

5th

pathway five year review



'LEVELS OF HOMELESSNESS AND DEEP EXCLUSION ARE AN EXTREME SYMPTOM OF INEQUALITY IN BRITISH SOCIETY.

OVER THE LAST FIVE YEARS, AND IN CHALLENGING TIMES, WE HAVE BEEN PRIVILEGED TO WITNESS THE COMMITMENT AND COMPASSION OF HEALTH SERVICE COLLEAGUES WORKING WITH THE MOST EXCLUDED AND VULNERABLE PEOPLE.

THE BEST HOMELESS HEALTH SERVICES DELIVER HIGH QUALITY HEALTHCARE AND HELP PEOPLE RE-BUILD THEIR LIVES. THEY COORDINATE OTHER SERVICES AROUND THEIR PATIENTS' NEEDS, OFFERING HOPE AND CREATING SPACE FOR RECOVERY.'

ALEX BAX, CHIEF EXECUTIVE PATHWAY

‘SOME OF OUR MOST POWERFUL WORK IS WITH PEOPLE WHO HAVE BEEN HOMELESS. OUR ‘EXPERTS BY EXPERIENCE’ HAVE PRESENTED TO NHS ENGLAND, PUBLIC HEALTH ENGLAND AND MANY OTHERS...’



PHOTO: Dr Nigel Hewett © Debbie Humphry



PHOTO: Alex Bax © Debbie Humphry

INTRODUCTION

Welcome to Pathway's new annual report. This year we celebrate Pathway's fifth anniversary. This report shows just how far we have come in that short time.

A glance at the calendar on page 15 shows the variety of projects we now work with, always related to our core charitable purpose – to improve the health of homeless people and other deeply excluded groups. Last year's International Symposium was our biggest yet – bringing a remarkable diversity of speakers and delegates together for two days of discussion, learning, debate and mutual support. The expansion of the King's Health Partners Pathway team and its formal consolidation in South London is a huge achievement for all involved. Partners in Bradford, Leeds, Manchester, and Brighton, continue to innovate around the core Pathway team model, adding new variants of outreach, support and much else. We now talk about both 'Pathway Plus' and 'Pathway Lite' models of care.

This year we worked hard to build the Faculty of Homeless and Inclusion Health. Under its name we have piloted a new quality assessment process for primary care services, and established education and mental health working groups. Colleagues across the country continue to join – with the Thames Valley 'hub' the newest arrival - although we visited services from Edinburgh to Exeter. Thanks to everyone we met this year for your ideas, inspiration, and support.

Some of our most powerful work is with people who have been homeless. Pathway's lead Care Navigator won an apprentice of the year award. Her achievement is especially remarkable as she spent nearly two decades living on the streets. Our 'experts by experience' have presented to NHS England, Public Health England and many others. We thank them for their willingness to speak up to help make things better for others.

Meanwhile rough sleeper counts rise, and colleagues across the country express profound concern at the cumulative impacts of local government cuts and welfare reform. The benefit sanctions regime seems to make those with least pay the most. Pathway will do more to highlight these concerns however, whenever and wherever we can.

Thanks to all our colleagues for another year of hard work and achievement, and to all our partners for your continuing commitment.

**DR. NIGEL HEWETT
(MEDICAL DIRECTOR)**

**ALEX BAX
(CHIEF EXECUTIVE)**

PATHWAY...

A RECOGNISED LEADER IN THE FIELD OF HEALTHCARE FOR HOMELESS PEOPLE AND OTHER MULTIPLE EXCLUDED GROUPS

AN ORGANISATION THAT PUTS SERVICE USERS AT ITS CENTRE

AN AGENT OF CHANGE WORKING WITHIN AND WITH THE NHS AND OTHER SERVICES

THE LEADER OF A GROWING COHORT OF DEDICATED, SPECIALIST PROFESSIONAL HEALTH WORKERS PUTTING COMPASSION AT THE HEART OF THEIR PRACTICE

THE PROMOTER OF THE HIGHEST CLINICAL STANDARDS FOR HOMELESS HEALTHCARE

In summer 2014, Pathway's Board of Trustees began a review of the charity's first strategic plan, having identified that most of the targets in the published 2011-2015 plan had been achieved. Trustees decided it was time to revise Pathway's core descriptive vision, given what had been achieved, to re-focus slightly the overarching priorities and aims of the charity, and to set a series of new objectives and outcome targets which will inform and shape Pathway's future direction and activities.

On this page we set out the new agreed descriptive vision statement and five new aims for Pathway.

The new aims set the framework in which the Pathway team will work over the next five years, and we look forward to meeting the new challenges ahead of us.

Visit Pathway's website for the full version of the new plan: www.pathway.org.uk



pathway five year review



FIVE YEARS IN A FEW WORDS

PATHWAY'S NEW STRATEGIC PLAN 2015-2019

TO SUPPORT, STRENGTHEN AND SPREAD OUR EXISTING SERVICE MODELS AND NETWORKS

TO DEVELOP THE VARIETY OF SERVICE OPERATING WITHIN THE PATHWAY NETWORK OF SERVICES

TO RESEARCH, TEST AND EVALUATE NEW AND ADDITIONAL SERVICES AND BUILD THE EVIDENCE AROUND HOMELESS AND INCLUSION HEALTH

TO PROVIDE SUPPORT TO AND DEVELOP FURTHER THE FACULTY FOR HOMELESS AND INCLUSION HEALTH – INCLUDING POTENTIALLY ESTABLISHING IT AS A FREE STANDING ORGANISATION

TO MAINTAIN A STRONG CORE ORGANISATION

EXPERTS BY EXPERIENCE

THEIR WORK WITH PATHWAY

Since the outset, one of Pathway's key values in our published strategic plan is: 'People with experience of homelessness should be part of our organisation: they will ensure we never lose touch with the real issues our patients have to deal with.'

We have two main areas where we have put this into practice:

- The role of Care Navigator and an apprenticeship scheme alongside it
- A cohort of 'Experts by Experience', also known as Service User Experts, who we involve in a range of initiatives and research.

CARE NAVIGATORS

The Care Navigator's role is to befriend, mentor and support homeless patients in hospital and for a short while following discharge, particularly if they are settling into a new home. We are convinced that trained Care Navigators in hospitals are valuable in helping homeless patients experiencing an episode of serious illness to get better, and in some cases will help trigger change in the patients' lives.

Care Navigators must have personal experience of homelessness, and may also have experience of alcohol or drug addiction or a criminal record. They are paid employees of Pathway and their work is as an integrated member of a Pathway hospital team.

How the Care Navigator scheme helps homeless people

We understand that taking the first step into real employment can be a major challenge for people who have been homeless. Their personal history and the reputation of homeless people in general leads many employers to be wary of employing former homeless people. Our apprenticeship programme helps Care Navigators themselves back into work and into mainstream society. We hope Pathway's Care Navigator apprenticeship scheme will help move their lives forward.

We know that homeless people, especially acutely ill homeless people, are often frightened, lonely and in despair. They may not believe recovery or a better life is possible. Pathway's Care Navigators are walking examples that change and recovery is possible.

Pathway works within the NHS, with many professional and dedicated staff, but negative perceptions of homeless people sometimes undermine the quality and humanity of care provided and this can turn contact with health services into a negative rather than healing experience. We believe Pathway's Care Navigators can help challenge these attitudes in other healthcare workers.

'IT'S LIKE WHAT PATHWAY DO: GIVE PEOPLE A VOICE WHEN IT COMES TO HEALTH. THAT'S WHY I WANTED TO GET INVOLVED...'

**CHRIS J. (EXPERT BY EXPERIENCE)
ON PATHWAY AND THE 2ND INTERNATIONAL SYMPOSIUM**

What progress has been made

We began training Care Navigators using a practical 'hands-on' approach, but we recognised that this wasn't ideal. We wanted our Care Navigators to have the opportunity to train and study for a formal qualification that would enable them to move career path if they wished. Therefore in April 2013, we launched a formal apprenticeship scheme in partnership with the London Learning Consortium (LLC). Apprentices study for a City and Guilds Level 2 Certificate or Level 3 Diploma in Health and Social Care, whilst gaining practical, hands-on experience through a tailored programme supervised by senior Pathway nurses.

Our first Care Navigator – Josephine Mavromatis – pioneered the Level 3 Diploma for us, starting the course of study in April 2013, and completing the diploma in November 2014. We were delighted that in addition to completing the diploma, she was presented with 'Apprentice of the Year' award in the 25+ age category by the LLC. Josie has worked with us since 2011, starting as a volunteer, and then training with us part-time by assisting a Pathway nurse practitioner for one year. After the first year, she began working with full time as a Senior Care Navigator and continues to work with us as an extremely valuable member of Pathway's hospital team at UCLH.

During 2014, two more apprentices – Gavin Blethyn and Finn Moore - have begun their apprenticeships in UCLH and are studying for level 2 Certificate in Health and Social Care. They should both complete their certificates in the first half of 2015.

We plan to deploy trained Care Navigators in every hospital with a Pathway service, starting with the Royal London Hospital in early 2015. To achieve this we plan to recruit more Care Navigator apprentices in 2015 - funding permitting.

EXPERTS BY EXPERIENCE INFLUENCING OUR WORK

In 2014, Pathway has been working hard to build on earlier success involving 'Experts by Experience' in our research and consultation work.

Stan Burridge, Pathway's Research Lead for Service User Involvement, who himself has personal experience of homelessness, has spent time building a small cohort of homeless and former homeless people in London who can be called upon to provide input into research projects, workshops and meetings either led by Pathway or in partnership with other organisations. Their profiles can be found on Pathway's website. ¹



PHOTO: Josie Mavromatis receiving award © London Learning Consortium

PROJECTS IN 2014

Stan and Pathway's pool of Experts by Experience have been called upon to lead, participate in or contribute to a range of projects and initiatives including:

- the Faculty of Homeless and Inclusion Health's 2nd International Symposium 'Homelessness, Social Exclusion and Health Inequalities – Long Term Impacts of Recession' - a report of the impact of the group of ten Experts by Experience can be found on Pathway's website. ²
- workshop for Care Quality Commission where the CQC were keen to learn how to involve Experts by Experience in their work, in particular to capture their views on what good primary care looks like from their perspectives? For example: What makes a service feel accessible and safe? What do they expect from GPs? How do they know treatment will be tailored to meet their individual needs?
- Health E1 and The Greenhouse Practice Service User Feedback - the results of a patient satisfaction survey across the two sites in summer 2014 – published results can be found online. ³
- workshop for Public Health England where a small group of Experts by Experience shared their stories to help PHE develop future initiatives for inclusion health
- conclusion of the dentistry research, including meetings with NHS England relating to the review of all the main dentistry contracts
- input to the Faculty for Homeless and Inclusion Health Quality Assurance pilot studies
- a session about the role of service users/experts by experience in the Faculty of Homeless and Inclusion Health's CPD day held in Brighton in June 2014.

RELATED LINKS

- 1 <http://www.pathway.org.uk/service-user/>
- 2 <http://www.pathway.org.uk/wp-content/uploads/2014/05/2014-conference-report.pdf>
- 3 <http://www.pathway.org.uk/wp-content/uploads/2014/11/gh-e1-only-printable-copy.pdf>

INTO 2015...

Stan is currently building a wider cohort of Experts by Experience to cover other marginalised groups such as sex workers, vulnerable migrants, refugees, gypsies and travellers who come from London and other regions of the UK. We plan to have a wider representative group inputting to the Faculty of Homeless and Inclusion Health's 2015 Symposium.

'I FIRST GOT INVOLVED WITH PATHWAY THROUGH THE DENTISTRY PROJECT THEY ARE DOING, AND JUST LOVE EVERYTHING ABOUT THEM, I HOPE ONE DAY TO BECOME A CARE NAVIGATOR AND WORK IN ONE OF THE HOSPITALS.'

**BEAN (EXPERT BY EXPERIENCE)
TALKING ABOUT PATHWAY**

'THE REASON I WANTED TO GET INVOLVED IN THIS EVENT IS BECAUSE I WANT PEOPLE TO UNDERSTAND THAT WE ARE ALL HUMAN AFTER ALL SHOULDN'T BE ASSESSED ON WHAT WE WEAR OR WHERE WE LIVE.'

**PETER (EXPERT BY EXPERIENCE)
ON 2ND PATHWAY INTERNATIONAL SYMPOSIUM**



PHOTO: The full service users team © John Rich



DENTAL SERVICES

During the past year we continued our work to influence access to dentistry funded by the London Housing Foundation, learning from the experience of homeless patients and service providers alike.

We reported last year on the initial research project when we surveyed 158 homeless people and supported 14 to be involved in more in-depth qualitative research and detailed clinical assessment at Eastman Dental Hospital (EDH). Based on our findings and the contacts established, we continue to work with homeless people, dental service providers, and national colleagues to raise awareness of the issues from our research, influence commissioning and improve access to dental advice, care and treatment.

PHOTO: © Kenneth Freeman creative commons

Supporting and learning from service users

During 2014 it was our privilege to provide peer support to a small group of people who had been assessed during the initial research and wanted help to access the dental treatment which EDH had advised they needed. We initially met (ex)homeless people who had been assessed to hear more about their experience and discuss what might help them to access treatment. Our Peer Research Lead has supported five people to complete complex treatment plans, capturing their views and feedback along the way. He provided practical advice and ongoing support, helping them to register, attend numerous appointments, and deal with set-backs along the course of completing complex treatment plans. This has been an interesting and successful initiative, making a significant difference to the lives of formerly homeless people and generating additional qualitative evidence and practical suggestions to influence wider practice.

Sharing findings and influencing future practice

Pathway facilitated two events to share our findings and engage a wide range of stakeholders in exploring barriers to providing timely oral care, what works in enabling homeless people to access treatment, and what changes in policy or practice would facilitate further improvement. More formally, we wrote to the Chief Dental Officer to alert him to the research and its implications, and submitted a joint response with EDH to the national NHS England consultation on dental services. We have since been asked to work with NHS England colleagues who are working to improve commissioning arrangements for people with complex needs, and will continue to contribute to this process.

The perspectives of homeless people have been a central feature of our approach. As well as the views of those contributing to the initial research, we have captured in more detail the stories of the four people being supported by Pathway. This has included preparing a video story-board and patient stories as part of a keynote speech by the Pathway Peer Research Lead to a major dentistry and homelessness conference in Scotland. Pathway will continue to publicise this research and seek to ensure it has a powerful impact on policy and practice going forward. More broadly, Pathway believes this research project has generated a replicable model for future research on different aspects of healthcare (such as physiotherapy, optometry, or chiropody) to homeless people. We will briefly capture the core elements of our approach and are having initial discussions with others about applying this approach to the consideration of other types of healthcare.

'I AM HAPPY TO GO THROUGH THE TREATMENT PLAN NOW BECAUSE I'M GETTING SUPPORT WHILE I'M GOING TO THE DENTIST WHICH EASES MY MIND. ALSO AT THE END OF IT I WILL HOPEFULLY HAVE A NICE SMILE AND BE MORE CONFIDENT, AND BE ABLE TO EAT BETTER, HEALTHIER FOOD.'

VIV (EXPERT BY EXPERIENCE AND DENTISTRY PROJECT PARTICIPANT)

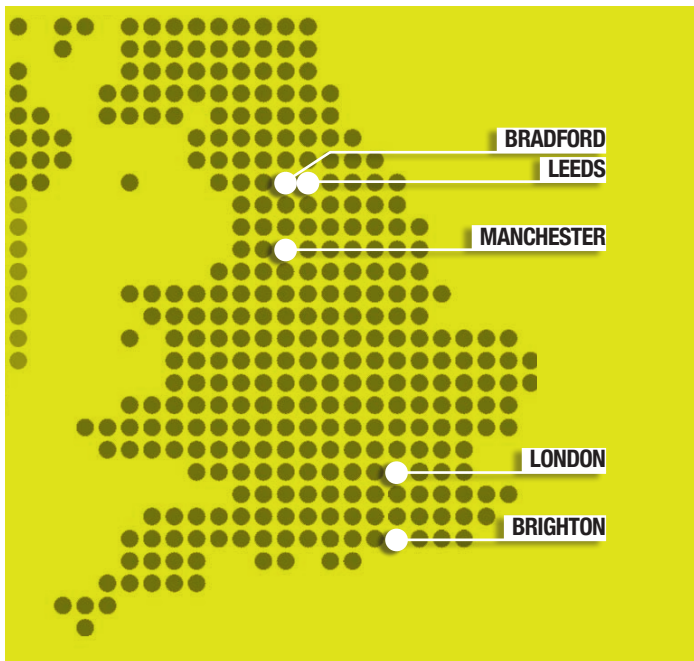
WORKING WITH NATIONAL BODIES

Over the last twelve months Pathway has continued to work with several of the new 'system leaders' in health and social care.

We have helped the Care Quality Commission (CQC) think about how their new inspection regime might be informed by the needs of homeless people. In September we jointly convened a day-long workshop bringing together a range of CQC staff, frontline clinicians from the Faculty, and some of Pathway's Experts by Experience. We discussed how the CQC might hear the voices of homeless patients and how their inspectors might try to learn about homeless issues in areas they visit. We were all struck by the experiences Experts by Experience colleagues shared: of rejection or exclusion from services, but also by the idea that homeless health services themselves could be a barometer for the performance of other services in an area. It is A&E departments, and specialist homeless primary care services that pick up and support patients missed or excluded by other health services.

Following Public Health England CEO Duncan Selbie's speech at the 2014 conference, Sir Muir Grey brought together public health colleagues and health commissioners from around the country to consider how far a population-based commissioning approach might work for services for homeless and excluded adults. Two large working meetings explored how to define the homeless and excluded population, how to estimate its scale and health need in an area, and to consider the best outcome measures to underpin the commissioning of the right local services. The outcome is that a small number of areas will continue to collaborate, leading to the formation of a national network of homeless health commissioners committed to getting the right services in place. Again, colleagues from Pathway's Experts by Experience group contributed to the meetings and shared their experiences of poor health and health services.

PATHWAY HOSPITAL TEAMS



BACKGROUND

The Pathway model of hospital based care coordination for homeless and other vulnerable patients was first developed by the Pathway Charity at University College Hospital (UCLH) and has now been adopted by a number of Hospital Trusts, from Bradford to Brighton.

The model is essentially one of GP and nurse led individual care coordination, supported by a multi-agency team. The approach is based on the belief that chaotic homeless patients provide an ideal stress test for our systems, revealing gaps in services and breakdowns in communication. This offers the opportunity that by improving the care of homeless patients we may improve systems that benefit all of our patients.

BRIGHTON



PHOTO: Brighton Pathway+ Team © pathway

The Brighton Pathway Team was the second site of the 2 centre randomised controlled trial of the Pathway approach. The trial ran for 12 months from June 2012. Since then short term funding by the Hospital Trust has been taken over by the local CCG, and the service is in the commissioning cycle for funding beyond March 2015.

The service consists of 4 GP sessions and one full time nurse practitioner. The service has provided the impetus for other successful funding bids locally and is now supported by 3 'Pathway Plus' support workers who provide advocacy and support for homeless patients or those placed in temporary accommodation after they have been discharged. The team also works closely with a hospital to hostels discharge team, and a multidisciplinary hostels nursing team, funded by the CCG.

In the latest quarterly report Pathway/Pathway Plus helped 102 people at the hospital and working with Pathway Plus reduced A+E attendance from 195 to 68 comparing attendances for the 2 months before and 2 months after Pathway Plus engagement.



PHOTO: UCLH Team © pathway

UCLH

The Pathway team at UCLH began work in October 2009. This was the first Pathway team, set up following a detailed needs assessment. Initial funding came from short-term CCG grants, followed by Health Foundation funding.

Evaluation data showing quality improvement and a 30% reduction in bed days was published by the BMJ.⁴ UCLH Foundation Trust funded one nurse post from October 2010 and a second nurse and 4 GP sessions from April 2013. Pathway funds a care navigator supervisor, one full time care navigator and two apprentice care navigators. Care navigators are people with lived experience of homelessness who provide individual care and support for homeless patients. The team responds to 300-500 admissions each year. As the service matures they are concentrating on more complex cases, with ward staff and the discharge team managing routine liaison.

RELATED LINKS

⁴ http://www.pathway.org.uk/wp-content/uploads/2013/02/BMJ_2012345-e5999.pdf

PATHWAY HOSPITAL TEAMS

KING'S HEALTH PARTNERS

King's Health Partners is an academic health sciences centre which brings together 3 NHS Foundation Trusts with King's College London University.

The KHP Pathway team was planned and set up following a needs assessment funded by Guy's and St Thomas' Charity and carried out by Pathway in 2012. The service was launched in January 2014 with core funding from Lambeth and Southwark CCG's and benefiting from housing workers funded by the DH Hospital Discharge Fund. For the first year the team covered Guy's and St Thomas' and King's College hospitals, and has now been fully commissioned by the local CCGs including the housing workers. From February 2015 the service was extended to the Lambeth and Southwark sites of South London and Maudsley (SLAM) Mental Health Trust, funded by money provided by Guy's and St Thomas' SLAM Charities for a 3 year pilot. The project is later planned to extend across the whole of SLAM.

The clinical team consists of two GP's providing 11 sessions, two general nurses, one social worker, an occupational therapist, two mental health practitioners, 4.5 housing workers seconded from St Mungo's Broadway, the Passage and St Giles Trust, and Peer Advocate support provided by Groundswell. In 2014 the team received 1603 referrals from 1414 patients. 54.5% of patients were no fixed abode on referral, and 69.7% of these improved their housing status on referral. Analysis from the first 6 months showed a 24% reduction in bed days. There have been a number of significant successes in terms of complex case resolution.



PHOTO: KHP team © pathway

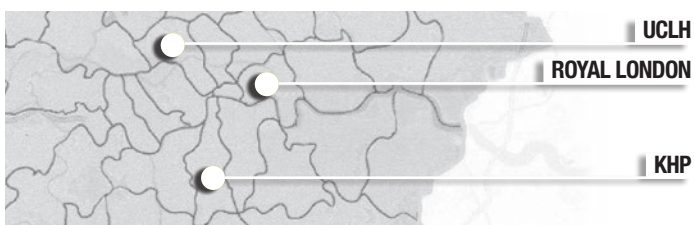


PHOTO: Royal London team © pathway

THE ROYAL LONDON

The Royal London Pathway Team was launched in December 2011 the first site of the 2 centre randomised controlled trial of the Pathway approach, funded by the National Institute for Health Research. The trial ended in June 2013 and the service continued with short term funding from Barts Health and Pathway.

From September 2014 the service has been funded by Tower Hamlets CCG and provided by Health E1-Homeless Medical Centre, a specialist primary health care service for homeless people, managed by East London NHS Foundation Trust. Funding beyond March 2015 is subject to the commissioning cycle. The service currently has funding for 4 GP sessions, 2 full time nurses and a part time administrator. Barts Health currently fund a social worker post seconded into the team and the London Borough of Tower Hamlets Housing Department commission a "Routes to Roots" service from Providence Row (based at the Dellow Day Centre) comprised of 2 housing workers who can support the team with rough sleepers and insecurely housed people without a local connection to Tower Hamlets. For homeless patients with a local connection to Tower Hamlets the team is supported by Tower Hamlets Floating Support (Look Ahead) and THSORT rough sleeper outreach (ThamesReach). The team deals with around 900 admissions of homeless patients a year. The results of the randomised controlled trial are yet to be published, but are expected to show an improvement in health outcomes for homeless patients receiving Pathway care.



PATHWAY HOSPITAL TEAMS



PHOTO: Leeds team © pathway

LEEDS

This team is called Homeless Accommodation Leeds Pathway (HALP) and is a collaboration between Leeds Community Healthcare Trust who run the York Street Primary Health Care Service for homeless people, and St George's Crypt who provide emergency accommodation.

The team was launched in September 2013 initially funded by the DH Hospital Discharge Fund. The team includes a GP for 5 sessions, a full time nurse, and two care navigators. There are two dedicated beds at St George's Crypt for patients leaving hospital, and in addition St George's Crypt frequently allow use of the 'compassionate bed'. The team uses tablet based computerised System One records in the hospital, the surgery and the Crypt. The team is now funded by the local Clinical Commissioning Group until March 2015, and is in the commissioning cycle for ongoing funds. The team has seen 89 patients in the period April to November 2014 with 642 hospital bed days saved by the team over this period.

MANCHESTER

The Urban Village Medical Practice offers a comprehensive primary care service for 8,500 patients in the inner City, including 700 homeless patients.

They set up the mpath service in June 2013 with funding from Central CCG to improve patient experience and health outcomes for homeless people by working across primary and secondary health care boundaries. The service works with homeless people admitted to Manchester Royal Infirmary (MRI) and who frequently attended A&E.

The service is now funded by the Better Care Fund until March 2015 and is awaiting the outcome of an application for ongoing funding. The service consists of one (whole time equivalent) GP, a nurse, a service manager, two case managers, and a housing worker.

During the first six months of Better Care funding the service worked with 216 of the 272 (79%) homeless people admitted to the MRI, achieving 43% fewer A&E attendances (down from 1089 to 618); 39% fewer non-elective admissions (down from 409 to 249); a 66% reduction in bed days (down from 3647 to 1211); and 39% fewer repeat admissions within 28 days (down from 409 to 248).



PHOTO: MPath team © pathway



PHOTO: Bradford © pathway

BRADFORD

Bevan Healthcare CIC is a social enterprise providing primary health care for the most vulnerable groups in society, including homeless people, asylum seekers and refugees in Bradford.

In November 2013 Pathway established the Bradford Bevan Pathway Team with 2 years funding from the DH Innovation, Excellence and Strategic Development Fund. Two local CCG's are represented on the board and the service is being considered in the commissioning cycle for future funding. We worked hard to secure the involvement of Bradford Teaching Hospitals Foundation Trust to support the strategic ambitions of the Bevan Bradford Pathway programme. The team consists of a full time nurse, a senior support worker and 3 GP sessions. Separate funding from the DH Hospital Discharge Fund has provided 14 step down beds in the Bradford Respite and Intermediate Care and Support Service (BRICSS), which has been an invaluable addition to the service. A soon to be published evaluation by York Health Economics Consortium shows that the services improve outcomes and are cost effective. Between 18th November 2013 and 6th January 2015, 218 patients were referred to the Pathway team.

PATHWAY TO HOME

Pathway's efforts to open a medical respite centre for homeless patients experienced a bumpy ride in 2014. Our original vision of setting up a dedicated centre taking multiple referrals from across London has proved difficult to achieve. Finding suitable buildings that are affordable to run has been challenging, as has dealing with the vagaries of setting up a London wide facility served by 32 separate commissioning groups.

Undeterred by these challenges, we have changed direction and are about to launch the new Pathway to Home service (at the time of writing).

Pathway to Home follows the same basic concept of medical respite, but is being delivered on a smaller scale using a slightly adapted delivery model. To recap on the fundamentals of medical respite, patients are offered short-term rehabilitation and convalescent beds within a non-acute setting to help and support them in the latter stages of recovery and in all aspects of planning for their eventual discharge. Our new approach is to use the 'at home' service delivery model which is slowly being implemented in hospitals around the UK.

USING THE 'AT HOME' DELIVERY MODEL

Pathway's hospital partner, UCLH, launched its UCLH@Home service in August 2014. Patients who are well enough can be sent home to complete their treatment and are seen daily by visiting nursing staff, physiotherapists and/or occupational therapists until they are discharged.

Pathway to Home extends the home based services available to UCLH patients to those who do not currently have a permanent home. Instead of being seen in the home, eligible patients will complete their treatment at Olallo House, a homeless hostel located near Euston station in central London. Patients will be visited by UCLH@Home staff and members of Pathway's hospital team to finish their treatment and help secure onward accommodation once discharged. The hostel will provide between 2 and 4 beds for patients, and take care of other support services such as catering and laundry.



PHOTO: P2H team © pathway

NEW PARTNERSHIPS, NEW INNOVATIONS

This approach is an exciting new partnership between Pathway and a hostel provider and a more formalised working relationship between the Pathway's hospital team and UCLH@Home staff. UCLH are keen to be at the forefront of new innovations in how to treat and support homeless patients and view Pathway to Home as an important step in achieving this. Including homeless patients in the 'at home' service demonstrates a real commitment to improving health and social outcomes for this patient group. All the partners have worked together to develop new ways of managing the necessary governance arrangements and a comprehensive approach to managing risk.

MEASURING HEALTH, SOCIAL AND FINANCIAL OUTCOMES

The six months' pilot is being funded through the Department of Health's Homeless Hospital Discharge Fund, with additional support from the Oak Foundation and Greater London Authority. This pilot will demonstrate the level of demand for medical respite-type beds and the cost of delivering these non-acute services. A comprehensive monitoring system is in place to assess the cost and income elements of the service to help demonstrate potential cost savings to the hospital. Similarly, the pilot will capture the more qualitative results including patient satisfaction and successful social outcomes such as securing onward accommodation.

WHAT HAPPENS NEXT?

At the time of writing, Pathway to Home was still to be opened, but will run for an initial period of six months from the launch date. A few other London Trusts are keeping a keen eye on how the service pans out, especially those who are looking to launch their own 'at home' services. If Pathway to Home can demonstrate real cost savings and improved health and social outcomes, then other Trusts could well follow suit. The beauty of the model is that it can be easily replicated in other areas. Developing a number of similar services across London could result in scale of provision which could trigger a dedicated facility to serve all of London.

SYMPOSIUM



HOMELESSNESS, SOCIAL EXCLUSION AND HEALTH INEQUALITIES: 'LONG TERM IMPACTS OF RECESSION'



PHOTO: Discussions at symposium © John Rich

In partnership with Pathway, the Faculty of Homeless and Inclusion Health held its second international symposium on Homelessness, Health and Inclusion in London on 5-6th March 2014.

The event was well attended and delegates heard from a number of prominent speakers. Dr David Stuckler and Professor Danny Dorning set out the big picture about how economic and social trends impact on the health of disadvantaged, vulnerable and marginalised groups.

Professor Stephen Hwang (University of Toronto) and Damla Fabian (European Federation of National Organisations Working with the Homeless) spoke about international trends relating specifically to homelessness; Jane Ellison MP (Public Health Under-Secretary of State), Ruth Passman (NHS England) and Duncan Selbie (Public Health England) gave the UK policy context. Professor Steve Field (Care Quality Commission and Inclusion Health Board), and Toby Lewis (Sandwell and West Birmingham Hospitals NHS Trust) spoke about what health services can and should be doing for excluded groups focussing on primary care and hospital provision respectively.

Plenary sessions were held throughout the conference, focussing on success in breaking the vicious circle of exclusion and health problems – two experts who spoke were Dr Ingrid van Beek (Kirkton Road Centre, Sydney, Australia) and Professor Graham Watt (University of Glasgow). Julian Corner (Lankelly Chase) offered an alternative view about how health and care services could be delivered and Rick Henderson (Homeless Link) spoke from his view as a frontline provider. During the plenary sessions all delegates, including the group of Experts by Experience had the opportunity to give their views about how policies and services could change.

The conference ended with a 'reality check' panel discussion about the implications of what delegates had heard over the previous day and a half. The panel included: Bean Stocks (Expert by Experience), Georgina Perry (Open Doors Sex Worker Service), Dr Nigel Hewett (Pathway Homeless Healthcare), Jenny Talbot (Prison Reform Trust) and Maurice Wren (Refugee Council).

'THE ONE THING THAT IMPRESSED ME MORE THAN ANYTHING ELSE WAS THAT EVERYBODY SEEMED TO BE THERE FOR THE SOLE INTENT OF IMPROVING THE SYSTEM, NO ONE WAS BETTER THAN ANYONE ELSE, THEY WERE ALL THERE TO LISTEN AND LEARN.'

CHRIS J (EXPERT BY EXPERIENCE)



PHOTOS: Symposium presenters and audience © John Rich

Delegates had the opportunity to attend a range of workshops throughout the two days based under three themes: Tackling health inequalities and improving access to services; Healthcare provision for specific groups to facilitate access, improve outcomes, promote safer hospital discharge and deliver integrated responses based on individual need; and recent research on a range of relevant topics.

Throughout the conference, a group of ten Experts by Experience, supported by Pathway's Peer Research Lead, attended and participated fully in the conference, including interviewing several delegates and speakers. These interviews can be found on Pathway's website. ⁵ Personal profiles of the group were displayed at the conference, and health professionals and other delegates were interested in reading and meeting the people behind the profiles. Their presence, views and input to the event were widely welcomed and valued by all who attended, and the group told us that being viewed as experts was a good experience that made them feel more part of the process and more engaged. Conference presentations can be accessed on Neil Stewart Associates website. ⁶

RELATED LINKS

⁵ <http://www.pathway.org.uk/service-user/real-live-real-voices>

⁶ <http://www.policyreview.tv/video/947/7316>

A GROWING NETWORK



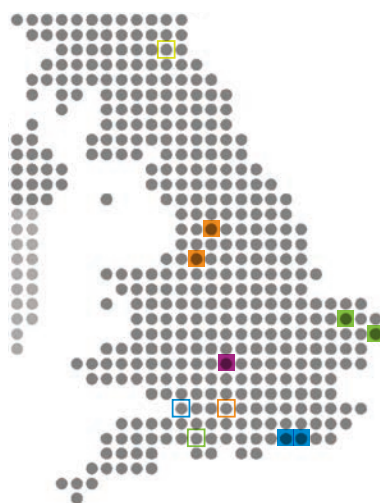
OVER THE LAST YEAR THE FACULTY HAS CONTINUED TO DEVELOP

LAST YEAR'S CONFERENCE WAS A HUGE SUCCESS WITH DELEGATES REPORTING THEY FELT 'CHALLENGED, INSPIRED, DEPRESSED, INFURIATED & ENERGIZED'.

Building on the energy of the 2014 conference, colleagues across the country have begun to establish local Faculty 'hubs', and the core mailing list has now reached nearly 500.

Faculty membership is open to frontline clinicians who work with homeless and severely excluded groups, and to people with lived experience of homelessness. There are now four established Faculty 'hubs' around the country: a Northern hub, meeting in Manchester and Chester; an East of England hub, meeting in Norwich and Ipswich; a Southern Coastal hub – meeting in Brighton and Hastings; and our newest group, a Thames Valley hub, which held its first meeting in Oxford in December. Nigel Hewett and Alex Bax have also presented to potential Faculty groups in Bristol, Devon and Somerset. In December, the Edinburgh and Lothians Health Foundation hosted a homeless health network meeting in Edinburgh bringing together a fascinating range of services from across the West Lothian region. We are hopeful that our Scottish colleagues will also join the network. It seemed clear that England had a lot to learn from Scotland's different arrangements for health and social care.

Common themes have emerged across all these many groups: homeless health services are under pressure; a series of national policy changes are making things worse – the benefit sanctions regime and local government service cuts come up most often; and new clinical issues are emerging – the problem of legal highs for example; but we have also met colleagues who are grabbing opportunities to work with the new commissioning arrangements, to collaborate with other services, to network with voluntary sector partners and to improve existing services or create new ones. Everywhere we are finding great passion and commitment.



Established Faculty hubs:

- Northern hub
- East of England hub
- Southern Coastal
- Thames Valley hub

Potential Faculty members:

- Bristol
- Devon
- Somerset
- Edinburgh and Lothians

'IT WAS LIKE COMING HOME. INSPIRING TO KNOW I AM NOT ALONE. IT IS GOING TO BE ROUGH BUT WITH THIS LEVEL OF LIKE MINDED COLLEAGUES, I CAN FIGHT. THANK YOU!'

QUALITY ASSESSMENT FRAMEWORK

In January 2014 the Faculty for Homeless and Inclusion Health launched version 2 of the Standards for commissioners and service providers.

Their purpose is to set clear minimum standards for planning, commissioning and providing health care for homeless people and other multiply excluded groups. They can be accessed on Pathway's website.

The Faculty has developed an Implementation Framework to support organisations to progress towards alignment with the Standards. Ideas and options for this implementation framework were discussed at a workshop at the Faculty's 2nd International Symposium, where there was broad agreement that the Faculty's role should be that of a quality enabler - supporting organisations to comply with the Standards and demonstrate their compliance.

The Implementation Framework for the Standards recognises that organisations providing health services are subject to extensive regulatory requirements. It does not intend to add to, or duplicate, these requirements. Instead it aims to support and enable organisations to meet the Standards and to demonstrate that they are doing so. It has been developed based on the principles that implementation of the Standards should:

- be value driven
- be centred on the user's experience of the service
- capture the importance of the culture of a service and the crucial role of leadership in this
- be applicable to the range of health care providers
- promote the genuine sharing of learning.
- be feasible and make best use of existing monitoring information
- build credibility with commissioners and other external bodies.

Faculty members have stressed that peer review should play an important role in how it supports members to align with the Standards and demonstrate their alignment. In particular, peer review can:

- help practices identify areas where they need to improve
- review how teams have assessed their own performance using the self assessment tool



- share ideas and approaches for improvement between peer review team members and the appraised team
- identify areas of good or innovative practice to share with other Faculty members
- identify challenging areas around which the Faculty needs to develop further resources to support members.

Process for peer review

The process has been piloted with two primary care practices, and the next phase will include roll out to other types of health care providers. Faculty members decided that the process of peer review should not be compulsory, instead teams will be encouraged to volunteer themselves for peer review as part of the process of demonstrating they are aligning their services with the Standards. The process of peer review will include:

- the practice involved completes the self assessment form in advance of the peer review visit, including rating their own performance against eight key values as ‘committed to’, ‘achieving’ or ‘excelling’
- the review team undertake a one day visit to the practice
- the review team prepare a draft report
- the practice review and comment on the report
- the review team finalise their report which is given to the Faculty and the practice.

Where we are now

The self assessment tool which forms a key part of the Implementation Framework has been developed and piloted as has the peer review process. A clinician and a service user champion are accompanied by a Faculty moderator for a day long visit. The process will be published on the Pathway website and the first Faculty Appraisal Certificates will be presented at the 3rd International Symposium in March 2015.

TRAINING AND QUALIFICATIONS

The members of the Faculty for Homeless and Inclusion Health have agreed to develop a range of training materials and courses focussing on healthcare for the most marginalised groups in our society including homeless people, vulnerable migrants, gypsies and travellers and sex workers. Currently little specialist training is available for professionals working in this area.

People in these groups often suffer the worst health outcomes in our society, and they experience high rates of illness, disability and early death. A person from one of these groups may often experience poor service provision, inequality of access to services that do exist, discrimination when they approach health services, large gaps in research evidence about how best to approach their complex difficulties, and a lack of knowledge and skills in some of those responsible for their care. For a practitioner, having a patient from one of these groups presenting with a difficult combination of problems, can lead to the practitioner experiencing feelings of helplessness and incompetence which may lead to them thinking they are unable to help the patient. In the short term this may mean the patient is poorly treated and in the long term the practitioner may experience professional burn out.

Pathway’s Brighton consultant GP, Dr Christopher Sargeant is leading work to develop an inter-professional educational package on behalf of the Faculty. This package will provide a range of resources, allowing professionals from different backgrounds to learn together and from each other about what can be achieved, in a mutually supportive environment. The needs of different practitioners at different stages of their careers will be addressed, with the aim of all students being able to improve their own practice and the standard care offered by the service in which they work.


The programme will cover all the settings in which people from these groups seek help with health related problems:

● street outreach services	● night shelters
● day centres	● emergency departments
● hostels	● GP surgeries
● hospital outpatients and inpatients	

The proposed educational provision will range from short on-line courses for those with an interest to undertake some basic education in Inclusion Health, to prolonged study for the practitioner with several years of experience working in the field who wishes to undertake in-depth study, critical appraisal of current practice and research of their own by taking a Master’s degree.

The on-line and CPD training will be open to everyone with an interest, and the post graduate training will be open to those with at least 2 years of working with the relevant groups or alternatively a first degree. The Faculty would particularly encourage people with lived experience of homelessness to apply.

Two CPD training sessions have already taken place in 2014: a full day at Brighton and Sussex Medical School in June and a half day at St Thomas’ Hospital London focussing on alcoholic liver disease. More CPD sessions are being planned for 2015, along with the launch of the post-graduate training programme.

Further information about the training opportunities and how to access them will be available from the Faculty of Homeless and Inclusion Health’s pages on Pathway’s website. 

RELATED LINKS

-  <http://www.pathway.org.uk/the-faculty/>

FINANCE AND FUNDING

Pathway works for the advancement of healthcare for, and the relief of need of, people often excluded from society. This includes, but is not exclusive to, homeless people, alcoholics, drug users and those suffering from mental or physical health problems.

Our work is of great public and individual benefit, making positive change in the lives of many patients with whom we work. Having proven the effectiveness of the hospital Pathway, we have expanded the model to more hospitals in London and elsewhere in England. We plan to continue that expansion and promote the highest clinical standards for homeless healthcare on our own and with the help of the Faculty for Homeless and Inclusion Health.

SUMMARY ACCOUNTS INFORMATION FOR 2012-13 AND 2013-14 (ACTUAL) AND 2014-15 (BUDGETED)

Expenditure	2012-13	2013-14	2014/15
	(Actual) £	(Actual) £	(Budgeted) £
Pay	315,583	342,486	384,863
Consultants incl. GP locums	221,194	344,695	528,301
Travel & subsistence	3,509	5,224	10,500
Printing	9,062	5,522	16,540
Patients Dignity Fund	2,311	6,139	17,035
Catering and room hire	2,690	2,935	8,500
Professional fees	4,800	6,072	23,660
Telephones and stationery	1,517	2,196	7,160
Staff training	1,612	8,532	9,000
Conferences and consultation events	18,547	45,645	63,508
Marketing incl. website	7,215	3,268	6,300
Uniforms	313	559	1,500
Insurance	3,570	3,808	5,000
Fundraising	120	-	-
Building related costs - Medical Respite Centre	1,975	1,212	158,800
Office rental costs	-	-	10,000
Recruitment costs	-	-	7,000
Computer upgrades	-	-	-
	594,018	778,293	1,257,667

Income	2012-13	2013-14	2014/15
	(Actual) £	(Actual) £	(Budgeted) £
Donations	3,880	28,221	4,000
Grants	766,895	1,054,007	401,995
Charitable Activities	95,285	107,861	149,450
Bank interest	502	1,311	1,000
Use of reserves	-	-	701,222
	866,562	1,191,400	1,257,667

Funding totalling £1,191,400 secured in 2013-14 with associated expenditure of £778,293, leaving a balance of £413,107 to be added to reserves of £310,122 brought forward from 2012-13, giving a total reserve of £723,229, most of which is being used to balance the 2014-15 budget. The full published final and audited accounts and Trustees report are available on Pathway's website. ⁸

RELATED LINKS

⁸ <http://www.pathway.org.uk/wp-content/uploads/2014/08/signed-accounts-2014-pathway.pdf>

2014 OBJECTIVES

OBJECTIVE 1: A RECOGNISED LEADER IN THE FIELD OF HEALTH CARE FOR HOMELESS PEOPLE AND OTHER EXCLUDED GROUPS

OBJECTIVE 2: AN ORGANISATION THAT PUTS SERVICE USERS AT ITS CENTRE

OBJECTIVE 3: AN AGENT OF CHANGE WORKING WITHIN AND ALONGSIDE THE NHS AND OTHER SERVICES

OBJECTIVE 4: THE LEADER OF A GROWING COHORT OF DEDICATED, SPECIALIST PROFESSIONAL HEALTH WORKERS PUTTING COMPASSION AT THE HEART OF THEIR PRACTICE

OBJECTIVE 5: THE PROMOTER OF THE HIGHEST CLINICAL STANDARDS FOR HOMELESS HEALTHCARE

KEY ACHIEVEMENTS TOWARDS THESE OBJECTIVES INCLUDED:

- Pathway Hospital Teams in UCLH, the Royal London, Brighton, Bradford, Guy's, St Thomas', and King's College hospitals
- Faculty for Homeless and Inclusion Health held 2nd second international symposium in partnership with Pathway in March 2014
- Second version of the Faculty for Homeless and Inclusion Health Service Standards for Commissioners and Providers launched
- Work continued to develop pilot medical respite centre in partnership with UCLH NHS Foundation Trust
- Funding secured to take research study to assess dental health of the homeless population in London to a second stage
- Supported several new Pathway style hospital services which emerged through changes to NHS structures – Manchester and Leeds.

TIMELINE...





Professor Aidan Halligan
CHAIR



Mr David Pascall CBE
VICE CHAIR



Sir Peter Dixon



Dr Vanya Gant



Ms Cathy James



Sir Ian Kennedy



Mr Stephen Robertson

PATHWAY TRUSTEES

‘PATHWAY’S CORE VALUES OF GENEROSITY, KINDNESS, AND COMPASSION COMBINED WITH A PASSIONATE COMMITMENT TO PROFESSIONAL QUALITY MUST BE THE DEFINING CHARACTERISTICS OF HEALTH SERVICES FOR HOMELESS AND MULTIPLY DISADVANTAGED PEOPLE.

WE HAVE ACHIEVED MUCH IN OUR FIRST FIVE YEARS, BUT VERY MUCH MORE REMAINS TO BE DONE. MY HOPE FOR OUR NEXT HALF DECADE IS THAT WE SUCCEED IN PULLING SOME SMALL ADDITIONAL FRACTION OF THE IMMENSE RESOURCES OF THE NHS TOWARDS THE PROBLEMS WE HAVE BEGUN TO HIGHLIGHT.

IN ABSOLUTE TERMS THERE AREN’T THAT MANY HOMELESS PEOPLE IN BRITAIN, SO IT IS REMARKABLE HOW OFTEN WE FAIL THEM.’

AIDAN HALLIGAN, CHAIR OF PATHWAY



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