the appointment they were offered in Goole was inaccessible due to lack of funds for transportation.

As a result of these barriers, people often do not utilise NHS 111 at all, and may inappropriately access the walk-in centre, hospital, or do not access any treatment.

In contrast, those living in hostels find 111 quick and helpful, utilising it for various medical concerns including emergencies, dental issues, mental health, and minor illnesses.

"They are better than my GP they have always been quick and helpful- they should make their own 111 GP service".

"They sorted me some meds out when I ran out, they were good and they got me a month's worth of meds sorted out".

"I used it for dentist when I needed one as an emergency, they were good actually they sorted me out".

One person told us how they had accessed 111 for support for their mental health and that the call handler stayed on the phone to provide support and give them someone to speak to whilst advice was sought.

"Rang them for mental health and they were much better than the crisis team they had someone stay on the phone with me while they got advice and decided what to do, it was nice to have them listen, and it made me feel like I was being supported".

Some people told us they were not fully aware of what services 111 provided or when they can use it.

"Didn't know about it, don't know what they do really- is it like doctors?"

"Yeah, I'd like to know more about it but I've never used it. I probably would use it if I needed to".

Experience of Patient Transport Service (PTS)

Through conversations with individuals, we discovered that the homeless population rarely used the Patient Transport Service. None of the street homeless individuals that we spoke to had accessed the service at all.

Access to PTS for this population is quite challenging as life can be chaotic and not always easy to plan appointments due to phone access and lack of postal address.

"It doesn't work for us because where are they going to pick up from? don't know where we will be at a certain time".

There was also a lack of knowledge and awareness about the PTS amongst this specific group of individuals.

"Don't have a way to book it, don't even know how to book it to be honest"

"Didn't know about it how do we do that?"

Those with previous lived experience, told us, on reflection that if they had known about the service, and had needed it, they would have accessed it. However, they didn't think this would be the case for everyone experiencing homelessness, as health appointments are often not a priority.

A minority of residents at The Crossings and Westbourne House shared instances of using the service, primarily for returning to the hostel after hospital stays or attending outpatient appointments. From the limited number of residents who have told us that they have used PTS, the feedback around the crews has been very positive. People told us the crews were 'nice and friendly' and that they were made to feel comfortable.

'I've used them a few times to come from hospital back here, they were good, the staff were nice'.

'When I got taken to Pinderfields from Hull Royal patient transport service took me, they were good, made me feel comfortable'.

However, waiting times to be collected by PTS seemed to be an issue. Two people reported waiting 4 hours to be collected by PTS from the hospital when they were ready to be discharged.

Case study-
Experience of 999 and Patient Transport Services

During engagement with the homeless population, we met an individual who kindly shared his story with us about his recent experiences with the ambulance service and hospital services across Yorkshire. The person we spoke to had been involved in a fire in Westbourne House where he was staying and 999 was called. Yorkshire Ambulance Service attended and took him to hospital at Hull Royal Infirmary. The patient said he didn't remember much about being in the ambulance to Hull Royal Infirmary but the feedback from Westbourne House was that the ambulance service, along with the fire service came quickly when called. The patient told us that being in Hull Royal Infirmary was not a positive experience for him as whilst there he did not have access to his methadone which he needs daily.

Once assessed due to the burns he had sustained the patient was moved to Pinderfields Hospital in Wakefield. Pinderfields Hospital hosts the Regional Adult's Burns Centre. The move from Hull Royal Infirmary to Pinderfields was arranged through Hull Royal Infirmary staff and was conducted by Patient Transport Service. The patient told us the patient transport service staff were very kind and friendly and he was made to feel comfortable during the journey to Wakefield. Pinderfields Hospital was reported to be a positive experience with kind staff members,

"they were really good, they were very kind and friendly. I was made to feel comfortable on my journey to Wakefield"

The patient reported there was daily access to methadone at 7.45 each morning which put him at ease.

The discharge from Pinderfields was conducted by Patient Transport Service and the patient was brought back to Westbourne House by them. This was reported to be a positive experience and was arranged

by the hospital, again the crew were reported to be helpful, kind, and friendly. Following his return the patient told us he had had some support from the homeless health team who visit Westbourne House in regard to the aftercare of his burns. This worked well for the patient as he told us that he has anxiety about going out alone.

Overall, the patient has said he was very happy with the support and care provided by the Yorkshire Ambulance Service and feels they did everything possible to help and support him. The experiences of wider services were mixed with Hull Royal Emergency Department being said to be a negative experience due to the stigma which was felt and but Pinderfields Hospital being said to be a good experience. The patient has said he is currently receiving after care from the homeless health team who visit Westbourne House and will be following up with his GP where needed.

-Westbourne House resident

This case study reflects many of the themes which have been seen throughout this report. The ambulance service was effective in their role and treated the patient well. The patient also accessed the Patient Transport Service as part of his care, and he recalls this as being a positive experience where he was made to feel comfortable.

Feedback from Yorkshire Ambulance Service staff

We spoke to 28 individuals from emergency ambulance front line crews at our engagement activity at Hull Royal Infirmary and Yorkshire Ambulance Service Headquarters. We also spoke to an additional 42 members of staff who worked in the patient transport team, Emergency Operations Centre (dispatch) department, Health Advisors (111 call handlers), Emergency Medical Dispatchers (999 call handlers), and adult safeguarding.

The staff spoken to had varying amounts of experience in of supporting PEH. Through our experience gathering, we explored the barriers to supporting PEH, and attitudes to the PEH community. We asked staff to tell us what is working well, and what improvements they would like to see.

Emergency ambulance crews (999)

Lack of clear pathways

Crews told us that they there was a lack of clear pathways in place if there was no clinical need to take the patient to hospital. YAS staff told us that in the majority of cases, when they are called to someone who is street homeless, this is usually due to the fact that they are intoxicated, and a well-meaning member of the public have tried to get them some help.

"its usually due to drink or drugs, but we have a duty of care to get them to a place of safety"

It is not a 'safe discharge' to leave people on the street, therefore for some rough sleepers, especially during nighttime and weekends when many services are unavailable, a place of safety often becomes the hospital Emergency Department (ED).

All hostel placements are allocated through Hull City Council, based on priority need. Therefore, this means a YAS crew cannot take a rough sleeper to a hostel without them having a place already. If someone is deemed to have capacity they may be left on the street if this is what they are choosing to do, however this can also lead to further ambulances being called out as people may be concerned for the welfare of an individual.

The lack of clear pathways meant that staff told us an inconsistent approach is taken across crews. Some crew members had extensive local knowledge of the service offer to the homeless population, and therefore knew exactly where and how to access the most appropriate support. Whereas some had far less experience and knowledge due to time served or not working in their usual geographical area.

Mental health support

Access to mental health services was another theme that was mentioned in over half of the conversations that took place with front line crews.

Staff gave numerous examples of when they have attended a call for a PEH who needs specialist mental health crisis support, and the crew were unable

to help them access this. This is particularly the case if someone is intoxicated and is in mental health crisis.

"if someone is on drink or drugs they (Miranda House) don't want to know"

We were told of an incident whereby a crew were called out to a 17 year old, on a bridge who was intending to take their own life. The crew spent two hours trying to access mental health crisis support for this person. They described their experience of calling the crisis team as 'awful- they didn't want to know'. Eventually they spoke to the children and adolescent mental health service (CAMHS) who agreed to meet the person at Miranda House for an assessment. Unfortunately, upon attending Miranda House with the person, CAMHS didn't show up and they were turned away due to their age and ended up attending the Emergency Department.

"We took the person to Miranda House, CAMHS didn't show up, and Miranda House didn't want to know because of their age. All that, and we ended up taking them to ED!"

Reluctance to accept help

All 28 front line staff that we spoke to told us that in their interactions with people who are experiencing homelessness, especially those who are rough sleepers, the majority are very reluctant to go into hospital.

"4th call out for the same person in one day. He was drunk, and asleep in a bus shelter when we got to him. He looked in a bad way but didn't want any help so got up and left, left his blanket behind"

The YAS staff member told us that they felt this person did not want to accept help as they *"didn't want to leave the streets"*

YAS staff appeared to understand that PEH may not want to accept help and treatment due to fear of being judged in hospital and feel there is a stigma that comes with being homeless, echoing feedback we heard from PEH.

Although trauma and fear were a resounding factor for PEH when refusing to go to hospital, interestingly, this was not identified as an issue amongst any of the YAS staff that we spoke to, highlighting a gap in understanding of

the impact of trauma on an individual, and the need for trauma informed training.

Staff told us that rough sleepers are often carrying all or many of their belongings with them, and some people will not want to go to hospital for fear of losing everything they own. This presents both a challenge for the ambulance crew and the person who is rough sleeping as to where to store the items.

One YAS crew member told us about an incident where they attempted to convey a rough sleeper to hospital due to a clinical need, but the patient was reluctant to go due to not having support in place to look after their dog.

"The dog ended up coming to hospital, and I spent an hour on the phone, to the police and RSPCA trying to find somewhere for the dog. In the end a local vet took it in. I have the confidence and experience to do this- not all staff would"

Addiction presents another obstacle that prevents individuals from going to hospital. Many fear being in an environment where they cannot access drugs or alcohol and risk experiencing withdrawal symptoms. Even for those who agree to go to the hospital, self-discharge is common so they can access substances again. Consequently, emergency services like 999 are frequently called multiple times within a short timeframe to transport the same individual back to the hospital.

Crews told us that often those who are residents in hostels face similar challenges to those who are street homeless such as drug/alcohol dependency, mental health issues and trauma. Hostel residents are often unwilling to go into hospital for similar reasons to those who are street homeless. Addiction is very often a factor in not wanting to attend hospital.

Perceptions of people experiencing homelessness

Through conversations with YAS staff, it became clear that that there were differing views and perceptions of people experiencing homelessness.

Some staff, particularly the more experienced seemed to be resigned to the fact that rough sleepers do not want to change their lifestyle.

"It's a lifestyle choice. They want to stay on the streets, and they don't want help"

"they want to carry on as they are, cant force them to get help"

"this is the lifestyle they have chosen"

The language used amongst YAS staff, particularly the use of the word 'choice' highlights a gap in understanding amongst some of the YAS crews about the causes of severe and multiple disadvantages, and the need for further training.

Some staff expressed frustration at not being able to help, explaining that they were often called multiple times to the same person, for the same reasons (usually intoxication).

"there needs to be more support out there for these people so we don't end up being called out unnecessarily"

One staff member told us an experience of a CAT 1 call for a rough sleeper who was unconscious and not breathing. When the crew arrived on scene, the person was okay, breathing, and conscious. This person had recently been released from prison and was heavily intoxicated with alcohol. He told the crews he was *'just having a sleep'* but requested that they take him to the off licence for more alcohol. The crew were frustrated at this unnecessary call out by a member of the public and felt that there should have been an intervention following the person's release from prison. In their opinion this seemed to be a complete waste of resources, particularly when the service was under so much pressure.

We were told that sometimes members of the public did not give accurate details of a person's physical presentation when they come across rough sleepers that they are seeking help for, therefore call outs for intoxication are often unnecessary. Staff perceived some of this to be 'over exaggeration' due to the public wanting to get help quickly.

Some staff spoke of feelings of helplessness when they are called out to PEH.

"We do everything that we can, but sadly without the right [social] support in place- what else can we do?"

"Wish we could do more to help. I always worry that I will find someone who has frozen to death".

Finding a rough sleeper deceased was sadly the reality for one crew member we spoke to. He told us of an incident where he was called to a rough sleeper who was not breathing due to an overdose. When the ambulance arrived, it was clear that this person had been deceased for a while. Other staff told us that this sort of thing happens 'too much' and is hard to deal with.

Most of the crews we spoke to, expressed sympathy and compassion towards PEH.

"They are just people, unfortunately many with addictions".

"these people are very vulnerable and need help to get them off the street"

When describing their interactions with PEH, ambulance staff gave a mixed response. Some told us that they had experienced aggression, particularly when they are called to people who are intoxicated and do not want help. One staff member told us that they feel particularly uncomfortable when attending some of the hostels within the city and described them as *'shocking environments'* that they would not want to attend alone. They described the unpredictability of these settings, particularly when drugs and drink are involved.

Another staff member told us *"they are mostly polite, and grateful that you care"*

Working beyond the remit of their role

999 staff told us they have worked beyond the remit of their role when supporting the homeless community to ensure they received the best possible, person-centred care. One crew told us about an experience where they were called out to someone who was very clinically unwell and needed to attend hospital to receive treatment however the individual did not want to attend hospital as he was concerned about getting his methadone from

the pharmacy as he was due to take it. The ambulance crew offered to take the patient to the pharmacy on the way to the hospital to ensure he could receive the treatment that he needed. The patient agreed and after going to the pharmacy for his methadone he attended hospital.

Other crews told us of carrying extra blankets in ambulances so they could give them out to rough sleepers during the colder months.

Inequality of access

The front line 999 staff we spoke to said that people who are rough sleeping do not tend to call ambulances for themselves, the calls tend to come from concerned members of the public, or occasionally at request of a rough sleeper to a member of the public. This echoes feedback from PEH and stakeholders.

For those living in hostels, ambulance call outs are more frequent. This is since those in hostels have more support, and people surrounding them to be able to make the call, whereas many rough sleepers are much more isolated.

Ambulance crews feel that they face less barriers when it comes to supporting hostel residents as they have a safe place to stay if there is no clinical need to attend the emergency department.

What could be improved from a YAS 999 ambulance crew perspective?

Crews felt the mental health training which they undertook as part of their training at university was very minimal, with some reporting only 1 day of mental health training during their degree with others stating it was only half a day. With such a high number of ambulance attendances for the homeless community being related in some way to mental health they feel this would be beneficial.

Crews told us that a clear pathway of what to do when someone is rough sleeping but has no clinical need to attend the Emergency Department to ensure the service was needed.

Many of the homeless community we have spoken to, along with many stakeholders and YAS staff have spoken about the high levels of trauma that

the homeless community have often experienced. Many people have had adverse experiences for an early age or had traumatic events throughout their lives. YAS staff have told us they feel that Trauma Informed Training would be of benefit to them as many YAS staff feel they lack knowledge in this area.

Patient Transport Service staff

Healthwatch Hull spoke to **10** staff from Patient Transport Service who told us that they had very limited experience of supporting those who are street homeless (rough sleeping). This is due to the fact that the service offers pre-arranged journeys which are booked in advance for patients to attend, and patients require a fixed address in which to be collected from.

However, one person we spoke to, (PTS Access and Systems Manager), told us of a new standard operating procedure (SOP) that had very recently been implemented for PTS to ensure that rough sleepers are able to access the service. This new SOP means that people who are rough sleeping would be able to be picked up and dropped off at specific pre-arranged locations, such as Libraries, GP practices and community centres. At the time of our engagement, none of the PTS staff were aware of this change.

Patient transport staff told us they do sometimes get calls to hostels to transport people to appointments and from hospital back to hostel accommodation, and this is the most frequent use of PTS by the PEH community.

PTS staff told us that if they ever see someone rough sleeping who may be in distress they would always stop , as they have a duty of care and would be able to provide blankets, water and support, however they do not stop if they see a rough sleeper as part of their day to day job as they have a route to follow and patients to pick up and drop off.

PTS ambulances often get mistaken as an emergency ambulance service and have been flagged down by the public on numerous occasions, especially for a rough sleeper. This causes delays in being able to effectively transport patients to hospital, but due to a duty of care they feel that this is necessary to ensure the safety of the individual.

Health Advisors (111 call handlers)

At Wakefield Headquarters we spoke to staff who work for the 111 service as call handlers. The staff spoken to had limited experience of supporting rough sleepers or those who are homeless. This was in part due to the fact that they do not routinely ask if someone is experiencing homelessness, and therefore would only find out this information if it is volunteered by the caller.

111 call handlers told us that the calls they did receive from the homeless population tended to be from hostel residents or people who worked in services to support the homeless community, and calls from rough sleepers themselves was incredibly rare. This supports the feedback received from this group, that rough sleepers do not consider health to be a priority, and a non-emergency service such as NHS 111 is unlikely to be considered as an option. Many were also not aware of the service.

Staff felt the logistics of calling 111 could be a barrier for PEH as a phone is needed to contact 111 in the first place, and many PEH may not have access to this. If they can access a phone, it could only be possible for the first call, and PEH may not have access a second time to receive call backs. Following advice being provided the patient would need to be able to get to a certain service eg. a walk-in centre which may not be possible without support, transport or funds to access public transport. This presents another barrier to this population.

What could be improved from a 111 call handler perspective?

111 call handlers have stated how they feel that the service could be improved to make it more accessible for people who are homeless or rough sleeping. Suggestions included;

- More promotion of the 111 service within hostels and stakeholder locations.
- Better training for staff in terms of pathways and offers of support for people that are homeless- having more knowledge of services to support could be beneficial.

Other staff groups

During discussions with the safeguarding team, it became clear that there was an issue around being able to identify if someone who is street homeless and a frequent user of ambulance services due to the way that call outs are recorded. Frequent users are identified by location i.e. a private address. This issue is significant because if a person experiencing street homelessness receives multiple ambulance attendances at street locations, they may not be flagged as a 'frequent user' in the system. Consequently, they could slip through the cracks and go unnoticed by the outreach team. During our discussions with the team, we learned about a Safeguarding Adults Review that focused on the case of an individual experiencing street homelessness with complex health needs. Despite being attended to by the Yorkshire Ambulance Service (YAS) on multiple occasions, the system did not recognise them as a frequent user due to their homeless status. Sadly, this individual passed away. YAS managers have told us unfortunately, currently, the system remains the same. However, they encourage YAS staff to alert the outreach team of any vulnerable or no fixed abode patients they attend to. Until the whole 999 system changes over to placing patient identification as the lead identifying method before location of the emergency this will not change. YAS have told us the organisational plan is to move to a single triage system rather than AMPDS (999) and Pathways (NHS111) over the next 2years.

Stakeholder feedback

To gain a full understanding of the challenges which the homeless community face it was important for Healthwatch to speak to as many stakeholders as possible. During these discussions we spoke to stakeholders about their experiences of calling an ambulance, contacting 111 or using Patient Transport Service for the people they support. We also spoke about other challenges which are seen and initiatives which are in place to support to understand the wider picture.

999 ambulance services

Most services feel they have a good relationship with the ambulance service.

"Generally ambulance staff are very good, they come as quickly as possible and do a great job in difficult circumstances"

Overall, ambulance staff were praised by stakeholders for their prompt response and effective performance, even in challenging circumstances. Stakeholders told us that generally staff demonstrated kindness and treated patients with dignity and respect. Stakeholders also told us of instances of good practice shown, where staff have gone above and beyond to ensure the patient felt supported and comfortable.

"There was an instance where there was particularly good practice shown by YAS and they were really good, someone went into cardiac arrest and the advanced paramedics came as well as ambulance crew- they were really good, helpful, kind and treated the patient with great dignity and respect."

However, stakeholders we spoke to from some services such as ReNew and Westbourne House felt there was a level of stigma around the address, they were calling from with the assumption it was just because of drugs/alcohol or the patient would be a 'trouble causer'.

"Generally, ambulance crews fall into 2 camps- either really good or really bad. ReNew has a stigma around the address as often drugs/alcohol are involved and overdose, however it shouldn't matter what the reason for the ambulance call is. If an ambulance is called, they should treat all patients with respect and dignity no matter what their background is or the reason for the call.

"Many homeless people do not want to go into hospital even when they really need to, ReNew has an outreach nurse- they are like an ED on

wheels, treating people on the street. Often when she tells someone they really need to go into hospital and need an ambulance called they are very reluctant and often refuse. They feel they are treated poorly in hospital, feel they are treated differently, there is a stigma, methadone is not readily available which can mean they are rattling while they are waiting, and they will leave to go get their methadone or to use."

Stakeholders felt that PEH are often held to different standards than other members of the public, for example if someone sustained an injury through playing a sport an ambulance crew- or any medical professional would be highly unlikely to comment that it was their fault, or that they should not have done it etc. However, if drugs/alcohol were the reason for the call it can often be seen as the patient's own fault.

Following a meeting with a stakeholder, Healthwatch were informed of an incident which occurred in January 2024 at the ReNew Service relating to Yorkshire Ambulance Service 999 crews.

Stakeholder experience - ReNew

An individual had taken an overdose in the toilet at ReNew. The person was already unwell with complex health needs and was found by unconscious ReNew staff. Two outreach nurses from ReNew tended to the individual, and administered a full syringe of Naloxone, whilst 999 was being called.

The call was allocated as a Category 3, however the nurses on duty felt that it should be Category 1 call. The ambulance took 45 minutes to arrive on scene. The YAS crew did not request a handover from the nurses that were present, but the nurses provided this anyway so that the crew were aware of the treatment they had provided prior to the ambulance arriving.

The patient was 'chucked on a stretcher' despite his previous very poor health and head injury he had sustained as well as the overdose. They were not treated in a dignified manner by the YAS crew. Once the patient was on the back of the ambulance the ambulance tech came back in to ask how much naloxone had been given- they had told them this already in the handover and the nurses felt it proved they were not listening to crucial information which was being handed over by a healthcare professional. Nurses said it was very frustrating to see patients treated like this, and there is no wonder they do not want to go to hospital if this is the way they are treated. The patient remained in hospital and needed to be intubated for a time in ICU because of how unwell he was. The staff member didn't feel that the crew took into account that the person was incredibly unwell even prior to overdose.

"the ambulance crew seemed like they couldn't be bothered, and it was a case 'oh it's another drug addict who has taken an overdose"

This feedback was shared with Yorkshire Ambulance Service and escalated during the course of the project

Staff working in hostels told us that they are often left to look after and support a resident when they refuse to go into hospital- this can create a greater strain on the hostel staff.

We were told that long waiting times for ambulance arrivals and lack of estimated time of arrival (ETA) on ambulances can create challenges for staff at services such as hostels- this feedback was given by Westbourne House. Not having an estimated time of arrival can make it difficult in terms of risk management, staffing ratios within the service and continuity of care.

We were also told of an incident where a patient who attended the Storey Street 'walk in' Centre needed to be taken to hospital by ambulance. There

was no ETA given and the waiting time went beyond the opening hours of the service and building needed to be closed for security reasons. The member of staff that had been treating this person had to resort to taking the patient to the hospital themselves, paying for the taxi out of their own personal funds.

"Didn't have much choice, couldn't have left him on the streets".

Through engagement with stakeholders and YAS it became apparent that there are issues around assessing capacity for certain rough sleepers and those who are experiencing homelessness.

Some stakeholders have said they do not feel that YAS crews always assess capacity thoroughly enough, and people are just assessed for having capacity around time and place. (knowing what time/day it is and where they are.)

"This capacity assessment can be too surface level in some cases as it is not looking at informed capacity- do people know and understand the implications of their decisions? Are they able to recall these? Are they in a stable position to make a decision?"

Capacity may also fluctuate due to substance misuse and intoxication, meaning a person may have capacity when they are sober, however when they are under the influence of substances, they may lose capacity to make informed decisions. Mental health can also impact on capacity, if someone is in a mental health crisis they may lose the capacity to make informed choices about their care for example choosing not to go into hospital when it may be vital that they do attend hospital for treatment.

There can be difficultly in assessing capacity for numerous reasons. People may be aggressive leading to it being challenging to assess capacity safely.

At times people have not been taken into hospital by ambulances as they have refused to go without being fully aware of the consequences.

What could be improved?

Stakeholders felt that a greater understanding of the challenges faced by rough sleepers and the homeless community is needed, including issues

such as drug/alcohol dependency, mental health, and trauma. It has been suggested that training initiatives could be implemented to better support individuals in these circumstances.

Stakeholders also felt that communication with the ambulance service needed to be better, including being made aware of expected wait times, and better communication with staff when the crew arrives on scene.

NHS 111 service

Through our engagement with stakeholders, it became apparent that 111 is a service which is used more frequently in hostels by staff members when asked by a resident. It is also used by hostel residents who will contact 111 if they have an issue around medication, dental issues or mental health. Stakeholders have said they try to encourage residents and those who use services to access the 111 service where appropriate and would like posters etc on noticeboards and around hostel accommodation explaining clearly to people what the service is for.

Patient transport service

Stakeholders have told us that the Patient Transport Service is not a service which is used very often by the PEH. Those who are in hostels tend to access the Patient Transport Service slightly more often although usage is still minimal. Stakeholders told us that the homeless community they support often use taxis which are funded by Changing Futures to attend appointments and sometimes for discharge from hospital.

Feedback about wider services

Throughout the course of our engagement activity, we have learnt that there are issues within wider services for PEH which are contributing to the effectiveness of the services being offered by YAS.

Emergency Department (ED) Hull Royal Infirmary

People experiencing homelessness expressed dissatisfaction with the Emergency Department services, leading to a reluctance to attend ED, and when they do, they have a tendency to leave the department before receiving treatment for a number of reasons:

Stigma

Many of the homeless population we spoke to felt they were not treated in the same way as other patients attending the Emergency Department. People reported staff being unkind and impatient with them, making a judgement about how they will behave, based solely on the fact that they are homeless. Hospital security staff in particular, were mentioned as making people feel uncomfortable- watching them, being alerted when they came in and 'kicking them out' for either past behaviour or 'minor disruption' which often comes from a lack of understanding around mental health and addiction.

PEH told us they are self-conscious of their appearance, as they may not have showered or be wearing clean clothing. This makes them feel uncomfortable sitting in ED. We were told of times when other people in the waiting room have moved away from them, further adding to feelings of being judged.

Trauma

Many rough sleepers and those who are experiencing homelessness have told us that they have complex trauma stemming from adverse experiences. To PEH the hospital environment can seem to be a hostile place and can cause anxiety, causing them to leave without treatment or support.

"sitting in the waiting room can be triggering and makes me stressed"

Addiction and lack of methadone access in ED

Addiction to drugs and/or alcohol were stated as a reason by the homeless community for leaving the emergency department. People told us that the long wait times in ED made them anxious about going into withdrawal. To avoid this, people are often leaving the emergency department to either access methadone eg: from their pharmacy or to buy drugs or alcohol from another source.

Once admitted to a ward the access to methadone does not seem to be an issue and people have reported getting regular access, however during the initial wait in ED this has not been the case. Some people have reported being sat in ED for over 20 hours and have not received methadone. People have told us they have left ED to go and get their methadone from the pharmacy however upon returning to ED they had lost their place and then had to start the process all over again. Many are not able to wait for this long and end up self-discharging and not accessing the treatment that they need.

Relationships and responsibilities

One of the reasons for leaving the Emergency Department without treatment or without completing treatment was concern about leaving a loved one on the street alone. This seemed to be especially the case when males were in the hospital and females were on the street alone without them.

"I won't stay in hospital because then she is in the tent on her own and I can't leave her by herself".

Some rough sleepers keep pets, especially dogs for company and security. Rough sleepers who have pets have said they are also likely to leave ED without treatment as they are concerned for their pet's welfare and do not want to risk losing them by waiting in ED.

This pattern of incomplete treatment or non-attendance at ED can increase the strain on the Yorkshire Ambulance Service. The initial clinical needs that prompt ambulance calls often remain unaddressed, leading to additional ambulance dispatches for the same issue.

Mental health services:

Through our engagement with the homeless community, many individuals have expressed concerns about their mental health, with depression and anxiety being very prevalent amongst this population. Unfortunately, the support provided by the community mental health team has been reported as inadequate, with individuals waiting for several months without receiving any assistance. One individual recounted their experience of being discharged to the community mental health team after an overdose last June but never hearing from them since. Despite their improved condition, the lack of support for PEH remains a significant issue.

'I took an overdose last year; I wanted them to let me go to Miranda House to get help but they discharged me to community mental health team- this was last June I still to this day have never heard from them. I am doing much better now but it's still not the point, they wouldn't know that because I've never seen them'.

Feedback regarding the crisis team, which is meant to assist individuals during mental health crisis, has been largely negative. Long wait times, sometimes exceeding 6 hours, is ineffective for rough sleepers who may not have access to mobile phones or sufficient battery life to wait for support. People told us that inappropriate advice has been provided to rough sleepers.

'Crisis team take forever to answer the phone and then give you stupid advice like have a cup of tea or have a bath. How is that going to help?!'

Another prevalent issue within this population is support for mental health if a person has substance misuse issues. Existing mental health services do not offer support individuals with dual diagnoses, exacerbating the challenges faced by the homeless community and rough sleepers. The lack of support for those struggling with both mental health conditions and substance dependency is evident across various stakeholder groups and service providers.

A member of the 999 crew told us of their frustration at trying to get crisis support from Miranda house.

" they won't take them if they are intoxicated, and they won't take them if they are withdrawing either. I had someone who was an alcoholic and hadn't had a drink in a few days but was mentally unwell – they didn't want to know."

ReNew is now delivering a dual diagnosis service alongside Humber NHS Foundation Trust to support individuals with mental health issues and addiction, however more widespread provision would be beneficial.

Access to housing support

The lack of walk-in hostel provision is an issue for ambulance crews on the front line. Crews have a duty of care to ensure that a rough sleeper is taken to a safe space. Too often the safe space is the Emergency Department as a last resort for crews.

Conclusion

Yorkshire Ambulance Service generally provides dignified and respectful treatment to people experiencing homelessness, and, overall, the service is viewed positively within this community. Feedback regarding the politeness, helpfulness, and friendliness of ambulance crews reflects a commitment to compassionate care and respectful treatment, which is essential for developing trust and rapport with vulnerable populations.

Despite this, there is evidence of stigma and judgment among some staff members, and, although this negative feedback was minimal, it is important that this is addressed to ensure that all individuals, regardless of their housing status, receive equitable and non-discriminatory care.

Inequalities in access to ambulance services between PEH and the general population are evident, with trauma and previous negative experiences of hospitals and emergency services being very common among homeless individuals. These negative experiences create emotional barriers to access that are not always fully understood by ambulance crews.

Staff often lack awareness and understanding of the root causes of homelessness and the impact of trauma on individuals, leading to misconceptions about why PEH may not cooperate with treatment.

Additionally, within the population of people experiencing homelessness (PEH), disparities also exist between those who are street homeless and those residing in hostel accommodation. Individuals in hostels generally have better access to services compared to those who are rough sleeping. This discrepancy is largely due to the support provided by hostel staff, who assist individuals in accessing various services, including non-emergency healthcare services such as NHS 111. This support helps to bridge the gap in access to services between those living in hostel accommodation and those who are street homeless.

Emergency ambulance crews have a challenging role when working with PEH, and this is made more difficult when crews do not have the right level of support or information to be able to help a person appropriately. This is leading to inappropriate transfers to the hospital environment.

The existing patient transport service does not effectively meet the needs of rough sleepers and those without a fixed abode. One major challenge is the logistics of the service, which typically require pre-booking and an arranged pick-up and drop-off point, usually a home address. This presents a significant barrier for rough sleepers, who may lack a stable living situation or address to provide for such arrangements.

However, it is encouraging to hear that the Patient Transport Service are implementing a new standard operating procedure to address some of the challenges faced by rough sleepers and individuals without fixed abodes in accessing healthcare services. This includes introducing community pick-ups from various locations such as GP surgeries, libraries, and community buildings. This should greatly improve accessibility for individuals who may not have a home address. This initiative reflects a more inclusive and flexible approach to patient transport, which is essential for ensuring equitable access to healthcare services for all members of the community. It is important to monitor the implementation of this SOP closely and gather feedback from both service users and staff to identify any further

improvements or adjustments needed to better meet the needs of rough sleepers and individuals without fixed abodes.

The wider system issues identified throughout this project, such as access to housing support and treatment in ED for people experiencing homelessness are having a detrimental impact on ambulance services and make it more difficult for staff across all areas of Yorkshire Ambulance Service to do their job. A whole systems approach is needed to address these issues.

People experiencing homelessness are often considered a hard to reach community, however our extensive engagement throughout the project highlights their willingness to have their voices heard. This should be taken into consideration by all organisations that support PEH, to ensure that services meet their needs.

Recommendations

Recommendations for Yorkshire Ambulance Service

Theme -Lack of clear pathways

Aim

Clear pathways for Ambulance crews where there is no clinical need to convey to hospital.
Response crews and call handlers have improved knowledge of pathways to support rough sleepers when there is no clinical need, ensuring people experiencing homelessness receive the right support in the right place.

Intended outcomes

- Reduced hospital admissions.
- Reduced pressure on the ambulance service.
- Reduced stress for YAS staff and PEH.

Recommendations

1. *Yorkshire Ambulance service should consider investing in a specialist liaison role to work alongside the dispatch team, providing advice and support to front line crews on the pathways available for people experiencing multiple unmet needs and PEH, when there is no clinical need to attend hospital. This could be a new role or enhanced responsibilities for existing roles within YAS.*
2. *Yorkshire Ambulance service should consider investing in technology/ apps that provide appropriate signposting advice and support that is easily to use and accessible by front line staff.*
3. *YAS should consider a clear pathway for referrals to the homeless health team for non-emergency cases who do not wish to be conveyed or where there is no clinical need to be conveyed to hospital.*

4. *YAS should implement a regular communication mechanism to update staff about the options available to support PEH in Hull.*
5. *YAS should consider using Hull as a pilot area for recommendations and then rolling out in other areas across the YAS patch.*

Theme - Understanding patient history

Aim

YAS staff have a clearer understanding of medical and social history of PEH when presenting to ambulance services.

Intended outcomes

- Delivery of person-centred treatment.
- Reduced pressure on ambulance services.
- Reduced stress on PEH.
- Improved knowledge and information sharing.

Recommendations

6. *Yorkshire Ambulance service should work with local services to develop appropriate data sharing mechanisms.*
7. *Yorkshire Ambulance Service should have a direct contact route for local services.*
8. *Yorkshire Ambulance services should ensure that it has regular representation at multidisciplinary operational level meetings for PEH. For example, the changing futures operational meetings. This role could be fulfilled by the specialist liaison role as recommended in (1)*

Theme - Communication

Aim

Strengthen relationships between YAS and stakeholders, by improved two-way communication.

Intended Outcomes

- Enhanced understanding of YAS services and how to access them.
- Enhanced understanding of the different call categories, and expectations of ambulance waiting times.
- Enhanced understanding of the roles of different stakeholders.
- Improved appreciation and respect for each other's roles in supporting people experiencing homelessness.

Recommendations

9. *YAS to engage directly with stakeholders to increase understanding about how calls are categorised and aid understanding in terms of wait times. This could be fulfilled by the specialist liaison role as recommended in (1)*
10. *YAS team managers should implement regular CPD sessions, for staff to learn more about local service provision.*

Theme - Understanding Trauma and homelessness

Aim

Better understanding of unmet needs and impact of trauma on people experiencing homelessness.

Intended outcomes

- Improved person centred care
- Increase staff confidence
- Improve relationships between staff and PEH
- PEH more likely to cooperate with treatment

Recommendations

11. *All YAS frontline staff, including PTS and call handlers should undertake trauma informed training to enable them to take a trauma informed approach when being called out to rough sleepers or people who are experiencing homelessness. This training should be developed and co-produced with YAS.*
12. *All YAS frontline staff and call handlers to undertake homelessness awareness training.*
13. *Mental health first aid and suicide awareness training should be part of mandatory CPD for all YAS staff that come into contact with members of the public.*

Theme - Low uptake of PTS

Aim

Improve uptake of the Patient Transport service amongst the homeless population.

Intended outcomes

- An increase in attending outpatient/follow up appointments to lead to a reduced need for emergency interventions.
- PEH are provided with most appropriate treatment, preventing worsening of pre-existing conditions.
- Better health outcomes for PEH
- Reduced need for stakeholders to take PEH to hospital for outpatient appointments.

Recommendations

14. The Patient Transport Service / YAS engagement team should actively engage with stakeholders and PEH to promote the service and update on recent changes that have been put in place to improve uptake.

15. The PTS should continually monitor the effectiveness of the service in line with the new standard operating procedure to ensure that it is achieving its aims.

Theme - Low uptake of NHS 111

Aim

Improve uptake of the NHS 111 service amongst the homeless population.

Intended outcomes

- Reduced need to call 999, reducing fear and trauma amongst the homeless population.
- PEH are provided with most appropriate treatment, and are less likely to be taken to ED.
- Improved health outcomes for PEH

Recommendations:

16. *NHS 111 / YAS engagement team should actively engage with stakeholders and PEH to raise awareness of how to access the service.*
17. *Yorkshire Ambulance Service should implement a system to identify PEH when they contact 111 and should apply a more flexible, person centred approach to call backs. This should include attempting to resolve a callers issue during the first call, and ensuring that a PEH does not have to start the process again if a call back is missed.*

Theme – Need for shared Learning

Aim

To ensure YAS provide a consistent service across the entire geographical region that it is commissioned to cover.

Intended Outcomes

- Improved health outcomes for all PEH in the YAS geographical region
- Improved staff knowledge around homelessness, trauma and Mental Health

Recommendations

18. *YAS should ensure that learning from this project is shared across all staff groups in all geographical areas.*
19. *YAS should ensure that any specific measures that are implemented within Hull are replicated across all geographical areas.*
20. *YAS should ensure that feedback is shared with partners and ensure it is understood so they can take action.*

Recommendations for Hull Royal Infirmary Emergency Department

Theme - alcohol / substance withdrawal issues

Aim

To reduce the likelihood of individuals leaving ED before treatment due to substance or alcohol withdrawal.

Intended outcomes:

- Reduce anxiety for people who require methadone whilst waiting in ED.
- Manage withdrawal symptoms for people who have an opium addiction.
- PEH who have addiction issues are provided with appropriate treatment.

Recommendations

21. *Hull Royal Infirmary Emergency department should review its current policy on the frequency of administering methadone,*

ensuring that it is prescribed and administered in a person-centred way.

22. *Hull Royal Infirmary should consider ensuring that those who leave the hospital to obtain drugs, or alcohol should not be deprioritised again if they return for treatment.*

Theme - Stigma and judgement in ED

Aim

To provide an environment in ED that ensure PEH feel comfortable, supported and not judged, where they are more likely to complete their treatment.

Intended outcomes

- Improved health outcomes for PEH
- Improved knowledge and understanding of the impact of trauma and the causes of homelessness.
- Improved confidence of PEH when attending ED.

Recommendations

23. *All staff working within Hull Royal Infirmary Emergency Department should undertake Trauma Informed Training to increase knowledge of trauma, homelessness and multiple unmet need.*
24. *Nominated staff within ED to act as homeless health champions to work alongside the PEH, ensuring they are supported during their time in ED and to act as a liaison between the homeless health team and the PEH.*
25. *Hull Royal Infirmary Emergency department should consider, where appropriate, offering well-being packs when they arrive at ED containing items such as food, hygiene products and clothing.*

This will give the PEH the opportunity to make themselves feel more comfortable in the waiting area.

Recommendations for Miranda House (NHS Humber)

Theme – support with dual diagnosis

Aim

To create a more flexible approach to support someone in crisis if they have an addiction or are withdrawing from a substance.

Intended outcomes

- Ensure people, including PEH are appropriately supported through mental health crisis regardless of addiction, intoxication or withdrawal.
- Create a clear pathway for YAS staff if they are called to someone in crisis who has an addiction, is intoxicated or is withdrawing from a substance.

Recommendations

26. Miranda House should consider a room/area separate to other patients to provide crisis support and assessment to those who have an addiction, are intoxicated or withdrawing from a substance.

Recommendations for Humber and North Yorkshire Integrated Care Board (ICB)

Theme – Dual diagnosis support

Aim

To provide appropriate, accessible support for mental health to those who have an addiction.

Intended outcomes

- Improve mental health support for PEH
- Help to prevent the number of PEH who will experience mental health crisis.
- Reduce the number of ambulance call outs to those experiencing mental health and addiction.

Recommendations

27. Humber and North Yorkshire Integrated Care Board (ICB) should commission a dual diagnosis service to ensure a widespread provision of dual diagnosis treatment within the area, alongside the service which ReNew currently provides.

Theme – Homeless health team accessibility

Aim

To ensure all PEH receive support from the homeless health team if they need to attend the ED at Hull Royal Infirmary.

Intended outcomes

- To reduce the number of PEH leaving ED without receiving or completing their treatment.
- To improve health outcomes for PEH
- Ensure that PEH have their needs met in the ED and within the hospital
- To reduce the number of repeat ambulance call outs

Recommendations

28. Humber North Yorkshire ICB to consider increasing the funding and staffing for the homeless health team to work on a 24/7 basis, data shared by YAS shows evenings and weekends are the times when the most PEH are brought into hospital.
29. Where an increase in funding is not possible, Humber and North Yorkshire ICB should work with the provider to offer a more flexible service, ensuring provision is available in line with need such as evenings, overnight and weekends.

Theme- Wider learning from this piece of work

Aim

To improve access to and patient experience of services for those who face multiple disadvantages across the Humber and North Yorkshire ICS.

Intended outcomes

- Reduced stigma
- Improved understanding of the challenges faced by those who face multiple disadvantages
- Reduced health inequalities
- Equitable health and care services
- Reduction in system pressures

Recommendation

30. Humber North Yorkshire ICB should ensure that learning and recommendations from this report are embedded across the wider ICB system to ensure people who are experiencing multiple unmet need are supported in a consistent, trauma informed, person centred way.

Recommendations for Hull Health and Care Partnership

Theme - Mental Health Training for paramedics

Aim

To ensure paramedics are receiving robust mental health training as part of their initial and ongoing training.

Intended outcomes

- Improved knowledge and skills around mental health for YAS staff
- Improve staff confidence when called out to patients with mental health conditions
- To improve mental health outcomes for patients
- Improve PEH experiences of YAS

Recommendation

31. Humber Health and care partnership should leverage relationships with educational providers to ensure that mental health training is included as a core component of paramedic training.

Next steps

The report will be submitted to Yorkshire Ambulance service, local commissioners and providers under the Healthwatch power to make reports and recommendations.

Services have 20 days from receipt to respond.

Healthwatch Kingston upon Hull will monitor responses to our recommendations and keep members of the public and stakeholders informed of progress and actions to deliver improved services.

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Report responses

Response from Yorkshire Ambulance Service:

"I am writing to formally acknowledge receipt of the Healthwatch report 'Voices of the Street' and to provide an initial response to the recommendations.

Firstly, we would like to thank you for the work you have undertaken to support us in engaging with some of our most marginalised service users. The level and depth of engagement is beyond what we expected when we commissioned the work and will provide invaluable insight that will help us improve the care that we provide.

We are pleased to note that the report reflects positive experiences of our services and our staff. We acknowledge that there are exceptions to this, some of which you have captured, and we thank you for the recommendations in the report that will help us to address these.

The recommendations that you have provided are wide ranging and merit further work to identify how we can respond meaningfully, in a way that will make a difference for our patients.

At this stage we are therefore not detailing work that we may undertake in response to any specific recommendations, but we can update you on our current position and next steps:

1. While the project is funded by YAS Charity, the Trust has provided internal governance through our Clinical Governance Group, which reports into our Trust Executive Group and then to our Trust Board. This Clinical Governance Group will retain oversight of the project.
2. The Trust Board were also shown the video from the project at our Board meeting in public on 30 May 2024 and it was praised for its powerful messages and very much welcomed by them.
3. We are currently putting together a Task and Finish Group to examine the recommendations and create an action plan to respond to them. The development and delivery of the action plan will be overseen by our Clinical Governance Group.
4. We have identified two people with lived experience of rough sleeping, who have already had involvement with this project, to join the Task and Finish Group and help shape our action plan.
5. We note that there are recommendations in the report that relate directly to our partners or to the wider health and care system. We are committed to working with our partners to address these and have already shared the video with them and shared an overview of the report.

We would like to offer to meet you in six months' time, to update you on our progress with our response and colleagues in the Community Engagement, Lewis, Sasha and Dave will be contacting you.

The results of this project and the joint working with yourselves and partners has demonstrated how working together we can better understand the needs of our patients and ultimately improve their experience and our services.

Thank you again for your work on this project and we look forward to working with partners to deliver on these recommendations.

Yours sincerely

Peter Reading

Chief Executive

Yorkshire Ambulance Service

Response from NHS Humber Foundation Trust

P34- 35 – patients being turned away

Page 34. We have a Crisis Care Concordat Forum which is a Multi-Agency meeting where there is an opportunity to explore learning the lessons from individual cases. This is attended by Humber, Yorkshire Ambulance Service and many other agencies. It would have been appropriate for this case to have been discussed within this forum at the time to provide specific details – it is difficult to comment without more information. It is not standard practice to turn anyone away from Miranda House however without the details we are unable to comment on other variables that may have influenced the decision made at the time. The patient would have received the same assessment as they would have at Miranda house.

P50-51 – discharge to community MH team and lack of follow up, issues with accessing crisis service due to intoxication

Page 50 – The Crisis service is attached to the Mental Health Advice and Support Team which is an open access service to anyone needing support 24 hours a day. We do not exclude on the basis of intoxication. From the report it states that the Crisis Service has identified that ongoing support is needed by a Community Mental Health Team and made the necessary onward referrals. Although this is a separate service, the individual is able to call for support whilst awaiting allocation.

P61 – recommendation "Miranda House should consider a room/area separate to other patients to provide crisis support and assessment to those who have an addiction, are intoxicated or withdrawing from a substance."

Page 61 – Miranda House has separate rooms for staff to take individuals in to for assessment and support. We do not exclude on the basis of intoxication. If someone presents in withdrawal, our primary concern is their physical health. If they are deemed medically fit, we will continue to monitor this and offer the required support. A plan around managing the safety of the individual, staff and other patients will be discussed. Arrangements can be made for people to re-attend Miranda House for support once their immediate needs have been met i.e. alcohol or physical requirements due to withdrawal.

Miranda House is now working with the Yorkshire Ambulance Service on a Pilot scheme to prevent ambulances been sent out to mental health only issues. This allows individuals to access the support they require, quicker.

Response from Hull University Teaching Hospitals NHS Trust (HUTH):

HUTH have acknowledged receipt of the report and are currently formulating a response to the recommendations and the response will be published as soon as it is available.

Response from Humber North Yorkshire Integrated Care Board (HNYICB):

The senior commissioners for the ICB have been involved in the project and are currently formulating a response to the recommendations and the response will be published as soon as it is available.