

City of London Health Outreach

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434 rough sleepers 2019-2020

**7th behind Westminster, Newham, Camden,
Southwark, Ealing, Tower Hamlets**

Rough sleeper counts over winter 20-30



[illegible]

Established soon after the Romans invaded Britain in AD43, the City is situated at the very heart of London and is the place from which modern-day London grew.

Today, the City is the world's leading international financial and business centre, made richer by its extraordinary history, vibrant cultural scene and wealth of green spaces.

The City of London Corporation provides local government services for this area. It promotes the business City and delivers a host of additional facilities for the benefit of London and the nation. This includes a commitment to delivering world-class visitor information services.

The nearby City Information Centre and this map are part of that provision, designed to help you discover the City for yourself.

www.cityoflondon.gov.uk

[illegible]

Where and when and who?

- City of London square mile
 - Once a week with outreach staff member
 - 19.30 - 00.00 or similar
 - Generally by bike, sometimes on foot
 - 8-12 people seen per shift
 - 12-15 hours work per week in total
-
- Mix of long term clients and new referrals / opportunistic contacts
 - i.e. some flow (1-4 weeks contact), and some case management clients – around 10





CHAIN – read access

The screenshot displays the CHAIN web application interface. The browser address bar shows the URL `chain.my.salesforce.com/001C000000xnDh3`. The application header includes the CHAIN logo and a navigation menu with links for Home, Clients, Reports, Referrals (telephone/website), and Support & Information. A 'Logout' link is visible in the top right corner.

The main content area is divided into two sections. On the left is a 'Client Search' sidebar with input fields for 'First Name', 'Surname', and 'Any name/DOB/Client ID/Description', along with a 'Search' button and a link to 'Advanced Search...'. Below this is a 'Referral search' section with a 'Name/DOB/Borough/Site' input field and a 'Search' button. At the bottom of the sidebar is a 'Recent Items' list containing 'Mickey Mouse', 'Meron Girmay', and 'Michael Ingham'.

The right section displays the 'Client Detail' for 'Mx. Mickey Mouse'. It features a tabbed interface with 'New Street Contact - Bedded Down' and 'New Street Contact - Not Bedded Down'. The 'Client Summary' section provides the following information:

Client Summary	
Client Name	Mx. Mickey Mouse
ClientID	CH234091
Other Names	Pluto
Merged with	CH00001, CH00002
Ownership	Public
Date of most recent client merger	26/11/2019
Birthdate	18/11/1938
Phone	12345678910, other number 0121212129
DOB Estimated	<input type="checkbox"/>
Email	mickey_mus@hotmail.is
Date of death	
NI Number	
Accommodation status at time of death	
Lead Worker	
Action plan edited	Colin Westhead - 2020-11-18 17:09:33Z
Person description	squeaky voice. Large white gloves, dog named Pluto. Easily identified as he is a cartoon although difficult to see in profile as he exists only in two dimensional space
Action Plan	Very approachable when in Disney land. Maint contact.

The Windows taskbar at the bottom shows the system clock as 18:24 on 20/03/2021, along with various application icons and a search bar.

What do I do?

- Engagement work
- Holistic health assessment, observations, Covid screening
- GP registration
- Referral and liaison with mental health and addictions
- Contact with existing GPs re outstanding health need
- Vaccinations
- Prescriptions (rare)
- Liaison with hospital discharge teams

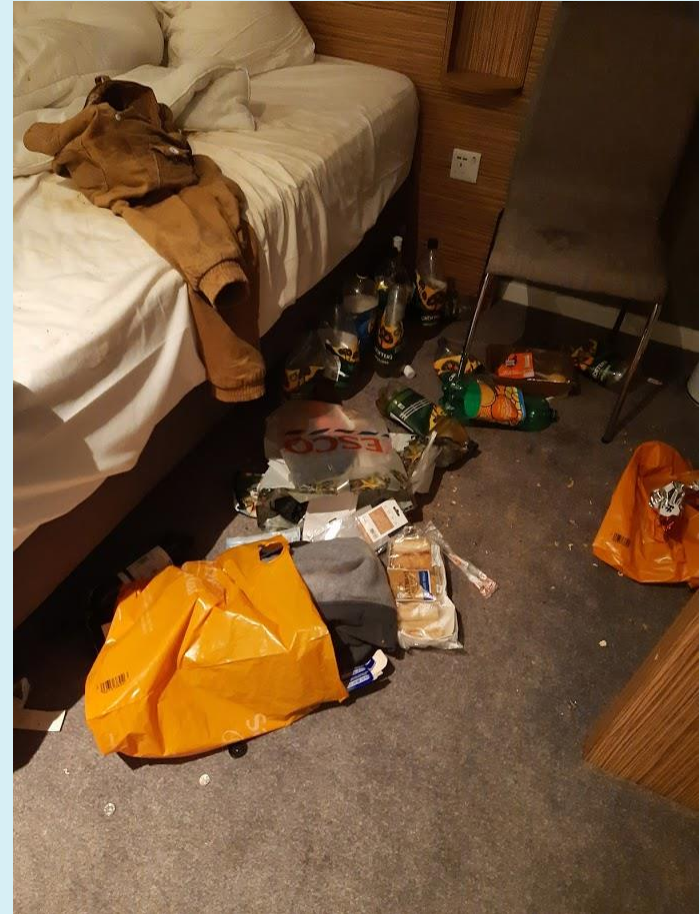
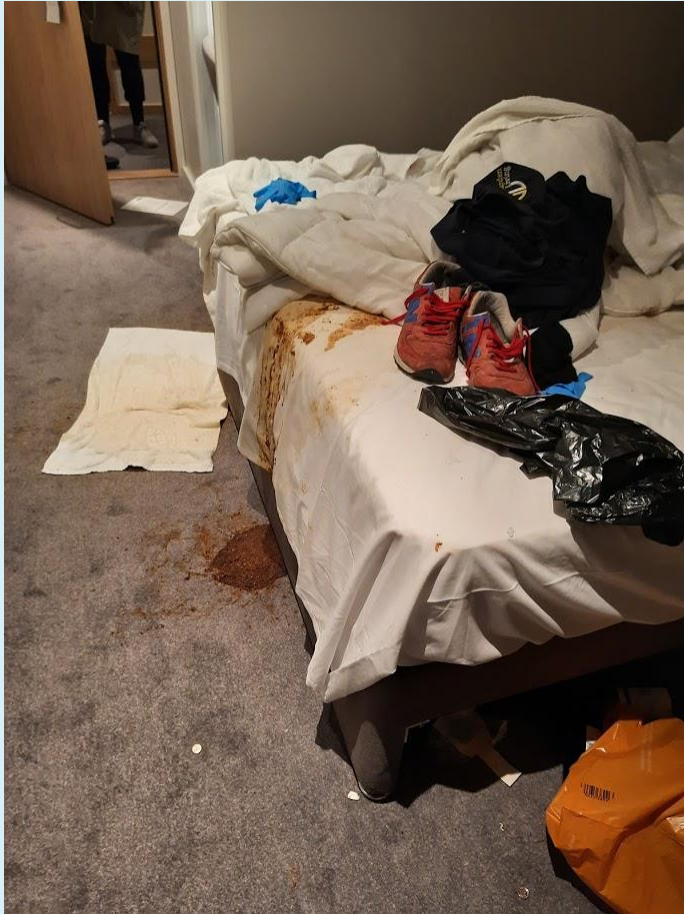
- Can take people in to accommodation if they agree to this. Then generally follow up for a couple of weeks after until linked into services

[illegible]



Hotel visit

Hotel accommodation without support



Two weekly 'Task & Action' meetings on MS Teams

- Local Authority pathway lead
- Outreach team (Thamesreach)
- CAS (City Assessment Service) – 60 beds (managed by Providence Row) & Travelodge hotel – 30 beds (low level support provided)
- RAMHP (Rough Sleeping and Mental Health Programme) team
- Turning Point (Addictions)
- City of London Police
- Social Care



Not currently attending, but will hopefully attend soon...

- Two specialist GP surgeries (the Greenhouse in Hackney and Health E1 in Tower Hamlets)
- Outreach primary care team (East London Foundation Trust) which has been commissioned since Covid

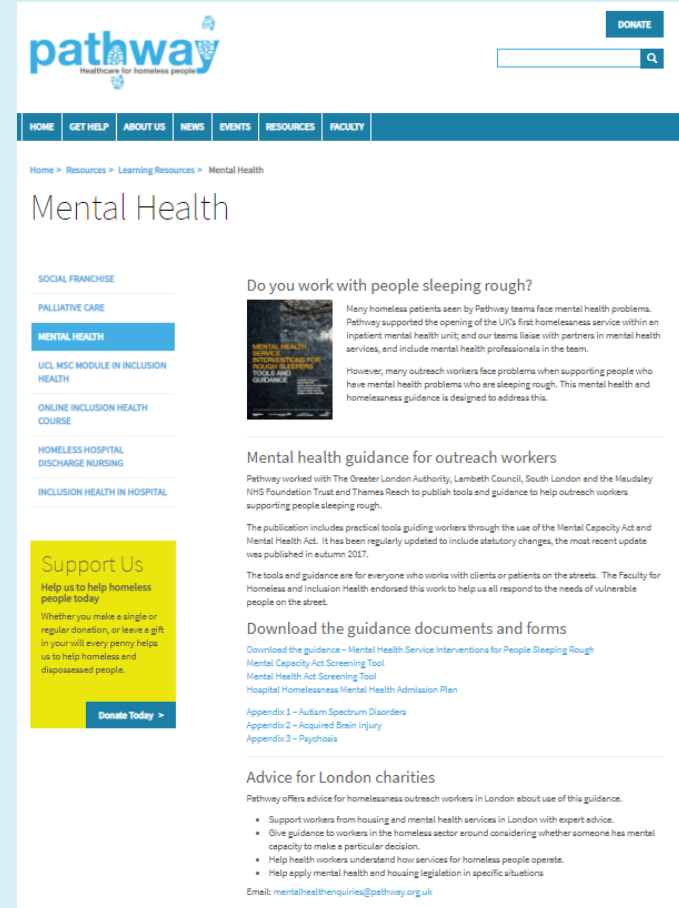
Challenges

- Information sharing
- Times of contact not always ideal
- Other people not having a bike!
- Lack of support in hotels
- Not enough time allocated to do the job properly
- **Care refusal – understanding and unpicking the cause**



Mental capacity often hard to assess due to interplay of:

- Language
- Literacy
- Cultural norms
- Mental health
- Psychological trauma
- Brain injury
- Neurodiversity
- Behavioural issues



The screenshot shows the Pathway website, which is dedicated to healthcare for homeless people. The header includes the Pathway logo, a search bar, and a 'DONATE' button. A navigation menu lists: HOME, GET HELP, ABOUT US, NEWS, EVENTS, RESOURCES, and FACULTY. The main content area is titled 'Mental Health' and features a sidebar with links to various resources: SOCIAL FRANCHISE, PALLIATIVE CARE, MENTAL HEALTH (highlighted), UCL MSC MODULE IN INCLUSION HEALTH, ONLINE INCLUSION HEALTH COURSE, HOMELESS HOSPITAL DISCHARGE NURSING, and INCLUSION HEALTH IN HOSPITAL. The main text area contains several articles and resources:

- Do you work with people sleeping rough?**
Many homeless patients seen by Pathway teams face mental health problems. Pathway supported the opening of the UK's first homelessness service within an inpatient mental health unit, and our teams liaise with partners in mental health services, and include mental health professionals in the team.
However, many outreach workers face problems when supporting people who have mental health problems who are sleeping rough. This mental health and homelessness guidance is designed to address this.
- Mental health guidance for outreach workers**
Pathway worked with The Greater London Authority, Lambeth Council, South London and the Maudsley NHS Foundation Trust and Thames Reach to publish tools and guidance to help outreach workers supporting people sleeping rough.
The publication includes practical tools guiding workers through the use of the Mental Capacity Act and Mental Health Act. It has been regularly updated to include statutory changes, the most recent update was published in autumn 2017.
The tools and guidance are for everyone who works with clients or patients on the streets. The Faculty for Homeless and Inclusion Health endorsed this work to help us all respond to the needs of vulnerable people on the street.
- Download the guidance documents and forms**
Download the guidance – Mental Health Service Interventions for People Sleeping Rough
Mental Capacity Act Screening Tool
Mental Health Act Screening Tool
Hospital Homelessness Mental Health Admission Plan
Appendix 1 – Autism Spectrum Disorders
Appendix 2 – Acquired Brain Injury
Appendix 3 – Psychosis
- Advice for London charities**
Pathway offers advice for homelessness outreach workers in London about use of this guidance.
 - Support workers from housing and mental health services in London with expert advice.
 - Give guidance to workers in the homeless sector around considering whether someone has mental capacity to make a particular decision.
 - Help health workers understand how services for homeless people operate.
 - Help apply mental health and housing legislation in specific situationsEmail: mentalhealthenquiries@pathway.org.uk

A yellow 'Support Us' box on the left encourages donations to help homeless people today, with a 'Donate Today >' button.

Developing a strong local focus on self-neglect

Assessment failings and self-neglect challenges: lessons about homelessness from case reviews

Safeguarding adults reviews regarding homeless people show practitioners struggling with Care Act assessment duties and in relation to self-neglect

October 22, 2019 in **Adults**




[Safeguarding, homelessness and rough sleeping: An analysis of safeguarding adult reviews](#)

Martineau S, Cornes M, Manthorpe J, Ornelas B, Fuller J, 2019.

NIHR study commencing – City of London is involved

Hackney SARS



MS: A Safeguarding Adult Review

City of London and Hackney Safeguarding Adults Board
Report Author: Professor Michael Preston-Shoot
11/11/20

- Use interpreters
- Ask about next of kin
- Improve legal literacy – do professionals need more training
- Consider executive decision making capacity
- Improve MDT working
- Use advocacy services
- Be clear about risks as well as mental capacity
- Audit decisions and documentation on mental capacity

Case study 1

- Non UK national
- Around 40
- Limited English
- Total lack of engagement in English and own language – various versions of ‘no thank you’
- ‘Living’ on a main highway for very long period in own bash, refusing to come in
- Same pattern of behaviour every day
- Neat and tidy, apparently self-caring
- No eye contact
- Assessed to have ‘no mental health problem’



What has happened?

- Senior outreach worker from same country as his came out
- Embassy – **missing person in own country**
- Information now obtained:
 - Past diagnosis of schizophrenia
 - Significant past RTA with serious head injury
 - Prior severe alcoholism
 - Past decision of lack of capacity
- Several capacity assessments done, plus detailed reports from all involved workers, Speech & Language therapy advice
- Family now involved
- Best interest meetings ongoing
- Heading to the Court of Protection



Case study 2

- Long term rough sleeper
- Retirement age
- Living in a square, refusing to come in
- UK national, entitled, not claiming
- Same trousers, clothes, and hospital pyjamas on 1 year
- Hoarder
- Chronic swollen legs
- Previous significant trauma to L leg with resulting disability
- Multiple past admissions with wound infections, rejected placements on discharge
- Sleeps upright
- Seemingly inadequate cover to be sleeping out at night
- Refusing all health interventions
- Likes a chat, wants to engage on his terms!



What has happened?

- Gradually gained some history and information
- Gained hospital notes and read them to him
- Brought out a GP, practice nurse
- Pictures of accommodation, workers brought out
- Detailed report on my overall opinion of mental capacity
- Current considerations of executive capacity



- Building owner losing patience
- Case conferences re self neglect
- Huge concerns when temperature drops to -5
- **Possible inherent jurisdiction???**

What is inherent jurisdiction?

- The High Court has an inherent jurisdiction to protect adults at risk whether or not they lack capacity. The Court can exercise this jurisdiction where it is lawful, necessary and proportionate to do so.
- Inherent jurisdiction can be granted as a last resort when all other means of collaborative working have been exhausted.

Key points – inherent jurisdiction

- The operation and implications of any hoped for remedy may well amount to a deprivation of the victim's liberty (DoLS) and further an infringement of their human rights
- An inherent jurisdiction order will not provide a 'quick fix' even if granted on an interim basis. [?]
- Applying for an inherent jurisdiction order is a time consuming and costly process.

Others on the case load

- 5 others similar but 2 have come in recently – one after 29 contacts, the other after having numerous contacts out in other boroughs before coming to use. Interesting to reflect on.
- 3 very concerning IVDU clients – one couple, on single woman. Lots of worrying issues.

Reporting

- Pilot report – December 2019 – June 2020 – started as 3.5 hours a week, and was very much scoping
- Service restarted Sept 2020
- Follow up report in April 2021

Reporting

- Complexity of caseload
- No of verbal contacts (i.e. there has been some engagement)
- Full assessments undertaken
- New GP registrations and appointments arranged
- Contacts with pre-existing GPs / appointments arranged
- Signposting / advice given - e.g. brief intervention and harm minimisation
- Referrals to / engagement with mental health and addictions services
- Vaccination and screening (facilitation of)
- Housing outcomes
- A&E visits avoided and A&E / hospital visits initiated and attended
- No of direct health interventions e.g. minor illness assessments or wound dressings
- Reports written
- Case conferences attended

Tips



- Communicate, communicate, communicate
- Trust your gut
- Make friends with someone who is a safeguarding expert
- Get your own phone, that clients can call
- Get a calling card
- Consider gold card scheme?
- Go at different times of day
- Consider giving out phones and credit
- Think clearly about data collection and reporting