

An aerial, high-angle photograph of a dense crowd of people, likely at a festival or public event. The individuals are packed closely together, filling the entire frame. They are wearing a variety of colorful clothing, including t-shirts, tank tops, and dresses. The perspective is from directly above, looking down on the crowd. A large, semi-transparent blue circle is overlaid on the right side of the image, containing the text 'Pathway Ten Year Review'.

Pathway  
**Ten Year Review**

“

**You get your  
authority from how  
much you care.”**

——— Professor Aidan Halligan, Pathway Founder and Chair

# Welcome



Leslie Morphy,  
Pathway Chair

Welcome to Pathway's tenth anniversary review. Inside you'll read about our impact on health services and the NHS over the last ten years, how we have helped services bring real change to the lives of the most vulnerable and excluded people in the UK, and some of what we have learned about changing the system.

In 2009, Pathway created the first homeless team in a hospital. Now we have a network of 12 teams across the country, and we hope, many will more join our national clinical network.

Pathway's ambition right from the start was to do more for excluded patients. After Professor Aidan Halligan brought together a small core team, he founded the charity in 2010 with four simple aims:

1. To share the learning, and the model created by the first Pathway team;
2. To create specialist, linked, step-down facilities for homeless patients leaving hospital;
3. To build evidence of what homelessness and severe exclusion does to human health, and what works for homeless patients accessing healthcare, and for the staff working with them;
4. Use the reputation, credibility, and power generated from our learning, evidence, and specialist facilities, to drive change across all levels of the UK health system; from the behaviours and practices of front-line clinicians, up to the decisions of Whitehall policy makers.

So alongside developing the Pathway model of care for hospitals, we have built a network of nearly 2000 'inclusion health' colleagues (the Faculty for Homeless and Inclusion Health); published three editions of the Faculty's Standards, setting benchmarks for good care for the most excluded; we have trained many hundreds of clinicians about 'inclusion health' and persuaded Universities and medical schools to change their curricula; and we have hosted a wide range of other research and service development projects. Delivering specialist step-down units has been our most difficult challenge but we can at least point to a handful of projects in a few places.

The reference to Pathway in NHS England's long-term plan, and more widely to extreme health inequalities, and the health commitments made in the Government's 2019 Rough Sleeper's Strategy are testament to Pathway's growing influence and to the growing influence of the 'inclusion health' sector we have helped to build.

Following Aidan's tragic death five years ago I was honoured to take on the role of Chair. I would like to thank my fellow Trustees past and present for their support for me and for Pathway's work. And to thank Pathway's small core staff team, our Pathway Fellows, and inclusion health practitioners across the country for their incredible commitment to improving the lives of patients, so often far above and beyond the call of duty.

In a better world Pathway wouldn't exist – our healthcare system would rapidly pick up people in crisis and our housing and welfare systems would prevent rather than create homelessness. However, we have to face the world as it is: rising levels of homelessness put health and other services under intense pressure. I hope that in our next ten years we will see inclusion health become a routine, core concern across the NHS and levels of homelessness and chronic exclusion begin to fall.



Florence Cumberbatch  
Nurse  
Specialist Healthcare Practitioner

NURSE  
Age Lead  
45 Four

# Foreword

It's hard to believe that Pathway is now ten years old. When the first Pathway team began working with homeless patients at University College Hospital in London in 2009 we had no idea of the journey we had begun.

Pathway's founding Chairman, Professor Aidan Halligan, had a vision of what needed to change and how we might try to do it. In Aidan's experience changing the NHS required the assembly of evidence, clinical credibility, and practice. It required shifts in resources, awareness of context, and lots of connections. And it required people who cared, with shared values and the courage to break a few boundaries. Aidan formed Pathway as an independent charity based on the success of that first team, but in the context of the clear failure of so much of the health service to properly respond to the health needs of the most excluded.

Since the charity was founded in 2010 we have shown the benefits of Pathway teams across the country, from London to Bristol, and from Leeds to Brighton, and over in Australia. We have shown that a Pathway team in a hospital delivers better outcomes for homeless patients because the teams bring a 'whole person' perspective and attends to a patient's social and long-term health needs, not just the immediate health crisis that brought them into hospital.

Pathway committed to using evidence to challenge and change practice from the start. The Pathway team model has now generated myriad academic papers, been subject to a

randomised controlled trial, a major multi-centre, multi-strand NIHR review and endless service evaluations. But the growth in evidence we have helped to stimulate is now far more extensive than the impact of the Pathway team model alone.

In 2011 we decided to establish the Faculty for Homeless and Inclusion Health for health professionals to share practice and support each other. The Faculty's membership attracted all sorts: podiatrists met psychiatrists, psychologists, occupational therapists, addictions specialists, nurses of all kinds, doctors, researchers and crucially, colleagues with lived experience. With input from dozens of expert collaborators we have defined good practice in inclusion health, publishing three editions of the Faculty's Standards. The third edition was endorsed by leading professional health bodies in the UK and underpinned by a joint national statement that defined inclusion health, with the Academy of Medical Royal Colleges.

Professor Sir Michael Marmot opened our first international conference in 2013. His presence helped us connect more broadly to researchers and academics studying health inequalities. Elsewhere in this report you will read about just some of the research that has resulted from these collaborations.

We now understand how adverse childhood experiences, particularly poverty, are hugely implicated in homelessness, and that people experiencing homelessness face truly shocking levels of health risk. Research has confirmed that chronic exclusion and homelessness can result in lives shortened by more than 30 years.

We have also learned that changing a huge health system like the NHS isn't easy, especially in the context of ten years of sustained cuts to many of the services that stop people becoming ill or homeless in the first place. Publishing research and just calling for change is not enough to change practice.

In response to the slow pace of change, and with support from the Health Foundation, we have launched a 'social franchise'. We hope the franchise mechanism will help us grow our network of NHS partners, streamline the rapid, accurate adoption of successful innovations and help us create a national network of inclusion health services, supporting each other to improve care for the most excluded.

Pathway will only succeed when we see large-scale change across the NHS. In this review we describe some of our efforts to make change happen: from using education to change the knowledge, attitudes and behaviours of individual clinicians and practitioners, to influencing national legislation and public policy. We work closely with other campaigners to share our evidence and experience of the NHS to help shape health service and wider Government policy. In the last two years we have produced training on homeless patient's rights to register with a GP, campaigned for a more consistent national approaches to the recording of homelessness in NHS data systems, and produced a rich set of materials to support the development of specialist homeless hospital discharge nurses.

Some of our most powerful work has been created by and with people who have experienced homelessness. We have tried to include the perspectives of people with lived experience of homelessness and exclusion in all aspects of our work. We have learned a great deal from our experts by experience but we also know there is much more we have to learn about what real inclusion means.

Pathway's first decade feels like a story of micro successes – with individual patients, teams, new colleagues, powerful research, NHS policy change – set against a background of macro failure. Homelessness has risen throughout the decade. Our clinical colleagues report increasing complexity in the patients they see, more young people are ending up on the street, and services are stretched wafer thin. Our response must be to keep on building evidence, supporting and sharing best practice, and collaborating as widely as we can.

Together we now understand the causes of homelessness and multiple exclusion and we understand their dire health consequences. We also know a very great deal about what might help to make things better. Our collective challenge for the next ten years is to use this shared knowledge to bring long-lasting change to the system and make our contribution to end homelessness for good.

As we put this document together we thought we should try to list all the people and organisations who have helped us over the last ten years. Very quickly we realised this would be an impossible task. If you are a colleague or practitioner, work for a partner organisation, a donor or a funder, are a member of the Faculty or have contributed in any way, thank you for everything you do for people experiencing homelessness or exclusion, thank you for your support for our work and thank you for your commitment to making change happen.



**Alex Bax,**  
Chief Executive



**Nigel Hewett,**  
Medical Director

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2009



**Oct** The first Pathway team launches at UCLH led by Dr Nigel Hewett and nurse Trudy Boyce



# Transforming care in hospital

Pathway helps NHS hospitals create specialist homeless teams that improve health care in hospital; and facilitate patient access to the accommodation, care and support they need to recover and get life on to a better 'pathway' after their stay in hospital.

**P**athway teams are clinically led by specialist homeless GP's who bring into hospital their expertise in caring for homeless patients in community settings. Pathway team doctors are skilled in the management of 'tri-morbidity' - the co-occurrence of physical and mental health problems with addictions. They also have specific clinical expertise e.g. in areas such as substitute prescribing, infectious diseases e.g. HIV and Hepatitis C, chronic disease management e.g. diabetes and asthma, and liver disease.

Pathway team nurses build relationships with patients, undertake holistic and comprehensive health care assessments, advocate for patients in hospital, and enable primary care access. They also prioritise the work on Pathway team case-loads and use their vital clinical expertise (which is often extremely broad) to develop effective plans of care.

Housing specialists bring their expert knowledge of housing law and how to advocate constructively at housing departments. They

also have considerable knowledge of the variety of housing options that are available in the community; and can help build new links with voluntary and statutory sector services locally.

Some Pathway teams also include Care Navigators who have personal experience of homelessness that help to engage and build relationships with patients.

Larger teams also include occupational therapists, addictions workers, social workers, mental health practitioners, and homeless health peer advocates. All these professionals have a unique role to play in delivering better care.

Pathway teams work with patients to create bespoke care plans that deliver empathetic, patient-centred, recovery-focused care. The ultimate aim of a team is to maximise the benefit of the admission, deliver a safe, effective and compassionate discharge, and to stop the 'revolving door' (ie. a situation where someone returns to hospital because their needs have not been met).

2010

**April** Pathway registers with Companies House

**May** UCLH sees its 300th Pathway patient

**Aug** Homelessness is a healthcare problem' by Dr Nigel Hewett and Prof Aidan Halligan is published in the Journal of the Royal Society of Medicine

## Based in the hospital, Pathway teams:

- Provide expert advice and clinical advocacy. For example, around substance misuse and substitute prescribing, improving care and treatment outcomes in hospital
- Ensure homeless patients with complex needs can engage with health and other services through holistic inpatient support and care, reducing rates of early self-discharge
- Help homeless patients find somewhere safe and appropriate to stay by taking into account their health, care and general support needs
- Support patients with financial issues, welfare entitlements, and access to legal help where possible
- Help to replace lost ID documents, provide fresh clothes, travel tickets, and simple basic needs
- Ensure patients are registered and engaged with a GP for on-going care
- Refer and signpost to specialist community services for help with a variety of social, mental and physical health, and addictions issues
- Reconnect patients to family and social support networks on discharge

Pathway teams coordinate and host regular multidisciplinary team meetings, attended by key professionals within the hospital and community-based services. Pathway has shown that multidisciplinary team working with a core focus on building relationships is the most effective way to address the multiple health issues homeless people face.

## Pathway teams have been shown to be cost-effective

Pathway promotes medically evidenced models of care with compassion at their heart. A randomised controlled trial showed that a Pathway team is cost effective, and improves people's health and housing status, confirming that a little bit of help puts life on a better Pathway <sup>1</sup>



### Improve outcomes for homeless patients.

Better health 90 days after discharge<sup>1</sup>, less rough sleeping<sup>1</sup> and improved housing outcomes on discharge<sup>2,3,4</sup>.



### Improve capacity in a busy hospital

by reducing the average duration of admissions for homeless patients<sup>5,6,7,8</sup> and by reducing subsequent A&E attendance<sup>1,6,7</sup> and the number and duration of subsequent unplanned admissions expressed as total bed days<sup>1,5,6,7,8</sup>.



**Are cost effective.** This has been calculated using Quality Adjusted Life Years<sup>1</sup> and also by comparing the costs of the team to the reduction in secondary care activity for involved patients<sup>8,9</sup>.



### Enable NHS Trusts to meet their legal 'duty to refer' requirements

of the Homelessness Reduction Act 2017. Emergency departments, urgent treatment centres and hospitals providing urgent care are now subject to this duty, in order to prevent homelessness<sup>10</sup>.

1 Hewett, N., Buchman, P., Musariri, J., Sargeant, C. et al. (2016). Randomised controlled trial of GP-led in-hospital management of homeless people ('Pathway'). *Clinical Medicine*, 16(3), 223-229.

2 Homeless Link (2015). Evaluation of the homeless hospital discharge fund. London: Homeless Link.

3 Dorney-Smith S et al. Integrating health care for homeless people: the experience of the KHP Pathway Homeless Team. *Br J Healthc Manag* 2016;22(4):225-34.

4 Zana Khan, Sophie Koehne, Philip Haine, Samantha Dorney-Smith, (2019) "Improving outcomes for homeless inpatients in mental health", *Housing, Care and Support*, Vol. 22 Issue: 1, pp.77-90.

5 Hewett N et al. A general practitioner and nurse led approach to improving hospital care for homeless people. *Br J Healthc Manag* 2016;22(4):225-34.

6 MPath. A review of the first 6 months of the pilot service. July to December 2013.

7 Dorney-Smith S et al. Integrating health care for homeless people: the experience of the KHP Pathway Homeless Team. *Br J Healthc Manag* 2016;22(4):225-34.

8 Bristol Service Evaluation of Homeless Support Team (HST) Pilot in Bristol Royal Infirmary. Internal evaluation, presented at Faculty for Homeless and Inclusion Health Conference March 2019

9 Gazey A, Wood L, Cumming C, Chapple N, and Vallesi S (2019). Royal Perth Hospital Homelessness Team. A report on the first two and a half years of operation. School of Population and Global Health: University of Western Australia, Perth, Western Australia.

10 GOV.UK: A Guide to the Duty to Refer



# Better patient care

## Sue

Sue had a long-standing heroin and alcohol dependency. She was admitted to hospital with a chronic leg ulcer and an ulcer in the lining of her small intestine. At first, she was reluctant to stay in hospital, but the Pathway team built up a relationship with her and she stayed.

By staying in hospital, Sue began to see improvements in her leg ulcer, she stabilised on methadone and was able to complete alcohol detoxification.

During her stay in hospital, Sue revealed a wish to return to her family in Scotland. The Pathway team liaised with Borderline, a Scottish homelessness charity, and found a way to fund and support a move home for her. A local drug treatment agency was also identified.

After her discharge from hospital, Sue was able to return to Scotland. The Pathway team liaised with the local pharmacy and her prescribing GP about methadone to ensure her smooth transition back home. She was able to settle back with her family and her dog; and remains drug and alcohol free.

## David

David was admitted to hospital for assessment for surgery for complicated bowel adhesions. Born in Spain, he had been in the UK over 20 years. For several years, he had been allowed to sleep in a small area in his workplace, using public facilities elsewhere for washing. He was doing low-paid work and was effectively part of the long-term 'hidden homeless' population.

During his admission, he became very ill and was also found to have developed pulmonary TB. The surgical team were not willing to operate unless he had a home to return to that at least had a bed and bathroom. His local council wanted documentary evidence to back up his story, including payslips. They questioned his eligibility for support and wanted clear evidence to confirm that he was exercising his EU treaty rights.

Gathering the right documents and negotiating with the council took many weeks. After more than two months in hospital, David was well enough to be discharged and the Pathway team supported him into an independent hostel near the hospital. The team continued to support David until the council provided him with suitable accommodation.

\*N.B Some names and details have been changed to preserve confidentiality.



# Ten years in numbers

**44** average age of our patients

**77%** of our patients are male

**30,000** Around 30,000 homeless patients have been helped in hospital by Pathway teams

**3000** More than 3000 clinicians have attended Pathway conferences and events

**8** Pathway have hosted 8 international conferences...

**400** with over 400 speakers

**5000** Over 5000 doctors, nurses and health care professionals have been trained by our teams in inclusion health

**2000** There are more than 2000 members in the Faculty for Homeless and Inclusion Health

## MOST COMMON REASONS FOR HOSPITAL ADMISSION INCLUDE:

Abscess | Alcohol withdrawal | Assault | Cellulitis | Chest infection | Deep vein thrombosis  
Drug overdose | Leg ulcers | Seizures

2011...



**Feb** Pathway's first Board of Trustees meeting is held



**Feb** Pathway's first Annual Report is published



**March** Pathway's first Care Navigator begins training



Insights from  
the Pathway  
team

# “Advocacy is part of what we do.”

**Paul Hamlin**, Pathway Social Franchise Project Manager

I've worked within the homeless sector, since 2006. From 2008 to 2012, I was a housing worker doing rapid casework for No Second Night Out (NSNO) and this role opened my eyes to the complex problem of homelessness. I saw that there was only so much that an assessment centre could do. I saw people waiting weeks to be sectioned without any day-to-day support. What really struck me was all the unmet health needs – it was so stark, it was not just a matter of finding someone a home who needed it, most people who are homeless have such complex health and social needs.

In 2013, I became one of the first specialist housing workers in the new King's Health Partners Pathway team. I was interested in working in the homeless health sector as I was convinced that health was the gateway to getting people housed. Longer term housing solutions are important of course but using health as part of a wider housing strategy levers so much more and helps to rapidly house people. I was immediately sold on the benefits and have become a huge advocate: the right hospital discharge can help patients to step out from homelessness.

One of the biggest challenges of working in homeless health for me is understanding how different partners think, and how to use patient stories to help change things. Pathway knows the scale of the problem we're dealing with, but do the commissioners, trusts or local authorities? Is inclusion health a priority for hospitals? How do we tackle this problem effectively? Is the problem of getting better inclusion healthcare a matter of more staffing, or better efficiency, or is it fundamentally an ethical issue, that no person should be homeless?

In 2018 I became Pathway's Social Franchise Project Manager. Previously Pathway had worked in an ad hoc way to develop new teams across the UK. We know our intervention works for homeless patients and we want all hospitals across the UK to prioritise inclusion health because it's good for the individual in need, and it's good for society. I think every hospital with homeless patients needs a Pathway team. With investment funding from The Health Foundation, we are now working more systematically to roll out more Pathway teams across the country. Our first new team, in Hull, came on board and started a homeless service in October 2019. We have more new teams in the pipeline. Our aim is to set up 20 new Pathway teams over the next five years.

I see two sides to Pathway's Social Franchise programme: practical guidance, training and support for the teams; and a strategic, overarching perspective. We help teams on the ground achieve change for their local population, but we also have a campaigning side to our work. We exist to champion and support the development and adoption of inclusion health practice across the NHS.

**Working with homeless patients in hospital can be a tough job, but we work far better and help much more when we are part of something big, working together to make effective, lasting change.**

14

2011...



**May** The Faculty publishes the first Homeless Healthcare Standards for Commissioners and Service Providers.



**Nov** Pathway secures a three year grant from Worshipful Company of Leathersellers to support the Care Navigator programme



**Dec** Pathway launches its second team at the Royal London Hospital

# The Pathway Social Franchise Model

Pathway's social franchise programme has been funded by The Health Foundation.

Social franchising offers a defined, structured method to replicate and scale proven interventions. Our social franchise supports NHS organisations to deliver the Pathway team model to defined quality standards. The primary aim of a social franchise is to maximise social benefit, which is distinct from commercial franchising methods.









We aim to accelerate the adoption of the Pathway hospital team model by making it as easy as possible for local NHS partners to adopt the model. It also ensures Pathway's growing body of knowledge and expertise can be made available across the NHS. It is also helping us to build a national network of inclusion health leaders in the NHS.

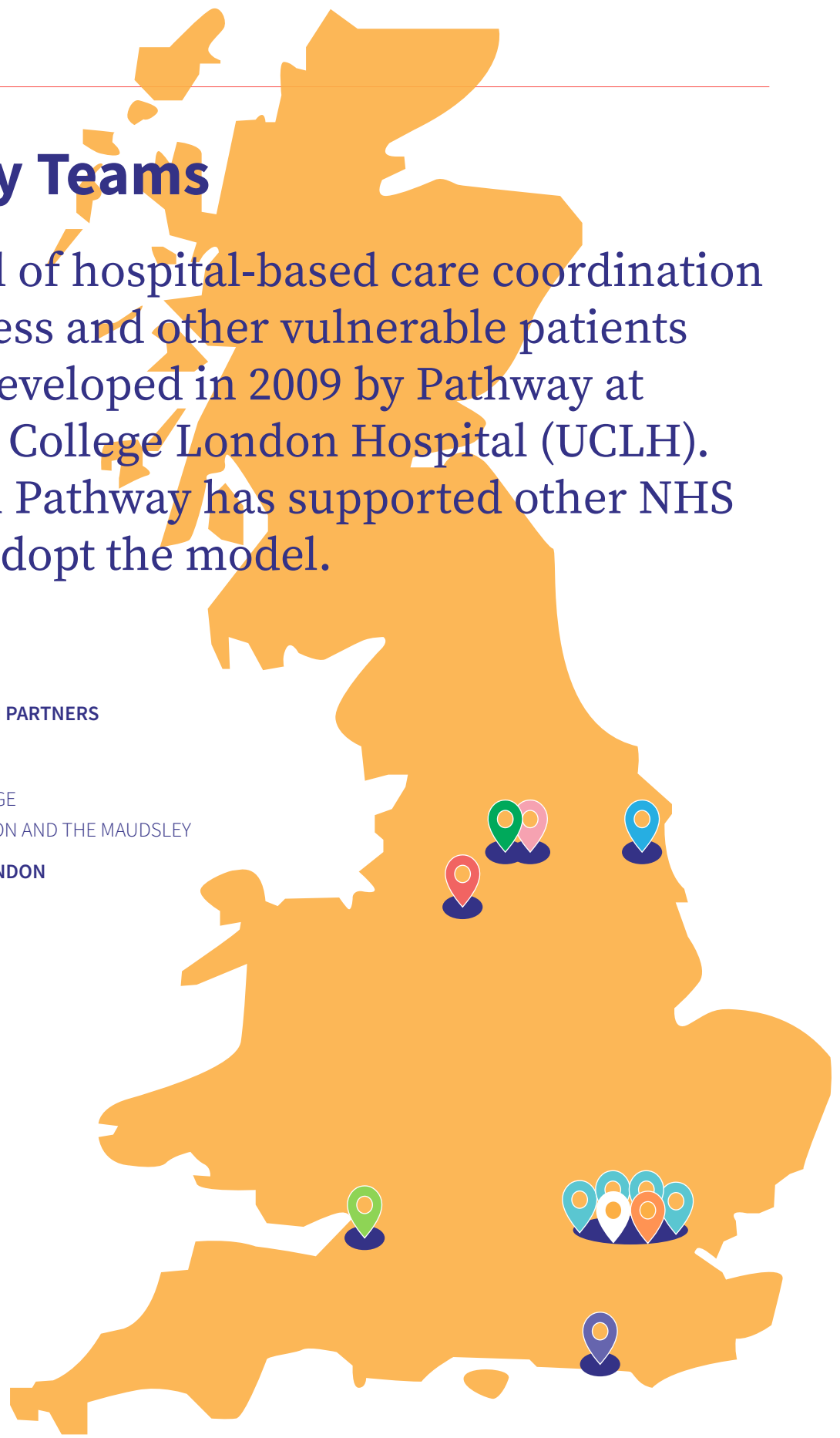
FOR MORE INFORMATION VISIT [WWW.PATHWAYSOCIALFRANCHISE.ORG](http://WWW.PATHWAYSOCIALFRANCHISE.ORG)



# Pathway Teams

The model of hospital-based care coordination for homeless and other vulnerable patients was first developed in 2009 by Pathway at University College London Hospital (UCLH). Since then Pathway has supported other NHS Trusts to adopt the model.

-  UCLH
-  KING'S HEALTH PARTNERS
  - GUY'S
  - ST THOMAS'S
  - KING'S COLLEGE
  - SOUTH LONDON AND THE MAUDSLEY
-  THE ROYAL LONDON
-  BRADFORD
-  LEEDS
-  HULL
-  MANCHESTER
-  BRIGHTON
-  BRISTOL





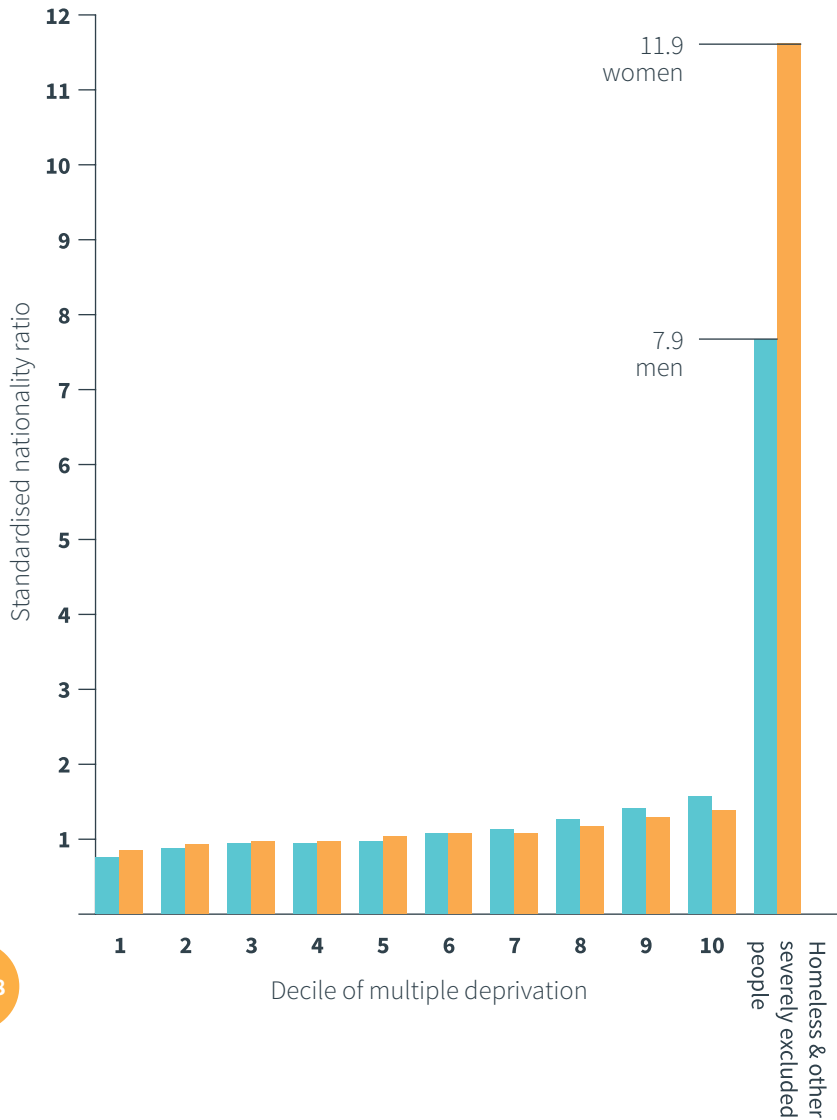
# Transforming health care through evidence

Pathway has built a wide range of research partnerships, particularly with UCL'S Collaborative Centre for Inclusion Health (CCIH). Led by our Trustee Professor Andrew Hayward, and Dr Al Story from UCLH Find & Treat, CCIH has developed a world leading programme of research into the causes, costs and best responses to homelessness and multiple exclusion.

THINKING ABOUT HOW WE WORK TOGETHER ◦ INFORM OUR RESEARCH PRIORITIES ◦  
RAISE AWARENESS OF THE WORK WE ARE DOING



Policy Makers | Academics | Voluntary sector  
Experts by experience | Frontline workers  
Commissioners | Grant funders



Over the last ten years, as well as generating a wealth of evidence on the health costs, benefits, causes and consequences of homelessness, we have led numerous research projects. We have researched oral health, palliative care, the need for better data sharing, trauma informed communication skills; and we have trained clinicians working in the community to help provide better health care to marginalised groups, developed the evidence base for step-down 'respite beds' for homeless patients leaving hospital, and piloted legal support services to help people move on to the health and housing they are entitled to.

We have used evidence and research to influence the NHS to deliver better homeless health care. And we have tried to influence the UK health system at every level, from national system leaders to individual frontline clinicians.

**EXAMPLES OF SUCCESS AT NATIONAL LEVEL INCLUDE:**

- The Government's rough sleeping strategy (2018) based the majority of its health pledges on Pathway thinking and ideas
- Strong coverage of inclusion health in the NHS England Long Term Plan, and some useful specific pledges (£30 million for specialist mental health services)
- Pathway teams mentioned in the NHS England Long Term Plan
- Care Quality Commission guidance on end of life care for homeless patients was influenced by our palliative care research study

### Hospital patients

Working with public health academics helps to inform our work. Two papers from 2017 illustrate what we have found in our frontline services – intervention is the key to closing the health equity gap. Papers featured in *The Lancet* (VOLUME 391, ISSUE 10117) starkly show the extreme health risks faced by people pushed to the margins of society. However, they also show that good quality healthcare, delivered by teams that care, can help change lives.

Homeless health services can do a lot to help patients who are homeless, but it would be better not to start from this point. To prevent the illness and early deaths experienced by people who are homeless and excluded we must have decent housing for all, sustained investment in early years services and education, fairer distributions of income and wealth across our society and universal support for people when crisis occurs.

### Palliative care

Homelessness is bad for health, and people who are homeless who need end of life care are falling into cracks between services. Many face undignified and unsupported deaths as hostels struggle to meet their nursing needs and some hospices cannot manage their complex substance misuse and mental health problems.

Standard ways of thinking about end of life care do not always work for seriously unwell homeless patients, where the likelihood of death is often uncertain and linked to the patient's wider circumstances.

Research, published in 'Palliative Care', the result of a collaboration led by Pathway fellow Dr Caroline Shulman and Dr Briony Hudson, University College London, has many recommendations for supporting homeless patients who need end of life care. It calls for hostel staff training, closer working between health, homelessness and hospice services, and the creation of services to support homeless people who are dying. (End-of-life care for homeless people: A qualitative analysis exploring the challenges to access and provision of palliative care. Shulman, C., Hudson, B., Low, J., Hewett, N., Daley, J., Kennedy, P., Davis, S., Brophy, N., Howard, D., Vivat, B. and Stone, P. (2017) )

### Medical respite (step down) beds

As Pathway has grown so has our awareness of other gaps in care for homeless patients. In 2012 we published a prospectus making the case for specialist medical respite provision. Specialist units for patients well enough to leave hospital but whose recovery will be threatened if they return to the street, low grade temporary accommodation, or a hostel.

In 2013, we proposed that London needed a single dedicated unit able to take referrals from across the city and we won Department of Health funds to try to make this happen. However, persuading the health service to commission medical respite beds for homeless patients has been challenging. We evaluated a series of vacant NHS buildings but in the end each part of the system found a reason why paying for better care for homeless patients was somebody else's problem.

Undeterred we tried to find alternatives. In 2014 we partnered with UCLH to launch the 'Pathway to Home' service: two to four beds in a high quality local hostel, with a separately kitted out treatment room offering short-term convalescent stays for homeless patients leaving hospital. In 2015 the hospital agreed to fund the service itself.

Meanwhile in Bradford, our amazing colleagues at Bevan Healthcare were showing that it could be done at a larger scale. Working with a local



PATIENTS EXPERIENCING HOMELESSNESS AND SOCIAL EXCLUSION CAN BE CHALLENGING TO TREAT DUE TO THEIR MULTIPLE AND COMPLEX NEEDS. A PERSON WHO IS HOMELESS IS:

**34** times more likely to have tuberculosis

**50** times more likely to have Hepatitis C

**12** times more likely to have epilepsy

**6** times more likely to have heart disease

**5** times more likely to have a stroke

**2.5** times more likely to have asthma

housing association they created the Bradford Respite and Intermediate Care Support Service (BRICSS). There are 13 beds, fully integrated with Bevan's Pathway team, with housing support and a wide range of other services, securing health gains for patients and breaking the cycle of homelessness.

Bradford's integrated set of provision – a Pathway team, BRICSS and Bevan Healthcare itself, a specialist centre-city inclusion health primary care service – have been highlighted as leading practice in a major new NIHR study of homeless hospital discharge led by King's College London over the last three years.

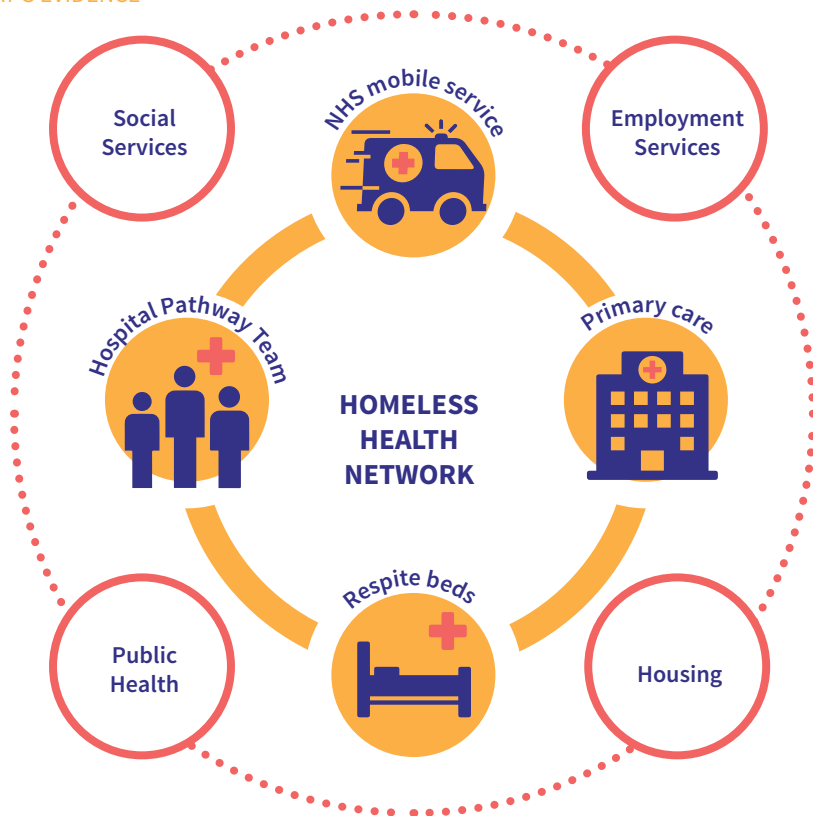
Building on BRICSS and Pathway to Home, in 2018 the Royal London Hospital Pathway team began referring patients to Gloria House - six bedrooms of supported, homely accommodation managed by the Peabody Trust. Patients stay for

up to 28 days while work continues to secure them proper, long-term housing, care and support.

**WE'VE SHOWN THAT PLANNED HEALTHCARE INTERVENTIONS CAN MAKE A REAL DIFFERENCE TO PEOPLE EXPERIENCING HOMELESSNESS, IMPROVING HEALTH AND BREAKING THE CYCLES OF EXCLUSION THAT LEAVE PEOPLE TRAPPED ON THE STREET. THIS IS OUR VISION FOR THE FUTURE:**

- The NHS driving change on multiple exclusion and homelessness
- Reducing health gaps between excluded groups and the general population
- NHS staff proud of the system response to the most excluded
- People on the margins feel cared for and welcome across the health service
- No-one is discharged from hospital to the street

**THE STATE OF CARE IN THE FUTURE COULD LOOK LIKE THIS - MANAGED CLINICAL NETWORKS OF SPECIALIST HOMELESS SERVICES BASED ON PATHWAY'S EVIDENCE BASE, VALUES AND STANDARDS.**





Insights from  
the Pathway  
team

# “It’s rewarding seeing patients come through the other side.”

**Helen Phelan**, Pathway homeless team manager, Bradford Royal Infirmary

**Bevan Healthcare’s Nurse Manager Helen Phelan leads the Pathway team at Bradford Royal Infirmary. A specialist GP heads most Pathway teams, but in Bradford, a specialist senior nurse leads the homeless team, with input from a GP. Helen has worked at Bradford Teaching Hospitals Foundation Trust Pathway team since it was founded in 2013.**

“I’ve been with the Pathway team since the beginning, and it’s been really nice to see it grow from nothing to the team it is today.

We don’t have a massive number of patients coming in, but the patients we do have are complex cases. We could spend a day or two going through everything with a patient to get a full background history. We do really detailed histories, even going back to the patient’s childhood.

In the initial stages it can sometimes be a challenge to build up relationships with the homeless people coming into the unit. A lot of our patients have had really bad experiences in hospital. There’s a stigma around how they are treated. We try and be the patients’ advocate once they see that they can trust us.

It took a while for the hospital wards and A&E departments to refer people to us. Then when they realised that we do all the work – that we get people to where they need to be, that we coordinate everything – they started referring patients to us.

I remember one patient who had been living in the woods. He had been hiding there for over a year, too ashamed to beg for money. He just wanted to be alone, but a house nearby was disturbing him. They were having parties and playing loud music. One day he decided to ask if they could turn it down, but they wouldn’t. Instead, they assaulted him, stole his belongings and left him in a puddle.

He was later admitted to A&E – malnourished, dehydrated and with a chest infection. Once he was treated, the doctors wanted to discharge him. And that’s where we stepped in. After being discharged from hospital, he spent six months with Bevan Healthcare – a social enterprise that we work closely with – which provides support and care for homeless people once they come out of hospital.

Now, thanks to our input, the man living in the woods has turned his life around. He started doing voluntary work, sold flowerpots that he had made out of wood for charity, and became a patient advocate at the GP surgery. He now works part-time as our handyman. I saw the way he was when he came into A&E, and now he’s putting our tables up. It’s so rewarding seeing our patients come through the other side.”

2014

**Nov** Pathway’s Bradford team launches, funded by a Department of Health ‘excellence grant’

**Jan** Pathway’s 3rd and 4th care navigators begin training

**Jan** Pathway’s King’s Health Partners team launches in South London, covering Guy’s, St Thomas’ and King’s College Hospitals

# Influencing the system

Pathway has continually pushed for policy change for excluded groups. We have worked locally, regionally and nationally to make a difference to marginalised peoples' lives.

**P**ursuing and demonstrating change on the ground in the frontline of health services, has given us the credibility to influence government policy.

**WE HAVE MADE A DIFFERENCE BY:**

- Developing and producing the EMIS homeless health data capture template
- Defining the contribution of senior homeless hospital nurses to homeless hospital discharge practice
- Producing a short film for GP surgery staff as a training tool for how to deliver better inclusion health care
- Highlighting the difficulties of NHS charging
- Researching the potential of digital health inclusion as support for homeless patients

In January 2019, the NHS England Long Term Plan was released, outlining the NHS's vision for the next decade and detailing how an additional £20bn, up to 2023, should be spent.

**PATHWAY IS ENDORSED IN THE NHS ENGLAND LONG TERM PLAN:**

*"The number of people sleeping rough has been increasing in recent years. People affected by homelessness die, on average, around 30 years earlier than the general population. Outside London, where people are more likely to sleep rough for longer, support needs may be higher. 31% of people affected by homelessness have complex needs, and additional financial, interpersonal and emotional needs that make engagement with mainstream services difficult. 50% of people sleeping rough have mental health needs, but many parts of the country with large numbers of rough sleepers do not have specialist mental health support and access to mainstream services is challenging. We will invest up to £30 million extra on meeting the needs of rough sleepers, to ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services."*

[www.longtermplan.nhs.uk/online-version](http://www.longtermplan.nhs.uk/online-version)





*“UCLH Pathway Programme  
University College London Hospitals  
has developed the Pathway  
Programme for homeless patients  
admitted to hospital. It involves  
in-hospital GPs and dedicated  
Pathway nurses working with others  
to address the housing, financial and  
social issues of patients. Following  
its introduction, A&E attendances  
by supported individuals fell by  
38% with a 78% reduction in bed  
days. Pathway, now a charity, helps  
the NHS to create hospital teams  
to support homeless patients and  
ten hospitals in London, Leeds,  
Bradford, Manchester and Brighton  
have since adopted the model.”*

**PATHWAY IS ALSO ENDORSED IN NHS  
ENGLAND’S MENU OF EVIDENCE-  
BASED INTERVENTIONS AND  
APPROACHES FOR REDUCING HEALTH  
INEQUALITIES:**

[https://www.england.nhs.uk/  
ltphimenu/improving-access/  
pathway-gp-led-in-hospital-  
management-of-homeless-patients/](https://www.england.nhs.uk/ltphimenu/improving-access/pathway-gp-led-in-hospital-management-of-homeless-patients/)

## Making an impact

### Pathway Fellows

Through our 'Fellows' programme we try to recognise and support leading practitioners in the homeless and inclusion health sector. Pathway Fellows may be engaged in funded inclusion health related research or developing inclusion health related interventions which have the potential to have a system-wide impact. Fellowships are time limited. The early stage research Fellows pursue has stimulated wider academic investment. They are our network of expert advisors in health policy and clinical practice. Their collective commitment to improving the lives of homeless patients is truly inspirational.

24

2015

**Feb** Pathway's King's Health Partners team is expanded to include South London and Maudsley NHS Foundation Trust (SLaM)

**March** Pathway awarded grants from Public Health England and NHS England to support development of an Expert by Experience Programme

**May** Pathway awarded three year grant from Trust for London to support legal advice for patients in London hospitals with a Pathway team



### Clinical Research

#### -End of Life Care-

##### **DR MEGAN ARMSTRONG, CLINICAL PSYCHOLOGIST**

Dr Megan Armstrong is a research associate with Pathway and the Marie Curie Palliative Care Research Department, Division of Psychiatry UCL. Megan is a research clinical psychologist with significant qualitative experience and a background in end of life and ageing research. Megan works with Dr Caroline Shulman on the end of life care project.

### Clinical Research

#### - Needs Assessment -

##### **DRS. RACHEL BURGE AND ELEANOR COOTE**

Drs. Eleanor Coote and Rachel Burge have both been appointed as South London Deanery funded Population Health Fellows. They are both newly qualified doctors.

As Pathway Fellows they are working to review all aspects of inclusion health provision and need across the London Borough of Croydon. During their research period they will lead on a Pathway needs assessment for Croydon.

### Mental Health

##### **JOHN CONOLLY, PSYCHOTHERAPIST AND LEAD PRACTITIONER, WESTMINSTER HOMELESS HEALTH SERVICE**

John Conolly has been a Lead Counsellor with the Westminster Homeless Health Counselling Service since 2009, where he developed a special interest in Personality Disorder. He is the founding chair of the 'Westminster Complex Personalities Network' and is a UKCP registered Psychoanalytic Psychotherapist and Lacanian Analyst.

### Nursing, Education, Data and Digital

##### **SAMANTHA DORNEY- SMITH, SENIOR NURSE, SPECIALIST PRACTITIONER AND NURSE PRESCRIBER**

Sam Dorney-Smith is a Registered

Nurse (Adult Branch). She has more than a decade of experience in inclusion health, working as a Nurse Practitioner, Practice Development Nurse and Team Leader. Sam set up the King's Health Partners Pathway Homeless Team, the largest team of its kind in the UK, working across three NHS Trusts.

Sam has been heavily involved in the London Network of Nurses and Midwives, chairing the group from 2006-2008. Sam has published numerous journal articles and recently led national work on specialist homelessness nursing. Sam's key interests include data standards and data sharing, homeless medical respite care, service quality improvement, training and development.

### Oral Health

##### **DR JANINE DOUGHTY, ACADEMIC DENTIST**

Dr Janine Doughty is an academic Clinical Fellow in Special Care Dentistry at Eastman Dental Hospital. She has a Doctoral Research Fellowship from the NIHR to develop a plan for outreach oral health for homeless people using dental trainees.

Janine plays a vital role in the Crisis at Christmas Dental Service; and heads the Faculty for Homeless and Inclusion Health's Dental group. She organised Pathway's first national Inclusion Health Dentistry conference in 2018.

### Clinical Research

#### - Education -

##### **DR ZANA KHAN, GP GSTT SLAM PATHWAY TEAM**

Dr Zana Khan is the Lead GP for the SLaM Pathway team. She has worked with Pathway since 2014. Zana continues to work in both homeless and mainstream General Practice and teaches at King's College and UCL Medical Schools.

Zana, our leading Education Fellow, is developing online learning and postgraduate education in Homeless

and Inclusion Health with UCL's Collaborative Centre for Inclusion Health.

### Clinical Research Public Health **SERENA LUCHENSKI, ACADEMIC RESEARCHER AND CONSULTANT IN PUBLIC HEALTH**

Serena Luchenski is a Clinical Research Fellow and Honorary Consultant Public Health at UCL. Her research interests are applied public health research, working with people with experience of extreme inequality such as homelessness, imprisonment, drug addiction and sex work. Based in UCL's Collaborative Centre for Inclusion Health, Serena's NIHR funded PhD is on opportunistic public health interventions for homeless people in hospital. Serena also helped to design the inclusion health MSc module at UCL and has contributed to Pathway's work on data standards.

### Clinical Research

#### - Sex Worker Health -

##### **DR LUCY POTTER, ACADEMIC GP**

Dr Lucy Potter is an academic GP in Bristol supported by an NIHR in-practice fellowship. She runs an outreach clinic for street sex working women as part of the Homeless Health Service and has an academic background in domestic violence and health.

Lucy's research involves asking those who work with street sex workers for their insights on healthcare access and provision for this group and is facilitating a co-production project with street sex workers in Bristol to develop primary care services to better meet their needs.

### Clinical Research

#### - Frailty -

##### **DR RAFI ROGANS-WATSON, ELDERLY CARE REGISTRAR**

Dr Rafi Rogans-Watson is a specialist registrar in geriatrics. During 2019, he volunteered for

2016

**Sept** Pathway's Experts by Experience launch 'Stories of Rebirth' publication

**Jan** Pathway awarded three year grant from Lankelly Chase Foundation to support development of the Faculty for Homeless and Inclusion Health and communications and marketing

**May** Pathway publishes 'Options for Delivery of Homeless Medical Respite Services



two days a week for Pathway, to explore the benefits and relevance of standard frailty assessment tools for complex needs/homeless adults. We believe the findings from his research will have national significance.

**Clinical Research – Needs Assessment – DR SUSAN RUTHERFORD, GP AND HOMELESS NIGHT SHELTER FOUNDER**

Dr Susan Rutherford is an early career GP based in Leamington Spa. She is working on a Pathway needs assessment in Warwickshire.

Earlier in her training Susan spent time with the Pathway team at UCLH. Whilst a trainee medic she set up and ran a charitable night shelter, the Leamington Winter Support (LWS) Night Shelter. Susan still volunteers at the shelter in her spare time.

**Education DR CHRIS SARGEANT, GP BRIGHTON PATHWAY TEAM AND ARCH AND CLINICAL LEAD FOR PATHWAY'S SOCIAL FRANCHISE**

Dr Chris Sargeant is a GP with

special interests in Primary Care substance misuse treatment, inclusion health and health education. He has been the GP lead for the Brighton and Sussex University Hospitals Pathway Team since it began 2012. He was previously the Lead GP at Brighton Homeless Healthcare, which he founded as the city's first primary care service for excluded patients. Chris is a part-time Senior Lecturer at Brighton and Sussex Medical School where he teaches undergraduates and postgraduates on inclusion health issues. He leads Pathway's education work, developing materials for professional development and Masters' level courses. Chris is also the lead for Pathway's Social Franchise programme.

**Senior Clinical Research – End Of Life Care – DR CAROLINE SHULMAN, END OF LIFE CARE RESEARCHER AND GP KING'S PATHWAY TEAM**

Dr Caroline Shulman is the Lead GP for the King's College Hospital Pathway team. She was previously a GP within a specialist homelessness practice and was

a Senior Lecturer at the London School of Hygiene and Tropical Medicine, addressing malaria and maternal health in Africa. Alongside her clinical role, Caroline is the Principal Investigator, and project leader on Pathway's five-year End of Life care research project.

**Mental Health DR PHIL TIMMS, CONSULTANT PSYCHIATRIST**

Dr Phil Timms is a community psychiatrist with more than 40 years' experience working with homeless patients. He developed a training package for doctors based on the Maudsley "Compliance Therapy" intervention and is chair of the editorial board for the Public Education Committee of the Royal College of Psychiatrists. Phil led the START team in South London for many years and is one of the UK's leading specialist homeless psychiatrists.



**June** Results of a randomised controlled trial prove that Pathway teams improve homeless patients' health and reduce rough sleeping

**Oct** Oak Foundation confirms Pathway core funding for further five years

**Nov** 'Socially Inclusive Dentistry – Executive Summary of the 1st National Conference' is published with help and contribution from the Faculty

# Support and collaboration



The Faculty for Homeless and Inclusion Health is a multi-disciplinary open network focused on health care for homeless and excluded people. It is led by Dr Nigel Hewett and hosted by Pathway.

**F**aculty members include: paramedics, podiatrists, dentists, professors of epidemiology, psychiatry and infectious diseases, general practitioners, hospital consultants, specialist and district nurses, physiotherapists, psychotherapists, psychologists, counsellors, drugs workers and alcohol specialists, and those with lived experience of exclusion.

The Faculty brings together people who care, re-affirming the fundamental right for all patients to be treated with dignity, compassion and respect.

The Faculty first published Homeless and Inclusion Health Standards for Commissioners and Service Providers in 2011. It is regularly updated and the third, most comprehensive edition was published in 2018. Based on evidence and practice, the standards define the essential qualities required for effective health services for homeless people and other multiply excluded groups.

Faculty membership is open to any professional who works in inclusion health. People with personal experience of homelessness and an interest in changing health services are warmly welcomed.

Membership offers regular clinical updates on areas of interest, and a chance to meet colleagues through free regional meetings across the country. Faculty members receive discounts to the annual international Homelessness and Inclusion Health conference, bringing together hundreds of delegates from across the world to share the latest developments, research and evidence.

In 2019 Pathway launched a sliding scale of voluntary membership subscription to help support the work of the Faculty.

2017

**Jan** Bristol homeless inclusion team launches

**Jan** Pathway publishes a detailed assessment of the need for medical respite care for South London (funded by GSTT charity)

**March** Pathway publishes Experts by Experience Involvement Handbook

# Partnership in action



In 2017, clinicians came together to make a landmark statement about how we should respond to the Social Determinants of Health and improve the lives of the most excluded.

The Academy of Royal Medical Colleges and The Faculty for Homeless and Inclusion Health, issued a joint statement to recognise inclusion health as a discipline and commit all Royal Medical Colleges to redressing “extreme health and social inequities among the most vulnerable and marginalised” with this joint statement:

**‘Inclusion health is a research, service, and policy agenda that aims to redress extreme health and social inequities among the most vulnerable and marginalised in a community.’<sup>1</sup>**

**‘To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.’<sup>2</sup>**

Inclusion Health is a universal concept but responds to local needs. The Academy of Medical Royal Colleges (the Academy) and the Faculty for Homeless and Inclusion Health are committed to high quality care for all who use the NHS. Those

who are living on the margins of society are too often poorly served. We believe that care must be tailored to reflect the particular needs of each patient, with clinicians addressing the patients’ total health, care and social needs.

There is a growing understanding of the impact of health inequalities on patients and healthcare providers. Whilst many people experiencing deprivation will face the health impact of inequality, this impact is particularly acute for the most marginalised. People in this situation may include homeless people, vulnerable migrants, sex workers, Gypsies and Travellers and those in contact with the criminal justice system.

**THE ACADEMY AND THE FACULTY OF HOMELESS AND INCLUSION HEALTH ARE COMMITTED TO:**

- Promoting ‘Proportionate Universalism’ – health resource distribution that favours the disadvantaged and actively reverses the ‘inverse care law’
- Meeting the health needs of excluded groups with respect, dignity, and compassion
- Ensuring prompt access to emergency care for all
- Offering GP registration to all who need healthcare
- Addressing cost recovery only after the patient receives urgent treatment
- Integrated care that considers patients’





“  
**YOU WERE THE ONLY ONES THAT FELT MY LIFE WAS WORTH SAVING - I AM NOW BACK WITH THE FAMILY I HAVE NOT SEEN FOR 10 YEARS**  
”

physical, psychological and social care needs, with complexity managed by individual care coordination supported by a multi-disciplinary team

- Empowering patients to make decisions about their health and involving patients in the design and delivery of care
- Improving awareness that health care alone cannot transform health inequalities. It requires societal change, reducing poverty and inequality to tackle the root causes of homelessness and multiple disadvantage
- A recognition that all clinicians must be involved in helping patients to improve their health, not just by medical treatment but through advocacy, inter-professional working and engagement with Public Health.
- National standards for NHS recording of key data to improve future planning of care, for example housing status and Gypsy and Traveller ethnicity

- Informing equality and equity in commissioning through ensuring data about the health of excluded people is gathered and included in Joint Strategic Needs Assessments
- Improving medical and nursing education so that healthcare professionals are equipped with the skills and confidence to address health inequalities and care for vulnerable patients with complex health and social needs.

1 2010 Marmot Review 'Fair Society-Healthy Lives'

2 2015 The Lancet 368/10011 Professor Sir Michael Marmot editorial



Insights from  
the Pathway  
team

# “It’s about getting their lives to where they want to be.”

**Sophie Koehne**, Advanced Mental Health Practitioner, KHP Pathway team

Sophie Koehne originally trained as an Occupational Therapist (OT) and has worked at South London and Maudsley Foundation Trust (SLaM) for most of her career. She has worked across acute, community, and forensic services, and helped to develop the role of OT within a community forensic personality disorder service. Sophie took a year out of mental health to work as a Health Promotion Specialist, engaging excluded groups including sex workers, homeless people and drug users. Sophie is currently an Advanced Mental Health Practitioner with the King’s Health Partners (KHP) Pathway Homeless Team in SLaM.

“My skills and philosophy as an OT have informed how I work within a Pathway team, working in a non-traditional role within a traditional medical setting. My work covers more than just helping patients who have been rough sleeping. Homelessness can take the form of living in temporary accommodation, squatting, or ‘sofa surfing’, and these insecure housing situations can be caused by many factors.

Homelessness is more than not having a stable roof over your head: there are legal and social implications; it can be isolating and destructive. Not only that, in recent years homelessness has come to be seen more as a health issue. Delayed treatment and diagnosis of many health issues is common among people experiencing homelessness. This is not helped by a lack of access to services, such as registration with a GP. People experiencing homelessness are more likely to access healthcare via A&E and be admitted to hospital. And, without proper planning and coordination for discharge, health issues may not be recognised or tackled. Health issues common in people experiencing homelessness include early ageing and tri-morbidity (a combination of mental ill health, physical ill health and substance misuse).

I look at a patient’s physical and mental health; and getting them to a place where they can function within their environment. I start with developing a structure, which in turns leads to better health. Supporting them into what they need to do and what they want to do.

I think OT support is really needed in hostels and day centres in the community. All patients would benefit from this type of holistic input to help build up practical life skills. I look at the person not the diagnosis.

Having a Mental Health Practitioner or an OT in a Pathway team is a clear benefit, as when working with homeless patients, it’s essential to consider the impact of a person’s living situation on both their physical and mental health. My occupational therapy skills come into play with my ability to see the potential impact of a change in environment. While a medical team will look at straightforward discharge planning, a Pathway team will be thinking more widely about how the person may have to cope on the street, or in alternative accommodation. We become very expert at working in a multiagency and multidisciplinary environment. We aim to build our expertise by building an OT network.

“My task is a transitional one. I support people before and after discharge. I do this through holistic assessments, goal setting and support throughout the discharge process. Ultimately my role is to have a functional impact on a patient, to enable them to do the things they want to do; to engage in life and help them to get their lives to where they want to be.”

2018

**April** The first Homeless and Inclusion Health MSc module begins at UCL

**Aug** Pathway and EMIS Health introduce the first dedicated digital health-screening template

**Oct** The Faculty publishes its 3rd Standards for Commissioners and Service Providers





Change

## Change...

### ...through dialogue

Since 2013, Pathway's Faculty for Homeless and Inclusion Health has hosted 8 international symposia.

Over eight years, nearly 3000 delegates have heard over 250 presentations on inclusion health by 400 speakers. The regular call for papers is now heavily over-subscribed. To be invited to present at the Faculty's conference is a real mark of achievement.

Each year, with support from the charity Crisis, Pathway has convened a group of Experts by Experience to attend across the two days, participating in all sessions and making sure we stay grounded in the realities of homelessness and exclusion.

### ...through education

In Pathway's first strategic plan, we identified influencing clinical education as one of the most powerful ways to change attitudes and clinical practice for the long term.

We want best practice to be replicated and so we share our skills, knowledge and experience with others. We have produced videos explaining the

importance of better health care for marginalised groups, and we have an online inclusion health module for people to work through via our website. Our annual conferences are all available online – over 100 hours of educational material.

We have worked with University College London to design the first ever Masters level postgraduate inclusion health module. The course has run since 2018.

We are working with University College Hospital to offer a Student Selected Component course for undergraduate medical students. The first student cohort undertook inclusion health training in Oct 2019. Colleagues in the School of Nursing at the University of Edinburgh have now also launched their own 'inclusion health' programme.

We also regularly run bespoke courses for those working in health or social care who want to learn more about caring for marginalised groups. With our Social Franchise programme, we offer specialist training to hospital teams.

And we also hold an annual CPD accredited Health Inclusion Day in conjunction with Brighton and Sussex Medical School.

32

2018...

**Oct** Texel Foundation provides core grant for Pathway followed by two year grant for the Faculty for Homeless and Inclusion Health

**Nov** The first Homeless and Inclusion Oral Health conference is held funded by Health Education England

**Nov** 'Trauma informed dentistry care' pack published by the Faculty funded by Health Education England





## ...through harnessing lived experience

From the very beginning, Pathway's work has been informed by the experiences of people who have lived the reality of homelessness. Working alongside 'Experts by Experience' (EbEs) informs our approach, our attitudes, our research, and our ambitions. We can only design better health services for homeless patients by including people who have experienced homelessness and getting their input into how health and care services should be.

Pathway EbEs have escaped homelessness, addictions, mental health problems, the sex industry and forced migration and they use their experiences to help improve health services for others. Pathway's EbE work recognises the unique insights people with lived experience can bring to the design of inclusion health services.

### OVER THE LAST TEN YEARS PATHWAY EBES HAVE:

- Supported NHS funded research by carrying out surveys in homelessness day centres
- Reviewed patient information and consent leaflets
- Contributed to work on patient data sharing
- Written for medical journals
- Given talks to student groups, health and social care trainees and junior doctors
- Taken part in panel discussions
- Helped surgeries to include vulnerable patients in Patient Public Involvement Groups
- Given press interviews
- Produced a handbook to help services establish their own EbE groups
- Represented lived experience perspectives at medical conferences

Pathway's EbEs group is regularly refreshed as participants move through. Many of our past EbEs have built on their experience with us to go on to formal training or employment.

## THANK YOU STAN, FOR LEADING PATHWAY'S EBE PROGRAMME FOR SEVEN YEARS.

Pathway Care Navigators are people who have experienced homelessness, and who have been trained by Pathway to support homeless patients in hospital. Pathway has sought to show the NHS that employing staff with lived experience helps improve the quality of care a homeless team can offer.

### CARE NAVIGATORS GIVE PRACTICAL ADVICE, ADVOCACY, EMOTIONAL SUPPORT AND ACCOMPANIMENT TO HELP PATIENTS:

- access accommodation
- resolve financial issues
- find local support services
- reconnect with loved ones
- recover lost identify documents

Trudy Boyce MBE, a registered nurse and midwife who specialises in patient-centred care, manages the Care Navigator programme. Trudy joined Pathway at its inception and now trains and coordinates Experts by Experience, and Care Navigator training, and employment programmes across two London hospitals. The trainees are paid the London Living Wage, and work towards nationally recognised NVQ qualifications. The programme allows people who have been homeless to establish a new career within health and social care, and offers a stepping-stone into employment in the NHS.

John\* was on the street for some years after experiencing violence and developing serious health problems and alcohol addiction. Today he is a Senior Care Navigator at the hospital that once treated him. He supports hundreds of patients every year.

\*John's name has been changed to protect his privacy.

# Award winning

Excellence in Collaboration  
**BRADFORD TEACHING  
HOSPITALS NHS  
TRUST AWARDS  
2019**

Helen Phelan, Bradford  
Pathway team

**EUROPEAN HEALTH  
LEADERSHIP AWARD**

2019 finalist

RCPsych Psychiatric  
Team of the Year:  
**'WORKING-AGE  
ADULTS' 2018**

KHP Pathway team

**ANDY LUDLOW  
HOMELESSNESS  
AWARD 2010**

UCLH Pathway team

**CHIEF EXECUTIVE'S  
AWARD SUSSEX  
COMMUNITY NHS  
FOUNDATION  
TRUST 2019**

Brighton Pathway team

**NHS PARLIAMENTARY  
EXCELLENCE IN  
URGENT AND  
EMERGENCY CARE  
AWARD NATIONAL  
WINNER 2019**

Royal London Pathway team

**NHS  
PARLIAMENTARY  
EXCELLENCE IN  
URGENT AND  
EMERGENCY CARE  
AWARD REGIONAL  
WINNER 2019**

Royal London Pathway team



highly commended  
**LONDON  
HOMELESSNESS  
AWARD 2019**

KHP SLaM Pathway team



**KATE GRANGER  
COMPASSIONATE  
CARE AWARD 2016**

**LONDON LEARNING  
CONSORTIUM  
APPRENTICE OF  
THE YEAR 25+ 2014**  
Winner UCLH Care Navigator  
Josie Mavromatis.

commended  
**GLAXOSMITHKLINE  
IMPACT AWARDS  
2013 AND 2017**

**HEALTH SERVICE  
JOURNAL PATIENT  
CENTRED CARE  
AWARD 2012**



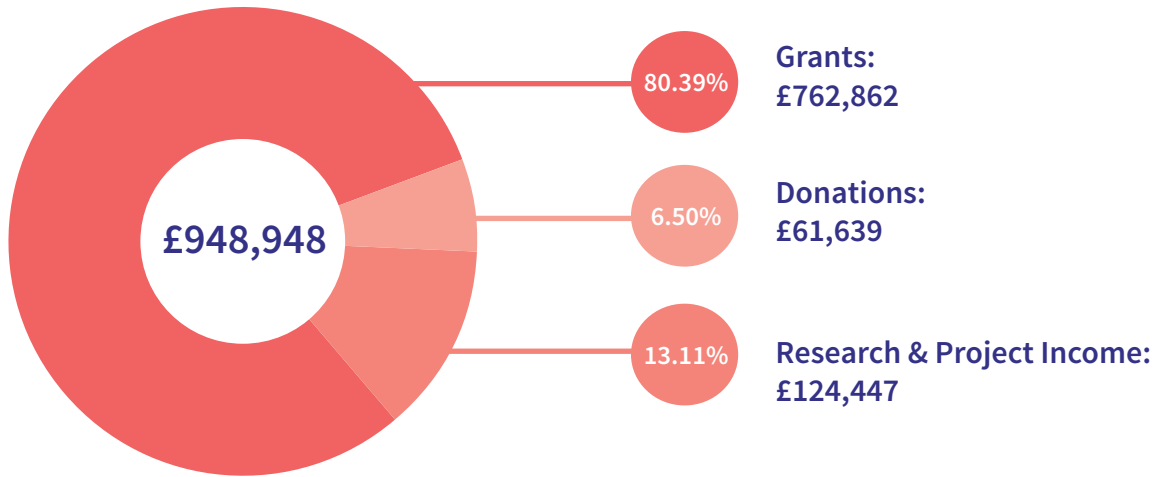
**Oct** The first UCLH inclusion health Student Selected Component (SSC) cohort commences

**Nov** Pathway Fellow Dr Hannah Field publishes an evaluation of secondary care usage and the characteristics of hospital inpatients

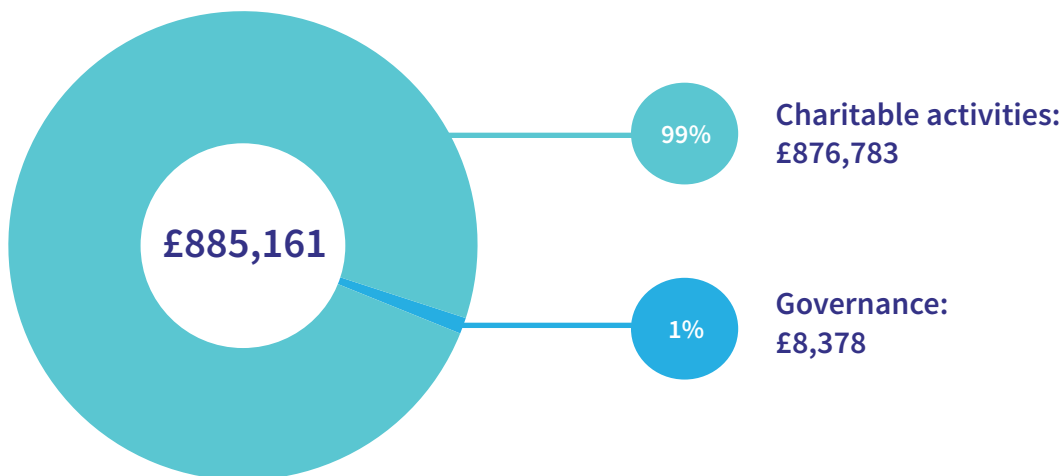
# The Financials

Income and expenditure during 2018/19

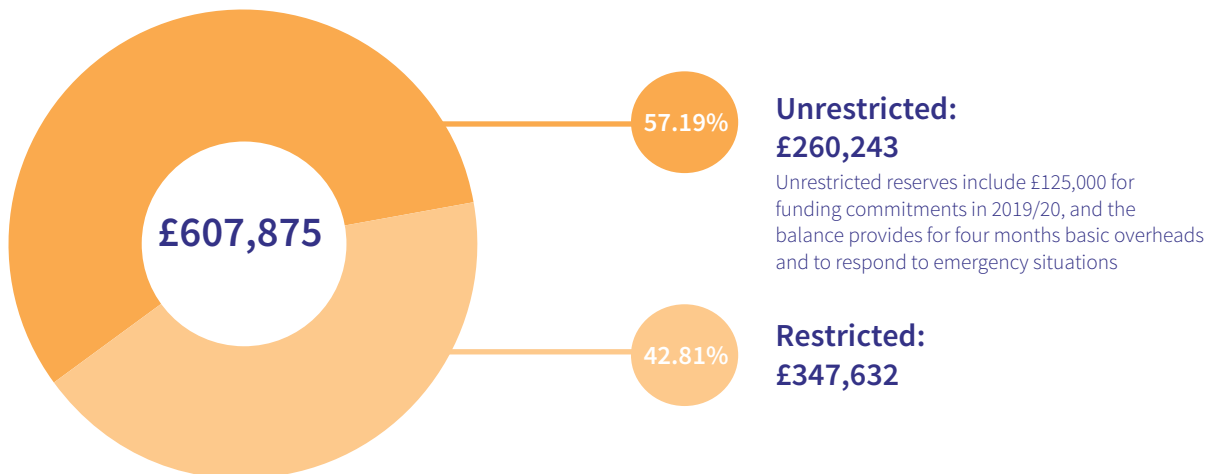
## Income



## Expenditure



## Reserves



FOR EVERY £100 SPENT, £1 WAS SPENT ON THE GOVERNANCE OF PATHWAY, AND £99 WAS SPENT ON HELPING EXCLUDED PEOPLE.

These figures are extracted from accounts independently audited by Buzaccott LLP. If you would like a full copy of our audited accounts for the year ended 31 March 2019, please contact us or download a copy from [www.pathway.org.uk/about-us/what-we-do/corporate-publications](http://www.pathway.org.uk/about-us/what-we-do/corporate-publications)

## Our legacy



**PROFESSOR AIDAN HALLIGAN MA  
MD FRCOG FFPHM MRCPI FRCC**

Pathway Founder and Chair  
1957 - 2015

Pathway was founded after Professor Aidan Halligan decided to investigate the death of a homeless man outside a hospital's A&E department.

His research into homeless healthcare led him to Dr Nigel Hewett and Nurse Trudy Boyce.

Working together at University College Hospital, London, the pioneering trio reviewed the experiences of homeless patients admitted to hospital, recorded the outcomes of that care and saw a glaring disparity between the care that was available and the care that was needed.

Aidan founded Pathway because he was sure that working compassionately and holistically would lead to better outcomes for people experiencing homelessness. He saw that if homeless patients were given the time and support needed to heal and manage some of their physical problems, it was less likely that they would be readmitted in the future for additional emergency care.

He also saw the deep distress and despair that characterised the lives of people stuck on the street. He saw that health services working with the most excluded needed to put compassion at their heart.

Aidan's legacy is the growing inclusion health movement and the increasing number of Pathway teams spreading across the country.

We would like to thank...

**OUR TRUSTEES**

Leslie Morphy OBE  
Lady Rhona Bradley  
Sir Peter Dixon  
Dr Vanya Gant  
Cathy James OBE  
Sir Ian Kennedy  
Stephen Roberson  
Richard Guest  
Simon Tuttle  
Professor Andrew Hayward  
David Pascall CBE (retired 2018)

**OUR PATRON**

Professor Lord Darzi of Denham PC KBE FRS FMedSci HonFREng

**AND WE DEEPLY THANK EACH AND EVERY SUPPORTER AND FRIEND**

The wide range of individual and organisational contributions to Pathway over the last decade has enabled our charity to broaden our reach and mobilise the inclusion health social justice movement; laying the foundation for lasting impact.



“

**Homeless people in the UK  
don't die from exposure.**

**They die from treatable  
medical conditions.”**

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Dr Nigel Hewett, Pathway Medical Director