Supporting an elderly homeless population:
Palliative care and Frailty
Erasmus project April 2023

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OAK FOUNDATION

pathway Healthcare for homeless people

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Homelessness is a health issue

Complex needs & Tri-morbidity

Mental health problems: 82% MH diagnosis

Of those: 81% at least 2 conditions, 72% depression,
60% anxiety, 25% PTSD, 25% dual diagnosis, 20% psychosis

Trauma is a risk factor for homelessness and homelessness puts people at risk of trauma

Substances use 54%

38% drug problem
29% alcohol problem

Physical health problems

63% long term illness or disability
29% between 5-10 diagnoses
Hepatitis C 50x more likely
TB 34x more likely
45% traumatic brain injury

Homeless Link: The Unhealthy State of Homelessness, Health audit 2022
Beijer, U et al (2012) Prevalence of tuberculosis, hepatitis C virus, and HIV in homeless people: a systematic review and meta-analysis. The Lancet Infectious Diseases; 12:11, 859–870
Topolovec-Vranic J, et al Traumatic brain injury among men in an urban homeless shelter. CMAJ Open. 2014 Apr 25;2(2):E69-76.

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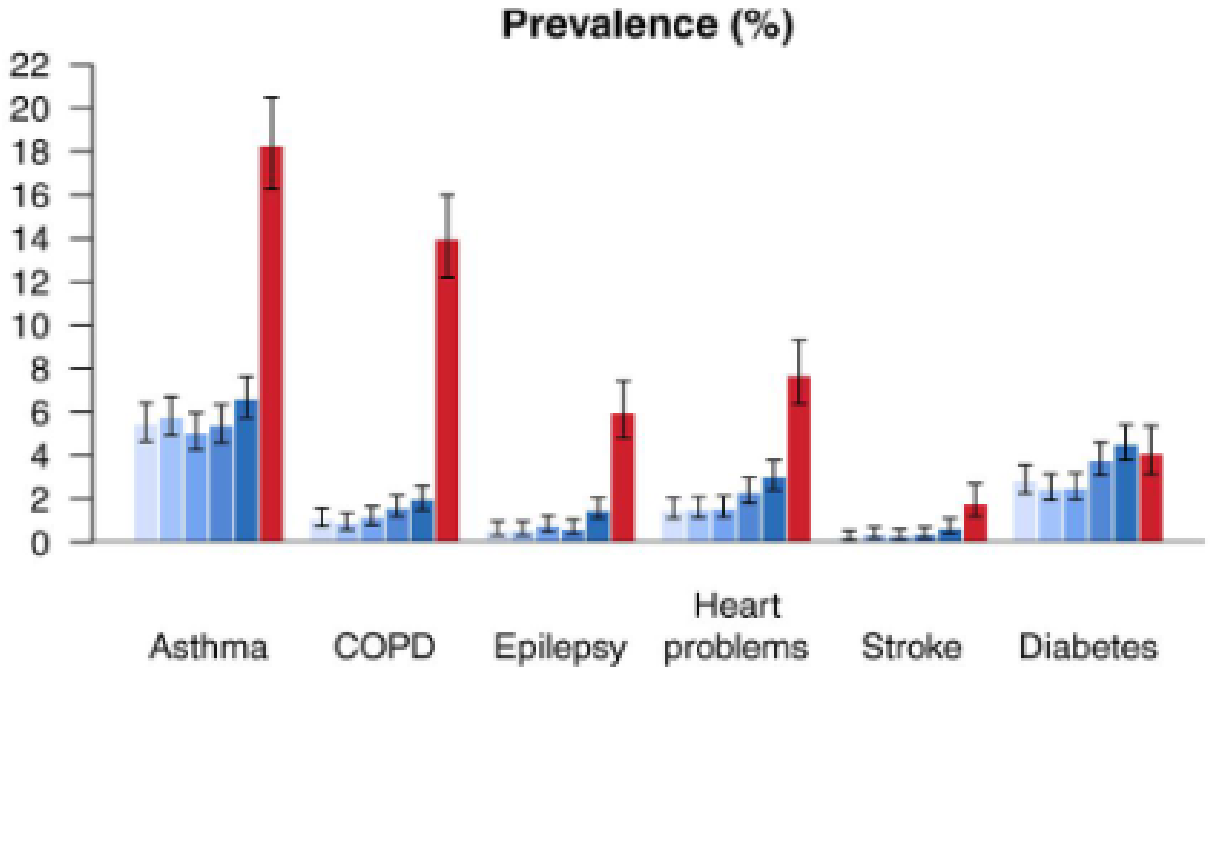
Prevalence of long term conditions



IMD: index of multiple deprivation.

- IMD1: Least deprived
- IMD2
- IMD3
- IMD4
- IMD5: Most deprived
- Homeless

BMJ Open

Dan Lewer et al. BMJ Open 2019;9:e025192

Complex needs and Access to Health Care
Inverse Care Law

Barriers to accessing health care services can include:

- Health not a priority
- Fear of being judged, distrust, feel unwelcome
- Difficulty registering with GP
- Inflexibility in appointments – discharged for non-attendance
- Lack of trauma informed services
- Digital exclusion/complicated systems
- Fear of withdrawing

https://www.healthylondon.org/homeless/healthcare-cards

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Complex needs and Access to Health Care
Inverse Care Law

Impact of these barriers:

- People seek treatment when problems reach advanced stage
- High A&E attendance
- High rate of self discharge
- High rate of unsafe discharge
- Revolving Door

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Museum of Homelessness Dying homelessness project:

1286 people experiencing homelessness died in 2021

Mean age at death 2020 (ONS):

men- 46

women - 42

NEWS

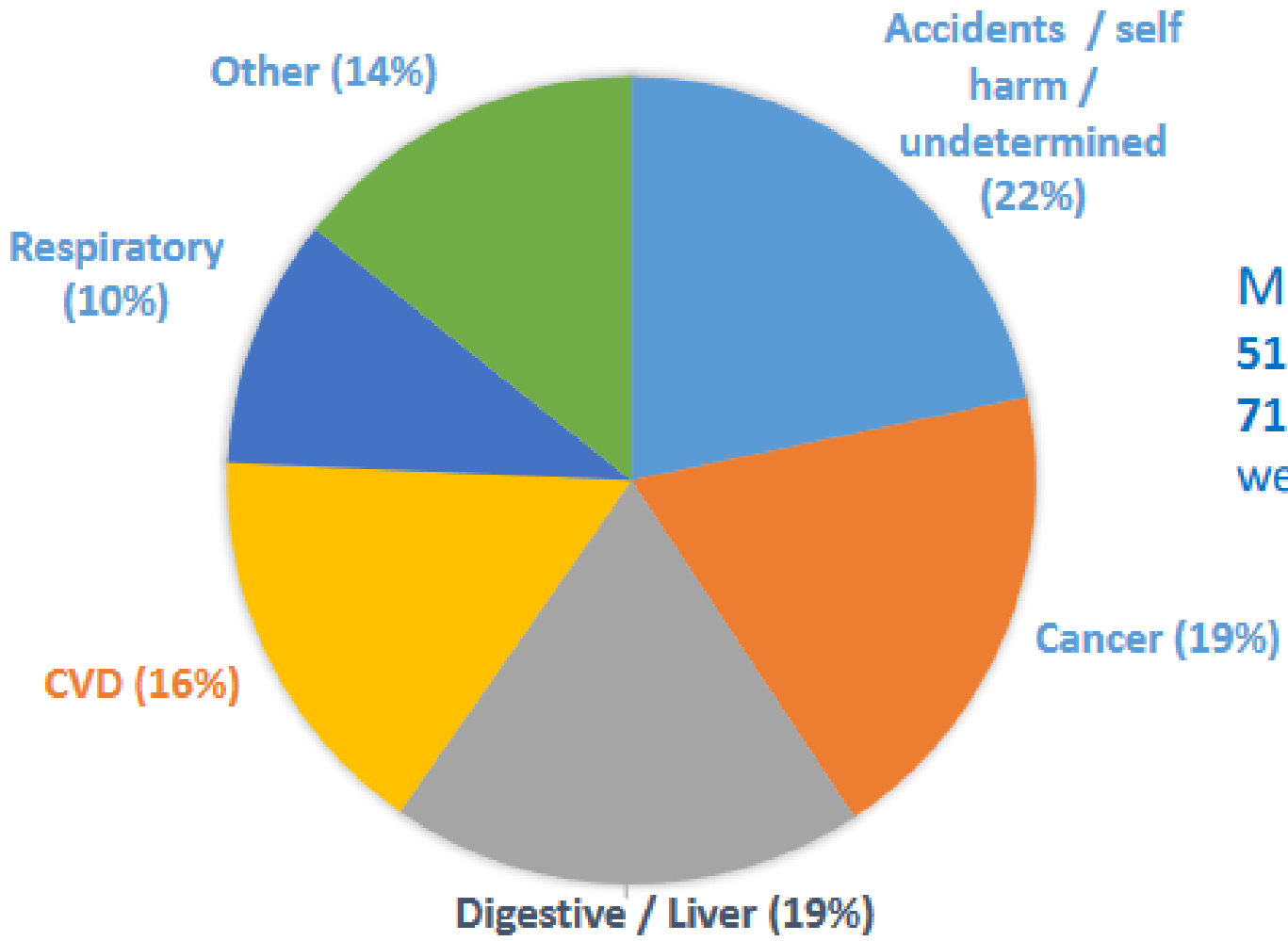
A person died while homeless every seven hours in the UK in 2021

The Museum of Homelessness's Dying Homeless Project recorded 1,286 deaths across the UK – the rise of a third in just one year is a 'hammer blow', the campaigners said.

LIAM GERAGHTY | 31 Mar 2022

Carla Ecola, the director of the LGBTQ+ homeless shelter The Outside Project, was among the campaigners laying candles on the landmark in memory of homeless deaths. Credit: Anthony Luvera

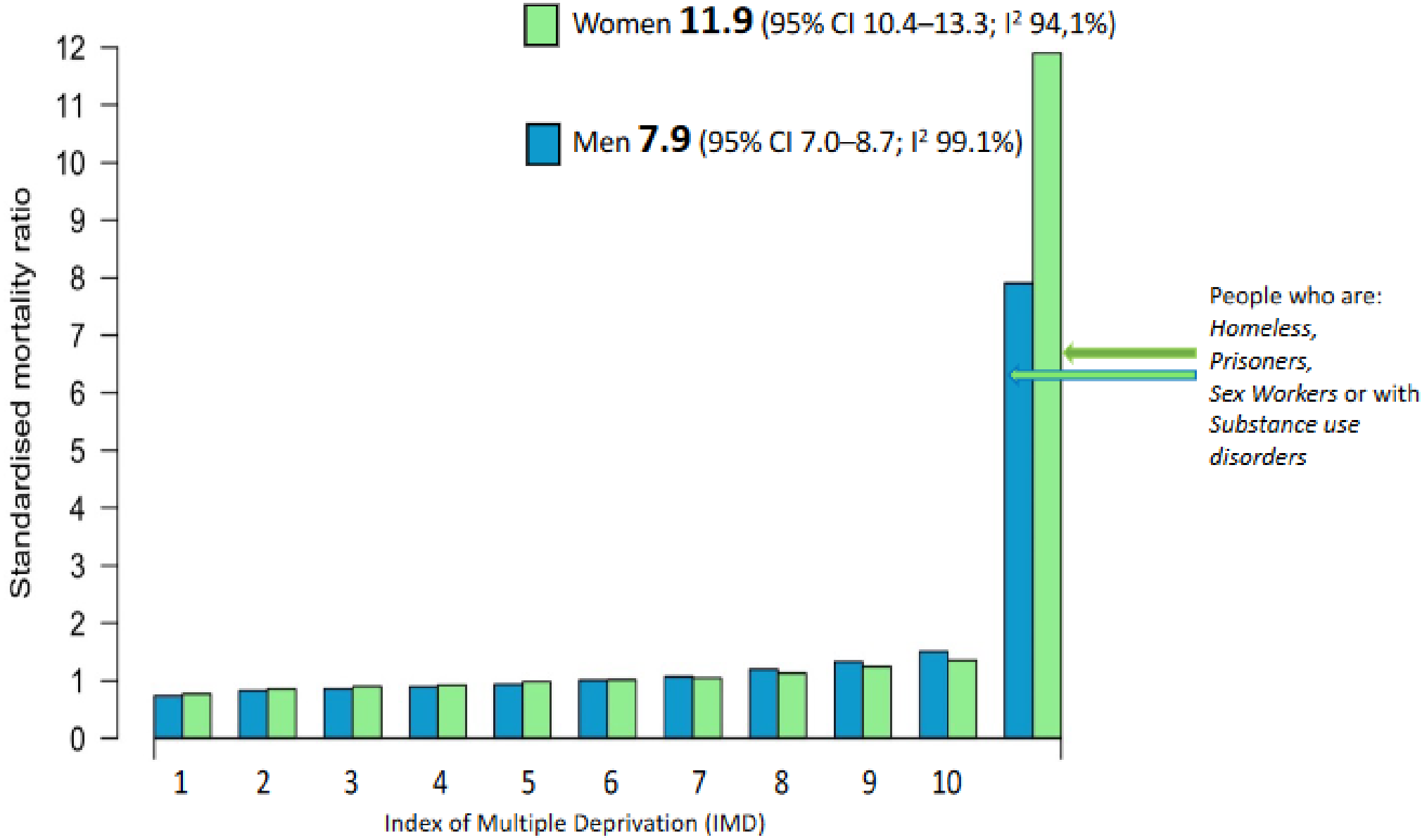
CAUSE OF DEATH AMONG PEOPLE EXPERIENCING HOMELESSNESS (PEH)



Mean age of death:
51.6 PEH
71.5 for people who were IMD 5

Aldridge, R. W., Menezes, D., Lewer, D., Cornes, M., Evans, H., Blackburn, R. M., ... & Hewett, N. (2019). Causes of death among homeless people: a population-based cross-sectional study of linked hospitalisation and mortality data in England. *Wellcome open research*, *4*.

Homeless people are dying young



Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: systematic review and meta-analysis. R Aldridge, A Story, S Hwang et al. The Lancet Nov 2017

Understanding ageing in this population

Looking at this population through an older age lens

Ageing and homelessness

Number of older people experiencing homelessness is increasing and has doubled between 2010 and 2015.*

People working in homelessness services often refer to their clients as appearing old before their time - referred to as "young olds"

48% of hostel residents were assessed as having memory problems with a further 19% having borderline memory problems. Median age was 60 years**

*https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/equality-and-human-rights/rb_may16_cpa_rapid_review_diversity_in-_older_age_disability.pdf

**https://www.journalslibrary.nihr.ac.uk/hsdr/hsdr07090#/full-report

Frailty: Looking at the population through an older age lens

What is frailty?

- Health state related to the ageing process in which multiple body systems gradually lose their inbuilt reserves and resilience. It is not defined by age
- Makes someone less able to recover quickly from health problems so relatively minor infections, injuries, can result in:
  - Dramatic change in physical, mental, functional health
  - Higher risk of hospitalisation and institutionalisation
  - Death: An older person with severe frailty has 4.5 times high mortality than a fit older person
- Frailty is not a long-term condition and is not static – it can be reversed and varies in severity
- People with frailty benefit from multi-disciplinary care in the community, prioritising the issues that are important to them. This holistic approach can reverse frailty and reduce hospital admissions.

Fauja Singh: aged 112 ran first marathon aged 8 marathons between aged 89 and 100

Frailty Measurements: 2 examples

Fried:

- Unintentional weight loss
- Reduced strength
- Reduced gait speed
- Self-reported exhaustion
- Low physical activity

3 or more: frail , 1 or 2 pre-frail

Edmonton Frailty scores derived from:

- Cognition
- General health status
- Functional independence
- Social support
- Medication use
- Nutrition
- Mood
- Continence
- Functional performance

Study 1: Establish rates of frailty in a London hostel

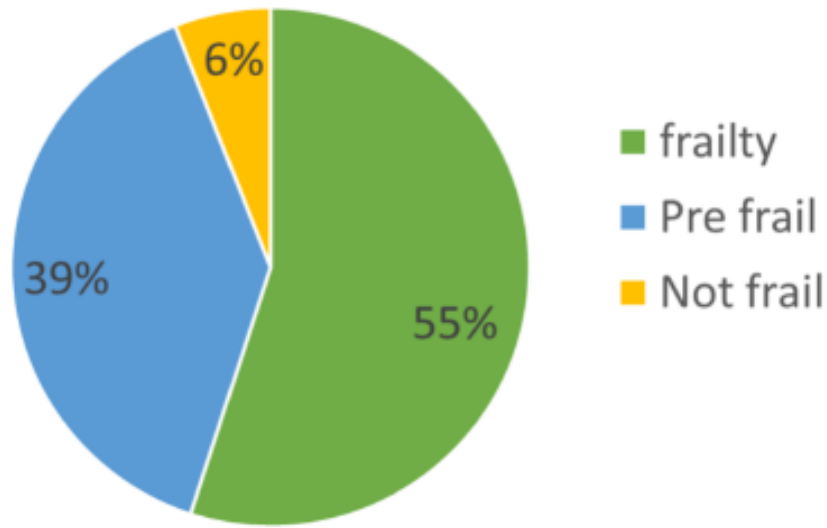
Methods: Comprehensive geriatric and frailty assessment undertaken by geriatrician in London hostel, in addition to key worker and resident questionnaire.

Frailty: *Reduced strength; Reduced walking speed (gait speed); Fatigue (self-reported exhaustion); Low physical activity; Unintentional weight loss:* ***(3 or more = frail, 1 or 2 = pre-frail)***

Findings

- Average age: 55
- Frailty scores equivalent to 89 year olds in general population
- **Geriatric conditions:**
  - > 50% : Falls, Mobility problems, Low grip strength & Visual problems
  - Cognitive impairment 45%, Malnutrition 39% and Urinary Incontinence in 30%
- **Multimorbidity:**
  - Everyone had 2 or more long term conditions
  - Average number of long-term conditions per person > 7
- Only 9% had any form of package of care

n=33 hostel residents (83% of eligible residents)



Rogans-Watson, R., Shulman, C., Lewer, D., Armstrong, M., & Hudson, B. (2020). Premature frailty, geriatric conditions and multimorbidity among people experiencing homelessness: a cross-sectional observational study in a London hostel. *Housing, Care and Support*.

Study 2: Aims

To develop and pilot a tool that non health care staff could use in hostels to:

- Aid recognition of frailty and other care needs
- Help staff to advocate for support from health and social care providers
- Evidence level of need in hostels for local and national advocacy & planning and equitable funding

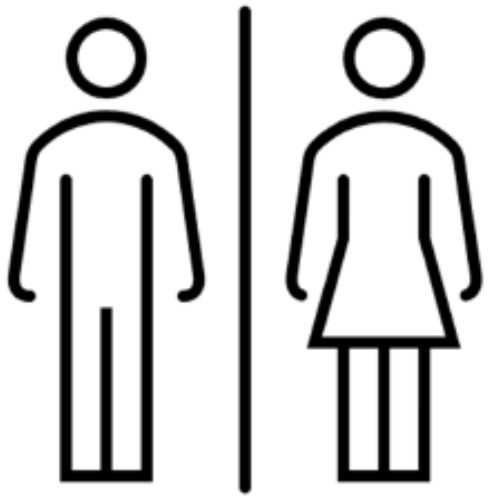
Development of comprehensive frailty and health needs assessment

- with inclusion health and frontline staff (using Edmonton frailty scale)
- 2 part questionnaire (key worker and client part)

Survey results

Total number of hostel residents: **74**
2 hostels in one borough

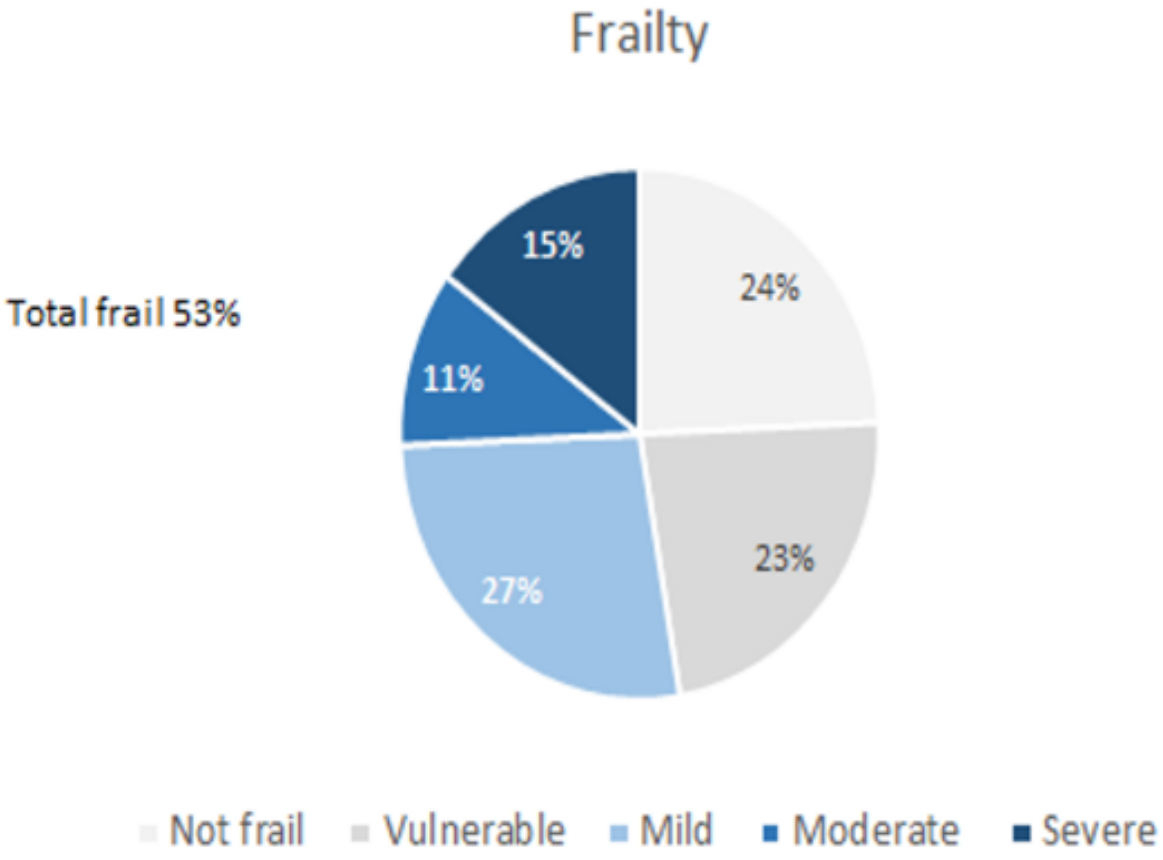
Average Age 48yrs
Range 22-82yr



Gender
M 73%
F 27%

74/120 residents
completed (62%)

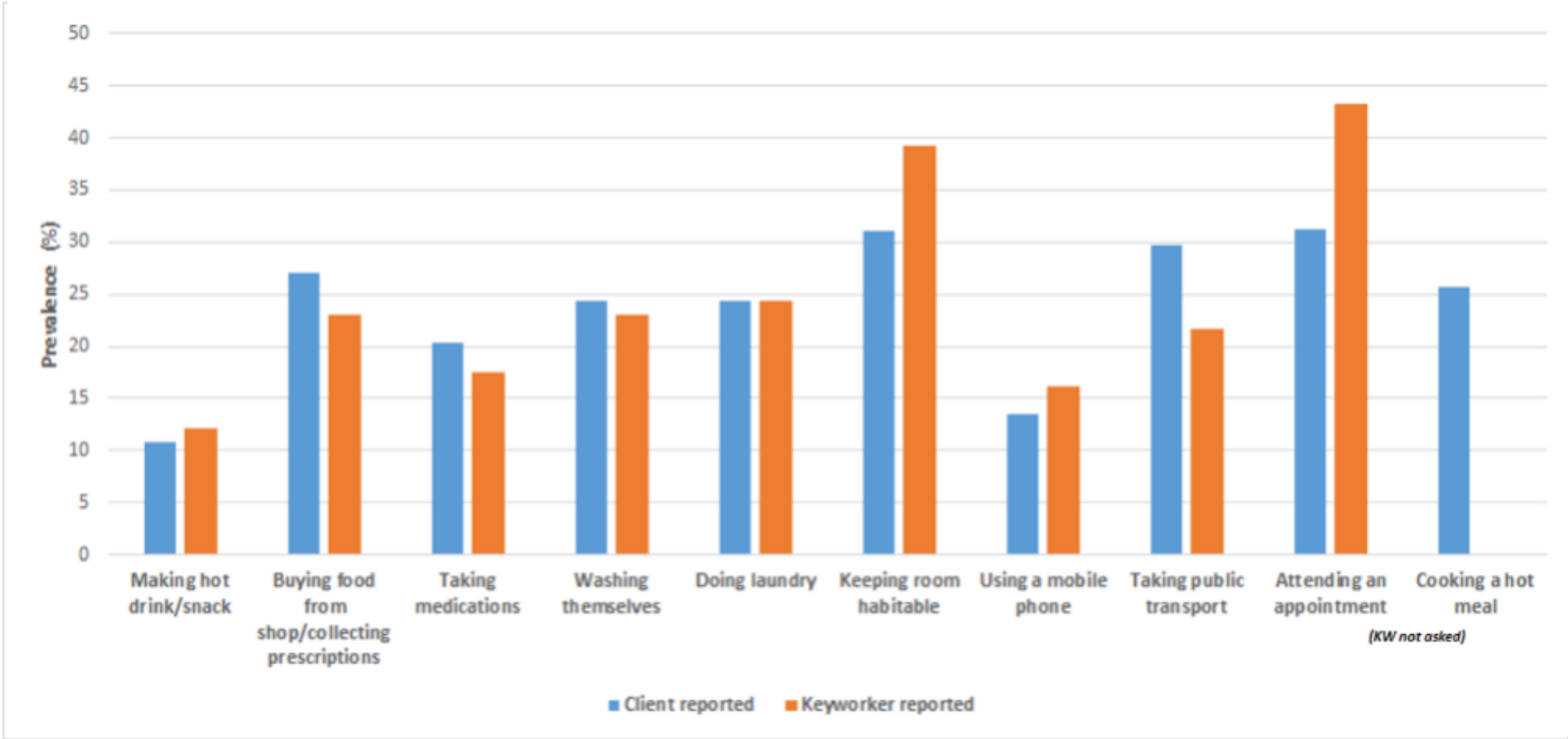
Frailty



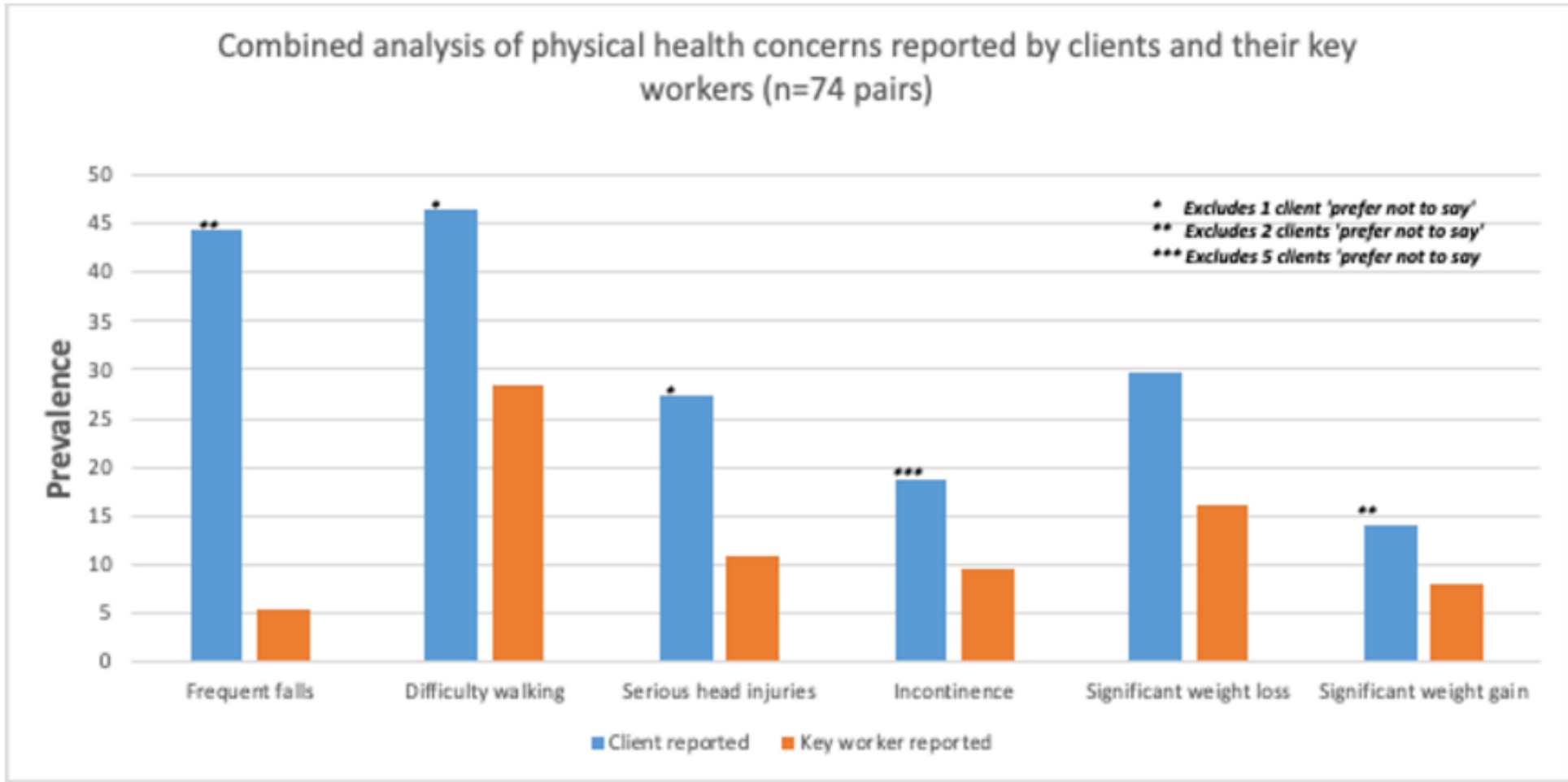
Frailty scores derived from:

Difficulties with activities of daily living
Cognition
Unplanned hospital admissions
Continence
Mood
General health perception
Medication
Needing support with medication
Need for social support
Mobility/strength sit up to stand test
Nutritional status

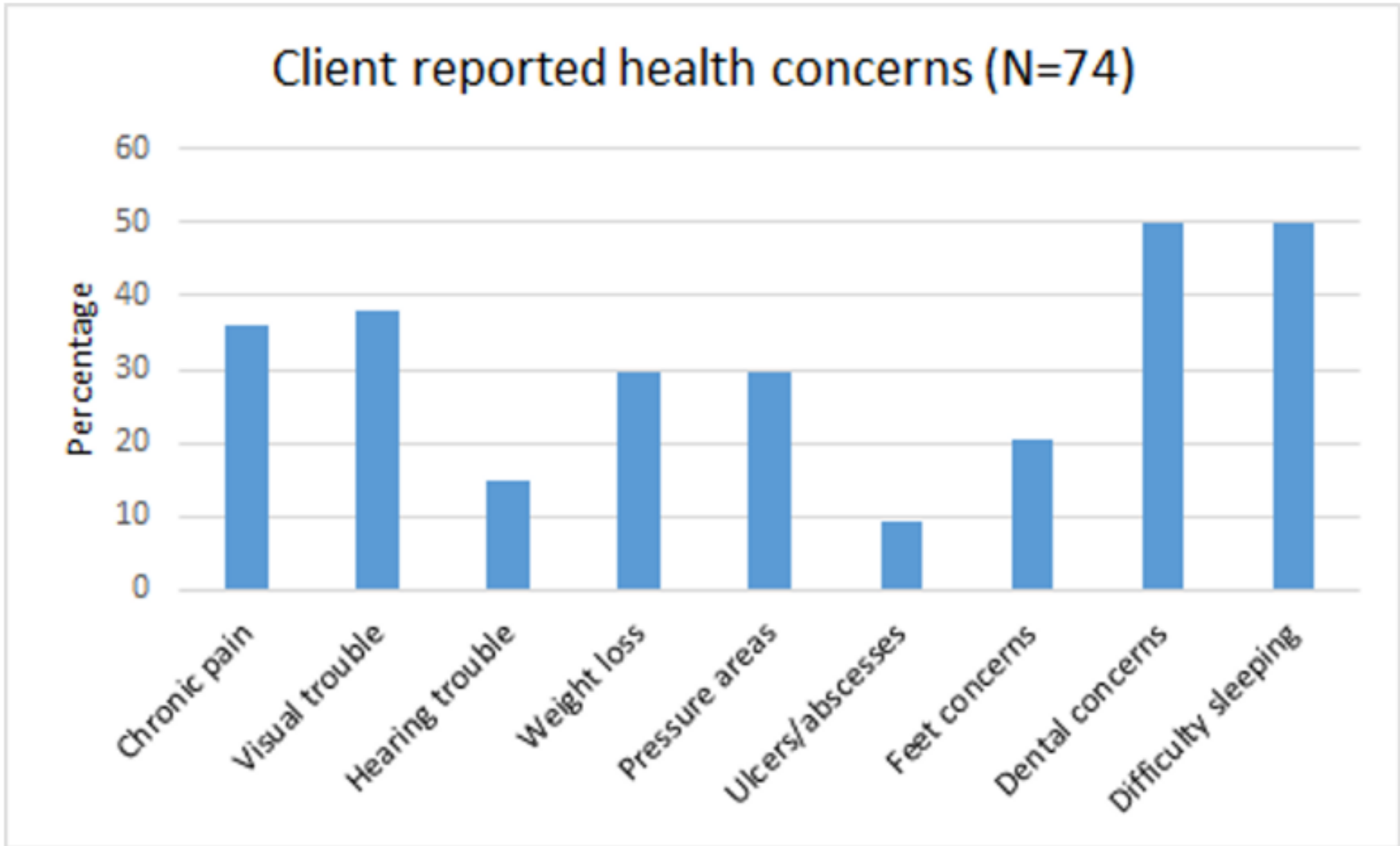
Difficulty with activities of daily living (functional support needs)



Physical health concerns



Other health concerns



Benefits of undertaking assessment

1. Highlights often overlooked functional needs & health concerns
2. Can open up conversations between clients and their support workers
3. Produces a quantifiable measure to help advocate for support using common language
4. Did not take long to fill in

3. Pan London hostel survey

Aim: to quantify the level of health and social care needs amongst residents in homeless hostels across London within:

- First stage hostels
- Semi-independent accommodation
- Assessment hubs (with accommodation)

Hostels specifically for young people and outreach services were excluded.

Methodology:

- A cross-sectional survey completed by hostels managers

- The surveys contained a combination of quantitative closed questions and opportunity for free text (open questions).

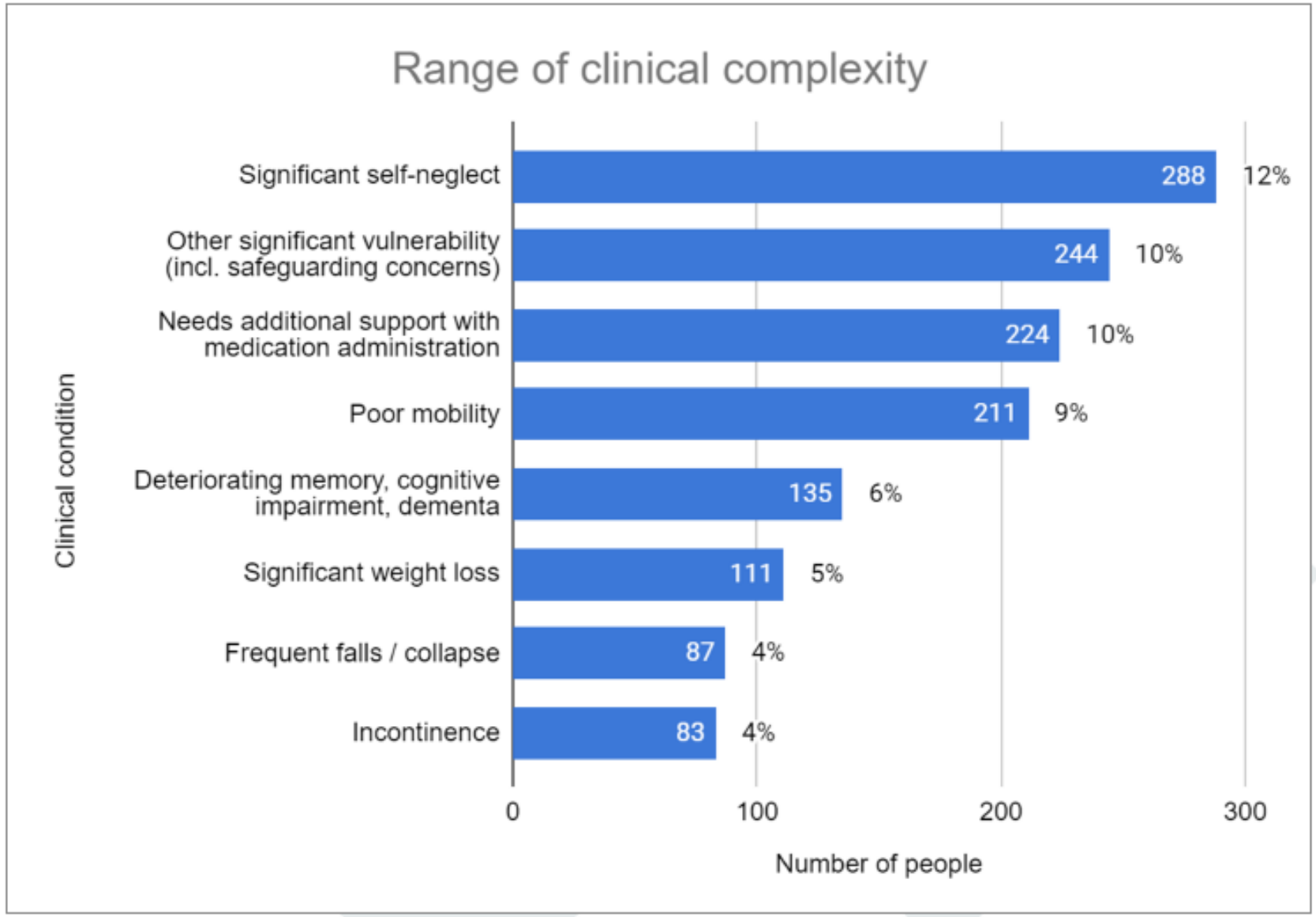
Coverage:

Total **58 hostels, 9 providers, total clients 2355**

Complexity & vulnerability

- Many long-term conditions similar to the elderly
  - 609 (26%) had > one of these
  - 209 (13%) had ≥ three
- 603 (26%) clients deemed to have generally poor or deteriorating health

Total number of clients with 58 services surveyed = 2,355



Findings: lack of support for people with care needs

- 133 Care Act assessments were made by hostel staff in the past year
  - 72 (54%) responses received were believed to be adequate
- Managers felt 110 (5%) clients needed a Personal Care Package but did not have one
  - Hostel staff felt support needed around:
    - ➢ Medication management, self care, keeping room clean, supporting nutrition, addressing isolation
- Challenges
  - **Lengthy and complicated process**
  - Assessments in hospitals **often not reflecting realities of life in the community**
  - **Cases closed too quickly** if resident was not contactable or refused to see the assessor
  - Assessment often relied on what the person said without listening to staff who knew them
  - Substance use and self-neglect seen as **'lifestyle choices'**

Findings: Move-On Options

- 30 (52%) managers said they had no options or rarely had access to move-on options. Only one manager reported having adequate move on options
  - Waiting lists were long and thresholds for eligibility were high
  - Particular problem for those with substance use issues and high care needs
- 25 out of 32 (78%) service managers had one or more individual(s) they believed needed high-support accommodation*
  - A total of 102 clients (9%) were identified as having needs that were too high for the service they were in*
- Managers felt that there was a need for more:
  - Specialist care homes
  - Women-only accommodation
  - Smaller units for people with mental health issues
  - Abstinence based accommodation
  - Housing First options with floating support
  - Sheltered accommodation

*Second phase survey only (32 services; 1184 clients)

Hostel survey: Deaths

- In the last 12 months, within 32 services, managers recalled 28 deaths (approx 2% of clients)
  - 10 (36%) deaths were believed to *not* be related to an overdose, accident or suicide
    - Causes include multi-organ failure, brain haemorrhage, cancer, heart attack, heart failure, infection, liver disease or unknown
- Location of deaths:
  - 15 (54%) in the hostel
  - 8 (29%) in a hospital
  - 2 (7%) in a hospice
  - 3 (11%) not stated

Managers felt that for approximately 10% of their clients they would **not be surprised if they were to die in the next year** from a health condition