

Annual Report 2017



Welcome

It's been a year of contrasts for Pathway. We have published major research papers showing how we can improve healthcare for people who are homeless, and at the same time levels of homelessness have continued to rise.

Pathway is proud to have won the 2016 Kate Granger Award for compassionate care, acknowledging the amazing contribution of homeless healthcare clinicians across the country.

We have brought 'inclusion health' into the mainstream, with the Academy of Medical Royal Colleges joining with Pathway and the Faculty for Homeless and Inclusion Health and committing to fight health inequalities.

We have also compiled our first cross-team analysis of patients being supported by hospital homelessness teams, again demonstrating how the Pathway model helps patients who are homeless to find accommodation, recover from serious illness, and put their lives back together.

But as I look at the data I am struck by some of the summaries of each patient's illness – suicidal ideation, assault, self-harm, head injury, addictions.

This litany of illness and despair is compounded by the findings of our research into homelessness and end of life care, which shone a light on the undignified and lonely deaths that many people who are homeless face.

In the midst of so much misery and distress it would be easy to feel discouraged and daunted, but throughout the year we have also been inspired by the achievements of our Care Navigators and Experts by Experience, people with extensive histories of homelessness who now work with us to change health services for the better (find out more on page 8).

We have also been heartened by the determination and dedication of members of the Faculty for Homeless and Inclusion Health, hosted by Pathway. The network of professionals and people with lived experience of exclusion has grown exponentially, welcoming new members and new disciplines. They come together as passionate champions of healthcare for people who are vulnerable, working with their patients to change society for the better. With their wisdom, I am hopeful that the NHS at least will continue to rise to the challenge of homelessness.



A handwritten signature in black ink, which reads "Leslie Morphy". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Leslie Morphy

Pathway Chair

Our Year in Numbers



Around 3500

patients supported by Pathway teams



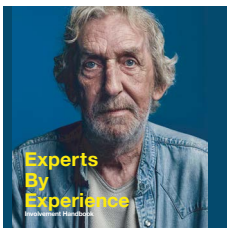
Over 1000

members in the Faculty for Homeless and Inclusion Health



Over 500

doctors, nurses and healthcare professionals trained in inclusion health



1

Pathway EbE Handbook published



3

three awards achieved



14

journal articles and research reports published



15

training events, meetings and conferences

The Pathway Model

Stopping the cycle

Life on the streets is difficult. A daily search for food and shelter, a struggle for existence. Unsurprisingly many people who are homeless become ill.

People who are homeless attend A&E six times as often as people with a home, are admitted four times as often and stay three times as long, because of the severity of their illnesses³.

After their treatment, many hospitals see no alternative but to return homeless patients to the street, where the relapse of mental health problems and addictions, recurring infections and impeded recovery are almost inevitable.

Sooner or later most will return to hospital, caught in a costly downward cycle of deteriorating ill health.

Offering a new Pathway

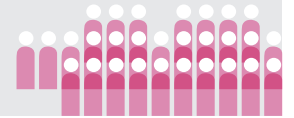
The Pathway model offers a new way to help patients who are homeless. It trains NHS staff to help patients access the accommodation, care and support they need to recover and get life onto a better Pathway after their stay in hospital.

Pathway teams are led by a specialist GP, with nurses, social workers, housing and benefits advisors and Care Navigators (who have personal experience of homelessness). Teams work with patients to create bespoke care plans for their support, including referrals to addiction services, ongoing treatment for health issues such as hepatitis C and tuberculosis, and community services offering social care. Coordinating input from housing departments, social services, community and charity sector partners, Pathway teams provide empathetic, patient-centred, recovery-focused care.

Does your hospital need a Pathway team? Hospitals seeing...

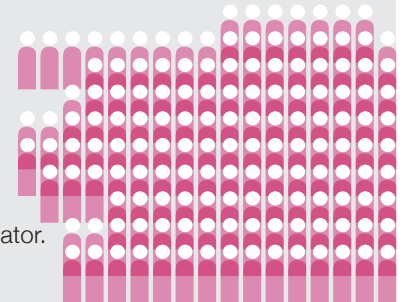
1-30 homeless patients each year need...

- an identified, responsible member of staff.
- a referral protocol to the local authority, ensuring that all staff are aware of their duty to refer under the Homelessness Reduction Act
- an information pack with signposting to local hostels, food banks, housing department details
- a small supply of spare, warm, clean clothing.



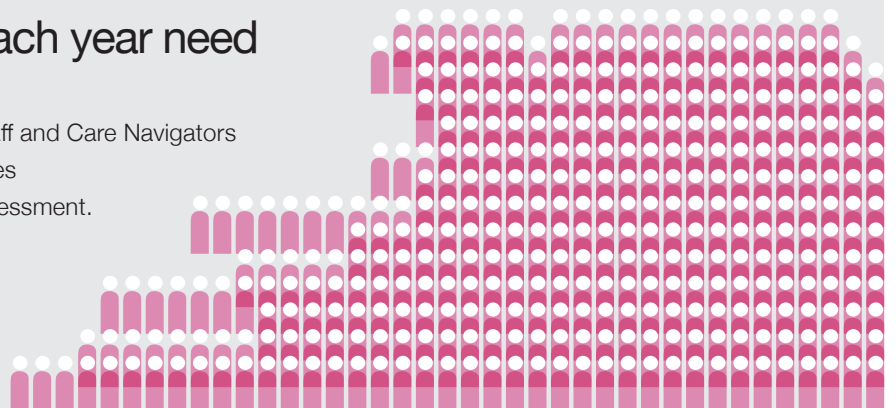
30-200 homeless patients each year need all the above, plus...

- a dedicated housing worker
- a named link hospital coordinator to maintain the referral protocol and support the housing worker in obtaining necessary medical assessments (with the patient's consent)
- strong relationships with the local council housing department, hostels and charities
- training and education of all hospital staff by the housing officer and named hospital coordinator.



200+ homeless patients each year need all the above, plus...

- a full Pathway team including GP, Nursing staff and Care Navigators
- a coordinator if the service spans multiple sites
- any specialist staff identified in the needs assessment.





The bridge between policy and people

Pathway helps commissioners and CCGs to find the best solutions to homeless and inclusion health problems in their areas.

Each Pathway team is established following a 'needs assessment' process. This identifies the number of homeless patients coming into hospital and all the relevant internal and external supports that may be able to help.

With this analysis Pathway helps the hospital design, employ and train their own team to support patients across the hospital, and train fellow clinicians to 'think homelessness'.

The Pathway approach, supported by a growing body of published research⁴, is now being used in 11 hospitals, and has been adapted for use in mental health units and by communities in Australia. In the last 18 months we have helped an additional 4 hospital trusts to carry out assessments and put in place solutions matched to local needs. We are currently working with 3 further CCGs.

Case study

Kenneth was admitted to a central London hospital after collapsing in the street. Doctors diagnosed a gastric ulcer. Five days after emergency surgery, the doctor declared him medically fit for discharge.

It was only then Kenneth explained he had nowhere to go. He'd been sleeping on a friend's sofa since the breakdown of his marriage. As his alcohol use worsened they had asked him to leave.

The doctor referred Kenneth to the Pathway homelessness team. Their GP knew that Kenneth could not get the rest the consultant advised on the street, and that his drinking was likely to worsen there. He arranged for Kenneth to be discharged into Pathway respite care for a few days, a quiet hostel with support from the team.

The team GP helped him to register with a local surgery and referred him to a drug and alcohol service for support with his drinking.

Pathway's Care Navigator helped Kenneth to fill in forms to claim benefits until he could return to work. When he was well enough, she accompanied him to an appointment at the housing department, who offered him temporary accommodation. Pathway supplied him with a home starter kit of crockery, a duvet and pillow and helped him settle in.

Kenneth's road to recovery is likely to be long, but he is making steps in the right direction.

Pathway Teams



Pathway Clinical GP Fellow, Dr Hannah Field, reviewed the records of patients seen by seven Pathway teams in the first half of 2016¹

Her findings confirm that patients who are homeless are regularly admitted to hospital in order to treat a variety of life threatening illnesses. Many had attempted suicide, unable to cope with the life they were facing.

The want of a warm and safe home has a profound and obvious effect on a person's health. But being physically or mentally ill can also make it hard for a person to keep their home, particularly in the current context of austerity, benefit cuts and a serious lack of affordable housing. We now understand that long term homelessness is characterised by a challenging combination of physical and mental ill health, complicated by addictions and rooted in childhood poverty and psychological trauma.

People who are homeless are much more likely to experience anxiety and depression, personality issues, psychosis, addictions, accidents, violence and suicide. Infectious diseases are common, such as hepatitis B and C, HIV and tuberculosis. Alcohol dependence results in alcoholic liver disease, peptic ulcers and brain damage. Drug use causes abscesses, sepsis, vascular disease and chronic leg ulcers. Traumatic brain injury is increasingly recognised as both a cause and result of homelessness and there is a growing awareness of previously unrecognised learning disability and autistic spectrum disorder amongst people who are homeless.

Who are Pathway Patients?

- Patients ranged in age from 16 – 89 with an average age of 44
- Over 77% were male
- The most common reasons for admission included:
 - Abscess
 - Alcohol withdrawal
 - Assault
 - Cellulitis
 - Chest infection
 - Deep vein thrombosis
 - Drug overdose
 - Leg ulcers
 - Seizures
- At least 40% of patients were admitted for an addiction issue as well as a physical health problem.
- Over 5% of patients are known to have died during the admission or shortly afterwards. The actual number of deaths is likely to be significantly higher as hospitals are often not notified.

It is not surprising that people facing such difficult issues often end up in hospital, where the pressures of an overstretched system often mean that the complexity is not recognised and the patient is discharged quickly. The challenge for Pathway teams is to support both the patient and the hospital to seize the opportunity to better understand the underlying causes of their illness, and plan for care and support in the community to prevent another admission.

So what does success look like?

In today's NHS, the drive for financial savings seems to compete for priority with improving patient care.

Pathway teams have been shown to be cost-effective⁴, but often the smallest triumphs in improving care are the most significant – a patient establishing rapport with a member of staff, being willing to talk, engaging in their healthcare for the first time.

One of the most health-promoting support Pathway teams offer is brokering access to accommodation. Accommodation can bring the stability and security needed to begin to address mental health problems, addictions and chronic health conditions. This can reduce the use of emergency health services (although increase the use of planned care services!) and as so many other charities have shown, there are huge wider benefits to society if we can break the vicious circles that homelessness creates.

Pathway Teams



Bradford Bevan

Bevan Healthcare CIC operates a fully integrated model of care, incorporating street medicine, primary care, the Bradford Bevan Pathway team, and an intermediate care facility in partnership with a housing charity. The approach is 'step up and step down' and offers a holistic approach to caring for patients who are homeless.



Leeds

Homeless Accommodation Leeds Pathway (HALP) is a collaboration between St George's Crypt and Leeds Community Healthcare Trust. The service includes a GP, nurse and Care Navigators.



UCL

University College Hospital London opened the very first Pathway team in 2009, and continues to host the Pathway charity. The team is the training site for Pathway Care Navigators.



Mpath

Mpath is delivered by Urban Village Medical Practice, an outstanding rated provider of homeless primary care in Manchester. The GP led service ensures continuity of care from the hospital into the community.



Royal London

The team at the Royal London includes a doctor, nurse, occupational therapist, Care Navigator and administrator. The team was involved in a National Institute of Health Research study into homelessness and healthcare. The team works with partners inside the hospital & in the community to ensure safe discharge for homeless people admitted to the hospital.



Bristol Royal Infirmary

The newest Pathway team was commissioned in January 2017, for an 18-month pilot. The team includes a GP, Clinical Coordinator, Social Worker and Outreach Worker.



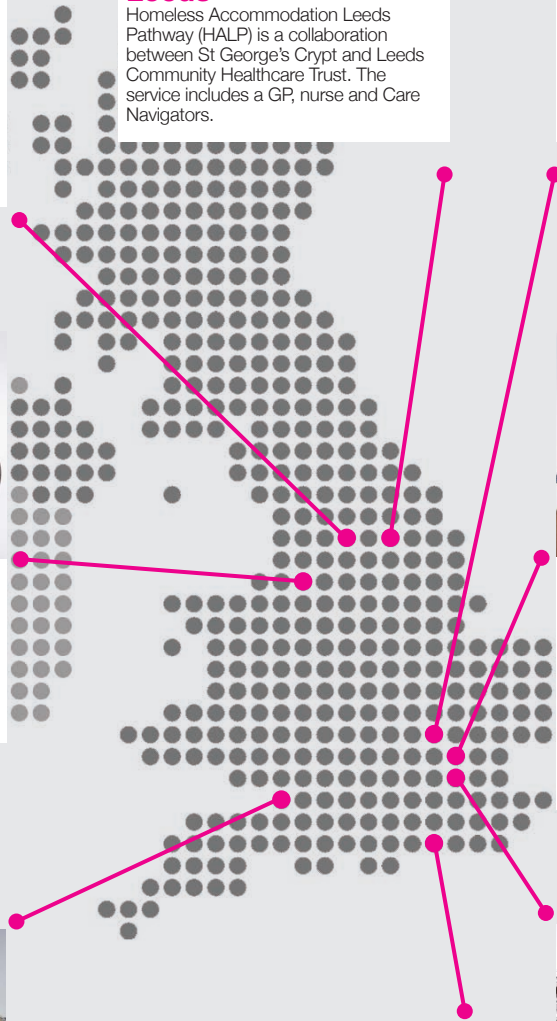
Brighton

The Brighton Pathway team provides multidisciplinary end to end support for homeless patients, from primary care and hospital services to accommodation support and long term post-discharge outreach. They cross the boundaries of health, housing and charity support services to provide truly integrated care.



Kings Health Partners

KHP is the largest hospital homeless healthcare team in the country, spanning 3 trusts and 5 hospital sites at Kings College Hospital, Guy's and St Thomas' and South London and the Maudsley and Lambeth hospitals. Their workers include GPs, Nurses, Occupational Therapists, Social Workers, Housing Workers and Peer Advocates.



Pathway's Partnership of Policy and Practice

Pathway helps the NHS to create teams that support people who are homeless and in hospital. We aim to offer hope to people at their lowest ebb, hope that life can, and will, improve. But we cannot help asking ourselves 'how did they get here'.

In sickness and in healthcare

A person born in a deprived neighbourhood is more likely to suffer poor physical and mental health. They are also more likely to become homeless.

But before someone becomes homeless they are also more likely to have experienced family breakdown, exclusion from education, to have had a parent with mental health problem or an addiction, or to have been physically or sexually abused.

All of these factors cause short and long term harm. Homelessness is often the last straw in a gradual accumulation of disadvantage and exclusion.

The circumstances in which we are born, grow up, live and work will have a life-long effect on our lives and deaths. They are shaped by things beyond our personal control, or that of our parent's, from social position, to the distribution of wealth at local, national and global level.

This is why Pathway works not only to make things better for patients who are homeless today, but also argues for wider system change, for 'proportionate universalism'.

Health resources should be progressively allocated so that more effort and attention goes where the need is greatest. This takes the NHS back to its original ambition to bring good healthcare to all and for health services to contribute to creating a fairer world, where homelessness is a shocking and rare crisis, quickly managed.

The Pathway out of exclusion

Pathway has made great strides, securing a joint statement between the Academy of Royal Medical Colleges and the Faculty for Homeless and Inclusion Health, committing all UK medical professionals to work together to address "extreme health and social inequities among the most vulnerable and marginalised"¹.

Membership of the Faculty has grown by 78% across two years, reflecting a rising awareness of the importance of healthcare in supporting vulnerable people.

We are also seeking to make structural changes to NHS IT systems to improve healthcare for homeless patients.

Hospitals do not routinely record much about people's housing status: whether they are sleeping in a temporary night shelter, or facing imminent eviction (which may impact upon their health). Asking for an address doesn't identify the women who avoid sleeping rough by exchanging sex for somewhere to sleep, or by moving between friend's sofas.

Patients seen by Pathway teams tend to reflect the street homeless population. We are concerned that many other groups remain hidden from services.

Pathway is leading work with NHS partners, homelessness charities and academics to try and change this. We are calling upon the Secretary of State, Jeremy Hunt, to approve simple changes to IT systems. These changes will enable patients who are homeless, or at risk of homelessness, to be identified and supported in line with the new Homelessness Reduction Act.

Pathway has also been working with the NHS and EMIS, who provide primary care software, to create a national template to record homelessness and healthcare needs with a view to developing the first homelessness NHS national dataset for England and Wales.

Hand in hand with this, we have been working with CCGs and hospital trusts across the country to ensure that everyone needing help to support homeless patients can access expert advice and guidance.

We have continued to work on the concept of medical respite care – 'health hostels' where patients who are homeless can be discharged to receive the warmth, nourishment and care we all need to recover from serious illness, or where homeless people with terminal illnesses can plan a supported, peaceful death.

Over the last year we have published three research papers and convened a meeting of 100 partners from all sectors to discuss respite and end of life care for patients who are homeless, learning from colleagues from Bradford to Boston USA who operate such services, and will continue to strive to make this provision available to everyone who needs it.

Perhaps our greatest success this year came with publication of two papers on inclusion health, by the world's leading independent medical journal, *The Lancet*² (you can read more about this on page 10). The papers are a milestone. They show more starkly than ever, the extreme health risks faced by people pushed to the margins of a society – into prison, to the streets, into selling sex, but they also show that good quality healthcare, delivered by teams that care, can help change lives.

Living happily ever after?

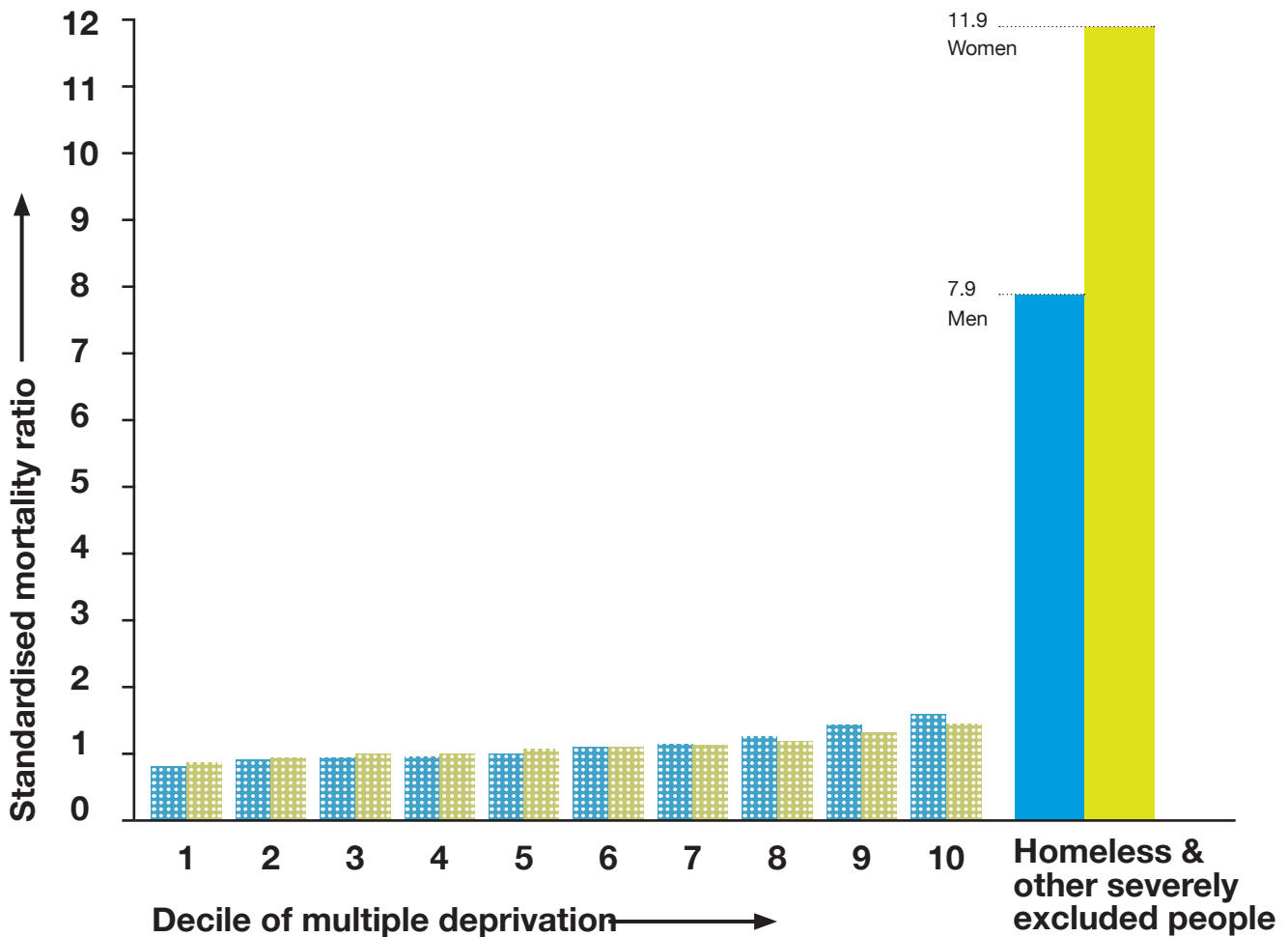
The graph below shows the impact of extreme exclusion on human health. The horizontal axis shows neighbourhoods in England and Wales divided into equal tenths by relative measure of deprivation. The vertical axis shows the standardised mortality ratios, an internationally used measure of the relative risk of death. As the deprivation of areas increases so does the relative risk of death. The eleventh bar shows the standardised mortality ratios for people who are severely excluded from society (drawn from the Lancet paper referred to above).

When people become homeless or otherwise deeply excluded, relative risk of death increases by tenfold.²

Pathway’s work, and the work of the many hundreds of homeless healthcare providers across the country, brings the same lesson back once again. Whilst homeless health services can do lots to help patients who are homeless, we would rather not start from here.

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 universal early years and education, fairer distributions of income and wealth across our society, and universal support for people when disasters do strike.

In short, for a fairy tale ending, we need a fairer society, so that in 100 years organisations like Pathway and the Faculty for Homeless and Inclusion Health are seen as interesting historical examples of how in 2017 medicine and healthcare mobilised to bring about social change.



Deaths by underlying cause, deprivation decile areas, 5 year age groups and sex, England and Wales, 1981 to 2015. Populations by deprivation decile areas, 5 year age groups and sex, England and Wales, 2001 to 2015.

Experts by Experience

Including Excluded People

Pathway 'Experts by Experience' (EbEs) have escaped homelessness, addictions, mental health problems, the sex industry and forced migration, and now use their experiences to help improve health make services better.

The Pathway EbE programme recognises the unique insights people with lived experience can bring to the design of inclusion health services. Over the last 18 months the team has:

- 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
- Taken part in a GP receptionist training video
- 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 Experts by Experience group is constantly refreshed as participants move through. Many of our past EbE's have built on their experience with us to go on to formal training or employment. The team is available to help services in return for a small fee to cover travel and support costs.

“Pathway acts as a conduit between people who have been homeless, service providers, policy makers and researchers. The voices of people with lived experience must be integral to the design of services.”

Care Navigators

Pathway Care Navigators are people who have experienced homelessness, who Pathway have trained to support homeless patients in hospital. They offer 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.

The programme is managed by Trudy Boyce MBE, a registered nurse and midwife who specialises in patient-centred care. Trudy joined Pathway at its inception and now trains and coordinates 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'* lived on the street for many years after experiencing violence and developing serious health problems and alcohol addiction. Today he is a Senior Care Navigator at the hospital which once treated him. He supports hundreds of patients every year.

“Sometimes homeless patients are afraid, but even if they don't trust doctors and staff they do trust me. I've been there, and I'm evidence that things can get better. It gives people hope.”

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





Geoff's Story

"I live in a hostel at the moment. I met Stan [Pathway's Expert by Experience Lead] at a day centre, doing a survey. He asked if I would like to come to a conference, telling doctors how they could help patients who are homeless.

I came to Pathway three times for training, all about talking in public and feeling confident in myself. The conference was brilliant, all of us were looked after, I met some interesting people, and the food was good.

Since then I've represented Pathway at 3 other conferences, including one in Glasgow on brain injury and homelessness.

I learned a lot there, I didn't realise that brain injury could be caused by drinking and drugs. It was nice meeting other people from other walks of life, some had even been homeless, like I was.

I wasn't very well before, but now my medication is working and I'm ok.

Since joining Pathway I have more confidence in myself and my mental health has improved a lot. Pathway have let me be who I want to be, and have not judged me. I feel respected, and really part of something."

Geoff

Research

Pathway Fellows have produced a wealth of research papers and reports in the last 18 months, bringing together the expertise of researchers, frontline workers and people who have been homeless. You can find out more about the Fellows on page 14. Papers can be downloaded at www.pathway.org.uk



The Lancet: Excluded people face 8-12 times higher risk of death

People living with severe social exclusion, homelessness and adverse childhood events face mortality risks that are 8-12 times higher than people who are housed - far higher than the 2.5 times mortality risk for an American soldier in combat in the Gulf war.

These shocking findings are part of two ground-breaking, large-scale, systematic reviews published in The Lancet. The papers were inspired by The Faculty for Homeless and Inclusion Health's first international symposium. Faculty leaders were also part of the research teams.

The second paper reviews the evidence base for effective interventions that help patients facing multiple disadvantage.

It presents a wealth of evidence that trusting relationships, active care co-ordination and multidisciplinary working between health and non-health services must be at the heart of good support for severely excluded people.

The papers also identify many gaps in the existing research base. There is little evidence about the best ways to support socially excluded women, young people transitioning from child to adult services, and people involved in the sex industry.

Together the papers establish a basis for future health inclusion development across the sector.²

Pathway: A clinically proven intervention

A Randomised Controlled Trial of the Pathway model, led by Pathway's Medical Director Dr Nigel Hewett OBE found that the Pathway hospital team intervention generates improvements in housing and health status up to 6 months after the patient's discharge from hospital.

The findings, published in the Royal College of Physicians (RCP) Journal 'Clinical Medicine', have prompted hospitals across the country to ask for Pathway's support to help patients who are homeless.⁴

Homeless people are dying without support

Homelessness is bad for health, but 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 patients wider circumstances.

This research, published in 'Palliative Care', is the result of a collaboration led by Pathway fellows Dr Caroline Shulman and Dr Briony Hudson, University College London (UCL). It calls for training for hostel staff, closer working between health, homelessness and hospice services, and the creation of services to support homeless people who are dying.⁵

“As a GP I have seen how the lack of appropriate and sensitive services can mean that homeless people are denied the compassionate healthcare, dignity and respect that they deserve at the end of their lives.”

Professor Steve Field
Chief Inspector of General Practice at the CQC

'Health hostels' medical respite care

Nobody leaves hospital feeling 'tip top'. Most of us need a few more days to recover, lying in bed, being spoiled by our loved ones. But what happens when your bed is the street, and there's nobody there to care? Many people who are discharged to the streets from hospital become ill again.

Pathway's medical respite care or 'health hostels' provide a warm bed and nursing care after a hospital stay, and give homelessness teams extra time to arrange accommodation. We've published three papers on this important topic this year, carried out a needs assessment for inner South London, piloted a service and begun seeking funding to open a fuller service in central London.^{6,7,8}

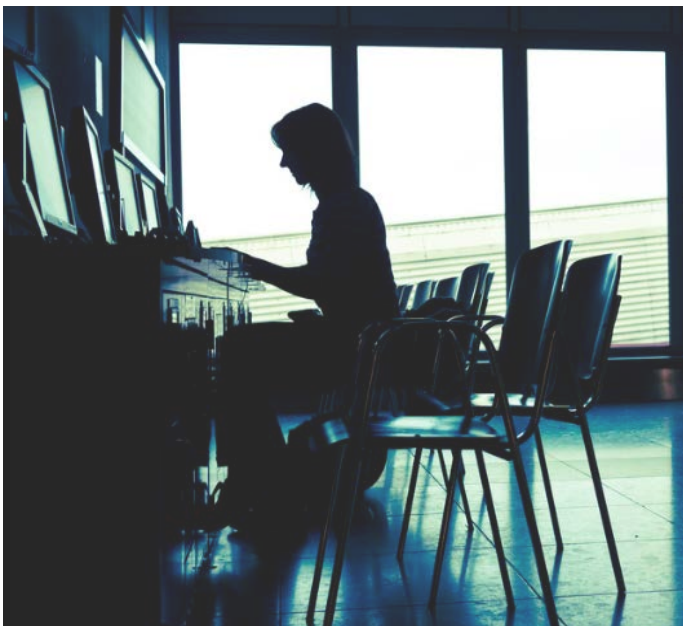
Helping homeless people who are leaving hospital

This National Institute of Health Research (NIHR) funded research reviewed the evidence available to show the best ways of supporting patients who are homeless and about to be discharged from hospital.

Researchers found that collaborative care planning, integrated working and reablement – core principles of the Pathway model – are the best ways forward. The findings were echoed in the meta-review of effective interventions published in *The Lancet*.

The research also found that “psychologically informed” approaches help improve relationships between patients and practitioners, and made valuable recommendations about continuity of care.¹⁰

50% of people who are homeless use the internet



Pathway Experts by Experience (people who are, or who have been, homeless) interviewed almost 100 homeless people about their use of digital technology. A stunning 50% used the internet every day, but reported problems with charging phones, phone credit and accessing wifi.

In a troubling dichotomy, 33% rarely accessed the internet, offering no easy answer to digital access issues for this client group. NHS Digital, who commissioned the study, are now considering ways to help more people access the internet to address health issues.⁹

The British Medical Journal: A voice from the streets about 'Spice'



Pathway Expert by Experience Ian Millar brought together his experience of life on the streets and his role as a day centre worker when he wrote for the *BMJ* about Novel Psychoactive Substances such as Spice.

His well-received piece educated professionals about identifying and supporting patients using Spice, and prompted a series of meetings and events raising awareness of this harmful drug.

Ian is pictured here speaking alongside Professor David Nutt at Homeless Health 17.¹¹

The Faculty for Homeless and Inclusion Health

The Faculty for Homeless and Inclusion Health is a free membership network, hosted by Pathway. It brings together over a thousand multidisciplinary professionals who care about the health of people who are vulnerable or excluded.

Faculty members are brought together by shared values of compassion and commitment to reducing health inequalities.

Members include:

- Doctors
- Nurses
- Social workers
- Public health officials
- Dentists
- Hostel workers
- Housing officers
- Researchers
- People with lived experience of exclusion
- Commissioners

Faculty members focus on supporting the most vulnerable groups in society including:

- People who are homeless
- People who sell sex
- Gypsies and travellers
- Vulnerable migrants
- Other patients who face exclusion and barriers to services

The Faculty brings people together to promote best practice, particularly providing support to isolated practitioners, and give guidance to commissioners around the provision of services. Membership offers access to the latest research and clinical guidance, free and low cost continuing professional development (CPD), regional networking meetings and discounted tickets to inclusion health conferences and events.

Pressure on health care systems and increasing deprivation have brought inclusion health to the fore and The Faculty has almost doubled in size over the last two years, with national and international interest. Clinicians, practitioners, policy makers and commissioners alike have been drawn to the Faculty's environment of equity, scientific rigour and compassion.

A recent survey of members showed that members value the research and resources of The Faculty that allow them to stay 'on the pulse' of inclusion health, providing cutting edge interventions that make a difference in the lives of excluded people.



“The Faculty has almost doubled in size over the last two years.”

Service Standards

The National Service Standards for Commissioners and Service Providers offers a framework for best practice in the commissioning and operation of inclusion health services. Produced by a multidisciplinary cohort of practitioners from across the Faculty and endorsed by the Royal College of Physicians (RCP), the principles can be implemented in almost any service.

An updated version of the Standards will be available in 2018.



CPD - The Faculty Education Programme

The Faculty's education programme offers unrivalled continuing professional development (CPD) opportunities for staff from across inclusion health, at any stage of their career.

From students seeking electives, to the UK's first postgraduate module in inclusion health (launching at University College London in April 2018), the Faculty is the 'go-to' place for professionals wishing to expand their expertise.

Last year over 500 people took part in Faculty education sessions and a thousand more viewed our free online learning packages.

Our two day annual conference, 'Homeless and Inclusion Health 2017', featured presentations from Professor Dame Sue Bailey in her role as Chair of the Academy of Medical Royal Colleges; Dr Arvind Madan, Director of Primary Care and Deputy Medical Director at NHS England and the indomitable Professor David Nutt, who delivered the Aidan Halligan Memorial lecture.

Around a hundred commissioners and services providers attended our afternoon seminar looking at end of life care for people who are homeless, examining best practice from across the country and new approaches from Pathway's Research Fellows.

Faculty mental health professionals and 'Experts by Experience' who have faced mental health problems took part in an expert symposium and performance of 'The Marked' with Theatre Temoin, exploring the links between these issues and adverse experiences in childhood.

Members across the country attended regional meetings and CPD sessions, sharing inclusion health expertise in areas such as novel psychoactive substances and acquired brain injury.

Reaching beyond the Faculty membership, the NHS Healthy London Partnership commissioned Pathway to produce an educational video and training pack for GP receptionists. Public Health England sponsored a series of free open access medical education (FOAMed) video modules, taking the message of inclusion health to the web.

“Being part of the Faculty gives authenticity to our service.”



Mental Health & Mental Capacity Act Training

Over the last 18 months Greater London Authority (GLA) funding has enabled Pathway, The Faculty and a range of statutory and voluntary sector partners to host training for over 150 professionals in the use of the Mental Capacity Act.

The course helps to ensure that people who are homeless and have mental health problems are offered the right kind of support. It challenges notions of homelessness as a 'lifestyle choice' and explores how mental health legislation can support proactive interventions with people at risk on the streets.

The training is helpful to professionals who come into contact with homeless people who do not access services, such as parks rangers, paramedics and community support officers, emphasising that everyone has a part to play in helping vulnerable people on the street.

The course has proved incredibly valuable and London Mayor Sadiq Khan recently confirmed funding for the work until September 2018.

Pathway Key Staff



Alex Bax

Chief Executive

Alex has 20 years of experience in public policy. As a senior advisor to two London Mayors he led the development of London's first statutory health inequalities strategy. Alex is a member of the UK Faculty of Public Health. His work on city planning, development, environment and climate change as well as with the Well London Alliance, Greater London Alcohol and Drugs Alliance and on the London Child Poverty Commission, gives him unique insight into the wider social determinants of health, matched only by his passion for fairness and equality.



Stephanie Swan

Director of Finance and Administration

Stephanie has over 30 years of experience in public administration and has worked with the London Research Centre, Inner London Education Authority and Greater London Authority. At the GLA her ground-breaking implementation of the London Civil Partnerships Register paved the way for national Civil Partnerships legislation. Her expertise in financial management and project management systems are the bedrock of Pathway's stability.

Nigel Hewett OBE FRCGP

Medical Director and Secretary to the Faculty of Homeless and Inclusion Health

With 25 years of experience in homeless healthcare, Nigel is Pathway's founding Medical Director. His unparalleled experience includes creating the first Pathway team at University College Hospital London. He was awarded an OBE for his work in 2006. Nigel now focuses on bringing medical leadership to Pathway, training health professionals across the world and leads the Pathway Fellows programme.



Pathway Fellows

Integrated multi-disciplinary working is essential in addressing the multi-faceted challenges of long term homelessness.

Pathway has brought together a collaborative network of expert 'Fellows'. They bring their extensive expertise and experience together to inform Pathway's work and develop research and service priorities. The growing body of published research they are generating adds academic and policy weight to the voices of frontline clinicians and the lived experience of excluded patients.

- Elizabeth Clowes, Mental Health & Social Care Fellow with expertise in service commissioning and an interest in mental capacity and acquired brain injury.
- Sam Dorney-Smith, Nursing Fellow with interests including data sharing and medical respite.
- Janine Doughty, Dental Health Fellow.
- Dr Hannah Field, Clinical Fellow. Led work on Pathway team service data.
- Dr Briony Hudson, Clinical Research Fellow and psychologist working on palliative care.
- Dr Zana Khan, Education Fellow and Pathway GP with an interest in learning and development.
- Serena Luchenski, Public Health Fellow. Part of an HEE/NIHR clinical doctoral fellowship with an interest in research and opportunities for prevention.
- Dr Christopher Sargeant, Education Fellow, Pathway GP and Senior Lecturer who oversees Faculty CPD
- Dr Caroline Shulman, Clinical Research Fellow and Pathway GP specialising in end of life care
- Dr Philip Timms, Mental Health Fellow, Lecturer and senior psychiatrist with an interest in street based services.

Our Strategic Priorities for the Future

We will continue building the network of Pathway teams and services, securing permanent funding to support existing teams and helping new areas to develop health services to help people who are homeless.

Pathway is working to extend the range of services helping homeless and excluded patients, particularly 'health hostels', supporting patients who are homeless and need a few more days to recover after hospital treatment, or who need help to manage long term health conditions, or who require palliative care, but have needs which are too complex for many hospices. The service also hopes to care for patients who attend A&E and are seriously unwell, but not ill enough to be admitted, connecting them with appropriate community services.

A strong evidence base is vital to improving health services. Pathway is committed to generating world-class research demonstrating effective methods of supporting people who are homeless or multiply excluded. As part of this we will continue to research, test and evaluate new service models, and share our learning widely, supporting commissioners to implement services, assured of their efficacy.

Over the coming year we hope to carry out research into mental health and how digital technology can help people who are homeless and excluded access and receive better healthcare.

We believe that a person with lived experience of homelessness and exclusion is the best person to advise us on developing an inclusion health service. We will continue to include Experts by Experience in all areas of our work, both as advisors and researchers and as Care Navigators in hospital teams, working to support patients who are homeless.

We will continue to host the Faculty for Homeless and Inclusion Health, a network of over 1000 multidisciplinary professionals and Experts by Experience working in the inclusion health field. We will continue to work with and support the members of the Faculty to build its strength, resilience and influence in the field of inclusion health, providing low cost continuing professional development and education, access to the latest research and development papers and networking opportunities.

Most of all, we will continue to operate as a compassionate charity, which is robust and well run, with a small core staff, specialising in the health of excluded people.

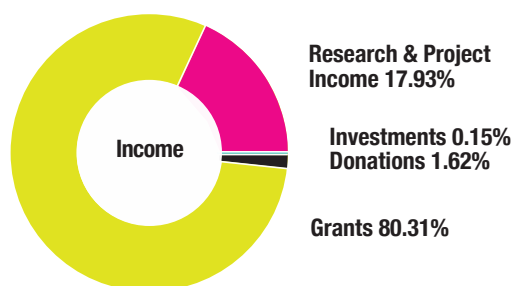


Pathway in numbers

Income and expenditure during 2016/17

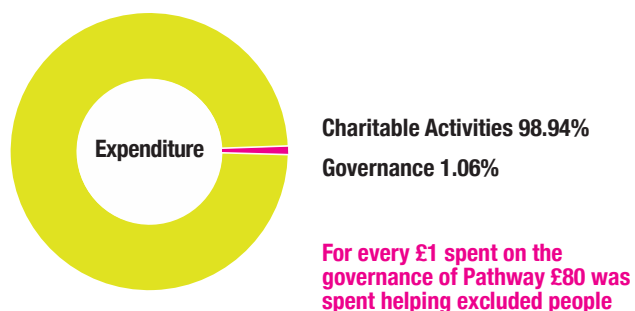
Income

Donations	£12,568
Grants	£624,801
Research & Project Income	£139,455
Investments	£1,126
Total	£777,950



Expenditure

Charitable Activities	£784,100
Governance	£8,395
Total	£792,495



Reserves

Restricted	£242,645
Unrestricted	£288,150
Total	£530,795



These figures are extracted from accounts independently audited by Buzzacott LLP. If you would like a full copy of our audited accounts for the year ended 31 March 2017 please contact us or download a copy from bit.ly/pathwayaccounts1617

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 Cardboard Citizens
 Frontera London
 The Healthy London Partnership
 The Small Charities Coalition
 Theatre Temoin

...and anyone else we've
 accidentally missed!

We would like to give special thanks
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