

HEALTH
INNOVATION:
SETTING UP A
PATHWAY
HOMELESS
SERVICE

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NWL ICB - FUNDED PROJECTS

- The NWL ICB started a pilot project – looking to improve health outcomes for people experiencing homelessness in the Boroughs of Westminster, K+C, H+F . The team were based with Imperial NHS Trust working out of St Mary's, Charing Cross, Hammersmith and C+W Hospitals- Inner Northwest London Team- Linked with Westminster Community Team
- I was offered opportunity to lead team to start a similar project working with the Boroughs of Brent and Ealing. Working with LNWH NHS Trust working out of Northwick Park and Ealing Hospitals- Outer Northwest London team.
- The expansion was related to the integrated team approach taken by Westminster's Homeless Health project, and the transformational effect it had on the lives of people experiencing homelessness. The ultimate aim is to expand the pilot across to all eight North West London boroughs
- Project started in May 2022, and went live 06/06/2022 for 1 year pilot project

OUTER NORTH WEST LONDON PATHWAY HOMELESS TEAM

- Working in combination with LNWH NHS Trust - Northwick Park and Ealing Hospitals
- NWL ICB
- Ealing and Brent Councils
- Charities and Voluntary Groups
- Community Services
- Probation
- Mental health Teams
- CGL / WDP / ARC

Team make up:

- 1 x 8a Team Lead - Me
- 2 x Band 7 nurses - Archana and Grace
- 2 x Housing Workers (1) Jo
- 0.4 GP - 2 x 2 session a week - Amisha and Rula
- Also started working with colleague from Groundswell to support people experiencing rough sleeping on admission in Ealing and Brent - Jacqui

PROJECT AIMS

- Look to provide holistic care for people who are excluded from health, focusing on those experiencing homelessness- looking to improve health outcomes, liaising with housing teams, community teams and charities- aim to have less people discharged back to the street
- To be a point of contact for housing, community teams, ASC, Drug and Alcohol \services, Mental Health Teams, A+E and other wards
- Speed up the D2R referral process
- Liaise with Immigration to check Pts right for recourse to public funds.
- Supporting the wards and clinics with providing atmosphere to encourage patients to stay in to complete treatments- change language, approach and rhetoric of staff.
- Supporting wards to keep patients in to have assessments, tests and start and complete treatments, arrange follow up care, register with GP's.



EXPERIENCES - GOOD AND BAD

- Saw 438 entries for people we have worked with since June 2022- April 2023
- 100 listed as NRPF
- 59% recorded as having addiction issues- more presenting in Ealing. Worked really well with ALN Team, waiting for full time team in NWP
- 45% had mental health concerns- liaised well and developed links on both sites with MHT
- 28% had both recorded
- Supported 32 to register new GP's
- Had £500 in charity donations to support with welcome packs, clothes, shoes and bedding
- ICB supported with PHB card
- Built up rapport with Outreach Teams
- Provided education to ward staff, ED, MHT
- Built up links with housing departments in Councils
- Had some really positive outcomes- team worked really well , got on, still there, able to manage the most complex issues



EXPERIENCES - GOOD AND BAD

- Both sites expected teams to have own housing provision
- All housing departments have limited properties/rooms available
- Takes time to set up assessments – 72 hrs average to accept d2r, assessments can take 3 weeks
- Sanctions prevent acceptance- arrears, ASB
- Need to get ID +U/C to progress housing application
- Pressure for patients to be discharged as soon as referred-repeat information every day- sick of sound of my voice- also linked to CDT
- Pressure for patients to be discharged before housing, benefits, HRA made- hospital not place for this to happen
- Staff voicing that they do not like “your patients”
- Safeguarding referrals all closed! Advised to refer to homeless team
- No clinical team link in trust- so need negotiating skills to get any change, referral, review esp MH
- Identified as being cause of length of stay increasing and higher number of attendances by people experiencing homelessness
- HRA/CAA often declined

MOVING FORWARD

- ICB have provided 3 more years funding
- SOP has been written - waiting for sign off - clarify role of the team
- New 8A to be in place - I have new role
- Look at service development
- Community nurses to join team to follow up people discharged from hospital
- Look for step down accommodation availability
- Issues still remain :
 - With the referral process, language used to describe this cohort of patients.
 - Time available to keep patients in hospital to have full assessments- MCA, Human Rights Assessments , Care Act Assessments
 - Outcomes often poor- assessments by phone for housing and care – limited assessments