

**WYTHAM HALL ANNUAL REPORT**  
**1<sup>st</sup> April 2004 – 31<sup>st</sup> March 2005**

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Wytham Hall is a Charitable Company Limited by Guarantee.

## ■ WYTHAM HALL - An Introduction

Wytham Hall Recovery Unit was opened in 1984 as a unique and innovative project providing residential care to homeless patients with medical and psychiatric illness. Dr David El Kabir, the then Physician-in-charge of Great Chapel Street Medical Centre (website <http://business.virgin.net/gcs.medical/index.htm>), and a group of medical students set up the project. At Great Chapel Street, a walk-in surgery for the homeless in Central London, many patients were seen who were having difficulty coping on the streets due to ill health. Wytham Hall was established to provide an alternative to hospital admission for these people. Its other aims were to research the causes and consequences of homelessness and to provide medical education.

The recovery unit has fourteen beds and is run by a team of care-workers and doctors. During a patient's stay, medical problems are addressed in parallel with social and housing needs. A period of illness may give people a valuable opportunity to reconsider their options - Wytham Hall also owns a shared house and two flats. These have a total of sixteen beds where patients may be housed, providing continued care and rehabilitation.

*(Great Chapel Street Annual Report available on request).*



## ■ **BENEFACTORS OF WYTHAM HALL**

**We would like to thank the following organisations and individuals, as well as those that wish to remain anonymous, for their kind donations and gifts.**

### **FINANCIAL YEAR 2004-2005**

#### **Trusts and Statutory Bodies:**

The Barbara Welby Trust  
Hammerson plc  
Land Securities Group plc  
The Sidbury Trust  
Priory Trust

#### **Individuals:**

Mr S Andrews and Ms E Reason,  
Mrs B Banham, Mrs D Comline, Mr D  
Derx, Miss J R Fredericks, Ms A.Gleave,  
Mrs M J Gurley, Mr and Mrs Hinton,  
Mr and Mrs Jupp, Mr A I MacMillan,  
Mr P Mosedale, Mrs C B Tubb, Ms S  
Willson

**We would also like to thank the following organisations with whom we regularly cooperate:**

Alcohol Recovery Project; Alcohol Resource Centre; Alcoholics Anonymous; Atlas Boilers; The Benefits Agency; Brent Social Services; Broadway; Browns Chemist 195 Shirland Road; Camden & Islington Health Authority; Camden Substance Misuse Team; CARA; Central CAT Team; Central North West London CMHT; The Connections at St. Martin's; The Core Trust; Dental Surgery 392 Edgware Road; Ealing Social Services; Eurogard; Gordon Hospital and Paterson Centre for Mental Health; Great Chapel Street Medical Centre; Guy's Hospital; Harringey Social Services; Health Support Team; Homeless Link; Homeless Persons Unit, Westminster; Housing 21; Hungerford Drug Project; JAG Plumbing; Joint Homelessness Team; Kairos; Kensington & Chelsea Primary Care Trust; Lancaster Day Centre; Lisson

Grove Health Centre; MAC Electrical Services; The Metropolitan Police; Narcotics Anonymous; Commission for Social Care Inspection; Paddington Churches Housing Association; Paddington Drug Treatment Centre; The Passage Day Centre; Portugal Prints; Ronald Brown Optician 393 Harrow Road; St Charles Hospital; St George's Hospital; St Margaret's Drop-In Centre; St Mary's Hospital; St Mungo's Outreach; Salvation Army; Soho Centre; Supporting People; Thames Reach Bondway; The Terrace Day Centre; WAMH; West End CMHT; West London Day Centre; Western Eye Hospital; Westminster Drug Project; Westminster Housing Benefit; Westminster Social Services; Westminster Transport Department; Westminster Volunteer Bureau; Wharfside Clinic; Westminster Adult Education Service.

## ■ PRESIDENT

Belinda Banham, C.B.E, J.P.(S), B.Sc.(Hons) R.G.N. President of Wytham Hall Sick Bay. Chair of Professional Advisory Group, North Central London. Independent Assessor of Commission on Public Appointments

## ■ COUNCIL OF MANAGEMENT

Dr Bernard Adams, M.Sc., M.B., F.R.C.P., F.R.C.Psych., D.P.M.  
Honorary Consultant Psychiatrist and Honorary Senior Lecturer, University College Hospital

Terry Bamford, O.B.E., M.A. (Oxon), Dip. Soc. Admin.  
Chairman, Kensington & Chelsea Primary Care Trust  
Research Fellow, Social Services Research and Development Unit, Oxford Brookes University

Peter Barry, M.B.A. (City), F.C.C.A., DipM, I.M.I.S.  
Finance Director, Meiko UK Limited

Sir John Birch, K.C.V.O., C.M.G., M.A.  
Director, British Association for Central and Eastern Europe

Jeremy Booth, M.B., F.R.C.S., F.F.A.E.M.  
Director of Accident and Emergency Medicine, Chelsea and Westminster Hospital

Dr June Crown, C.B.E, Msc (London), M.A., M.B., B.Chir. (Cambridge), F.R.C.P., F.F.P.H.M.  
President, Faculty of Public Health Medicine, Royal College of Physicians

Dr David El Kabir, M.B.E., M.A., D.M. (Oxon), M.B., B.Chir. (Cantab), F.R.C.G.P.  
Chairman and Principal of Wytham Hall Sick Bay

Sir Brian Jarman, O.B.E., M.A., Ph.D., M.B., B.S., F.R.C.P., F.R.C.G.P., F.F.P.H.M.  
Emeritus Professor of General Practice, St Mary's Hospital Medical School

Chris Littmoden, C.B.E., C.A.  
Non-executive Chairman, Symphony Plastic Technologies plc. Board Member, Immigration & Nationality Directorate

Frank Woods, M.A. Dip. Arch. (Cantab), A.R.I.B.A., F.R.S.A.  
Formerly Chairman, Association of Consultant Architects  
Consultant, Austin-Smith: Lord, Architects

Dr Theodore Zeldin, C.B.E., F.B.A., F.R.S.L., F.R.HisC.S., M.A., D.Phil. (Oxon)  
Fellow of St. Anthony's College, Oxford

Company Secretary: Dr Philip Reid, B.A. (Oxon), M.B., B.S. (Lond), M.R.C.P., M.R.C.G.P., D.R.C.O.G.  
(Vice-Principal), Principal in General Practice

Solicitors: Dibb Lupton Alsop, 125 London Wall, London EC2Y 5AE  
Auditors: PKF, New Garden House, 78 Hatton Garden, London EC1N 8JA  
Bankers: HSBC, 196 Oxford Street, London W1A 1EZ

## ■ MEMBERS OF WYTHAM HALL

### ■ RESIDENT MEMBERS

Robert Bolus, B.Comm.(Cape Town)  
(Bursar), Practice Manager, Great Chapel Street Medical Centre

David El Kabir, M.B.E., M.A., D.M. (Oxon), M.B., B.Chir. (Cantab), F.R.C.G.P. (Principal)  
Chairman and Principal of Wytham Hall Sick-Bay

Philip Reid, B.A. (Oxon), M.B., B.S. (Lond), M.R.C.P., M.R.C.G.P., D.R.C.O.G.  
(Vice-Principal and Secretary), General Practitioner

Petr Valasek, M.D. Ph.D (Prague)  
Senior House Officer, Royal Sussex Hospital, Brighton and, Institute of Anatomy, First  
Medical Faculty, Charles University, Prague

### ■ NON-RESIDENT MEMBERS

Hannah Blunden, B.Sc. (Hons) Tourism, Management & Social Science  
Supported Housing Worker

Trudi Dixon,  
Chef Manager

John French  
Support Worker

Julie Gaudion, PGCE Health & Social Services Management  
Registered Care Home Manager

Sau Yee Lee, B.Sc. (Hons) Computing  
Administrator / Systems Manager

Bridget McCarthy  
Project Worker

Myrna Ricona  
Cleaner

Alfred Roibal, B.A.(Hons) Social Sciences  
Weekend Project Worker

Wendy Sutton, B.A.(Hons) Social Policy and  
Administration  
Weekend Project Worker



Bridget McCarthy, Project Worker

## ■ VISITING MEMBERS

Desiree El Kabir, M.A., M.B., B.Chir. (Cantab), M.R.C.P.  
Locum Consultant Physician

Jeremy El Kabir, M.B.,B.S. (Lond), F.R.C.S. F.R.C.S.(Urol)  
Consultant Urological Surgeon, Northwick Park Hospital; Honorary Consultant Surgeon, St. Mark's Hospital, Honorary Senior Lecturer in Surgery, Imperial College

Philip Joseph, B.Sc., M.D. (Lond), M.R.C.Psych.  
Senior Lecturer & Honorary Consultant in Forensic Psychiatry, St Mary's Hospital, London;  
Honorary Senior Lecturer in Forensic Psychiatry, Institute of Psychiatry, London

George Osborne, F.C.C.A.  
Accountant



Michael Currie, Chef

Emma Rembalski, Supported Housing Worker



Bridget McCarthy & Emma Rembalski



Julie Gaudion

## ■ CHAIRMAN'S REPORT

The 20<sup>th</sup> anniversary of Wytham Hall was celebrated by a reception at the Royal Society of Medicine in November 2004. It was gratifying to see so many old friends: some had been involved in the creation of the Hall, others were former trustees, or members who had moved on. It was an occasion for celebration and for the expression of our gratitude to all who, in some way or another, have helped us either materially or morally, to defy the difficulties and surmount the obstacles we have faced, and continue to face. to keep our heads above water – as this has been our lot financially since our very first day. For me, it was an occasion to express my deep appreciation of those of our members



Dr. David El Kabir, Chairman

who have been looking after our patients for over two decades, indeed, in one case, for more than half his life. For them there is no question as to whether the game is worth the candle; for them, there is no game and no candle – only commitment, compassion and competence. Their devotion, as well as that of our splendid staff, makes me feel both humbled and invigorated.

It is a far cry indeed from that world to that of our paymasters. Our financial situation remains precarious, and we continue to admit patients at our own expense. We felt, at one stage, that we were moving dangerously close to the limit of solvency. Matters have somewhat improved of late, but there is no telling when the next crisis will be upon us.

We need about £60,000 per annum to secure our financial viability. We have tried to present our case to various NHS organisations. We have invited people in authority to visit us. They all were highly complimentary about the value of the work and the substantial savings to the NHS that it represents. “Peanuts!” exclaimed one of them when she learnt of the sum required. The peanuts, however, failed to materialise. Instead we received letters written in some sort of jargon vaguely resembling the English language, the gist of which was that the buck was being passed. We wrote to the Office of the Deputy Prime Minister, who, we understood, had some discretionary powers to help. After some two months we received an acknowledgment, but were told that our letter had been passed on to the Department of Health, as the more appropriate authority to deal with matter. On the very same day, the Department of Health wrote to say that they had referred it to the Office of the Deputy Prime Minister, as its more appropriate recipient. We took both letters to our MP, who has, in fact, always been very supportive. She said that she would knock some heads together. As a result, no doubt, of the consequent thud, we received a lengthy letter from the Primary Care Trust, written in some sort of jargon vaguely resembling the English language, the gist of which was that the buck was being passed. And so the Kafkaesque farce goes on. It never ceases to amaze me that the intelligent, sensitive people who visited us and to whom we talked could end up by writing such obscurantist claptrap. I suppose that they, as well as we, are trapped in a system where no one dare take a creative initiative, however sensible or desirable it might be. The frightening world described by the quotation from Theodor Adorno which prefaces this report is well and truly upon us.

To pass to more palatable topics, I am glad to report the successes of one of our members: Dr Petr Valasek was awarded the degree of Doctor of Philosophy by Charles University, Prague, for his work on the development of the muscles of the perineum, which the examining committee described as a substantial and fundamental contribution to knowledge. A paper presented by him at the Annual Meeting of the British Association of Urological Surgeons was judged to be the best and was awarded the first prize. Dr Valasek will resume his academic career on completing his term as Senior House Officer at the Royal Sussex County Hospital, Brighton, and continue to live and work at Wytham Hall.

It is with great sadness that I have to report the death of one of our trustees. Dr Bernard Adams was one of our most supportive friends. His intelligence, his kindness, his sensitivity and his

humanity were writ large on his face. A couple of anecdotes will give the reader a measure of the man. One was a request to try to find a movie – The Red Balloon – for his grandson. This largely wordless film is about a lonely little boy’s adventures with, and the consolation which he derives from a red balloon which he chases all over Paris. I felt strangely part of that scenario, and I was delighted when I managed to find a copy for him. The other concerns holidays in France, when Bernard and his beloved Caryle were wont to take a canoe to one of the minor tributaries of the Dordogne, and would, each with a book in hand, allow the current to take them where it would. “Ripeness” said the poet, “is all”.

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## ■ DOCTORS’ REPORT

Wytham Hall was founded by doctors and medical students. In all some 20 medical students and doctors have resided here and helped with the medical and social care of our patients since 1984.

The presence of doctors who live on-site in a project like this is unusual and contributes to its special value as a place where people can receive a comprehensive assessment of physical and mental health combined with social care. As our own experience, statistics and case reports reveal, homeless people usually have a combination of problems, which are not easily addressed in a piecemeal fashion and certainly with great difficulty if they are homeless. (see Great Chapel Street Medical Centre Annual Report)

The three doctors currently involved with the care of the patients at Wytham Hall and its move-on houses live on site. Two are general practitioners (one retired) and the other is a junior hospital doctor. We have our normal day jobs and provide the medical care at Wytham Hall on a voluntary basis. One of us will assess new patients on the evening of their first day and design a treatment plan. This is then monitored and modified at the weekly meetings attended by all staff. Medication is prescribed and dispensed daily or weekly to the patients and supervised by the doctors, allowing prompt adjustments of treatment when needed. The general practitioners have many years experience of working with homeless people



Dr Philip Reid

both at Wytham Hall and at Great Chapel Street Medical Centre. We know the local medical services well and in particular use St. Mary’s Hospital, Paddington, and the Paterson Centre for Mental Health for opinions or investigations. In turn they refer us patients for further care and rehabilitation.

Over this year there has been a predominance of alcoholism and its consequences amongst the physical conditions we have seen. The residents with mental health problems have had severe conditions such as schizophrenia or disabling personality disorders. Two individuals particular stick in my mind. Both stayed for long periods. One had schizophrenia and depression, the other severe consequences of injecting drug use. The latter was also schizophrenic. Despite many ups and downs both benefited from a period of stability and convalescence.

The student elective programme at Wytham Hall, initiated and sponsored by the Conanima Foundation for an initial 5-year period, began in 1989. Nowadays, rather than

taking students from abroad we have medical students on Special Study Modules from Imperial College and Oxford. UCLH students also attend for a day early in their course. The attachment here gives a fascinating opportunity to meet a range of homeless people in different environments and to witness and understand their lives in depth. It also shows how a difference can be made to the damaged lives of this group of people. Students’ reports make interesting reading.

## ■ CASE REPORTS

**Mr. B** is a 35 year old man admitted through the Homelessness Directorate. He was a long term street homeless drug addict who had suffered a number of complications including the loss of one of his legs. He was keen to change his lifestyle and needed a supported environment where he could receive methadone treatment and have his leg ulcers attended to. This plan went well over the two and a half months of his stay and he was successfully discharged to Supported Housing.

**Mr. C** This 38 year old man had abused drugs and alcohol. His medical conditions included hepatitis C, partial deafness and bilateral cataracts. He was rather a cheeky individual who pushed boundaries as far as he could but nevertheless he did start to attend a day rehabilitation programme at The Core Trust. However towards the end of his first month with us he started drinking and left. Four months later he was readmitted from St Mary's hospital where he had been an in patient with alcoholic cardiomyopathy. He was clearly very unwell with this and came to us on a considerable amount of medication including Warfarin. He still managed to stretch the boundaries this time and did not seem to have fully appreciated the severity of his condition. He again started to attend



rehabilitation but sadly relapsed yet again and left Wytham Hall. He was subsequently seen at Great Chapel Street for medication; however his prognosis remains very poor.

**Mr. D** This 40 year old man came to us from St Mary's where he had been admitted following an alcohol withdrawal fit. He had a worrying background of psychopathic personality disorder and a very significant forensic history; however, he was well motivated and attended AA meetings regularly. At the end of his two month stay he went to a residential rehabilitation unit in Weston-Super-mare.

**Mrs. E** This 50 year old lady came to us from the Paterson Centre where she had been admitted with the first presentation of a paranoid psychosis. She was discharged on a regular depot of anti-psychotic medication. But as soon as she was able she refused to take it anymore and continued to deny that she had any mental illness. She remained difficult to engage throughout her stay but at the same time was never a problem. After two and a half months she moved on to a women's hostel in Paddington.

**Mr. F** is a 22 year old man who came to us for the second time and stayed for quite a long period of 5 months. He returned to us after a breakdown of the last move-on accommodation. His main problem is resistant schizophrenia which had been exacerbated by his use of cannabis. He had had frequent relapses in the past and had also carried weapons. Although he had moved to a very supported environment he had not been able to engage in the activities there and had become more isolated. He remained mentally fragile during his stay and took a few days to settle in again, however after that he became more relaxed and towards the end of his stay was much more animated and socially confident. He went to Queen's Gardens, a hostel in Paddington, where he is apparently happy.

**Mr. G** This 25 year old Sri Lankan man was admitted from St Martin in the Fields where he had been seen in the GP surgery. He had been found to have cellulitis in the foot. He was,

incidentally, found to have evidence of kidney disease and was referred to the nephrologist at St Mary's. However the appointment came through after he had left and it is unclear whether he ever attended. His stay was unfunded.

**Mr. H** This 55 year old man was admitted unfunded from Great Chapel Street. He had been attending the centre frequently seeking help with accommodation. He had diabetes and a history of a nervous breakdown, which he was not willing to elaborate on. He was a highly talkative individual with whom it was difficult to establish a clear plan. It became clear that he would not be manageable in any of our supported housing. Having found out some more background we established that he had been evicted from two previous hostels for his behaviour. He became extremely demanding and began to write extensive complaint letters. Other residents complained about his behaviour and following several episodes of verbal abuse towards staff he was asked to leave. The police had to be informed about his behaviour but eventually he left, refusing the offers of accommodation that were given to him.

**Mrs. I** This 60 year old woman came via Great Chapel Street. She was homeless and had a variety of health problems including psoriasis, urinary incontinence, hypertension and a chest infection. She had a history of alcoholism and dyslexia, and she was blind in her left eye. She was clearly a vulnerable woman who had left a much supported environment in Peterborough. Her medical

problems were gradually addressed and in particular she had to have an in-dwelling catheter, later changed to intermittent self-catheterisation, which she has coped with extremely well. She also attended literacy classes and another activity project to improve her personal skills. She has enjoyed these and has voluntarily helped at Wytham Hall with the cleaning and in the kitchen. She has moved on to Supported Housing and continues her involvement at Wytham Hall and with her other support, which also includes counselling at Great Chapel Street.

**Mr. J** was admitted twice throughout the year both for respite. He has a learning disability and a tendency to hoard any rubbish that he can find and also to catch infestations. During both his admissions, which went quite well, he was treated for scabies and lice and strict boundaries were kept around his hoarding. Whilst he was with us his flat was cleaned by social services and he moved back in but he is clearly at risk of the problem recurring.

**Mr. K** is a 24 year old man who came to us from St Mary's as an intravenous drug user who had developed a deep vein thrombosis as a result of his injecting. He had had this and leg ulcers before and also hepatitis C. He had a history of alcohol abuse and self-harm including overdoses. During his 6 weeks with us he initially did well cutting down his dose of methadone and attending Westminster Drug Project and Narcotics Anonymous. He remained an anxious character who had to be reviewed in casualty once or twice for various pains and he required regular dressings for his leg ulcers. His DVT was treated with daily injections to thin his blood. While he was awaiting a place on a rehabilitation course he sadly relapsed and left.

**Mr. L** This 60 year old man came to us from the Gordon Hospital to which he had been sectioned with



A medical student with a resident

a diagnosis of chronic schizophrenia with mainly negative symptoms of apathy and self neglect. Slightly to our surprise he proved a charming man who looked after himself very well and was attentive to the needs of others. He did not perhaps engage in activities and wish to develop his independent living skills in the way that his carers might wish but that did not really seem to matter much. We realised that he also had Parkinson's disease which was causing him significant physical disability and he was referred to the neurologist who advised on treatment, which is very difficult in the context of mental illness where the medication for one condition tends to exacerbate the other. He stayed with us for nine months before moving to a residential care home, which he had selected.

**Mrs. M** This 63 year old lady came to us from the Passage Day Centre. She had led a fairly wild life particularly abusing alcohol but also some drugs. She had a fairly extensive past medical history and when she came to us was really no longer capable of coping with street life. She had previously broken her hip, had breast cancer and was suffering from a progressive neurological condition, which significantly impaired her mobility, leading to frequent falls. During her stay with us she attended many hospital appointments and coped well with the transition from street homelessness to communal living. She never had any problem with alcohol during her stay and added diabetes to her list of medical conditions. However, at the same time she stopped smoking. As the senior female resident she liked to exert her authority over others, which did lead to some conflicts. However, in the end she successfully left to a supported flat in Weybridge. She has kept in contact and is doing well.

## ■ RESIDENTS' ACCOUNTS

### - in their own words

I was due to leave Wytham Hall in July 05. I was homeless and becoming increasingly distressed about where I was going to live. What was going to become of me?

I was then approached by the supported housing worker with the offer of supported housing accommodation at Lanhill Road. I went to view the property and in particular the



room that would be available to me. I was very pleased with this offer and accepted. The fact that Lanhill Road was a dry house would benefit me in my recovery from alcohol. Since moving I have made new friends. I have developed a good daily routine, shopping, cooking, cleaning etc. I visit my children and grandchildren on a regular basis. I feel a part of the family again after a long period of estrangement caused by my alcohol addiction. I feel this move has given me a new lease of life. I feel secure and alive again. I continue with my journey as a recovering alcoholic. My long term goal is to maintain my sobriety and eventually to move into permanent accommodation.

## ■ STUDENT QUOTES

*The impact that this rehabilitation program has on the people who pass through it was really reinforced to me by one of the former residents who has now moved on to the Wytham Hall supported housing. He had previously been an alcoholic who had somehow ended up living on the streets. He moved into Wytham Hall and with the support he received there and his own determination he is now living free from alcohol and living a very independent life. He comes back to Wytham Hall to help with cleaning and odd jobs and could not speak more highly of the*

*place and the service it provides. It was great to come into contact with such a success story and it reinforced to me the importance of having facilities such as this one to really be able to accompany people as they try to get their lives back on track.*

*I really enjoyed my placement at Wytham Hall. I felt strangely privileged being allowed almost unlimited access into this part of society that is usually shunned and ignored. I was continually surprised at people's honesty and willingness to share their lives with me. The people I came into contact with were so very different both from each other and the people I normally meet and yet there was also an incredible amount of continuity and more similarities than I had imagined. Regardless of the person and their circumstances there was a richness to be found in each person where so much could be learnt. Thank you very much.*

*Wytham Hall is a sick bay for homeless patients recuperating from 'illness'. Here I was given the opportunity to talk more in depth with the patients regarding their illnesses and social circumstances. Throughout this medical and social care module, I learnt to appreciate that homeless people are heterogeneous group of people who often have complex medical conditions, which can be exacerbated by many environmental factors and behavioural factors e.g. alcohol/drug misuse. In order to successfully manage these patients, a multi-disciplinary team need to be involved in their care. I realised that in managing homeless people, not only do medical and mental health needs need to be recognised but housing and benefit needs have to be addressed. I hope that through this experience, I take into account some of this knowledge, in whatever branch of medicine when dealing with homeless people in the future.*

## ■ EVENTS OF 2004 - 2005

### **20th Anniversary Celebration**

A reception was held at the Royal Society of Medicine on 24th November 2004 attended by many people involved in the development of Wytham Hall.

### **Fundraising**

We have received two donations from Paddington Basin Companies, £1,000 from Hammerson plc and £500 from Land Securities plc towards otherwise unfunded admissions. Westminster PCT gave us £13,000 towards the unfunded admissions in 2004. A total of £9,010 has been received from personal and other donations.

### **National Minimum Care Standards**

An announced inspection by the Commission for Social Care Inspection took place in January 2004 and a further unannounced one in March 2005. Both inspections were very positive and all the recommendations and requirements stipulated have been implemented. There were no requirements from the unannounced inspection in March.

### **Maintenance**

External maintenance and decoration of the Lanhill Road unit has been carried out.

### **Computers**

The Wytham Hall website has been completely revamped and updated.

### **External Relations**

A new Pre-placement Contract has been established with the Camden and Islington Mental Health and Social Care Trust for spot funding clients who have a connection with Camden and Islington Community Mental Health Teams.

### **Staffing**

The present staffing arrangements include the Manager, Project Worker, Supported Housing Worker and Support Worker as front line staff. There are administrative, catering and cleaning staff in addition.

### **Supporting People**

The first stage meeting and the QAF Validation meetings have been held. A report will now be sent to the Supporting People Commission. Very positive feedback was given as a result of the inspection and a good report is expected.

## ■ PATIENT SERVICES REPORT

**Julie Gaudion – Registered Project Manager**

The celebrations held at the Royal Society of Medicine in November were well attended by many 'old friends' of Wytham Hall as well as staff, members, and benefactors and even ex residents of The Hall.

In addition to the Registered Manager the current staff team consists of; a Project Worker who oversees all the work carried out for the residents in the sick bay and ensures that the care plans and risk assessments are carried out in accordance with the Commission for Social Care Inspection, a Supported Housing Worker who supports the residents in the three move on properties and is responsible for carrying out all their support plans and reviews and keeping in line with the current Supporting People Contract, a full time Support Worker who in addition to helping with the work with residents also carries out all the health and safety checks necessary. There are also two weekend Project Workers, a cook and a cleaner to help with the smooth running of Wytham Hall. The team of volunteer doctors are living on site and provide medical care and on-call cover over night.

### **Support Provided by Wytham Hall**

On admission to Wytham Hall each patient is allocated a key worker and a care plan is drawn up to include the input of all the services involved in the resident's care. This plan is reviewed regularly. Clients are assessed individually so that their needs can be addressed independently and connections with appropriate external services can be made.

Wytham Hall staff members receive relevant training to enable them to provide a high standard of care and support to the residents.



Julie Gaudion, a medical student and Dr Philip Reid

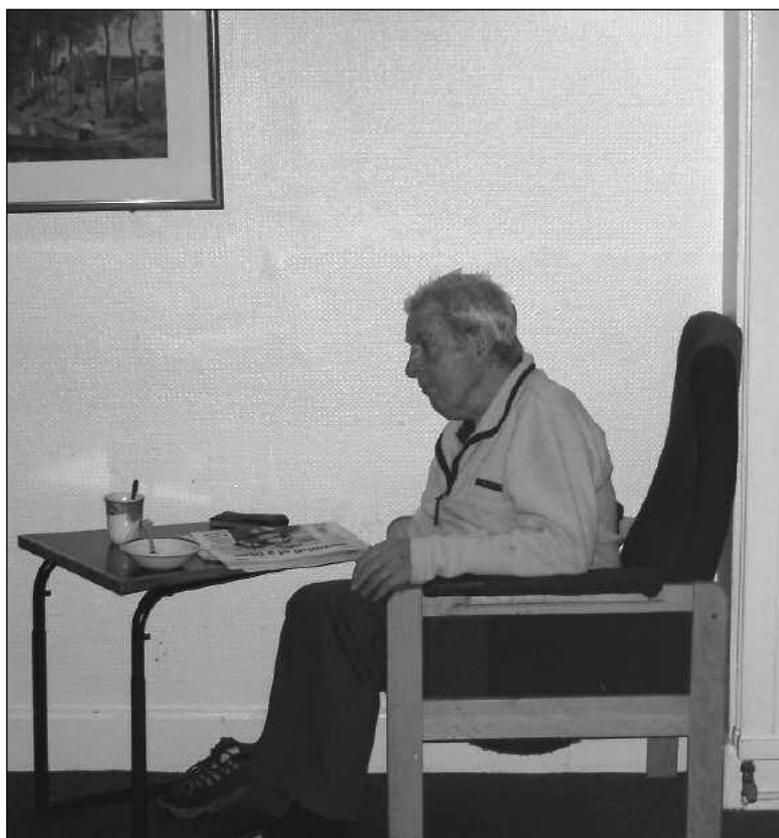
Arrangements are made for counselling, physiotherapy, dental treatment, chiropody, optician appointments and district nurses visit when necessary. Substance dependent clients are linked up to local Drug and Alcohol agencies and projects and also attend Alcohol Anonymous and Narcotics Anonymous meetings in the area. Following a detoxification programme at Wytham Hall some residents leave us to move to residential rehabilitation centres.

### **Length of Stay**

Residents stay at Wytham Hall for an average of eight and a half weeks. Occasionally a resident will leave after a few days finding that they can't resist drinking or going back to their homeless lifestyle. Other residents who for one reason or another have no appropriate move-on accommodation available may stay at Wytham Hall in excess of a year. The Wytham Hall team are careful to ensure where possible that residents' resettlement is appropriate and fitting to their needs.

When moving on from Wytham Hall options can include our own supported accommodation in the shared house in Lanhill Road or one of the two shared flats at Charfield Court. Alternatively, some residents with substance dependency problems will be referred to residential rehabilitation by Social Services, some with long term mental health issues will go to specialist rehabilitation units and housing associations may sometimes be approached or the resident may return to family, friends or their own flats. Westminster Homeless Persons Unit will take referrals in a few cases when the resident is deemed to be vulnerable and will be street homeless on discharge from Wytham Hall.

Where clients wish to remain in their independent accommodation as long as possible, Social Services are sometimes able to arrange individual care packages to help with personal care, shopping, cleaning and cooking etc.



were made to the Homeless Person's Unit for bed and breakfast accommodation to be provided.

### **Referral Sources/Services Provided**

32% of the total admissions to Wytham Hall were from Great Chapel Street Surgery on an

### **Referrals & Admissions**

In the last year Wytham Hall admitted 38 patients who stayed for an average time of eight and a half weeks. These patients were admitted from St Mary's Hospital, the Gordon Hospital, The Paterson Centre, various social services teams including Camden and Islington Mental Health and Social Care Trust and Substance Misuse Team, the Kensington and Chelsea Team based within Chelsea and Westminster Hospital and the Joint Homelessness Team. These residents were discharged to Wytham Hall Supported Housing, residential rehabilitation centres, Housing Association and other agency supported accommodation, independent accommodation and in a few cases, referrals

emergency basis and may well be unfunded unless the client can be referred to an appropriate local authority team who may agree to fund for a short period following assessment.

A contract has been established between Wytham Hall and Camden and Islington Mental Health and Social Care Trust within the last year and so together with the Paterson Centre, the Gordon Hospital and St. Mary's hospital, admissions from these sources brought us 53% of our total patients. Patients continue to be referred from various other hospitals such as St Thomas' and the Chelsea and Westminster for early discharge thus vacating valuable hospital beds for new admissions.

## Public Relations

Oxford and Imperial Medical students continue to carry out their electives at Wytham Hall and write interesting and enthusiastic reports about their time spent with us and at Great Chapel Street Surgery where they spend days gaining experience with Dr Reid, the psychiatrist, the counsellor, various drug and alcohol advisors, nurses and all the other staff there. Homelessness and Health modules including Drugs and Alcohol, Circulation and Breathing and Working with Vulnerable Individuals are still attended by University



College Hospital 2nd year students and the final year students attend for Alcohol and Drugs Misuse following spending the morning at Great Chapel Street Surgery.

Visitors to Wytham Hall to discuss current and future funding contracts included Trisha Bonner (Camden and Islington Mental Health and Social Care Trust), Gwyn Morris (Kensington & Chelsea PCT), Hannah Anderson O'Neil, Rebecca Campbell & Prince Dacosta (St Mary's Hospital Discharge Team), Greg Roberts, Lorraine Baker and Jennifer Samuels (Supporting People, Westminster City Council) and Julie Hamnett and Sue Lipscombe Westminster CMHT. Other visitors included Alison Gardiner (GCS Podiatrist), Diane Goodkind (GCS

Counsellor), Sheila Davidson and Ella Wheatcroft from the Hungerford Drug Project, Marcella Grazette from Victoria CMHT, Lizzie Durham from Hillside Club House, Liz Denford, Father John and Les Wood from The Passage and Inspector Dolman the Mental Health Liaison Officer from the Metropolitan Police.

## Future Plans

We are keen for the practice based funding to be implemented as this may assist funded admissions for the homeless and vulnerable patients from Great Chapel Street who are in desperate need of the care offered by Wytham Hall.

We are keen to continue developing our working relationship and liaising with St Mary's Hospital Discharge Team to enable the early discharge of patients who still need specialist care and

can be admitted to Wytham Hall and thus free up a valuable hospital bed.

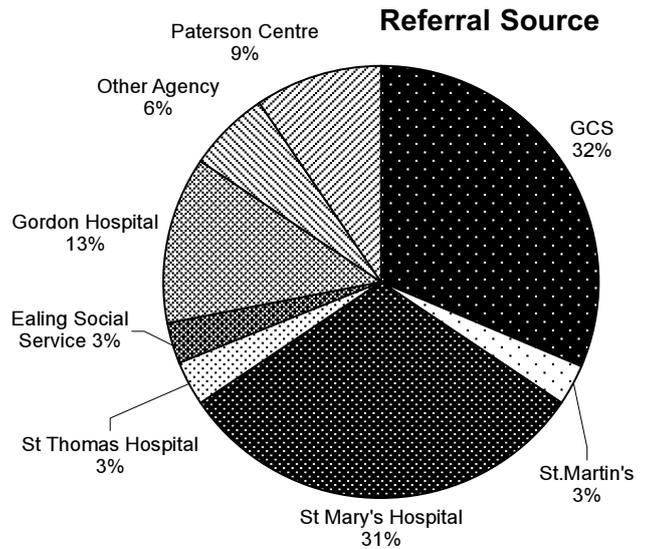
Wytham Hall is also hoping to develop a program of admissions for TB patients who have been receiving treatment as inpatients at St Mary's and now require more than bed and breakfast accommodation but can be discharged from hospital and have their required medication given by staff at Wytham Hall. This ensures their recovery and protects the public from the risk of some of this infection spreading.

We shall carry on making our unique services available to hospitals, Social Services and other agencies that recognise the benefit of funding a patient here for assessment and care.

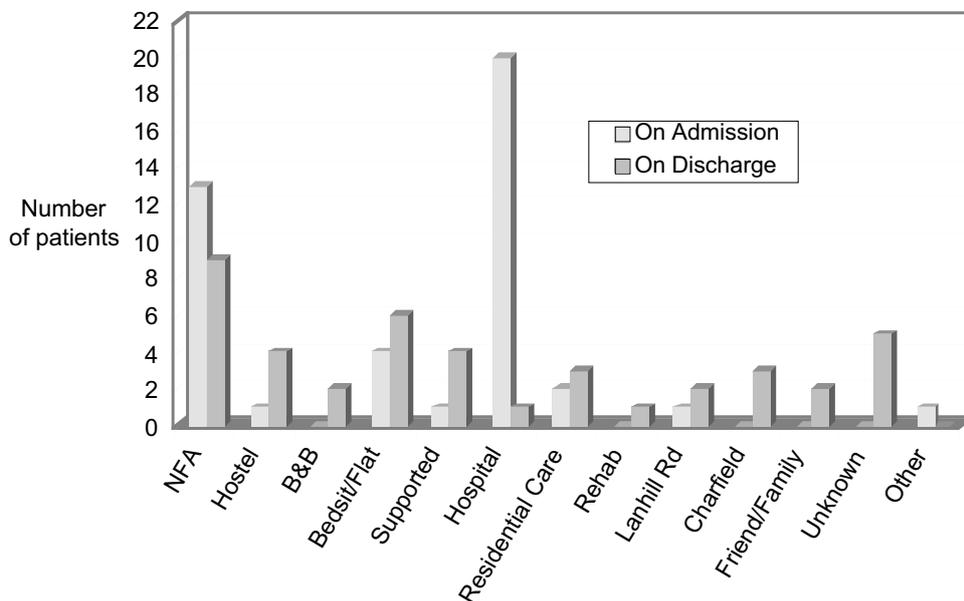
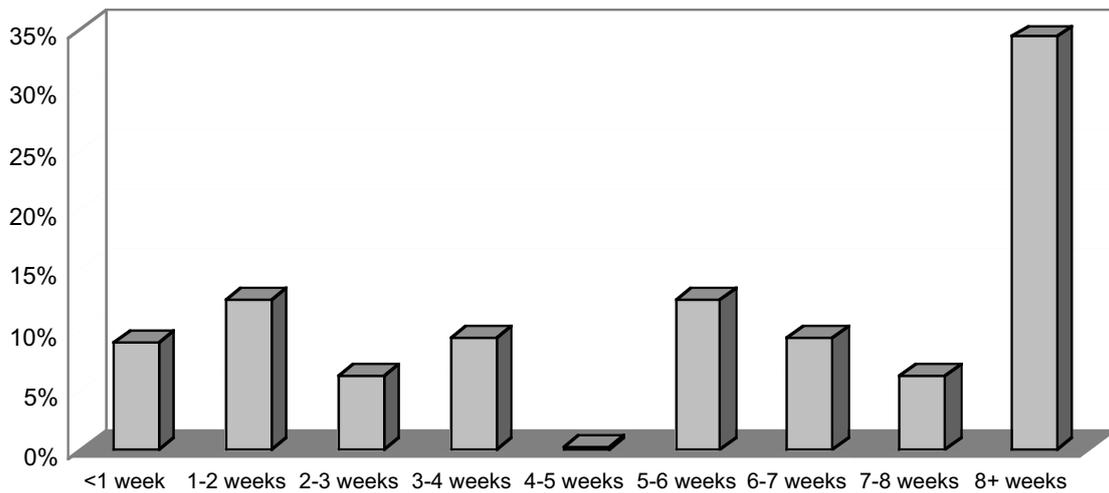
## ■ STATISTICS ON ADMISSIONS TO WYTHAM HALL

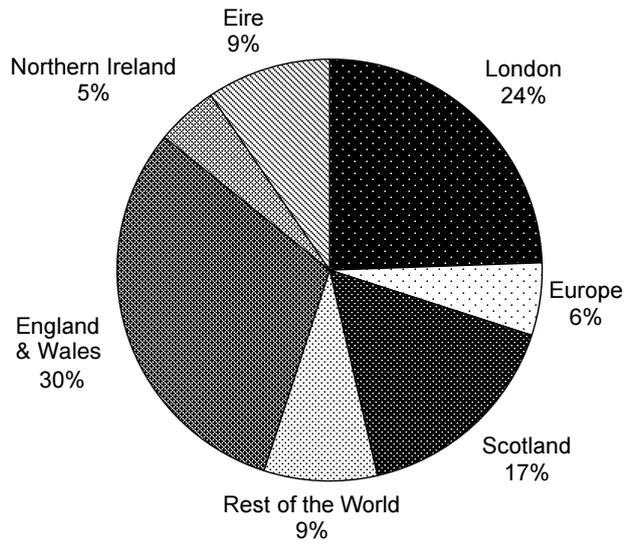
### April 1st 2004 – March 31st 2005

Total number of residents: 38 (last year 58)  
 Total number of admissions: 32 (49)  
 94 % of admissions were male (84%)  
 6 % were female (16%)  
 Average age: 40-45 (40-45)  
 Average length of stay: 8.5 weeks (6.9)  
 Figure of overall occupancy: 44% (68%)

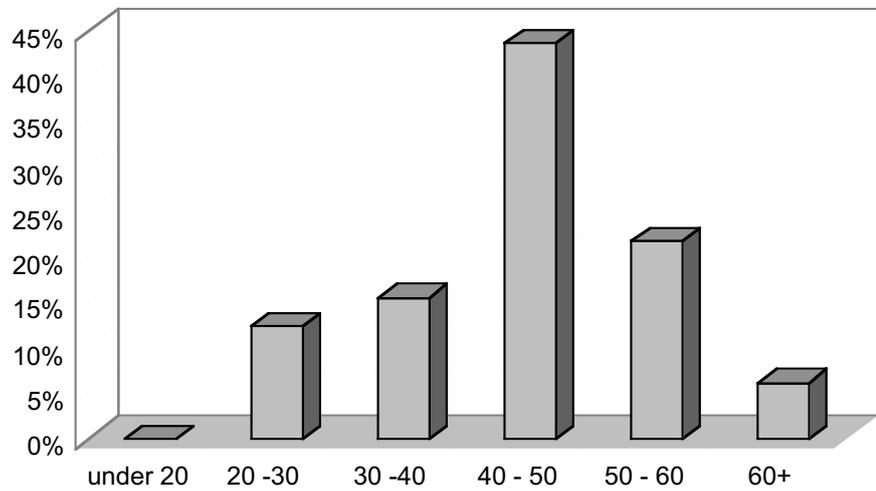


### Length of Stay

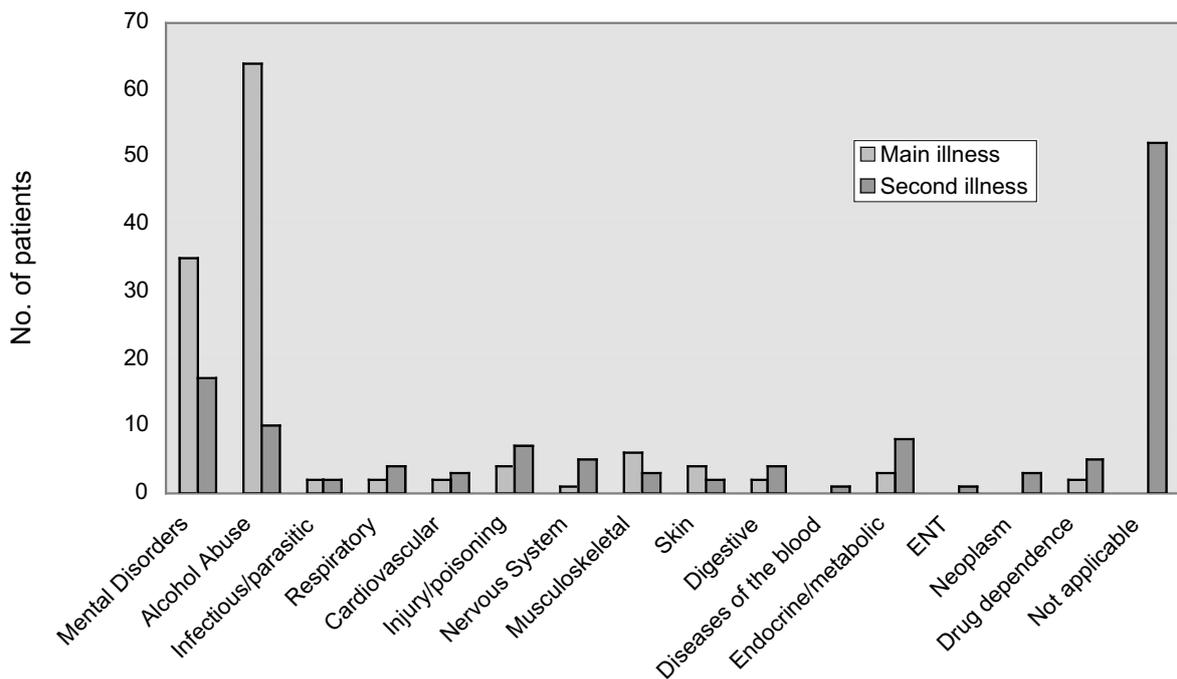




**Age**



**Illnesses of Patients**



## ■ SUPPORTED HOUSING REPORT

Lanhill Road and Charfield Court are supported housing units located within a five minute walk of Wytham Hall. Sixteen individual rooms are available to people who are ready and able to live a more independent lifestyle. Residents have the support of a team of workers including volunteer doctors, the Manager, a Supported Housing Worker, a Project Worker, and a Support Worker. Residents from the supported housing units quite often come over to Wytham Hall to



John French, Support Worker

term accommodation, and then possibly a move to Charfield Court, which can be permanent if the resident wishes. The houses are dry environments, which offer a safe place for people who are committed to not drinking or using illegal drugs. Cleaning of communal areas is co-ordinated by the residents themselves and weekly inspections are made by the supported housing worker. These inspections ensure that the house/flats are kept clean and tidy, and that there are no health and safety issues. Residents are responsible for cleaning their own rooms and also for reporting any maintenance issues to staff at Wytham Hall.

speaking to staff and socialising with residents staying in the medical bay. They also have the opportunity to express their views and opinions about issues arising in their own home at weekly house meetings. Individual support plans are developed with each resident and reviewed monthly. Before moving into supported accommodation, residents have a short-term stay at Wytham Hall. This gives our team of staff the opportunity to build a rapport with the resident and identify any specific needs.

Initially, residents will be offered a place at Lanhill Road, which is a medium-

term accommodation, and then possibly a move to Charfield Court, which can be permanent if the resident wishes. The houses are dry environments, which offer a safe place for people who are committed to not drinking or using illegal drugs. Cleaning of communal areas is co-ordinated by the residents themselves and weekly inspections are made by the supported housing worker. These inspections ensure that the house/flats are kept clean and tidy, and that there are no health and safety issues. Residents are responsible for cleaning their own rooms and also for reporting any maintenance issues to staff at Wytham Hall.

The majority of residents living in the supported housing units are in receipt of Housing Benefits and other types of benefits. Staff at Wytham Hall devote a considerable amount of time chasing up claims and ensuring that residents are getting their full entitlements. Each resident pays a rent contribution of £6.50, with the utility bills and council tax being paid by Wytham Hall.

Staff recognise that it is imperative to develop strong working relationships with other services/organisations involved in the welfare of supported housing residents. Staff are in regular contact with Social Workers, Community Psychiatric Nurses, Drug and Alcohol Workers, Day Centre Teams, and Outreach Workers. To enable continuity of medical care, both Lanhill Road and Charfield Court residents are given the option of registering with Dr. Reid at either Notting Hill Gate or Great Chapel Street Surgery.



A Supported Housing Resident

## Lanhill Road

Lanhill Road provides accommodation for eight residents in single bedrooms. This spacious house offers a shared kitchen, a living room, three bathrooms, two shower rooms with toilets, a laundry room and a garden. Lanhill Road offers temporary supported housing for homeless people and residents usually stay for a period between 6 months and two years. Lanhill Road gives residents the opportunity to gain confidence in independent living, with the support of Wytham Hall staff. The residents currently living at Lanhill Road take great pride in their home and actively participate in ensuring that it remains a clean and safe living environment.

## Charfield Court

Charfield Court comprises of two flats, each with four individual bedrooms. They are located in a quiet area around the corner from Wytham Hall. Both flats function as permanent homes, and are often used as a move-on accommodation from Lanhill Road. Residents view their homes at Charfield Court as 'Homes for life,' and take pride in keeping them clean and tidy. Many of the residents living at Charfield Court have a very strong and trusting relationship with Wytham Hall.



Dr Petr Valasek

## Supporting People

Following a successful visit from Supporting People in January 2005, Wytham Hall are continuing to self-assess working practice in six core areas as well as maintain accurate record keeping. Wytham Hall has a good working relationship with Supporting People and are working together towards continuous improvement of service. Wytham Hall staff members frequently attend Supporting People Providers' forums which facilitate information sharing between providers within Westminster. Wytham Hall is currently undergoing accreditation of services and expect Supporting People contracts to be renewed.



Julie Gaudion, Dr Philip Reid and Robert Bolus

**CASH FLOW STATEMENT YEAR  
ENDED 31<sup>st</sup> MARCH 2005**

|  | <u>2005</u> |          | <u>2004</u> |
|--|-------------|----------|-------------|
|  | £           | £        | £           |
| Net Cash (outflow)/inflow from operating activities                  |             | (68,195) | 814         |
| Returns on investments and servicing of finance                      |             |          |             |
| Interest received  | 7,262       |          | 6,033       |
| Interest paid  | ----        |          | ----        |
|  | -----       |          | -----       |
| Net cash inflow from returns on investments and servicing of finance |             | 7,262    | 6,033       |
| Investing activities   |             |          |             |
| Payments to acquire tangible fixed assets                            | (11,158)    |          | (2,917)     |
|  | -----       |          | -----       |
| Net cash inflow/(outflow) from investing activities                  |             | (11,158) | (2,917)     |
|  |             | -----    | -----       |
| Net cash (outflow) /inflow before financing                          |             | (72,091) | 3,930       |
| Financing  |             |          |             |
| Donations received   | 9,010       |          | 29,995      |
|  | -----       |          | -----       |
| Net cash inflow from financing                                       |             | 9,010    | 29,995      |
|  |             | -----    | -----       |
| (Decrease)/increase in cash and cash equivalents                     |             | (63,081) | 33,925      |
|  |             | -----    | -----       |

**INCOME AND EXPENDITURE ACCOUNT YEAR ENDED 31<sup>st</sup> MARCH 2005**

|   | <u>2005</u> |           | <u>2004</u> |           |
|---|-------------|-----------|-------------|-----------|
|   | £           | £         | £           | £         |
| Income  |             | 259,043   |             | 280,062   |
| Direct and administrative expenses                        |             | (358,736) |             | (312,111) |
|   |             | -----     |             | -----     |
| Operating (loss)/surplus                                  |             | (99,693)  |             | (32,049)  |
| Interest receivable                                       | 7,262       |           | 6,033       |           |
| Interest payable  |             |           |             |           |
|   | -----       | 7,262     | -----       | 6,033     |
|   |             | -----     |             | -----     |
| (Deficit)/surplus of income over expenditure for the year |             | (92,431)  |             | (26,016)  |
| Donations   | 9,010       |           | 29,995      |           |
| Capital donations   | ----        |           | ----        |           |
| Transferred to reserves                                   |             |           |             |           |
|   |             | -----     |             | -----     |
|   |             | 9,010     |             | 29,995    |
|   |             | -----     |             | -----     |
| (Deficit)/surplus for the financial year                  |             | (83,421)  |             | 3,979     |
|   |             | -----     |             | -----     |

Full accounts are available on request

## ■ VISITORS TO WYTHAM HALL APRIL 2004 - MARCH 2005

Sue Lipscombe, Joint Homelessness Team

Sheila Davidson & Ella Wheatcroft, Hungerford Drug Project

Jennifer Samuels, Supporting People Development Manager, Supporting People

Lorraine Baker, Supporting People Contracts Manager, Supporting People

Greg Roberts, Supporting People and Homelessness Strategy Manager, Supporting People

Dianne Goodkind, Counsellor, Great Chapel Street Medical Centre

Glynn Dodd, Service Development Manager, Kensington & Chelsea PCT

Rebecca Campbell, Prince Dacosta and Hannah Anderson O'Neil,  
St Mary's Hospital Discharge Team

Trisha Bonner, Camden & Islington Mental Health and Social Care Trust

Inspector Dolman, Mental Health Liaison Officer, Metropolitan Police

Alison Gardiner, Podiatrist, Great Chapel Street Medical Centre

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El Kabir D J.  
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Psychiatric Bulletin, 1990; 14:270-1.

Approaches to medical care of homeless people in central London  
Ramsden S S.  
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Reed A, Ramsden S, Marshall J, Ball J, O'Brien J, Flynn A, Elton N, El Kabir D,  
Joseph P.  
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Copies of all papers and articles are available on request.