



Strategic Plan 2015-2019

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Foreword

Welcome to Pathway's Strategic Plan 2015-2019. This is our second strategic plan and it describes how we plan to maintain and expand our existing services, and develop and introduce new initiatives. Our purpose remains to improve the quality of health services for the most excluded people in British society. In this plan we re-affirm our vision and values (on pages 3 and 4) because we think it is important that we never lose sight of our fundamental mission.

We have also summarised our progress and key successes over the past five years in achieving our aim of improving healthcare for homeless and other multiply excluded people.

It is our intention that the delivery of the strategic objectives set out in this plan should contribute to an increase in the average age of death for single homeless people and rough sleepers in the UK, and a transformation in the attitudes of NHS staff to homeless people across the country. We have seen some improvements in services in healthcare for homeless people since the publication of our first plan. By 2019 we aim to have brought about improvements in more services and to see measurable improvements in health outcomes for homeless people.

Levels of homelessness and the resulting health harms are overwhelmingly a consequence of wider economic and social circumstances, and of the political choices we make as a society. These continue to be challenging times for the NHS. Pathway remains fully committed to championing improvements in health service provision for the most excluded and vulnerable, working within and alongside the whole of the NHS.

Professor Aidan Halligan

Chairman

Note: Professor Aidan Halligan died suddenly on 27th April 2015, six weeks after he and the board approved this revised strategic plan. On Aidan's behalf Pathway's Board, staff, colleagues and collaborators are determined to deliver every part of this plan.

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 the health outcomes for the most marginalised in British society

Pathway is:

- a recognised leader in the field of healthcare for homeless people and other multiply excluded groups
- an organisation that puts service users at its centre
- an agent of change working within and in partnership 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 the homeless healthcare

Pathway's work will:

- help our patients onto more positive life paths by enabling them to overcome their mental and physical health problems
- engage with our patients' critical health problems at the same time as working to resolve the underlying causes of their ill health, including their homelessness
- share our learning and ethos with all those committed to our vision
- work with others providing relevant services in the public and voluntary sectors
- develop influential national standards of healthcare for multiply excluded groups that are the equivalent of, and as respected as those of MacMillan Cancer Support

Part 2

Our values

We believe:

- compassion and kindness must be defining characteristics of any service claiming to improve health outcomes
- our client group – homeless people and other multiply excluded groups – need fully integrated, patient-centred services. This requires different professionals and agencies to work together to coordinate care, and address all problems, health or otherwise, in a patient’s life – including their lack of somewhere to live
- the most vulnerable in society deserve the highest standards of professional and medical care and medical professionals should never seek to avoid the most difficult cases or problems
- our clients are individuals able to take control and make decisions about their own care and lives, and are able to change
- in the NHS and its values – Pathway’s purpose is to transform the way NHS services are delivered to homeless people, not to replace those services
- in valuing staff delivering Pathway’s services: caring for sometimes challenging and often damaged patients demands exceptional staff who themselves need the best possible support
- in evidence based practice. We are committed to openness, to continually monitoring our practice, to evaluating our results, to learning from others and actively developing the research base to improve understanding of social exclusion medicine
- people with experience of homelessness should be part of our organisation – expert advisors and staff – they will ensure we never lose touch with the real issues our patients have to deal with

Part 3

Where we are now

Since the publication of our first strategic plan, we have:

- established Pathway teams in 5 hospitals across London – UCLH, Royal London, Guy’s, St Thomas’ and King’s College Hospital
- established Pathway teams in 2 hospitals outside London – Brighton and Bradford
- established and supported Pathway style services in Manchester and Leeds
- Pathway teams have helped care for around 10,000 homeless patients
- made cases for and secured funding from NHS Commissioners for the services in Royal London, Guy’s, St Thomas’ and King’s (KHP Partners), Brighton and Bradford
- completed a two site randomised controlled research trial of the Pathway model in the Royal London and Brighton hospitals
- secured permanent financial investment in the Pathway service at UCLH – 4 weekly sessions of a GP plus 2 full time nurses
- developed an inclusive support network of clinicians and people working in the homelessness sector and people with lived experience – known as the Faculty for Homeless and Inclusion Health
- through the Faculty of Homeless and Inclusion Health, developed and published the first set of Standards for Homeless and Inclusion Healthcare in May 2011, and published a revised and extended version in September 2013
- introduced monthly reflective practice for our teams in London and Brighton
- led quarterly meetings of the Faculty for Homeless and Inclusion Health in London, and on behalf of the Faculty of Homeless and Inclusion Health, ensuring Pathway teams and experts by experience are fully involved and represented at these events
- published annual reviews of our work in 2012, 2013 and 2014
- undertaken a research study on homeless people’s access to dental services, including supporting a number of patients to access treatment
- begun work with strategic organisations including NHS England, Public Health England, Care Quality Commission to ensure our learning from homeless healthcare is included in their policy formulation and that they also hear the views of Experts by Experience

- carried out extensive exploratory work to initiate a medical respite centre/unit in partnership with UCLH, and opened a pilot Pathway to Home model in March 2015 using beds in a nearby hostel
- introduced Pathway homeless team support in Accident and Emergency Units in King's Health Partners' hospitals, UCLH and Bradford
- recruited four Care Navigator Apprentices – one has completed the City and Guilds Level 3 Diploma in Health and Social Care and works full time at UCLH, two are part way through the City and Guilds Level 2 Certificate in Health and Social Care all supported by our partnership with the London Learning Consortium, and one decided not to pursue the apprenticeship
- secured significant grants from charitable foundations and statutory organisations to support our work
- published audited, unqualified accounts for each year

Over the next five years Pathway will maintain its position as:

- a recognised leader in the field of healthcare for homeless people and other multiply excluded groups
- an organisation that puts service users at its centre
- an agent of change working within and in partnership 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

We will do this by working to the following five strategic aims:

1. To support, strengthen and spread our existing service models and networks
2. To develop the variety of services operating within the Pathway network
3. To research, test and evaluate new and additional services and build the evidence around homeless and inclusion health
4. To provide support to and develop further the Faculty for Homeless and Inclusion Health – including potentially establishing it as a free standing organisation
5. To maintain a strong organisation

On the following pages we give more explanation of each of these aims, set out a series of objectives that will help us deliver them, and identify the outcomes we plan to achieve by 2019 (or sooner)

Part 4

Aim 1: To support, strengthen and spread our existing service models and networks: *we have grown substantially in the first four years of existence, and it is vital for that growth to be consolidated with permanent funding to support the continuation of the Pathway teams and services, and where possible to add existing teams to the network. Pathway staff need to feel valued, know they are appreciated and that they will be supported in their efforts to work with the most vulnerable people in our society.*

Objective	Outcomes
We will secure permanent core funding through commissioners for Pathway's hospital services	<p>The following hospitals have a Pathway service funded on a permanent basis by 31 March 2016</p> <ul style="list-style-type: none">○ UCLH○ Royal London○ Brighton○ Bradford○ KHP hospitals (Guys, St Thomas's and Kings)
We will convince additional hospitals in London and beyond of the value of Pathway teams so that they commission needs analysis and service planning	<ul style="list-style-type: none">• Royal Free pilot service implemented by 31 March 2016• South London and Maudsley service piloted and reviewed by 31 March 2018• Additional needs assessments and sites brought on throughout the period
We will refine and deliver a support package for Pathway's staff teams	<ul style="list-style-type: none">• An online repository of learning materials and information developed and maintained for Pathway teams by 30 September 2015• an annual CPD day for Pathway teams introduced and run by 31 March 2016• At least 50% of Pathway staff attend Faculty meetings in their local areas annually• At least 75% of Pathway staff attend more than half of the monthly reflective practice sessions offered in London and Brighton• By end 2016, reflective practice sessions run in 50% of other areas where there is a Pathway team

We will provide support to standard Pathway hospital services as much as we can and as needed

- 100% of requests for support or advice responded to within two weeks of request
- Pathway teams will be informed of new learning materials, faculty meetings etc. as soon as possible

Part 4

Aim 2: To develop the variety of service operating within the Pathway network of services: *We know that the current services we offer are not sufficient to address fully the range of issues that confront homeless and excluded patients. We have identified the need for a step down facility when patients no longer require acute hospitalisation but who are not ready to be discharged to an hostel place or back on the streets. We aim to address this problem through the Hospital at Home concept and through the delivery of the first stand alone medical respite centre. We will also explore further the option of securing permanent housing for patients when they are discharged from hospital or our medical respite facility because for some patients being discharged to a hostel is not the best option. We need to expand our existing foray into A&E by securing additional resources for teams to help homeless and other excluded patients who attend A&E but who are not ill enough to be admitted to become connected with appropriate community services. By expanding our team of trained Care Navigators, we will be able to enhance the resources available to Pathway hospital teams.*

Objective	Outcomes
Test the Hospital at Home concept by providing it in a homeless hotel as a stepping stone towards a medical respite centre.	<ul style="list-style-type: none">• Two to four beds provided for patients stepping down from acute hospital beds in UCLH by 31 March 2105• Evaluation of success of pilot project evaluated by 31 March 2016• At least two additional London hospitals with a Pathway service persuaded to join the pilot by 31 March 2016
We will open our first Medical Respite Centre in London	<ul style="list-style-type: none">• Funding for the development of a dedicated Pathway medical respite centre secured by 31 March 2017• Appropriate building or site identified and secured for the first Pathway medical respite centre by 31 March 2017• Partners identified to operate the first Pathway medical respite centre in London by 31 March 2017• Building ready to accept first patients by 31 March 2018
We will pilot a 'housing first' discharge model, placing homeless patients in permanent housing on discharge from hospital, and evaluate its impact	<ul style="list-style-type: none">• By 2016 robust evidence of the appropriateness of the 'housing first' model used by Pathway teams will be published and disseminated

Care Navigators in all hospitals with a service

- Current two apprentices complete first stage training by summer 2015
- Employment secured and funded for three trained Care Navigators in London hospitals by autumn 2015
- Finance secured to extend apprenticeships by summer 2015
- Two apprentices in training p.a. in UCLH and one in each of Royal London and KHP teams by summer 2015
- Care Navigator model and apprenticeships extended to Pathway services outside London by 31 March 2016

Expansion into A&E in all hospitals with a Pathway service where the demand is sufficient

- At least two more Pathway teams have the resource to expand their work into A&E by 31 March 2016
- By 2016, at least 60% of the patients that Pathway staff see in A&E who are not admitted will be connected to relevant community services
- Annual data reports compiled by all Pathway teams to prove effectiveness of the interventions by 31 March 2016

Part 4

Aim 3: To research, test and evaluate new and additional services and build the evidence around homeless and inclusion health

One way to deliver our core purpose of improving healthcare for homeless people and other multiply excluded groups is to share widely what we are learning, to develop expertise and to support others to deliver to our standards. Over the five years of this plan we want to develop our capacity and reputation for research, including the involvement of service users – people who are experts by experience – in this aspect of our work. We want to become recognised as experts in dissemination of learning and influencers of changes to services for the better. We intend to look at ways of improving other aspects of healthcare including mental health and end of life care, and also want to find ways of sharing data on and improving the outcomes for those individuals from multiply excluded groups who frequently attend A&E departments.

Objective	Outcomes
Secure funding for research projects that are relevant to the development of Pathway's services for example: criminal justice, tri-morbidity and integrated care	<ul style="list-style-type: none"> Two major research projects funded and completed before 31 March 2019
Explore ways to improve the management and sharing of data around frequent hospital attenders and end of life care	<ul style="list-style-type: none"> Secure funding to resource the projects by summer 2015 Pilot interventions during 2015 and 2016 Complete and publish evaluation reports from the projects by 31 March 2018
We will work with partners who will help improve healthcare quality for other multiply excluded groups for example: disadvantaged, excluded young people, refugees and sex workers	<ul style="list-style-type: none"> Ensure groups other than rough sleepers and homeless people are included in revised published Standards of healthcare Ensure service users from other groups and specialist clinicians and community workers are represented in the development of services associated with Pathway and also in the Faculty of Homeless and Inclusion Health's meetings and annual conference
We will work with partners to improve the mental health services available to Pathway's patients and to ensure the stability of mental health of Pathway's staff	<ul style="list-style-type: none"> Secure funding to ensure the work on mental health service interventions for rough sleepers continues to be hosted and supported by 31 March 2015 Launch a pilot Pathway service in South London and Maudesley

	<p>hospital by 31 December 2014 and evaluate the results by 31 March 2018</p> <ul style="list-style-type: none"> • Hold monthly reflective practice sessions in north and south London and in Brighton for Pathway staff • By end 2016, have encouraged 50% of other areas with Pathway teams to run reflective practice sessions
<p>We will build and support a service user component into our work to enable rigorous testing of proposed new and existing services and policy development for Pathway and members of the Faculty of Homeless and Inclusion Health</p>	<ul style="list-style-type: none"> • By 2016 we will have assembled a significant number of service users from a wide range of backgrounds and locations who can be asked to volunteer to inform Pathway's and other Faculty members' work • By 2016, we will be the Faculty members' first port of call for service user input to the evaluation and testing of their services
<p>Pathway brand continues to earn and maintain national recognition for improving care for homeless and marginalised people</p>	<ul style="list-style-type: none"> • Results of the two site randomised controlled trial of Pathway service at the Royal London and Brighton is published and promoted by 31 March 2016

Part 4

Aim 4: To provide support to and develop further the Faculty for Homeless and Inclusion Health - including potentially establishing it as a free standing organisation: *The Faculty of Homeless and Inclusion Health is an important vehicle for Pathway to deliver this ambitious plan. It brings together nearly 200 people from across England who are experienced in providing health and social care through many professions to homeless and other multiply excluded people. The membership also includes people who are experts by lived experience. Pathway will continue to lead and support the work of the Faculty, but will also explore ways it can grow stronger and more resilient, potentially by affiliating with a renowned medical college and/or becoming a free-standing body.*

Objective	Outcomes
We will support the Faculty of Homeless & Inclusion Health to improve service quality for homeless and other marginalised groups of patients by developing widely agreed clinical standards	<ul style="list-style-type: none"> • Regular review, update and publication of Standards with third revision published before 31 March 2016 • By 31 December 2014, develop and pilot on two sites the inspection process of organisations by peer members of the Faculty to ensure adherence to the published Standards • Evaluate the pilot and share results with members of the Faculty by 31 March 2015 • From 1 April 2015, offer and roll out inspection process of organisations by peer members of the Faculty to member organisation that profess to follow the published Standards
We will secure funding for Faculty to have a dedicated staff resource to coordinate its work	<ul style="list-style-type: none"> • By summer 2016, to have secured sufficient funding to employ a member of staff to provide project coordination and administration support to the Faculty of Homelessness and Inclusion Health for at least two years
Through the Faculty of Homeless and Inclusion Health, we will influence developing and emerging public policy and practice, including supporting national organisations such as Health Watch, CQC,	<ul style="list-style-type: none"> • Coordinate and provide timely responses on draft policy documents that are presented to the Faculty for comment • By 31 March 2019, changes to at least two national policies and practices influenced through participation in meetings and seminars led by national organisations

NHS England and Public Health England in their endeavours to improve health services for the most marginalised	
Through the Faculty of Homeless and Inclusion Health we will develop and promote inter-professional learning	<ul style="list-style-type: none"> • Periodic CPD seminars will be developed and promoted from 2015 onwards • Video clips from the Faculty's conferences will be packaged and promoted as CPD training materials from 2015 onwards • Certificate level training that builds towards a Masters degree in Inclusion Health will be delivered by 31 March 2019 • Academic accreditation for all aspects of training offered will be secured by 31 March 2016
We will support the Faculty of Homeless and Inclusion Health to develop, coordinate and promote their annual conference	<ul style="list-style-type: none"> • A one or two day conference will be held annually in March and attended by more than 200 delegates
We will explore the possibility of the affiliation of the Faculty of Homeless and Inclusion Health with the Royal College of Physicians	<ul style="list-style-type: none"> • By 31 March 2016, proposals and recommendations will be made to the Faculty about the possibility and benefits of affiliating to the Royal College of Physicians

Part 4

Aim 5: To maintain a strong core organisation: *Pathway does not want to become a large organisation providing direct services. Rather our ambition is to develop, prove, promote and share our approach and the standards that define it. Pathway’s practitioners will usually be NHS employees although we will be the employer of Care Navigator apprentices and maybe Care Navigators. To deliver this plan, we need to maintain a small but appropriately staffed core organisation underpinned by sufficient core funding secured from a combination of funding from grants (philanthropic and government) and the sustainable business model.*

Objective	Outcomes
We will secure funding to support the delivery of this plan	<ul style="list-style-type: none"> • Sufficient funding is secured annually to support the core Pathway team to deliver the objectives in this plan
We will develop a sustainable financing model sufficient to convince new investors (NHS or philanthropic) that we deliver value in money and services by meeting our aims	<ul style="list-style-type: none"> • By 31 March 2016, the business model will be generating sufficient revenue to finance at least 50% of our core operation
We will maintain and develop further our marketing strategy	<ul style="list-style-type: none"> • By summer 2015 we will have introduced a half yearly newsletter • Pathway’s website will be continuously updated and reviewed at least annually • By 31 March 2016 we will have started to use social media to promote Pathway’s and the Faculty’s work
We will regularly review the core staffing structure of Pathway	<ul style="list-style-type: none"> • Annual review of staff resources linking it to the implementation of this plan
We will publish an annual review of Pathway’s activities	<ul style="list-style-type: none"> • Published in February or March and launched at an event such as the Faculty of Homeless and Inclusion Health’s annual conference
We will maintain relevant policies and procedures in line with best practice in charitable governance	<ul style="list-style-type: none"> • We will be known as a well-run charity demonstrated by unqualified accounts and audits



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