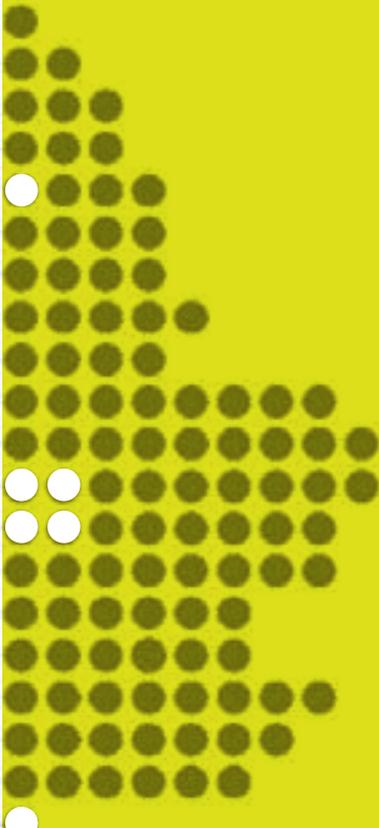




PHOTO: KING'S HEALTH PARTNERS PATHWAY HOMELESS TEAM: PAGE 9



“OUR SIMPLE MODEL OF A SMALL SPECIALIST TEAM IN A HOSPITAL, OFFERING ACUTELY ILL HOMELESS PATIENTS ENHANCED CARE CO-ORDINATION SUPPORTED BY A MULTI-AGENCY TEAM SEEMS TO BE REACHING SOMETHING OF A TIPPING POINT...”

ALEX BAX: CHIEF EXECUTIVE'S INTRODUCTION: PAGE 2

“THE NOTION OF A MEDICAL RESPITE CENTRE HAS BEEN MILLING AROUND FOR SOME TIME. THANKS TO A DEPARTMENT OF HEALTH GRANT OF JUST UNDER £500K, PATHWAY IS NOW TAKING THE LEAD ON SETTING UP THE UK'S FIRST PROJECT...”

A MEDICAL RESPITE CENTRE FOR LONDON: PAGE 11

“IN BRIGHTON THE PATHWAY TEAM IS NOW OPERATING UNDER THE NAME PATHWAY+, TO REFLECT THE FACT THAT THE HOSPITAL TEAM HAS BECOME PART OF A COORDINATED NETWORK OF HEALTH AND SUPPORT SERVICES...”

OUR SUCCESS: PAGE 5

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- 2 Improving Dental Services for Homeless People
- 4 Pathway: Our Journey
- 5 Our Success
- 6 Pathway Teams
- 7 Finance & Funding
- 8 Our New Services: Bradford Bevan & KHP
- 10 Faculty for Homeless & Inclusion Health
- 10 Influence of Service Users
- 11 Medical Respite Centre

INTRODUCTION

IN SOUTH LONDON WE HAVE LAUNCHED OUR BIGGEST TEAM YET, UNDER THE UMBRELLA OF KINGS HEALTH PARTNERS, AND WORKING WITH HOMELESS PATIENTS IN GUYS AND ST THOMAS' AND KINGS COLLEGE HOSPITALS.

In the autumn we were delighted the Department of Health approved our bid for seedcorn funding for medical respite provision (see page 11).

On the research front we have pioneered new work looking at homeless peoples' access to restorative dentistry (see feature right) and spent much time supporting our research colleagues on the analysis of the results of our randomized controlled trial of the core Pathway service, which are due for publication during 2014. Stan Burrige, our service user research worker appeared in print in January 2014, as co-author to an academic paper on the health status of hostel dwellers in London.

The work of the Faculty for Homeless and Inclusion Health has also grown too. We supported the Faculty in hosting its first international symposium in London in February 2013. I was moved by the passion and commitment of so many of the delegates who attended. As we were packing up a colleague from Liverpool grabbed me to say it was the best conference he had ever been to. I'm aware of a couple of wholly new services launched this year from inspiration the conference generated. The input of Dr Jim O'Connell and Dr Jim Withers from the US was particularly powerful.

We have supported the Faculty to revise its Service Standards, and work is starting on the development of qualifications in inclusion health, thanks to some additional funding support from the Department of Health. We are also building a strong working relationship with colleagues at NHS England, who we hope will help make sure the NHS never loses sight of the health needs of the most excluded in our society.

To conclude I must thank all our funders, our many partners across the health services, and our many colleagues and supporters in the homelessness sector, and of course our own team of staff. Pathway and the Faculty are both collective endeavours, drawing together knowledge, skills and experience to change our health services for the better. Without colleagues' willingness to share and collaborate we would never have made the progress I am able to report. At the end of last year's conference delegates committed themselves together never to give up on our patients, and never to give up on trying to change the system for the better.

Alex Bax

Chief Executive



WEBSITE [HTTP://WWW.PATHWAY.ORG.UK](http://www.pathway.org.uk)

IMPROVING DENTAL SERVICES FOR HOMELESS PEOPLE

During the past year Pathway has led research to explore homeless people's need for and experience of dental care, which we believe to be the first of its kind in England. The initiative was funded by the London Housing Foundation with support from Inclusion Health, and was delivered with world specialists Eastman Dental Hospital (EDH). At the heart of our approach was peer-led research and peer advocacy, with support from Groundswell's Homeless Health Peer Advocates.

Arrangements for access to NHS dental care can appear complex and variable, and many homeless people face the double disadvantage of being at risk of serious dental problems and facing considerable barriers in accessing healthcare. Against this background, we set out to explore with homeless people and service providers:

- practical or attitudinal barriers to accessing dental treatment
- the potential difference treatment and restorative dentistry could make to recovery and life chances
- ways in which access to dentistry could be improved.

WHAT WE DID

This exploratory research gathered the views of over 160 currently and previously homeless people about their dental health needs and the impact of dental problems on their well-being. Our Peer Research Lead completed surveys with 158 people accessing homeless services in London in May 2013. The table below records the housing status of the respondents and their current access to dentistry. Most (89%) were 26 to 60 years of age, 17% were female, and 56% were UK-born. The surveys used standardised screening tools where available and asked questions about dental problems, their impact on health and well-being, and any experience of dental care.

We worked with Groundswell to support 14 people to participate in action research during which each was supported by a peer to complete detailed needs assessments and attend a comprehensive clinical assessment by a Specialist Registrar at EDH. Each participant was provided with advice on oral hygiene and self-

ACCESS TO DENTAL SERVICES RELATED TO HOUSING: % ACCEPTED FOR REGISTRATION, NOT ACCEPTED OR DID NOT TRY

Rough sleepers



Hostel Dwellers

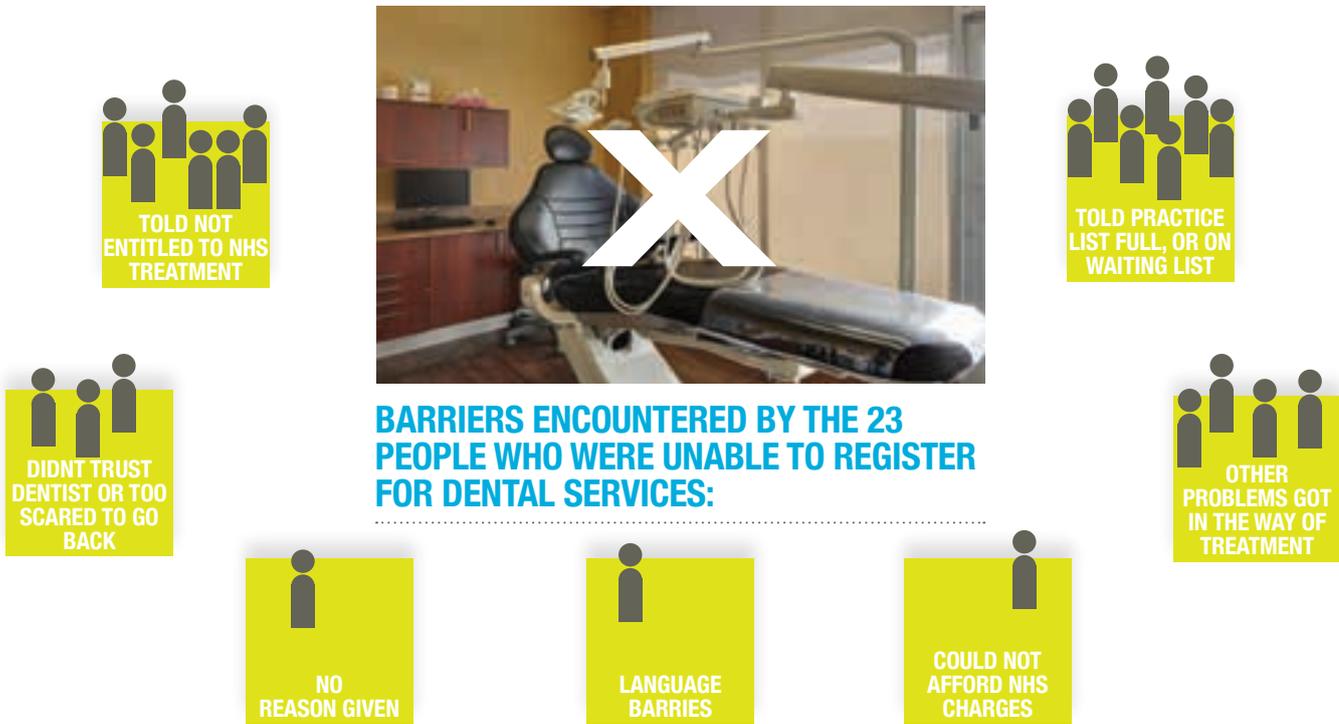


Temporary Accommodation



Independently Housed





care and a detailed breakdown of the treatment required to restore oral health. Since then, we hosted a focus group to discuss their experience and identify ways to support those who wanted to be treated by mainstream dental providers. Six people accepted peer support to facilitate their progress through treatment and three others are accessing treatment independently, having had their confidence boosted by their contact with EDH. We are using brief surveys to capture individuals' experience of treatment and ideas about what might help other homeless people to access dentistry.

We are also seeking views from staff and volunteers in a range of homeless services, GPs and nurses working with homeless patients, and dentists in community or hospital settings. This work is generating ideas for next steps to improve accessibility of services and raise awareness of the benefits of getting help and how to do so.

WHAT WE HAVE LEARNED SO FAR

Our work highlights the costs to both individuals and health services of inadequate access to dental advice, preventative care, and timely treatment. Participants told us how their dental problems impact on their diet and nutrition, emotional wellbeing, social interaction and confidence - all of which in turn have implications for recovery - and more than one in three told us their dental problems impact on their 'general satisfaction with life'. On the positive side, the research demonstrates that, once in contact with good services, the experience of homeless people is more often good than bad, and many remain in contact with services once registered.

Both the clinical assessments and surveys demonstrated high levels of dental problems with more than one-third of participants reporting dental pain, four in ten bleeding gums, and one in five several lost teeth. EDH diagnosed 57 oral health conditions, requiring 187 'treatment items' from smoking cessation to scaling, fillings, extractions and more complex procedures such as bridges or dentures at an estimated cost of £56,000 excluding clinician time.

Dental anxiety and previous experience of poor treatment were significant deterrents to seeking regular dental care, although most people said they were generally able to access treatment in an emergency. Over half of respondents said NHS treatment is hard to find and only 44% were registered with dentists. However, it is encouraging to note that the majority of them said it had been easy to register (69%) and their experience of contact with dentists had been good or excellent (84%). Of the 84 people who were not registered, 73% had not tried to do so having been discouraged by previous bad experience, worries about entitlement or being turned away, or the need to deal with more pressing health or social problems. Many of the people who had failed to get registered encountered barriers from dental practices, with over half being told practice lists were full, they were not entitled to register, or they could not register because they had no fixed abode or were out of the catchment area. Some of this reported experience is at odds with national policy.

WHAT NEXT?

Our continuing contact with individuals and service providers is enabling us to find out more about the challenges homeless people face in accessing treatment, lack of awareness about entitlement to dental care, inaccurate information about what to expect in the way of restorative treatment, and low expectations among homeless people and services about what can be achieved through good dental care. However, we also continue to hear some good news, on which we will build future action, including treatment compliance when supported by a trusted staff member or peer, some positive experience of care, and powerful stories about the impact getting help with long-standing dental problems is having for individuals with previously poor experience. We aim to complete this project by mid-2014 and will use results to influence commissioners and service providers, and work with homeless people to raise awareness of how to get dental care and the benefits of doing so.

Further details can be found on Pathway's website: www.pathway.org.uk

PATHWAY: OUR JOURNEY

The Hospital Pathway...

A Pathway hospital team is led by a specialist homelessness GP who is supported by a specialist homeless health nurse practitioner and a Pathway Care Navigator.

1 Think Homelessness!

Check housing status for all patients on admission. If homeless, in a hostel or in temporary or insecure housing, refer to the Pathway team.

2 Homeless Team Coordinates Care

The Pathway homeless health nurse practitioner needs-assesses patients and then works with the patient to create their individual Homeless Care Plan.

3 Care Plan Meeting

Following weekly homeless paper ward rounds, the Pathway team works with complex needs cases to create and manage a multi-agency care plan, including possible referral for respite centre assessment.

4 Community Support

Care Navigators work with the patient to plan community support, including taking the patient to a new placement or housing option and afterwards handing care over to community teams.

5 Medical Respite

Patients who might benefit from additional convalescent, recuperative care are discharged from hospital to Pathway Medical Respite Centres.

6 Housing First

After stabilisation at a Medical Respite Centre, patients move into independent or supported housing with continued access to clinically-led, multi-agency support and the range of community services.

7 Independence!

The Care Navigator service puts patients in touch with follow-on services.

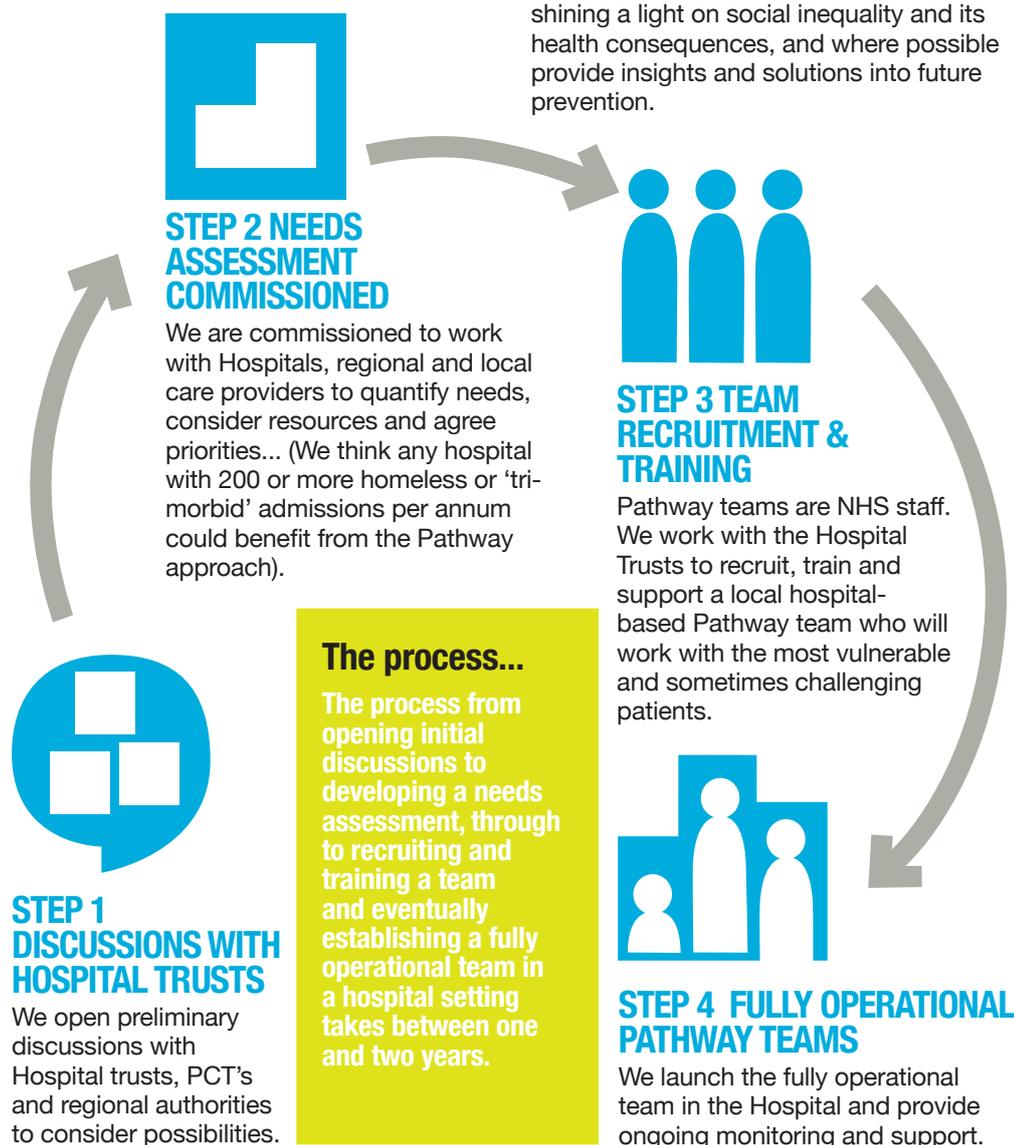
The seeds of the Pathway approach were sown when Professor Aidan Halligan was asked to investigate the death of a homeless man on the steps of a hospital's A&E department.

His research into homeless healthcare led him to Dr Nigel Hewett and Nurse Trudy Boyce. Working together at University College London Hospitals (UCLH), the pioneering trio reviewed the experiences of homeless patients admitted to hospital, recorded the outcomes of that care and saw a glaring disparity between the care that was available and the care that was needed.

Right now, Pathway hospital teams are working with the people that have reached a crisis point – an emergency hospital admission.

Many factors, including poverty, migration, low education, poor mental health, having been in care or prison, unemployment and addiction combine to increase any individual's chances of being homeless. We know that our Pathway hospital teams are effective because of decreasing numbers of readmissions and shorter lengths of stay.

In November 2012, we won the Health Service Journal Award for best Patient Centred Care project. The judges said that Pathway had "demonstrated how to make a real difference to an often forgotten group of people." And in May 2013 we were runners up in the GSK Impact Awards 2013. As proud as those awards make us, it also makes us even more determined to increase the strength and breadth of the positive change we can make, both within the NHS and more broadly. To do that, it means Pathway must find ways to work with people at an earlier stage in their life to try to prevent them from reaching the crisis point. We will continue shining a light on social inequality and its health consequences, and where possible provide insights and solutions into future prevention.



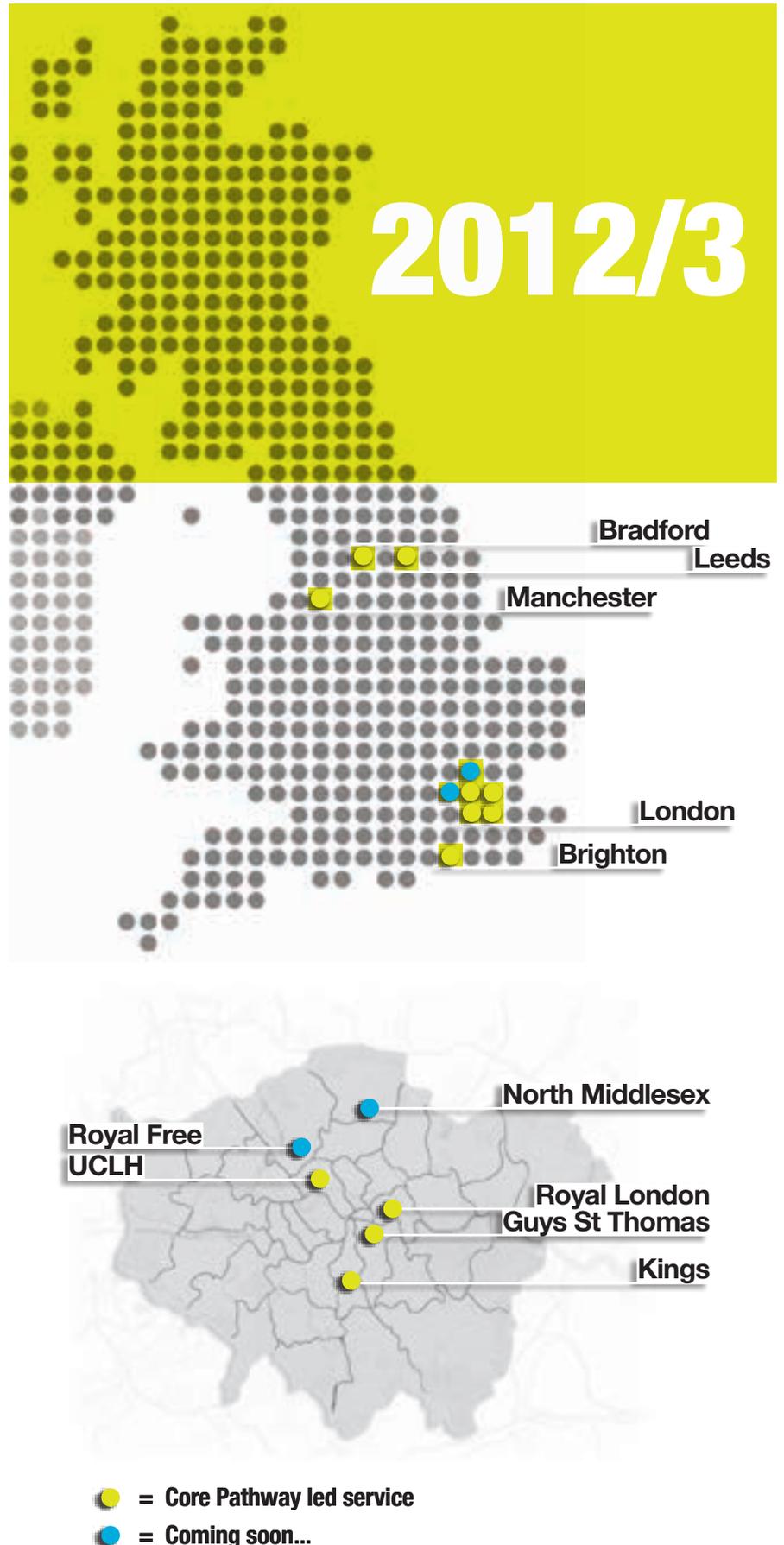
OUR SUCCESS

We set up Pathway because we were sure that working compassionately and holistically could provide better healthcare services, experiences and outcomes for homeless people than anything that had been done previously. If homeless people were given the time and support they needed to heal and manage some of their physical problems, even after discharge from the hospital, we conjectured that they would be less likely to be re-admitted in the future for additional emergency care. If that proved to be the case, the NHS would save time and money by providing a more effective and efficient service.

In our fourth year of running Pathway, we are proud and excited to see how many clinicians and NHS Trusts are embracing the Pathway model and who are keen to work with us.

During 2013, Pathway has consolidated further its first service at UCLH, and at the Royal London and Brighton and Sussex whilst anticipating the results of the randomized controlled trial. New Pathway led services have been initiated and implemented in Bradford and in the Kings Health Partners hospitals – Kings, Guys and St Thomas'. The pilot at the Royal Free is being re-focused and will resume during 2014 and a pilot is being initiated at the North Middlesex hospital.

Pathway-lite services have been introduced in Manchester and Leeds – and although not led by a core Pathway team, their staff are following the Pathway model, are part of the Pathway network and are supported by the core Pathway team. Discussions are ongoing with the South London and the Maudsley about how to fund the introduction of the service into their hospitals, and with several other potential partners across London and England.



PATHWAY TEAMS AROUND THE UK



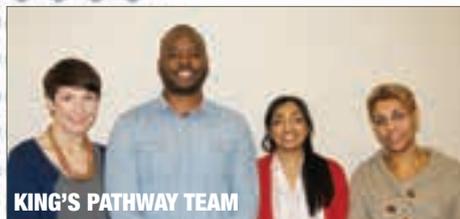
MANCHESTER PATHWAY TEAM



LEEDS PATHWAY TEAM & SERVICE USER GROUP



ST THOMAS' PATHWAY TEAM



KING'S PATHWAY TEAM



UCLH PATHWAY TEAM



THE ROYAL LONDON PATHWAY TEAM



BRIGHTON PATHWAY+TEAM

FINANCE AND FUNDING

SUMMARY ACCOUNTS INFORMATION FOR 2011-12 AND 2012-13 (ACTUAL) AND 2013-14 (BUDGETED)

Expenditure	2011-12 (Actual)	2012-13 (Actual)	2013-14 (budgeted)
	£	£	£
Pay	199,097	315,583	364,000
Consultants incl. GP locums	55,963	221,194	665,906
Travel & subsistence	5,829	3,509	13,800
Printing	1,986	9,062	11,500
Patients Dignity Fund	2,158	2,311	21,000
Catering and room hire	1,067	2,690	4,000
Professional fees	314	4,800	7,000
Telephones and stationery	1,443	1,517	3,180
Staff training	2,326	1,612	11,750
Conferences and consultation events	-	18,547	23,200
Marketing incl. website	-	7,215	5,000
Uniforms	-	313	1,500
Insurance	-	3,570	4,000
Fundraising	-	120	-
Building related costs - Medical Respite Centre	-	1,975	184,100
Office rental costs	-	-	10,000
Recruitment costs	-	-	2,000
Computer upgrades	-	-	2,500
	270,183	594,018	1,334,436

Income	2011-12 (Actual)	2012-13 (Actual)	2013-14 (budgeted)
	£	£	£
Donations	991	3,880	6,000
Grants	225,550	766,895	926,559
Charitable Activities	46,194	95,285	171,763
Bank interest	139	502	500
Use of reserves	-	-	229,614
	272,874	866,562	1,334,436

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, and plan to expand to more sites across England in the coming year.

In 2012-13 we secured significant funds to consolidate our services at UCLH, and to expand across London, as well as to run the randomised control trials on two sites – the Royal London and Brighton. Funding was secured to take forward the work of the Faculty of Homeless and Inclusion Health, which is led by Pathway, with its most significant activity in 2013 being the Faculty's first international homeless health conference held in February 2013. We also secured funding for our Care Navigator service and for further work on the Medical Respite Centre concept. For Pathway's Care Navigators, we partnered the London Learning Consortium to create a formal apprenticeship scheme which enables our trainee Care Navigators to study for a

diploma in Health and Social Care. Work on the Medical Respite Centre concept included looking at specific available buildings to assess their suitability for Pathway's first Medical Respite Centre and to consider the viability of potential operational and funding systems.

2012-13 was a successful year for Pathway with funding totalling £866,562 secured, and associated expenditure of £594,018. This left a balance of £272,544 to be added to the reserves of £37,578 carried forward from 2011-12. We plan to use £229,614 of the reserves to balance the 2013-14 budget. The full published final accounts and the associated Trustees report are available on the Pathway website (www.pathway.org.uk).

CASE STUDY #1

THE BRADFORD BEVAN PATHWAY TEAM

The Bradford Bevan Pathway Team (BBPT) has been operational in Bradford since mid-November 2013. The team is based in the office of the Discharge Team at Bradford Royal Infirmary, and comprises a GP from Bevan Healthcare, a Nurse seconded by Bradford Teaching Hospitals Foundation Trust and a Senior Housing Worker provided by Horton Housing Association all of whom have a long history of working to meet the needs of homeless people.

BBPT promoted the service by targeting specific wards and teams within the Bradford Hospitals, they took a proactive approach by actively seeking out potential patients through checking the A&E attendance register. Following the example of the Discharge Team, BBPT has become a visible presence throughout the hospital and thereby actively identifies patients they can work with. This helps wards' staff understand the BBPT's role and how it can benefit them. BBPT now hold regular multi-disciplinary team meetings and taking the advice of London's Pathway Teams ensure a good supply of tea, coffee and biscuits!

During the first nine weeks of the service, 38 patients have been referred to the team and 36 have undergone full Pathway assessments. Two patients were not assessed, because one was taken into police custody and the other was admitted to a mental health facility. Of the remaining 36 patients, 30 were assessed on the day of referral to the team. As the BBPT has become further established in the hospital and because of the positive outcomes achieved, referrals have now started to come from additional wards that were not initially targeted. They've even had a referral for a patient in Wakefield requiring 'repatriation' to Bradford

following a stay in the tertiary burns centre. They use their own SystmOne module for their clinical records, which facilitates easy sharing of key information with primary care.

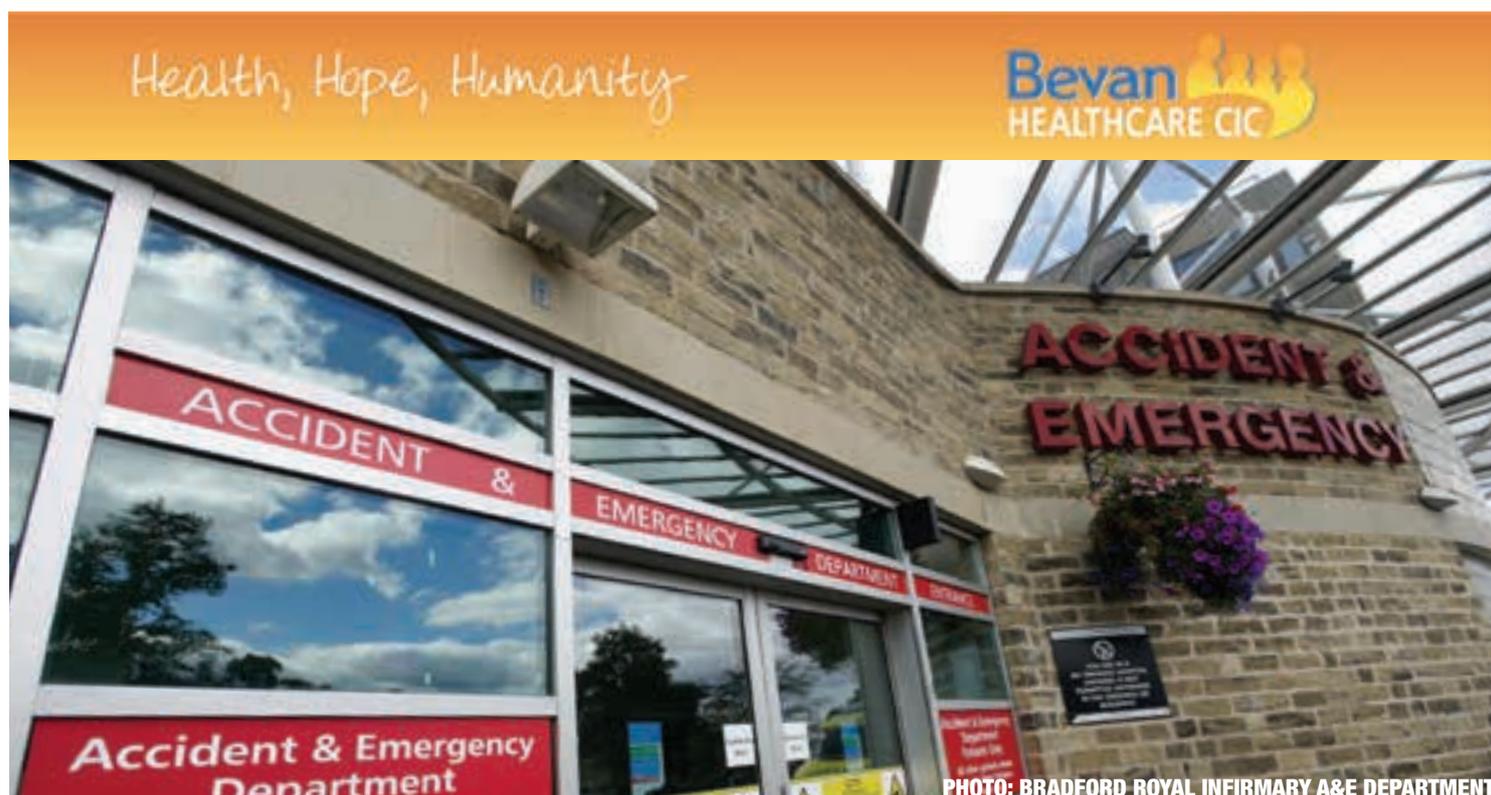
The Pathway Project Board has succeeded in bringing together representatives from primary and secondary care providers, service users, public health, local CCGs and providers of housing and social care from both statutory and non-statutory sectors. The result is a positive forum for discussion of health issues affecting homeless people.

A step-down care facility is now up and running (Bradford Respite Intermediate Care & Support Service - BRICSS) – a scheme run in partnership with Horton Housing Association. It provides 14 units of temporary accommodation to patients leaving hospital who are homeless and not well enough, or unable, to return to their previous housing. It enables continuity of care, with a continued focus on combining the patient's social and health care needs. Already, one of Pathway's patients who moved into BRICSS has subsequently moved into his own independent accommodation.

The Street Medicine Team (BBPT's outreach service) is the third element of the service providing a comprehensive, integrated health and social care service for homeless people in Bradford. It will provide an important service of following up patients where the full Pathway service is not appropriate e.g. those with frequent short A&E attendances. By using simple measures such as looking at how to engage these patients with their own health and by taking healthcare into their own environment, BBPT aim to improve the patients' trust and engagement in services.

So for BBPT it is early days but exciting times. All the services to date have been well received and the team expects to continue to build on this initial success and enthusiasm!

Our New Services



CASE STUDY #2

KINGS HEALTH PARTNERSHIP PATHWAY HOMELESS TEAM

Following an invitation in 2012 from the Kings Health Partners (KHP) Board, Dr Nigel Hewett, Pathway's Medical Director worked in partnership with Nurse Practitioner Samantha Dorney-Smith from Guys and St Thomas' NHS Foundation Trust Health Inclusion Team to compile a needs assessment for a homeless service to cover KHP's hospitals – a full copy of their findings is available to download from Pathway's website.

The results of the needs assessment convinced the Lambeth CCG to fund a pilot Homeless Ward Round for KHP, and following recruitment and training of a multi-professional and multi-agency team of staff, the service began in St Thomas', Guys and King's College hospitals, with its first patients being seen on 6 January 2014.

The team of 13 staff includes General Practitioners, General Nurses, an Occupational Therapist, a Social Worker, a Psychiatric Nurse, Housing Support Workers and a Project Manager. Their expertise covers: physical health, mental health, substance misuse, criminal justice, housing support and advocacy work. Having strong connections with homeless agencies across Westminster, Lambeth, Southwark and Lewisham they are uniquely placed to meet the complex needs of KHP homeless patients.

FOLLOWING THE PROVEN PATHWAY MODEL OF CARE, THE TEAM AIMS TO:

- provide interventions, signposting and advice to all homeless patients
- spend time with homeless patients and provide TV cards, clothing and canteen tokens
- provide skilled advocacy for patients after discharge at homeless persons units
- work across primary and secondary care boundaries, ensuring the needs in the community are met e.g. by working with housing services and substance misuse teams, and also to visit patients in their discharge destination to check that their community care needs are being met
- use their existing links with homeless services across Westminster, Lambeth, Southwark and Lewisham to meet client needs
- assist in-patient hospital staff in their attempts to reduce the high rates of self-discharges against medical advice and re-attendances by this client group – this may include working with accommodation providers to resolve problems that may lead to their residents being admitted or re-admitted to hospital
- provide advice about homelessness, homeless health and housing law to staff working in KHP's hospitals.



Our New Services

Prior to the introduction of this service, two homeless charities: Broadway and The Passage received funding from the Department of Health's Hospital Discharge programme to support homeless hospital discharges in St Thomas' Hospital, and these projects have been fully integrated into the KHP Pathway Homeless Team.

We plan to extend the service to include the South London and Maudsley hospitals, and discussions are ongoing with the Trust and commissioners about how to fund the extension.

The team links regularly with other Pathway services in London – especially at UCLH – for the benefit of clients, and are part of the growing nationwide network of Pathway teams.

FACULTY FOR HOMELESS AND INCLUSION HEALTH

This Faculty is the first independent, multi-disciplinary body focussed on the health care of homeless and other multiply excluded people. Its primary purpose is to reaffirm the fundamental rights of homeless and other excluded people to be treated with dignity, compassion and respect.

By crossing professional and organisational boundaries the Faculty is able to focus on what the patient wants and needs, and shape care around him or her.

Through this approach, the Faculty is able to develop standards of care for the most vulnerable wherever and however they need it, whether that is in the community, in specialist care such as mental health services or in emergency medical care. To ensure that no aspect of care or experience is overlooked, people with lived experience of homelessness are essential members of this Faculty.

There are more than 180 clinicians and people with experience of homelessness in the Faculty, and the membership includes bicycle paramedics, dentists, podiatrists, and specialist nurses, doctors and professors. Pathway's staff manage the Faculty and Professor Aidan Halligan is its Chair. Quarterly meetings of the

Faculty have been held in London, and additional meetings are now being held in the north and south of England.

The Faculty's first international homeless health conference: 'Improving the health of the poorest fastest' was held to great acclaim on 27 and 28 February 2013, with around 180 delegates attending the two days. The keynote speech was delivered by the then Junior Health Minister, Anna Soubry MP who spoke with passion about the priority that she attached to the health of the poorest. Many renowned experts in a variety of associated fields spoke from the platform and led workshop sessions and these included speakers from USA, Ireland, and the Netherlands as well as the UK. The conference included a group of service users who attended the whole conference and who were able to feedback their thoughts and experience from the platform on the second day of the conference.



During the year, the Faculty has worked to revise the Standards for Health Services for Homeless People, and the second revised version was published in February 2014 and includes standards for services for vulnerable migrants, gipsies and travellers.

The Faculty has now begun development work on:

- peer-led approaches to review and evaluate the implementation of its standards including work to identify relevant learning for policy-makers and service providers
- a new multidisciplinary education programme for health and social care professionals.

More details on Faculty work are available on the Pathway website: www.pathway.org.uk

Pathway constantly looks at ways to help improve homeless people's access to healthcare through mainstream provision. And as part of this we never forget to involve the people who are at the heart of our service – the homeless patient.

Research shows that when service users feel more in control of their own care and become involved in how that care is delivered then their all round general health will show signs of improvement. So, we never under-estimate how important it is to listen to, and involve, service users in designing and developing our services.

The main tools we use are questionnaires and focus groups. Stan Burridge, Pathway's Research Lead on Service User Involvement, has personal experience of homelessness, and leads Pathway's work with service users.

Stan builds service user groups specific to the project or organisation with whom he is working – and each group will include service users from the local area. By making these contacts and building relationships with individuals, he is able to draw on a large pool of service users and

THE INFLUENCE OF SERVICE USERS

bring together groups who span different localities, and who have a range of different experiences to be part of events such as the Faculty of Homeless and Inclusion Health's conference, and projects such as developing the Medical Respite Centre concept.

Our questionnaires are prepared for each project and Stan works with the project manager and key workers to find out what they want to know, and then devises appropriate questions to source answers. He conducts the surveys himself or with the help of other trained volunteers who will also have experience of homelessness. At the end of the surveys, he compiles results into a report with anonymous data. Response rates are particularly high for two reasons: the way the questionnaire is conducted, and because we always offer a small incentive to those who take part. We think offering incentives helps service users understand the importance we place on their views. Similarly, when Stan runs a focus group for Pathway, he involves project managers and key project

staff, where appropriate, as well as service users. Service user involvement in focus groups is always incentivised.

A major piece of research work this year that has involved surveying service users was around access to dentistry. This was funded by the London Housing Foundation, and more details about this project can be found on page 2 of this review.

Pathway has worked with several organisations over the past year to help them develop their service user voice, and this in turn has enabled us to grow our pool of service users who are willing to give their views on and help with our core service development.



PHOTO: LONDON SERVICE USER GROUP

MEDICAL RESPITE CENTRE

(CONTINUED FROM PAGE 1)

With additional funds from the Greater London Authority and the Oak Foundation and working in partnership with the UCLH Foundation Trust, work is now well underway to establish a pilot facility in 2014. This could be a forerunner to up to four permanent centres located across London.

Based on successful examples in the USA, a respite centre offers short-term rehabilitation and convalescent beds to homeless patients who are coming to the end of their hospital stay but who would clearly benefit from having more time to recover and extra support.

Pathway's Medical Director estimates that between 15%-25% of patients do not have the best options available to them at discharge to deal with the complexity of their situation. A respite centre is designed to bridge that gap and give teams working with complex, tri-morbid cases more time to plan the best move-on options for the patient.

RESPITE CENTRE IN BOSTON WAS CLOSELY STUDIED WHEN DEVELOPING THE PILOT:



The centre will be medically led, operate as a 'psychologically informed environment' and follow the standards defined by the Faculty of Homeless & Inclusion Health. It is hoped this new model of step-down, integrated healthcare will lead to a healthy reduction in extended stays and hospital readmissions for homeless people.

FOR THE PAST COUPLE OF YEARS, PATHWAY HAS BEEN WORKING HARD BEHIND THE SCENES TO BRING THE MEDICAL RESPITE CENTRE IDEA TO LIFE.

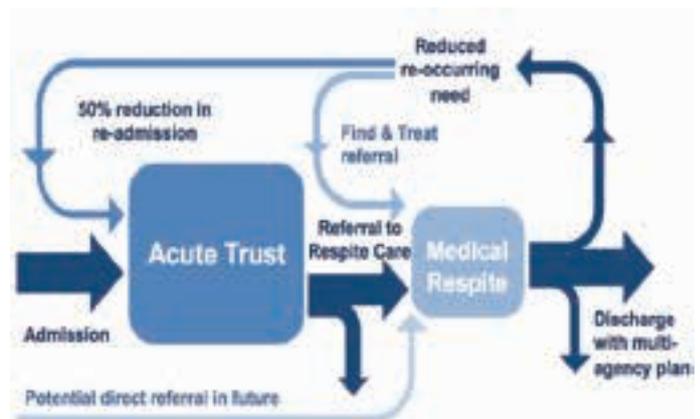
A prospectus of services was published in 2012, which helped to secure the vital grant money needed to kick-start the project. Pathway is now working in partnership with colleagues at UCLH to identify a suitable site for the pilot phase and create the business and operational plans. UCLH will operate the facility; the option of joint operation with another London hospital is also being discussed. Eligible patients will be transferred from UCLH and other participating Trusts to complete their treatment and find them suitable living arrangements for when they leave. The pilot phase is a fantastic opportunity to test out all aspects of the service (from clinical governance to working out how the money flows) and to demonstrate the positive clinical, social and financial outcomes a facility like this can bring.

Learning from this first phase will give an indication to the operator (or operators) of whether an expanded model is viable and the scope for bringing in new Trusts to make use of the centre. It will also help to influence how integrated healthcare for homeless patients can be commissioned, funded and managed in the future.

Pathway and UCLH hope to get some early insight into how this could all work in practice in the hospital's Evergreen Ward. This facility, opened in early January, provides temporary bedspace to alleviate pressure on the main acute wards over the winter months. Homeless patients who fit the admissions' criteria will be transferred to Evergreen to complete the final stage of their treatment, very much mirroring the intended model for the medical respite centre.

In the meantime, keep an eye on Pathway's website for further news on the development of this exciting new facility. <http://www.pathway.org.uk>

PROCESS FLOW FOR RESPITE CENTRE



MEDICAL CENTRES CROSS-LONDON PLAN:



TRUSTEES



Professor Aidan Halligan (Chair)



Mr David Pascall CBE (Vice Chair)



Sir Peter Dixon



Ms Cathy James



Sir Ian Kennedy



Mr Stephen Robertson



Healthcare for homeless people

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