



Hon Peter Collier MLC
Chair
Standing Committee on Estimates and Financial Operations
Legislative Council Committee Office
Parliament House
4 Harvest Terrace
WEST PERTH WA 6005

Via email

Dear Hon Peter Collier

RE: Inquiry into the Financial Administration of Homelessness Services in WA

Thank you for the opportunity to provide a submission to the above inquiry to the Standing Committee on Estimates and Financial Operations. Our response below is framed within the three focus areas of the Inquiry.

The East Metropolitan Health Service (EMHS) is comprised of an extensive hospital and health service network that aims to maintain and improve the health and wellbeing of more than 725,500 Western Australians, of which 2.2% identify as Aboriginal. EMHS provides a combination of tertiary, secondary and specialist health care services through its healthcare network which includes Armadale Health Service, Bentley Health Service, Kalamunda Hospital, Royal Perth Hospital and St. John of God Midland Public Hospital.

EMHS currently provide a range of services directly and indirectly to homeless people. There is a growing body of evidence that innovative programs to address health outcomes of homeless people can be cost effective alternatives to acute hospital care and assist with breaking the cycle of chronic homelessness. Individuals experiencing homelessness suffer a high rate of chronic health issues, frequently have complex co-morbidities and can often have conditions left undiagnosed and untreated for long periods of time. This results in an over reliance on acute health services. Homelessness is associated not only with higher rates of healthcare utilisation, but also high unemployment and reliance on government income support and greater rates interaction with the justice system.

Current funding and delivery of services

EMHS is proud to provide directly and/or partner with other service providers in a number of initiatives and programs that are targeted towards those experiencing homelessness including but not limited to:

Mental Health Homeless Pathways Project

The project conducts a targeted review of the care provided to mental health consumers who experience homelessness. The objectives of the project are to identify and collect data of consumers who are homeless across Royal Perth Bentley Group (RPBG) and conduct a structured individualised assessment across inpatient wards and the community mental health services. The aim of the project is to then build and strengthen pathways to accommodation for high risk patients, establish collaborative partnerships with community organisations and provision of discharge planning and intervention for complex patients with ongoing case management until engagement with Community Based Organisations.

Royal Perth Hospital Homeless Healthcare Team

On average there are 5,600 homeless person presentations to tertiary Emergency Departments (EDs) across the metropolitan region each year, with approximately 30% of those patients on average being admitted. Two thirds of these will present to Royal Perth Hospital (RPH) which is the major tertiary hospital within EMHS. It is evident by the number of homeless person presentations at RPH, that EMHS provide care to a considerable proportion of the Perth metropolitan homeless population, likely due to its inner-city location. Furthermore, RPH ED specifically sees an average of 10 homeless patients per day, accounting for approximately 5% of their ED presentations. Once admitted these patients stay in hospital 10% longer than the average patient.

The RPH Homeless Health care Team is a collaboration between RPH and the primary care provider Homeless Health Care. The latter provides an in-reach service at RPH for people who are homeless and people who are significantly at risk of becoming homeless, working with inpatient teams and community services to optimise and rationalise care, and assist with the appropriate discharge planning.

Medical Respite Centre

The Medical Respite Centre (MRC) is a 2-year pilot that commenced in October 2021 as a key initiative from the Sustainable Health Review. The primary focus of the MRC is to support the individual to receive post-acute care during their recovery from illness or injury in a safe community-based environment, while providing the transitional 'window of opportunity' to link the person with community and social supports/organisations as a component of the overall/broader system aimed towards assisting people out of homelessness. The MRC is supported by the RPH Consultation Liaison & Alcohol and Other Drug Service which provides an in-reach service into the MRC.

Based on our extensive experience EMHS would like to offer the following commentary:

- Having appropriately resourced external health, social and housing providers is critical to ensure that those experiencing homelessness do not unnecessarily stay in an acute hospital bed, which is an inappropriate use of expensive resources and negatively impacts hospital and patient flow. Our observation is that given how these external services are currently funded, it

is necessary for them to place significant exclusion criteria on referrals into their services to remain within their allocated budget. As a result, complex individuals with multiple comorbidities, often those who need the most support, are unable to access these important services. When these services are being contracted, the focus needs to be on the overall value for money for the outputs and outcomes being sought, recognising that the return on additional investment by expanding the breadth of individuals that can access services will be significant.

- There remains a shortage of suitable, affordable interim and longer-term public housing options for those experiencing homelessness. By default they often end up in psychiatric hostels and emergency accommodation. Unfortunately, they regularly present to our Emergency Departments (EDs) and have frequent representations and admissions to mental health wards. It is not uncommon at the RPBG that 40-50% of patients admitted to the mental Health wards are registered as no permanent fixed address. This extends their length of stay and the ability to discharge safely, creating further bed block in the mental health system.
- The lack of suitable accommodation for consumers in presenting in hospital is further exacerbated by the fact that often they do not meet the criteria for crisis housing that is available (e.g. drug and alcohol use, not “clean” for long enough, mental health issues, no income etc.). It is recognised that these multisystemic factors often contribute to a consumer being homeless but are also the barrier to accessing accommodation.
- There appears to be a lack of accommodation specifically for women (outside of those who are experiencing and/or escaping family domestic violence).

All Paths Lead to a Home. WA’s 10-Year Strategy on Homelessness 2020-2030.

EMHS are fully supportive of the vision, priorities and outcomes outlined in the *All Paths Lead to a Home. WA’s 10-Year Strategy on Homelessness 2020-2030*.

Existing data systems and how data informs service delivery

- There appears to be an apparent increasing gap between the demand and provision of support services, as evidenced by the increasing number of homeless individuals presenting to our hospitals and living on the nearby streets. The logical extent of that observation is that there is a need for better capture, tracking, reporting and transparency of the data to inform service delivery.
- The data systems within EMHS hospitals are able to capture key information that can assist in developing and enhancing services. This data for example was used to understand the types of presenting complaints to EDs and hospital admissions to inform the service requirements for the MRC and RPH Homeless Healthcare Team.
- EMHS staff have very limited access to the VI-SPDAT and would benefit from expanding access to a higher number of users. This database is used to register homeless consumers, aid in monitoring their location, and assists services to link with these consumers. Unfortunately, at times when the database has been used and key organisation(s) identified, they have been unable to in-reach into the hospital to engage with the consumer due to limited resources.

Thank you again for the opportunity to present a submission to the Inquiry.

Yours sincerely

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EAST METROPOLITAN HEALTH SERVICE

21 March 2022