

# HOMELESS DISCHARGE BEST PRACTICE

Royal London Hospital Pathway Homeless  
Team

Steve Wynne Senior Sister

Anna McCormick Occupational Therapist

Gavin Blethyn Senior Care Navigator



- Puts patients at the centre of their care.
- Model of integrated healthcare for single homeless people and rough sleepers.
- Dr's Aidan Halligan and Nigel Hewett and Nurse Trudy Boyce first began developing idea 2009.
- 2010 gained charitable status. 2011 first board meeting.
- 2013 secured new website courtesy of Notting Hill Housing Trust that better reflected the work being done over country.
- UK's leading homeless healthcare charity that has helped the NHS to create 11 multi-disciplinary teams to help homeless people when admitted to hospital.

*'Homeless people in the  
UK don't die from  
exposure. They die from  
treatable medical  
conditions.'*

**Dr Nigel Hewett,  
Medical Director Pathway**



**Training:** for formerly homeless people to work in NHS -Care Navigators, and Experts by Experience who work in Pathway to develop services and enable homeless people to speak up about their concerns. Invaluable experience for staff and patients alike.

**Research:** into homelessness and health to improve patients services and to support the NHS, commissioners and clinical colleagues.

**Faculty for Homeless and Inclusion Health** – growing network of health professionals working with homeless people, vulnerable migrants, people selling sex, gypsy and traveller communities.

The Faculty has published national standards for health services endorsed by Royal College of Physicians.

# OUR TEAM

- Dr Peter Buchman Clinical Lead, GP Health E1
- Steve Wynne Snr Sister
- Anna McCormick Snr Occupational Therapist
- Gavin Blethyn Snr Care Navigator
- Prisca Mutale Snr Social Worker
- Dorothy Dorrington Part-time Administrator

<https://www.bbc.co.uk/news/av/stories-43503005/how-a-hospital-visit-saved-this-man-from-homelessness>



# RLH Pathway Homeless Team

- 18 month research project
- Commissioned by TH CCG to continue – short term contracts
- Originally Peter and senior Barts Health nurse, about 6 yrs ago
- Then non-statutory Social Worker seconded in.
- 2014 Barts Health Nurse left, ELFT nurse seconded and remained.
- 2015 Care Navigator, trained at UCLH.
- 2016 Ongoing funding agreed.
- 2016 Another nurse – until 2017
- 2017 S/W retired
- 2017 Occupational therapist
- 2018 Snr S/W seconded from TH Hospital SW Team

# RLH Pathway Homeless Team

- **Collaborative** – with both patients and colleagues
- Everyone should get the same healthcare opportunities and services whether or not homeless.
- Patients stories first – then a plan for accommodation.
- Non-hierarchical, but aware of lines of accountability.
- All have our specialities and own experience.
- All work together on cases with most appropriate person taking the lead.
- Development of partnerships both in and outside of hospital
- Weekly MDT, same time, same place, same hot drinks and chocolate biscuits.
- MDT attended by many partners regularly over last 6 years.
- Providing education around homelessness to other NHS colleagues



# Routes to Roots

- Have close working relationship. Liaise continually.
- Team initially funded by Providence Row charity and Tower Hamlets Housing to work with out of borough patients.
- We refer all non TH patients who have recourse to R2R
- 3 experienced and knowledgeable personal support workers who assess and work with patients in RLH.
- Provide housing and benefit advice and support to patients from out of borough.
- Liaise with housing officers, arrange, and accompany to appts
- Work with others involved – eg St Giles, Social Services.
- Follow up post discharge

# Some Other Partners

- **Routes to Roots**
- **Tower Hamlets Housing Homeless Complex Needs Team**
- **St Mungo's Street Outreach Team**
- **Community Intervention Service**
- **Groundswell**
- **Health E1, local Homeless GP practice**
- **Local hostel representatives**
- **RLH Drug and Alcohol Liaison Team**
- **St Giles Trust**
- **RLH Complex Discharge Team**
- **Praxis and Asylum Aid**
- **Barts Health clinical staff and managers**
- **Routes Home Team**
- **RESET, TH Drug and Alcohol Service**
- **Other borough community, NHS, local authority, social service, TB Find and Treat, clinical teams, as needed.**

# Case Study 1

- 70 yr old Pakistani gentleman.
- UK 17yrs. Small amounts cash in hand work.
- Family in Pakistan – not seen since left
- Before admission sleeping in disused industrial estate.
- Helped by friends and people from local Mosque with food and occasional bed for night.
- Had solicitor – claim in for leave to remain as here so long and made life for himself. Been going on for years.
- Admitted with aggressive brain tumour requiring urgent surgery.

# Case Study 1 continued

- Had surgery and recovered well.
- Doctors recommended 6 week course of intensive radiotherapy.
- Questions about his eligibility arose.
- Reluctance to treat further
- What would happen after discharge – where could he stay?
- Plan? What can be done? What should be done?

# Case Study 2

- 45 yr old British gentleman, originally from South West.
- Homeless in Tower Hamlets – on CHAIN. No benefits.
- Chaotic lifestyle due to IV drug use with partner and dog.
- Did not want to be separated from partner or dog.
- Poor mobility and using crutches due to chronic severe leg ulcers.
- Road accident - fractured spine – needs to wear back brace for 10 weeks.
- Repeatedly said would leave hospital to be with partner.
- Plan? What could/should be done?
- What would be helpful long term?

# Case Study 3

- Young lady, has 3 month old child.
- Lives with relative (not in Tower Hamlets)
- Gunshot wound to stomach.
- Attack intended for another family member she was visiting
- Complex family situation.
- She knew perpetrators family and they knew where she lived.
- Unsafe to return home
- Separated from baby in hospital so wanting to leave
- **Plan?** What can be done to support her in hospital
- What could be done about housing?

# Finally!

- **Collaborative working with all partners.**
- Listening to what our patients want, devise realistic plan.
- Reasonable and appropriate goals – our definition!
- ‘Fighting’ patients’ corners when necessary.
- Keeping up to date with changes in legislation.
- On going training and learning.
- Education around homeless issues for Hospital staff etc.
- **Thank you and have a good weekend.**