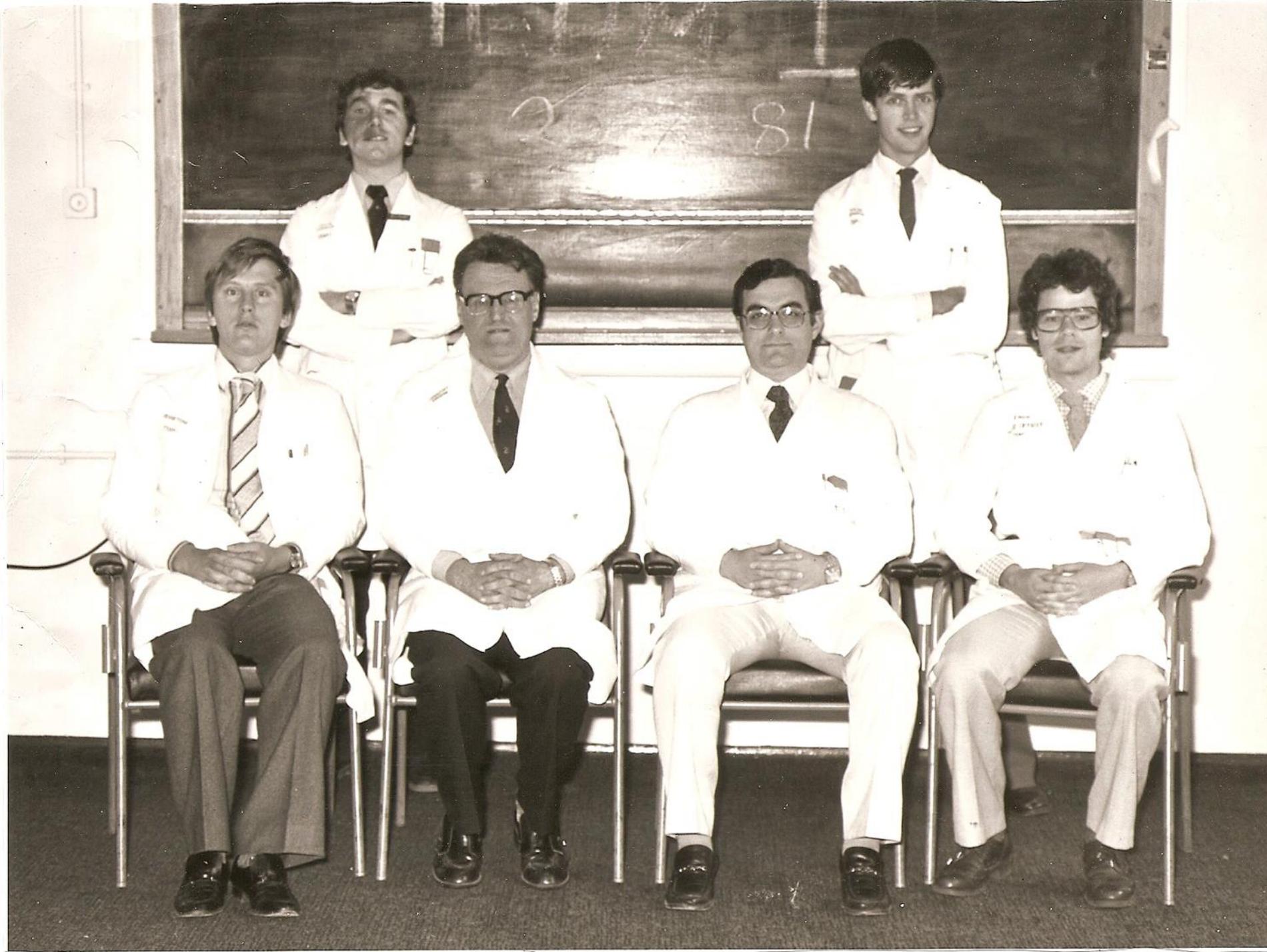


Pathway and Inclusion Health.

Alex Bax
CEO Pathway

Dr Nigel Hewett
Secretary to the Faculty for Homeless
and Inclusion Health





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athway
Healthcare for homeless people



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Healthcare for homeless people



BRICKYARD

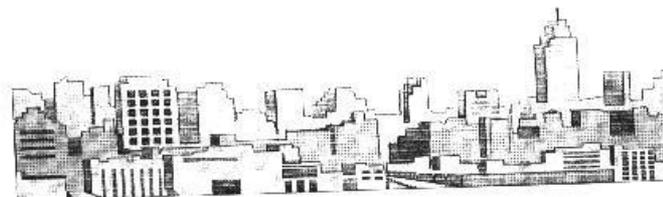
BRICKYARD

Annual Reports keep other agencies (and funding bodies) aware of activities and progress.

In the absence of other data, your data is the best data available!

Leicester Community Homeless Service

Annual Report 1995-96



The Leicester Homeless Death List.

- Male, 27, cause of death not listed.
- Male, 42, alcoholic found dead in disused house.
- Male, 46, found dead in ditch, depression and alcoholism.
- Male, 44, burned to death in disused house.
- Male, 44, status asthmaticus.
- Male, 34, hepatic renal and pulmonary failure due to paracetamol poisoning and that he did kill himself by taking an overdose.
- Male, 41, coronary thrombosis (diabetes and self neglect).
- Male, 30, methadone poisoning, having purchased a bottle of methadone he ingested and caused his own death.
- Male, 53, acute alcohol poisoning (found dead on a bench)
- Female, 18, inhalation of butane gas.
- Male, 39, acute haemorrhagic pancreatitis.
- Male, 27, hypothermia and high blood levels of diazepam.
- Male, 57, Alcoholic, epilepsy.

The Leicester Homeless Death List.

- Male, 34, haematemesis due to alcoholic liver disease.
- Male, 20, dihydrocodeine poisoning.
- Male, 41, methadone, cyclizine and diazepam poisoning.
- Male, 36, morphine poisoning following heroin injection.
- Male, 42, acute left ventricular failure due to coronary atheroma.
- Male, 28, fatal heroin overdose.
- Male, 17, methadone toxicity.
- Male, 23, multiorgan failure, heroin misuse. Male, 22, acute methadone poisoning, found in bin shed, Dover Street. Male, 22, heroin OD, found in toilet in Oxford. Male, 74, myocardial infarction due to ischaemic heart disease due to smoking. Male, 31, heroin overdose with alcohol in night shelter. Male, 51, acute left ventricular failure due to coronary atheroma (chronic alcoholic). Male, 45, collapsed and died outside night shelter, bronchopneumonia, cirrhosis, chronic alcohol abuse. Male, 42, septic shock, bronchopneumonia, hiv infection, chronic alcoholic. Male 43, stabbed to death. Male, 29, acute pulmonary oedema. Male, 31, heroin addict, alcoholic.

David Ogilvy

- Recruit people who are better than you, then step back and take the credit
- Because the alternative is to do the opposite, step up and take the blame



CQC “Outstanding” November 2014

“I am delighted to highlight the exceptional standard of care which is being provided by Inclusion Healthcare. The service has a clear vision to improve the health of vulnerable and excluded groups - such as homeless people, refugees or those with learning disabilities.

Professor Steve Field, Chief Inspector of General Practice





3rd International Street Medicine Conference Houston Texas 2007

University College London Hospital



FACULTY
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INCLUSION HEALTH

pathway
Healthcare for homeless people

Pathway hospital team



FACTORY
FOR HOMELESS AND
INCLUSION HEALTH



FOR HOMELESS AND
INCLUSION HEALTH

- Pathway believes 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.

Homelessness & 'Tri-morbidity'

- **Substance misuse** - > 60% history of substance misuse
- **Mental health** - 70% reach criteria for personality disorder
- **Physical health** - >80% at least 1 health problem, 20% > 3 health problems

- **Onset of related functional impairment 10-15 years early**

Consequences of high inequality, child poverty, childhood trauma, austerity....

Pathway – what is the evidence?

Evidence for the Pathway model

- First team launched 2009
- Rigorous evaluation built into all pilots
- Positive outcomes in all
- All Pathway teams now recurrently funded
- Cited as best practice in NHS long term plan (p42)

<https://www.england.nhs.uk/long-term-plan/>

Pathway Annual Report 2017 5

Pathway Teams

Bradford Bevan
Seven Health Care CIC operates a fully integrated model of care, incorporating adult 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
A homeless Accommodation Leeds Pathway (HALP) is a collaboration between St George's Cyren and Leeds Community Healthcare Trust. The service include a GP nurse and Care Navigators.

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

Mpath
Mpath, founded by Lifton Village Medical Practice, an awarding retail provider of temporary private 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 administrative, healthcare and healthcare. The team works with patients inside the hospital & in the community to ensure safe discharge for homeless people admitted to the hospital.

Bristol Royal Infirmary
The Bristol 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 multiprofessional and to end support for homeless patients, from primary care and hospital options to accommodation support and long term post-discharge support. They cover the occupational 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 years across 11 hospitals at King's College Hospital, Guy's and St Thomas' and South London and the Maudsley and Lambeth hospitals. The team includes GPs, Nurses, Occupational Therapists, Social Workers, Housing Workers and their Associates.

Evidence for the Pathway model

- Pathway improves hospital capacity by reducing average duration of admissions^{1,2,5,6,7}, subsequent A&E attendances^{2,5,8}, and readmissions^{1,2,5,7,8}.
- Pathway improves outcomes - better health 90 days after discharge³, less rough sleeping³ and improved housing outcomes on discharge^{4,5,6}
- Pathway is cost effective calculated using Quality Adjusted Life Years³, and also when comparing the costs of the team to the reduction in secondary care activity for involved patients^{7,9}.

**Improves
capacity,
outcomes and
is cost
effective**



References

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3. Hewett N et al. Randomised controlled trial of GP-led in-hospital management of homeless people ('Pathway'). *Clin Med* 2016;16(3):223-9. <http://bit.ly/2JyWdoc>
4. Evaluation of the Homeless Hospital Discharge Fund. Homeless Link. 2015. Available at: <https://www.homeless.org.uk/sites/default/files/site-attachments/Evaluation%20of%20the%20Homeless%20Hospital%20Discharge%20Fund%20FINAL.pdf>
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6. Khan Z et al (2019) Improving outcomes for homeless inpatients in mental health, Housing, Care and Support, Vol. 22 Issue: 1, pp.77-90, <https://doi.org/10.1108/HCS-07-2018-0016>
7. Bristol Service Evaluation of Homeless Support Team (HST) Pilot in Bristol Royal Infirmary. Internal evaluation, presented at Faculty for Homeless and Inclusion Health Conference March 2019.
8. Wyatt L. Positive outcomes for homeless patients in UCLH Pathway programme; *British Journal of Healthcare Management* 2017 Vol 23 No 8: p367-371
9. Gazey A, Wood L, Cumming C, Chapple N, and Vallesi S (2019). Royal Perth Hospital Homelessness Team. A report on the first two and a half years of operation. Schol of Population and Global Health: University of Western Australia, Perth, Western Australia. <https://qrs.ly/bo9ldsq>

The Faculty for Homeless and Inclusion Health

Over 1400 members, including:

- Doctors
- Nurses
- Mental health professionals
- Social care professionals
- Housing workers
- Public health officials
- Commissioners
- Students
- Experts by experience
- Researchers

www.pathway.org.uk/faculty

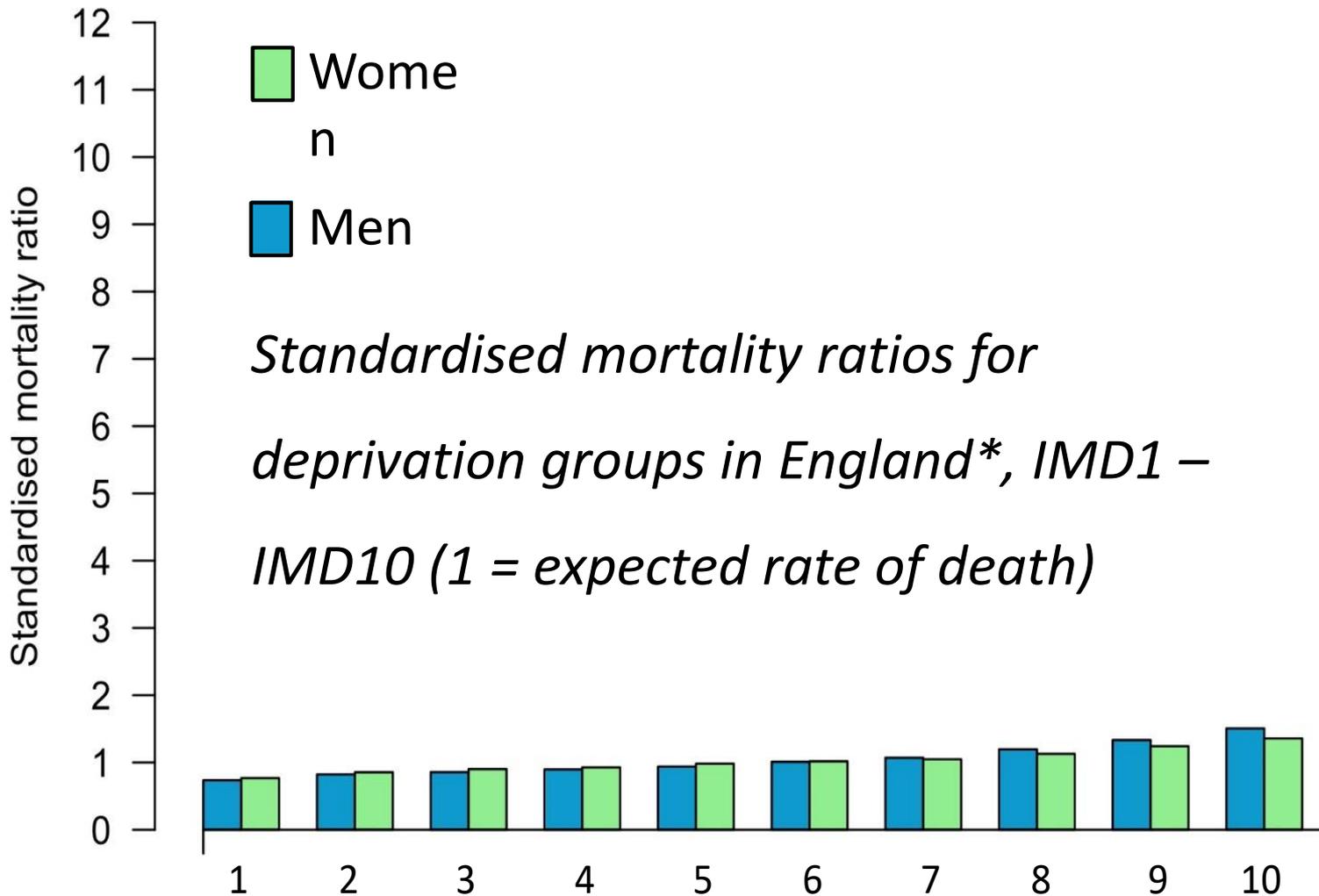
International Symposium on Homeless & Inclusion Health

- 300 professionals and Experts by Experience
- Speakers from across the world, past examples:
 - Professor David Nutt
 - Professor Sir Michael Marmot
 - Professor Dame Sue Bailey

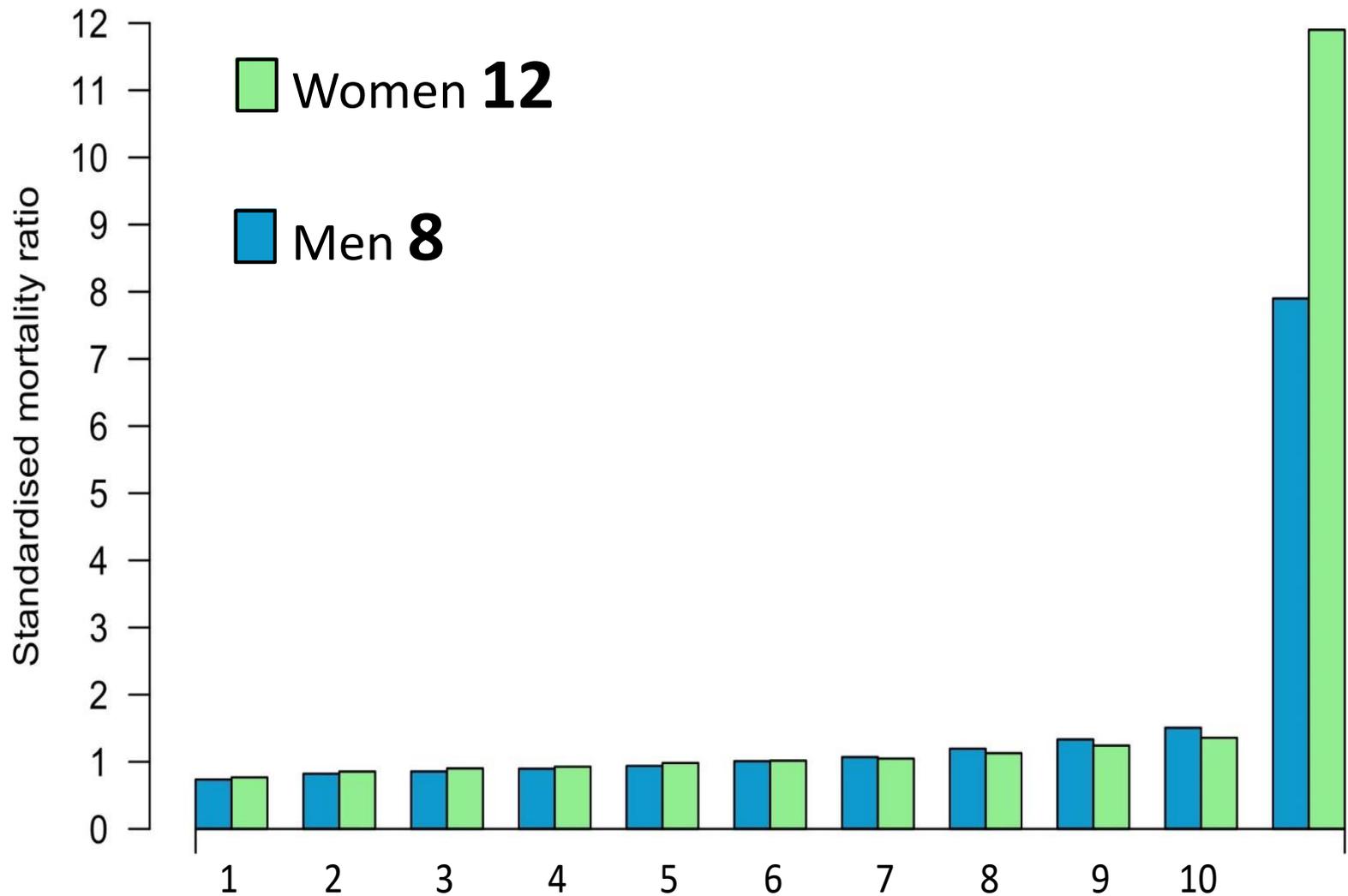
10th Annual Conference March 2022

www.pathway.org.uk





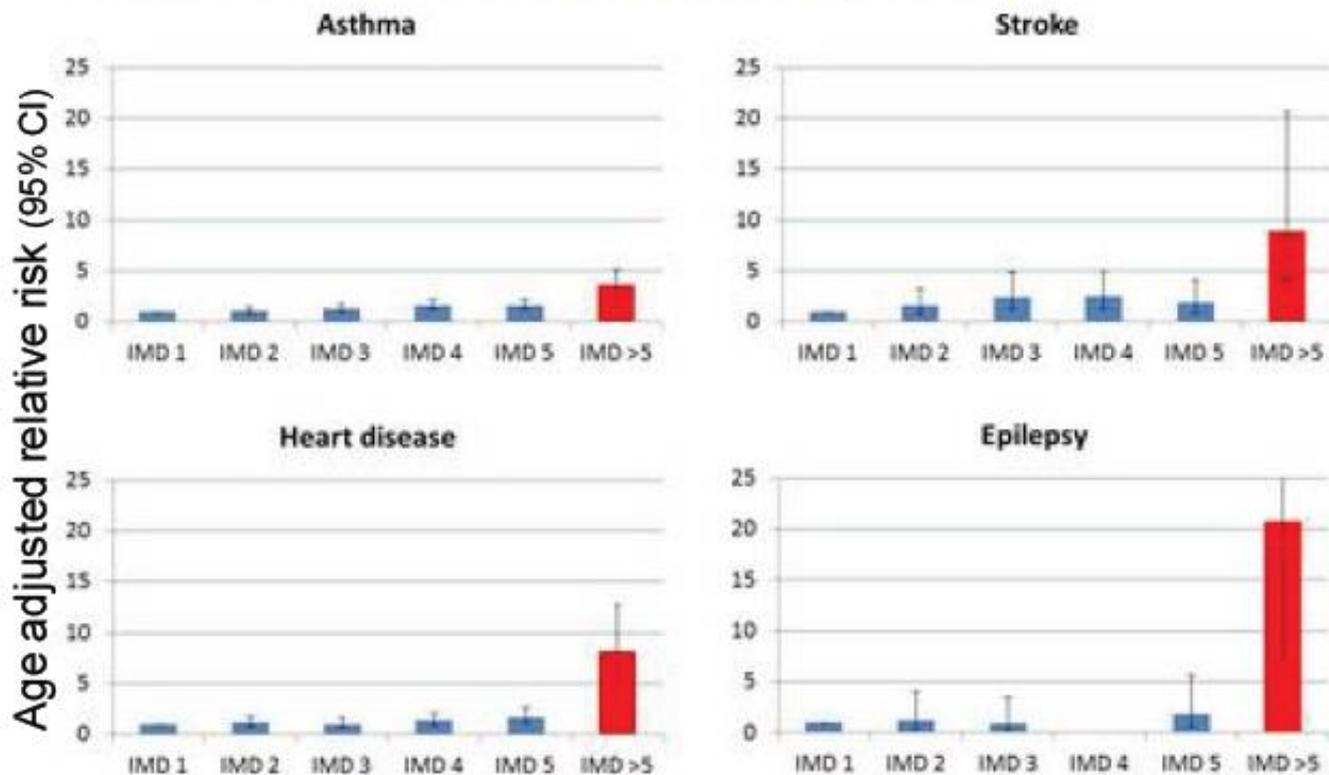
**Deaths by underlying cause, deprivation decile areas, 5 year age groups and sex, England and Wales, 1981 to 2015 Populations by deprivation decile areas, 5 year age groups and sex, England and Wales, 2001 to 2015*



**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*

It's not just about deprivation...

The Chronic Morbidity Cliff



Story A. Slopes and cliffs in health inequalities: comparative morbidity of housed and homeless people. The Lancet, Volume 382, Page S93, 29 November 2013

THE LANCET

Volume 391 Number 10117 Pages 179-180 January 20-26, 2018

www.thelancet.com

“Marginalised people are marginalised only because governments abrogate responsibility and let them stay at the edge of society—a shameful state of affairs for rich countries.”

See Editorial page 179

Editorial

Is the world well prepared for seasonal influenza?
See page 180

Articles

Rivastigmine with or without aspirin in coronary peripheral, or carotid artery disease
See pages 185 and 191

Articles

Effects of teriparatide and risedronate on new fractures in post-menopausal women with severe osteoporosis
See page 191

Seminar

Self-administered hepatitis infections
See page 192

Review

Effective interventions for marginalised and excluded populations
See page 196

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Founded 1823 · Published weekly

Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis

Robert W Aldridge, Alistair Story, Stephen W Hwang, Merete Nordentoft, Serena A Luchenski, Greg Hartwell, Emily J Tweed, Dan Lewer, Srinivasa Vittal Katikireddi, Andrew C Hayward

What works in inclusion health: overview of effective interventions for marginalised and excluded populations

Serena Luchenski, Nick Maguire, Robert W Aldridge, Andrew Hayward, Alistair Story, Patrick Perri, James Withers, Sharon Clint, Suzanne Fitzpatrick, Nigel Hewett

The challenge is to bring socially excluded populations in from the cold—literally and metaphorically—and to provide them with the opportunity to be part of a diverse and flourishing society. Michael Marmot

Inclusion Health

Academy of Medical Royal Colleges and Faculty for Homeless and
Inclusion Health Joint Position Statement

8 May 2017

*'Inclusion health is a research, service, and policy agenda that aims to redress extreme health and social inequities among the most vulnerable and marginalised in a community.'*¹

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

Inclusion Health is a universal concept but responds to local needs. The Academy of Medical Royal Colleges (the Academy) and the Faculty for Homeless and Inclusion Health are committed to high-quality care for all who use the NHS. Those who are living on the margins of society are too often poorly served. We believe that care must be tailored to reflect the particular needs of each patient, with clinicians addressing the patients' total health, care and social needs.

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

The Academy and the Faculty of Homeless and Inclusion Health are committed to:

- Promoting "Proportionate Universalism" – health resource distribution that favours the disadvantaged and actively reverses the "inverse care law"
- Meeting the health needs of excluded groups with respect, dignity, and compassion
- Ensuring prompt access to emergency care for all
- Offering GP registration to all who need healthcare
- Addressing cost recovery only after the patient receives urgent treatment
- Integrated care that considers patients' physical, psychological and social care needs, with complexity managed by individual care coordination supported by a multi-disciplinary team
- Empowering patients to make decisions about their health, and involving patients in the design and delivery of care
- Improving awareness that health care alone cannot transform health inequalities. It requires societal change, reducing poverty and inequality to tackle the root causes of homelessness and multiple disadvantage

'To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.'



Homeless and Inclusion Health standards for commissioners and service providers

<https://www.pathway.org.uk/standards/>

These standards are endorsed by the following organisations:



Version 3.1 Published October 2018



Individual care coordination supported by a multi-disciplinary team

- More than anything a trusting relationship with someone who cares

Resources slide

- www.pathway.org.uk/faculty (free to join)
- www.pathway.org.uk/standards
- The following is a link to a 30 minute talk on complex trauma and homelessness from a recent Faculty conference -
- <https://vimeo.com/showcase/8268773/video/524006795>
- To learn more, go to the Pathway online Inclusion Health Course <https://www.pathway.org.uk/resources/learning-resources/online-inclusion-health-course/>

*Keep Moving, Spread out, Make Friends
Learn, Share, Learn, Share, Learn, Share.....*

Professor Aidan Halligan, 1957 - 2015



2008: Aidan had a plan

Aidan had ambition.

He wanted to change the National Health Service.

How to change a system?

One million staff, £120,000,000,000 budget

Tactics:

- Do something,
 - We started in a hospital
- Generate evidence
- Share, collaborate
- Spread out, Keep moving

University College London Hospital



How to change a system?

Change:
campaign
demonstrate
champion
etc.



Structures

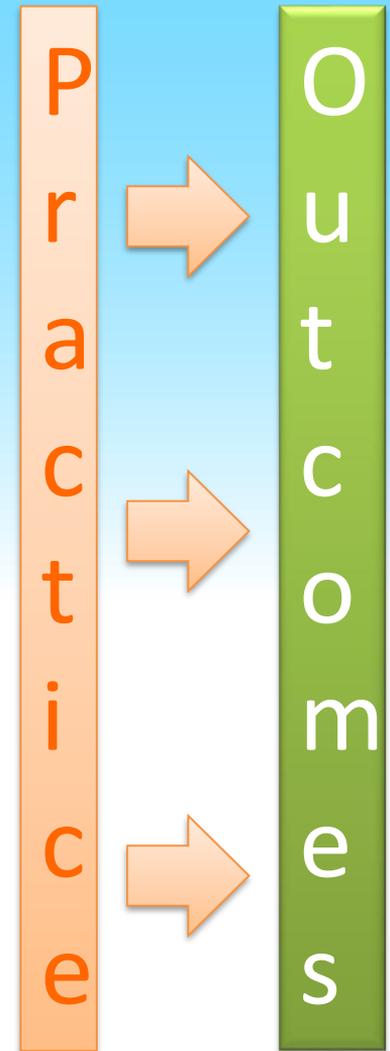
People

- Decisions
- Budgets
- Policies

- Beliefs
- Attitudes
- Knowledge
- Skills
- Behaviours



Learning, evidence





Mission

To transform the quality of healthcare experienced by rough sleepers and single homeless people across the UK, by developing and sharing the best models of compassionate care;
building on these models to improve health service provision for other multiply excluded groups;
and so improve health outcomes for the most marginalised in British society

- Independent charity: to transform health services and health outcomes for people experiencing homelessness
- Develop, test and implement new models of care for excluded people within the NHS
- Generate evidence, raise profile
- Training, education, conferences
- Involve people who have been homeless at every level
- Challenge, support, irritate, collaborate, shame, an agent of change
- Champion '*inclusion health*'

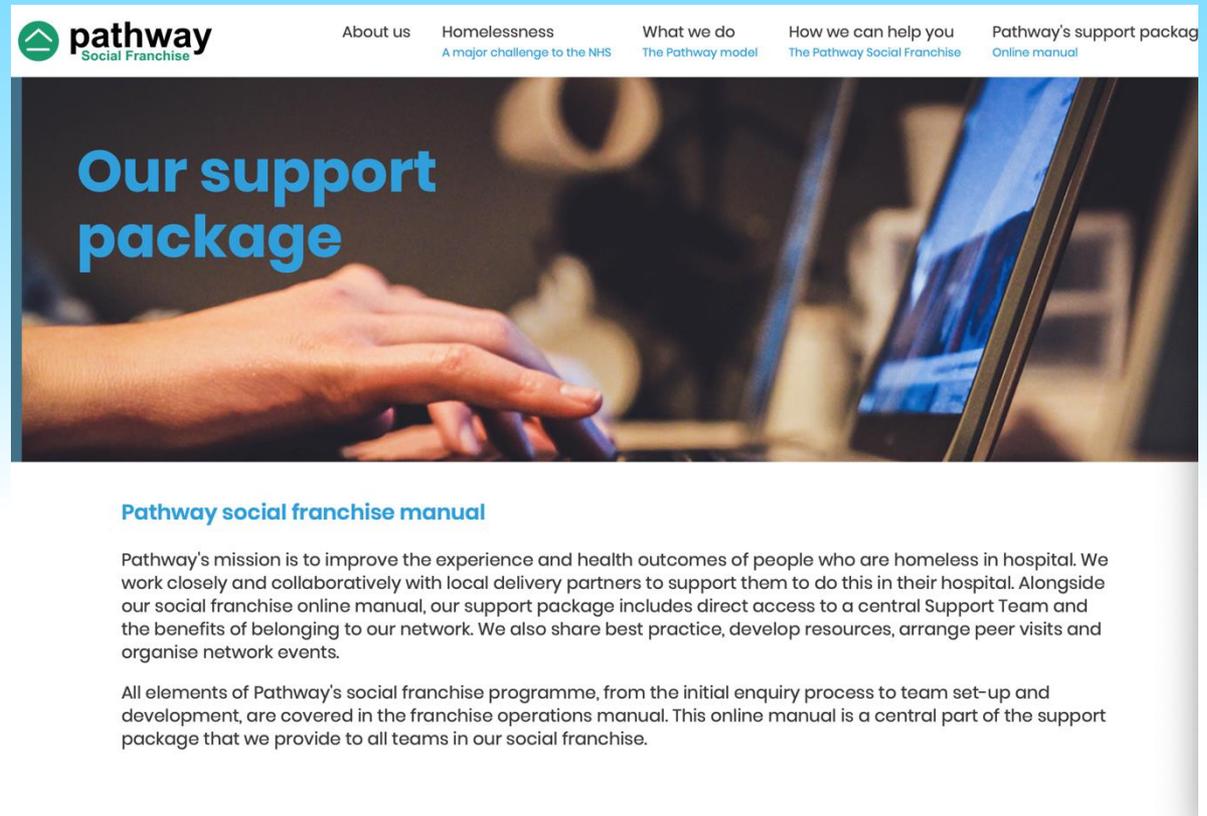


How to spread innovation in healthcare: a social franchise?

Objective:

Improve outcomes for homeless patients in hospital through:

- Confirmed best practice
- A clinical network
- shared standards
- team peer review
- quality improvement
- shared data standards
- mutual support
- National voice



The screenshot shows the Pathway Social Franchise website. The header includes the logo and navigation links: 'About us', 'Homelessness: A major challenge to the NHS', 'What we do: The Pathway model', 'How we can help you: The Pathway Social Franchise', and 'Pathway's support package: Online manual'. The main content area features a large image of hands typing on a laptop with the text 'Our support package' overlaid. Below this is a section titled 'Pathway social franchise manual' with two paragraphs of text.

Pathway social franchise manual

Pathway's mission is to improve the experience and health outcomes of people who are homeless in hospital. We work closely and collaboratively with local delivery partners to support them to do this in their hospital. Alongside our social franchise online manual, our support package includes direct access to a central Support Team and the benefits of belonging to our network. We also share best practice, develop resources, arrange peer visits and organise network events.

All elements of Pathway's social franchise programme, from the initial enquiry process to team set-up and development, are covered in the franchise operations manual. This online manual is a central part of the support package that we provide to all teams in our social franchise.

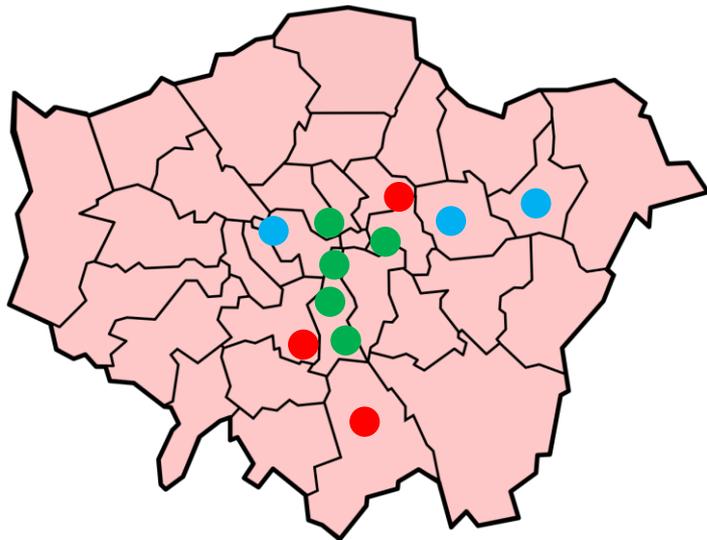
<https://www.pathwaysocialfranchise.org>

Enhanced care co-ordination supported by a multi-disciplinary team

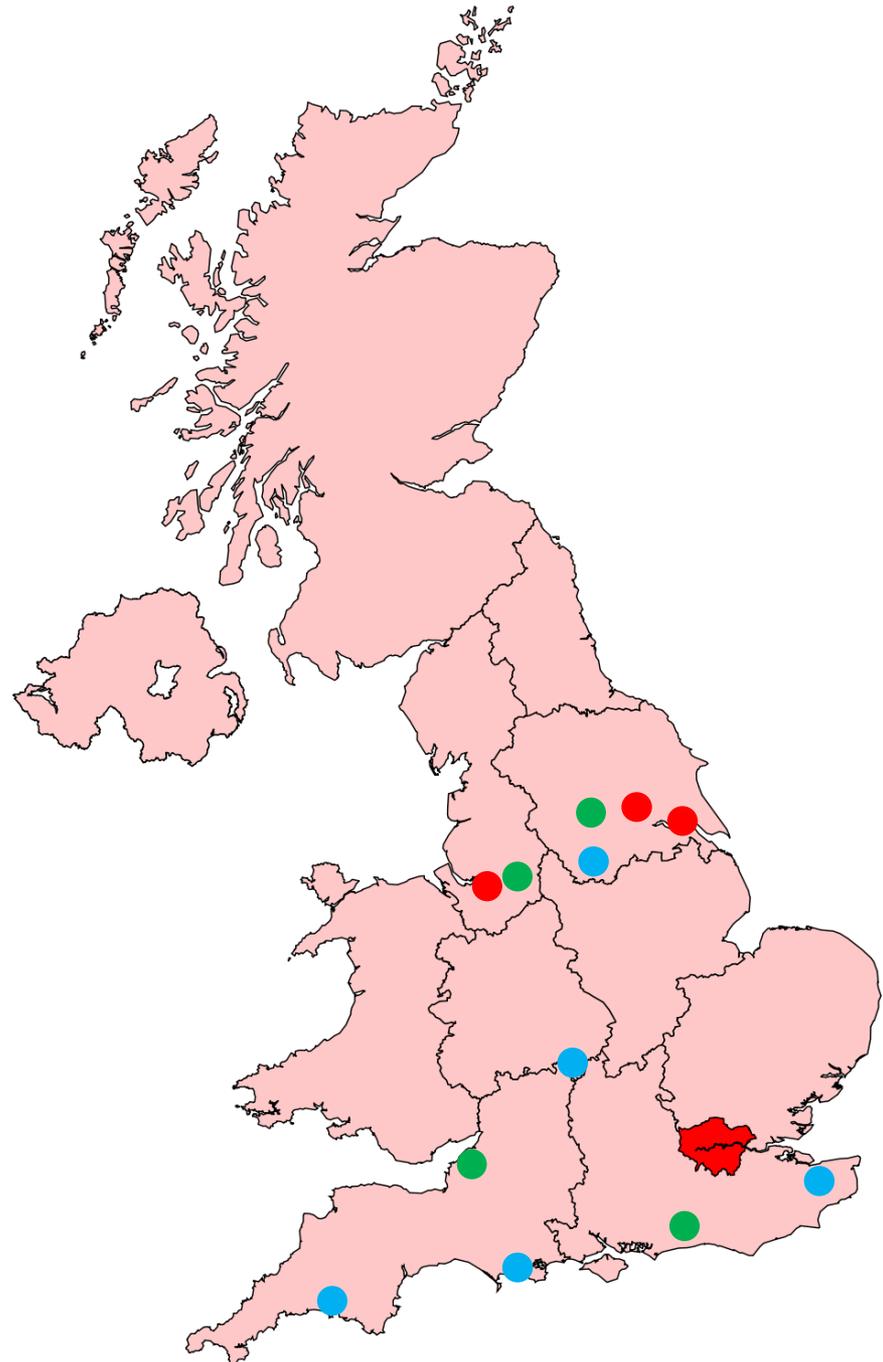


Pathway Teams – national map

- 9 Legacy Teams
- 6 Partnership Teams
(including 1 converted Legacy Team)
- Needs Assessments ongoing,
or possible future teams...



London





Pathway Partnership Programme

The Pathway programme offers hospitals a better way to help people who are homeless.

Pathway partnership programme

We work with the NHS to help spread and develop our successful model of enhanced care coordination for people who are homeless and other excluded groups. [Working with NHS partners we want to reach more people who will benefit from the service.](#)

This is why we have developed a partnership programme; to partner with more NHS providers to deliver high quality care to people who need it most.

A growing national network

Win endorsement: Royal College of Physicians endorsed standards

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

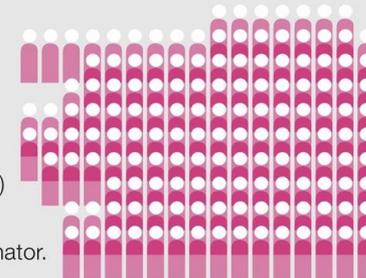
1-30 homeless patients each year need...

- 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.



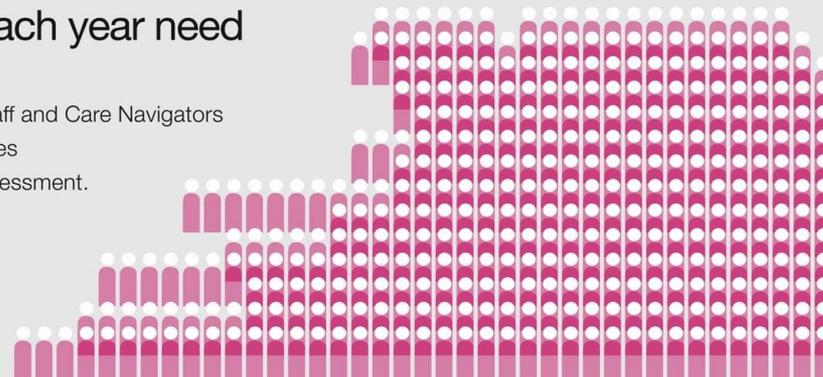
30-200 homeless patients each year need all the above, plus...

- 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.



Some Pathway Team quality metrics

- 80% of patients referred to the team are seen and assessed within 2 working days of receiving the first referral
- 85% inpatients receive a holistic assessment (in line with Pathway recommendations on assessment) which covers housing, primary care engagement, mental health, addictions and safeguarding and have a resulting care plan documented in their hospital notes as a result of the assessment.
- 100% of consenting homeless patients or patients at risk of homelessness seen and assessed by the team are referred to a Local Authority under the Duty to Refer as appropriate or are given equivalent appropriate advocacy or support to access housing – statutory duty
- Frequent attenders are identified, and plans are put in place to meet their needs
- Discharges that involve a return to rough sleeping are recorded (including self-discharges and abandonments), causes are identified, and appropriate interventions are delivered to reduce this happening
- Hospital staff are trained regarding a) the existence and purpose of the homeless team, b) the health needs of people experiencing homelessness and c) the duties of staff to people experiencing homelessness with reference to the Homelessness Reduction Act. Training contacts are recorded, and the effectiveness of this training is evaluated.

Quality

“You were the only ones that felt my life was worth saving - I am now back with the family I have not seen for 10 years”

“I’ve never stayed in hospital as long as this (2wks), I trust you, that’s why I am staying”

*Keep Moving, Spread out, Make Friends
Learn, Share, Learn, Share, Learn, Share.....*

[Strategic Objective Two]

Making the case: for 'Medical respite'

A place for:

- Continued convalescence and recovery with housing and health input
- Encouragement, empowerment, pastoral care, good food, safe space

Needs to be:

- Fully accessible
- Have access to substitute prescribing
- Have clear behaviour rules on site



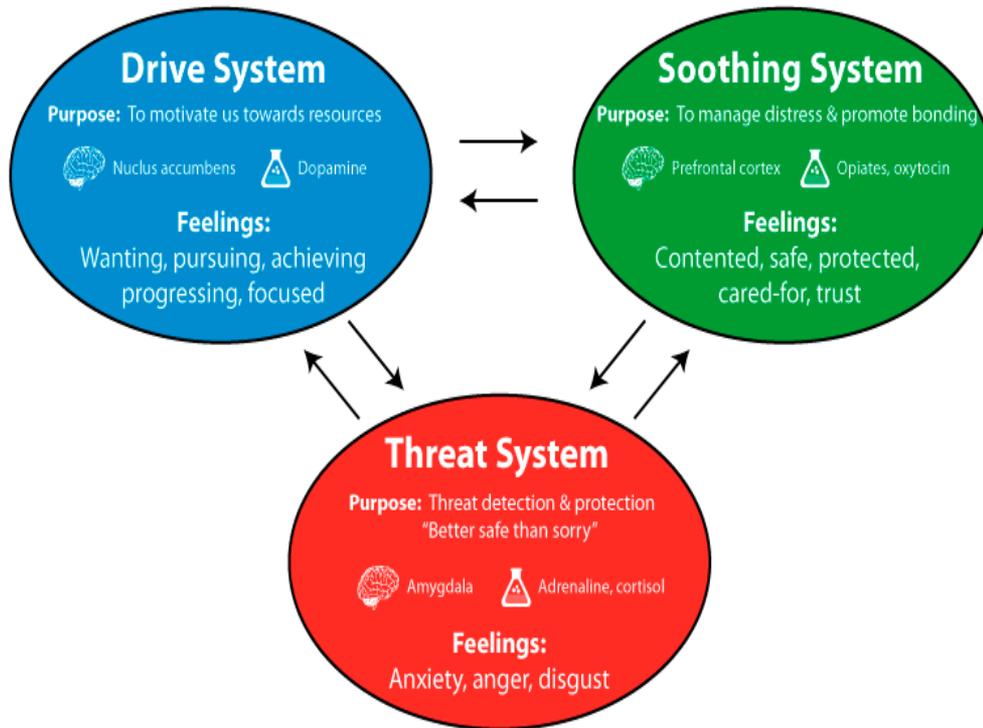
Olallo House

**NIHR study:
18% decrease
in secondary
care usage**

Best practice: the psychology of exclusion, trauma and mental health services

Emotional Regulation Systems

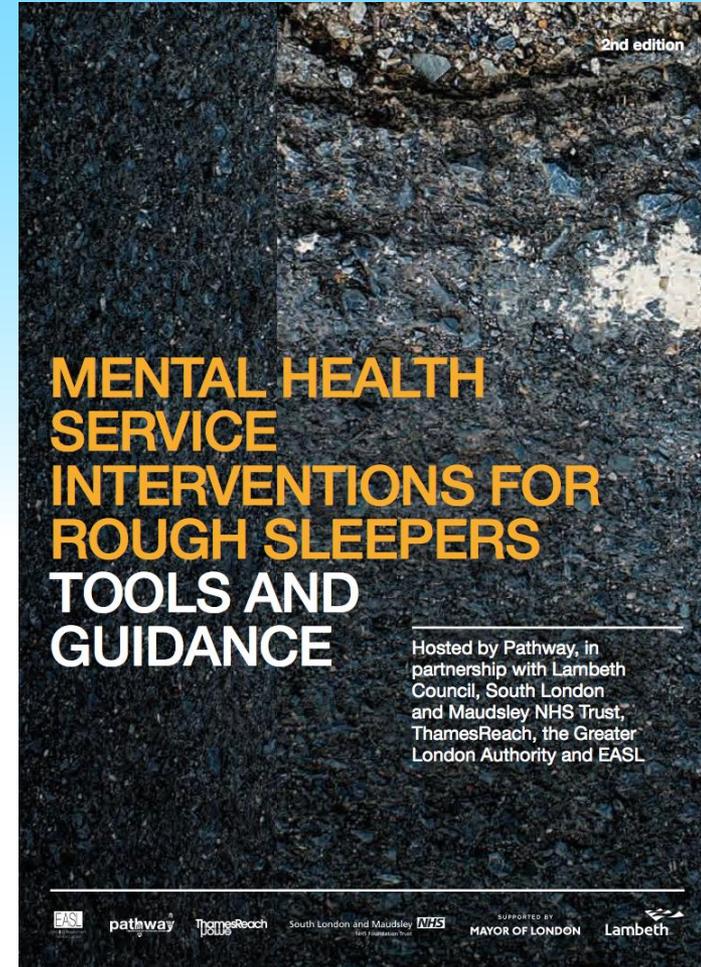
Paul Gilbert's evolutionary model proposes that human beings switch between three systems to manage their emotions. Each system is associated with different brain regions and different brain chemistry. Distress is caused by imbalance between the systems, often associated with under-development of the soothing system.



PSYCHOLOGYTOOLS

Adapted from: Gilbert, P. (ed) (2005). Compassion: Conceptualisations, Research and Use in Psychotherapy. Routledge.

<http://psychology.tools>



John Conolly, November 2018

jconolly@nhs.net

<https://vimeo.com/channels/homelesshealth/325173923>

FACULTY
FOR HOMELESS AND INCLUSION HEALTH

pathway
Healthcare for homeless people

Best practice: End of Life Care and homelessness

[Home](#) > [Services](#) > [Homelessness and Palliative Care](#)

Homelessness and Palliative Care

Homelessness And Palliative Care

[Acute Trusts](#)

[Mental Health And Homelessness Guidance](#)

[Primary Care](#)

[Medical Respite Care](#)

Support Us

Help us to help homeless people today



[Homelessness and End of Life Care from Pathway and FHIH on Vimeo.](#)

Homelessness and end of life care

People who are homeless often face severe health problems and early deaths – on average 30 years

Experts By Experience

Involvement Handbook

The power of lived experience

In research
In practice
In services
In campaigning

But:

Exclusion hurts
Trauma hurts
Stigma hurts

Great primary care for the most excluded



BRADFORD

PATIENTS

OUTREACH

GETTING INVOLVED

CONTACT



EXCELLENT HEALTH CARE SERVICES

BRADFORD

Health, Hope, Humanity

CONTACT



AN INCLUSIVE AND HOLISTIC APPROACH TO HEALTHCARE

slate »

FACULTY
FOR HOMELESS AND
INCLUSION HEALTH



Making the case

NHS
Health Education England

Socially Inclusive Dentistry

Executive summary of the 1st National Conference



Developing people
for health and
healthcare

TOWARDS SYSTEM LEADERSHIP -

defining the role and potential of nurses working in homeless hospital discharge



Burdett Trust for Nursing

pathway
Healthcare for homeless people

Royal College of Nursing

Qni The Queen's Nursing Institute



The NHS Long Term Plan



#NHSLongTermPlan

www.longtermplan.nhs.uk

**FOR HOMELESS AND
INCLUSION HEALTH**

System change?

**Inclusion health in the plan
£30 million for mental health
services for rough sleepers**

**Pathway cited as best
practice**

Bevan Healthcare celebrated



Conclusions: what should the NHS do?

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

- ✓ Specialist primary care
- ✓ Mobile, outreached services (Find and Treat)
- ✓ Pathway hospital teams – linking it up
- ✓ specialist intermediate care
- ✓ Multi-disciplinary, inter-professional working is essential
- ✓ Psychologically/trauma informed practice
- ✓ Trusting relationships underpin good care
- ✓ Access, access, access
- ✓ Low/no threshold services
- ✓ Health services are only part of solution
- ✓ Housing, social care, support,
- ✓ **Inclusion Health**



Resources slide

- www.pathway.org.uk/faculty (free to join)
- www.pathway.org.uk/standards
- The following is a link to a 30 minute talk on complex trauma and homelessness from a recent Faculty conference -
- <https://vimeo.com/showcase/8268773/video/524006795>
- To learn more, go to the Pathway online Inclusion Health Course <https://www.pathway.org.uk/resources/learning-resources/online-inclusion-health-course/>