

TB Housing Pathway

Kevin McGready

Adults and Health Directorate

Health Protection



Purpose

Promote treatment compliance by establishing a Leeds pathway for finding accommodation and support for patients who have No Money, No Housing and/or No Recourse to Public Funds (NRPF).

How

Identifying and agreeing the main steps of the process and with whom each responsibility lies.

It is very important to establish from the outset who takes overall responsibility for co-ordinating this process for each case.



Why did we need a pathway? It's a perfect storm

- Patient is worried or not aware of the potential
- Treatment and hospital to community – transition
- Complex social needs – substances, housing, family, work, language, migration status
- Care Act 2014 considerations = social care needs assessment – not social or medical needs
- Coordination between partners i.e. NHS – social work - housing – benefits – Home Office = complex and who has overall responsibility, who is going to fund support, 100s of emails and calls



Who sat around the table

- LCC Public Health
- TB Service manager and nurses
- LCC, Housing Options, Principal Housing Advisor
- Leeds Teaching Hospital
- LCC Hospital social work team manager
- Community IV Service
- LCC Adult Social Care, Service Delivery Manager

Informed

- Public Health England
- Local TB/Chest consultants



TB Housing Pathway for LTHT patients that have No Money, No Housing and/or have No Recourse to Public Funds

Leeds Community Healthcare Trust (LCHT), Leeds Teaching Hospital Trust (LTHT), Leeds City Council (LCC)

LTHT as case managers to identify TB patients who are a public health risk from the Leeds area

Referral by LTHT Ward when patient identified

LCC, Hospital Social Work Team

Social Care Assessment by the Ward Social Worker:

- If social care needs identified then normal process initiated
- If no social care needs identified then refer to LCC, Housing Options. The case will not be closed at this point

LCC's Single Point of Urgent Referral

LCC, Housing Options

Assessment/signposting/options:

- Housing – accommodation and payment arrangements
- Benefits, NRPF status, Immigration Status

LCC, Housing Options - communicate assessments update and if subsistence is needed then the Ward Social Worker to coordinate the Support Plan.

Notice of Discharge – The Ward will initial the NOD when patient is medically fit for discharge

Support Plan - The Ward Social Worker will coordinate the Support Plan if subsistence payment is required and agreed.

LCC Hospital Ward Social Work Team to lead the discharge planning meeting including:

- LCHT, TB Service
- LCHT, multi-disciplinary as identified i.e. Community Intravenous Antibiotic Service for MDR/XDR TB
- LTHT, multi-disciplinary as identified i.e. Pharmacy, Respiratory Consultant
- LCC, Housing Options

What can local authorities do to tackle TB? (red = supported by the NRPF pathway)

- Ensure a joined-up, multi-agency approach to TB patient care and support
- Encourage local health and social service commissioners to prioritise the delivery of appropriate clinical and public health services for TB
- Promote local leadership of TB at all levels – Leeds TB Group – CCG, Public Health, PHE, TB Service and Hospital – quarterly
- Encourage NHS commissioners, local authorities, housing departments and hostel accommodation providers to agree a process – Council not the CCG and hostel as a provider is depending on housing stock
- Support where possible an individual's social needs
- Invite a local TB nurse to raise awareness of TB among local authority staff.
- Ensure information about TB is cascaded into key local authority teams
- Facilitate appropriate access to information and advice on TB, Public Health Resource Centre
- Promote registration with GPs for new migrants, vulnerable or marginalised people - Leeds Migrant Health Board – chaired by the DPH
- Encourage multi-agency working on TB via the HWB and health protection board - a priority of the health protection board

