

# WYTHAM HALL

Annual Report 2006 - 2007



*Breaking the cycle of street homelessness*

*It is better to be a human being dissatisfied than a pig satisfied; better to be Socrates dissatisfied than a fool satisfied. And if the fool, or the pig, is of a different opinion, it is because they only know their own side of the question.*

**JOHN STUART MILL**

*Utilitarianism*

**WYTHAM HALL ANNUAL REPORT**  
**1<sup>st</sup> April 2006 – 31<sup>st</sup> March 2007**

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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 [www.greatchapelst.org.uk](http://www.greatchapelst.org.uk)), 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. We have been looking at changing the provision at Wytham Hall from residential care to supported housing.

(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 2006-2007**

<b>Trusts and Statutory Bodies:</b>	<b>Individuals:</b>	
The Sidbury Trust	Mrs B. Banham	Mrs C. B. Tubb
	Mr D. Derx	Ms S. Willson
Priory Trust	Ms A. Gleave	Dr J. Crown
	Mr and Mrs Jupp	Dr D. El Kabir
	Mrs Derbyshire	Mr C. Littmoden
	Ms R. Leeper	Sir J. Birch
	Duchess of Rutland	A. & R. Gayfer

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

ABT Photocopiers; Alcohol Recovery Project; Alcohol Resource Centre; Alcoholics Anonymous; Allied Carpets; Angel Recruitment Agency; Andrews Computers; Atis Real Weatheralls Surveyors; Atlas Boilers; The Benefits Agency; Birthday Bakers; 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; Chubb; The Commission for Social Care Inspection; The Connection at St. Martin's; The Core Trust; Dental Surgery 392 Edgware Road; E K Mechanicals; Eurogard; Flexicare; The Gordon Hospital; 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; MIND; Narcotics Anonymous; Paddington Churches Housing Association; Paddington Drug Treatment Centre; The Passage Day Centre; The Paterson Centre; Portugal Prints; Ronald Brown Optician 393 Harrow Road; SEC; St Charles Hospital; St George's Hospital; SRAC; 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; Woodfield Road Health Centre.

## ■ PRESIDENT

Belinda Banham, C.B.E, J.P. (supplemental list), B.Sc. (Hons Econ) Dip Philosophy of Medicine (Society of Apothecaries) R.G.N. President of Wytham Hall Sick Bay. Independent Assessor in the Office of the Commission on Public Appointments.

## ■ COUNCIL OF MANAGEMENT

Terry Bamford, O.B.E., M.A. (Oxon), Dip. Soc. Admin.  
Director, Social Perspectives Network

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

Sir John Birch, K.C.V.O., C.M.G., M.A.  
Vice Chairman of the Council of University College London

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, M.Sc (London), M.A., M.B., B.Chir. (Cambridge), F.R.C.P., F.F.P.H.M.  
Past 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

His Honour Judge Andrew Geddes

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., CA.  
Non-executive Director, Low & Bonar plc. Non-executive Chairman, New Medical Ltd

M.F.Woods, M.A. Dip. Arch. (Cantab), A.R.I.B.A., F.R.S.A.  
Formerly Chairman, Association of Consultant Architects  
Chartered Architect

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 Research Fellow, Wellcome Trust, Royal  
Veterinary College, London and University of  
Reading; Locum Senior House Officer at Accident  
and Emergency, King's College, London



### ■ NON-RESIDENT MEMBERS

John French  
Support Worker (Until January 2007)

Julie Gaudion, PGCE Health & Social Services  
Management  
Registered Care Home Manager (Until September  
2007)

Bridget McCarthy, Cert. Therapeutic Counselling  
Senior Project Worker

Rashpal Panesar, B.A. (Hons) International  
Relations  
Supported Housing Worker (from March 2006,  
until September 2007)

Jonathan Tiffin  
Project Worker (From July 2007)

Katherine Vial-Montero, PgDip Solution-Focused  
Brief Therapy  
Administrator (from April 2007)



## ■ VISITING MEMBERS

Desiree El Kabir, M.A., M.B., B.Chir. (Cantab),  
M.D. (Lond), M.R.C.P., M.D.  
Consultant Physician, John Radcliffe Hospital,  
Oxford

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





## ■ CHAIRMAN'S REPORT

The past year has been in turns difficult, challenging, exciting and ultimately invigorating. The events that have led us to re-think and re-establish our priorities date back to the change in funding which led us to register as a care home.

Wytham Hall was founded in 1983, to give vulnerable people who are ill or who have emotional or social problems an opportunity to recover in a humane environment competent to understand their problems and to improve their health and social conditions. Funding was through social security payments.



Dr. David El Kabir, Chairman

As a result of the ever-changing requirements of the social security system, it was felt appropriate at the time to register as a residential care home in order to secure our finances. While this solution enabled us to function for some years, it has made us totally dependent on the politics of funding. As a result, our intake has become increasingly subject to circumstances beyond our control. Our original concept of a need being addressed when perceived had largely to be abandoned. All this has taken a heavy toll on our energy, and subjected our members and staff to intolerable anxieties. Attempts to secure our financial future have been beset by all manner of bureaucratic difficulties, and our admissions have been steadily falling. It is now clear that our status as a residential care home is no longer viable.

It would not make any financial sense to leave things as they are, particularly as we (members and staff) have been subjected to a great deal of stressful and sterile work over the past months. We simply do not want this to continue. The incompetence, the deadly bureaucratic culture and its sterile procedures, the endless passing of the buck is not something that we want to put up with any longer. Fortunately, we do not need to. We deserve better than that, and the original concept and structure of the Hall are so sound that we are confident we can survive (and thrive) without having to go cap in hand to anyone.

The Trustees have therefore decided that Wytham Hall should be deregistered as a residential care home, while retaining the sick bay, and its educational role. We would be free to admit people directly or indirectly, funded through housing benefit and, where possible also by the "Supporting People" option. Patients with medical problems may also be admitted at the discretion of the doctors. 24-hour medical cover would be available, as patients would have registered at Great Chapel Street Medical Centre, and can also call upon the GP out-of-hours

service. We should also be at liberty to take on medical students, doctors or social workers at economical rents should this be deemed appropriate. After 24 years, and having cared for over 2000 people, we are going back to where we started – and what a glorious time that was.

Inevitably this decision has meant that the Care Home Manager had to be made redundant. Fortunately, Julie Gaudion has been able to secure a managerial post with a housing association. There have been some other changes among the staff. Rashpal Panesar has left to take up another post. We thank her for the good service that she has provided to the Supported Housing Scheme, and wish her well for the future.

I also wish to express our thanks to Bridget McCarthy, who has worked with admirable devotion through a time of stress with her customary good humour and commonsense.

I wish, finally, to express our deep gratitude to the Trustees for their tireless work and selfless devotion. They have been a rock of strength in what was clearly a difficult and turbulent period.

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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 researcher. 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 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 in Paddington, and until its closure, the Paterson Centre for Mental Health for opinions or investigations. In turn they refer us patients for further care and rehabilitation.

The majority of referrals do now come from hospitals and social services unlike the early years when most came from the surgery at Great Chapel Street. This has been largely driven by funding requirements but represents a cost-effective form of intermediate care for patients who have just received expensive inpatient care. We have struggled to expand the referral sources to include other hospitals in central London for several years without success.

This year has seen quite a high proportion of admissions from mental health units, with diagnosis of psychosis, depression, and often with elements of significant personality problems. The admissions from St Mary's often have conditions relating to alcohol dependence. Of those admitted unfunded from Great Chapel Street, a significant proportion were able to move from rough sleeping to places in our supported housing. Through this process their medical conditions were able to be fully assessed and treated. A number of admissions were specifically for assessment for move on housing, with a



number coming from St Mungo's. The assessment period at Wytham Hall was useful in these cases to establish a rapport.

The student elective programme at Wytham Hall, initiated and sponsored by the Conanima Foundation for an initial 5-year period, began in 1989. Since 2000, 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 offers students 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 also attend the Great Chapel Street and the Notting Hill surgery and can see the contrasting problems of the different populations and the fundamental similarities in the approach to care. Students' reports make interesting reading.

## ■ CASE REPORTS

### Case Study A

In his mid forties this man had been sleeping rough for eleven years. He has no known relatives. He had learnt to survive without any benefits for many years by using day centres and hand-outs. He had been coming to Great Chapel Street for some time and he was admitted to Wytham Hall from there because he was having



extensive medical investigations and had to attend many appointments. It was felt that he needed a period of stability to sort these problems out. During the five months of his stay, a number of his physical problems were clarified, treatment commenced and he settled into a housed existence. We felt he would do well in Supported Housing and he was offered a place in our supported housing, which he accepted. He has enjoyed the challenge and contributed extensively to the environment of the property.

### Case Study B

This thirty year old came to us for a second admission from psychiatric hospital where he had been admitted two months earlier. His diagnoses were of borderline personality disorder and polysubstance abuse. He had an extensive history of self-harm, self-neglect, and threats to others; as well as a number of medical conditions. He stayed with us for two months, during which he attended a day rehabilitation programme, which he

seemed to enjoy, and prepared for the return to his flat. His mood was highly variable and he was often depressed by the behaviour of his family. He required a lot of staff time to help him cope with his anxieties. However, during the time he was with us he did not use any illicit drugs and his overall health improved. Sadly, once he did return to his flat deterioration was rapid. He started using drugs and was later arrested.

### Case Study C

This sixty year old came to Wytham Hall with a long history of alcoholism and multiple admissions to hospital for lung and cardiac disease, largely related to his lifestyle. He made very good progress, attended alcohol counselling and completed further hospital investigations as an outpatient. He grew in confidence to the point where we could offer him a place in Supported Housing. He remains very well, alcohol-free and leading a very independent life.

### **Case Study D**

This young man with a history of drug use had cancer for which he had avoided treatment for some time. He eventually had surgery, radiotherapy and chemotherapy, but developed complications for which he was admitted to hospital. He came to Wytham Hall for a short respite period whilst proceedings were under way to remove squatters from his flat. However, before this arrangement could be effected, he disappeared. We later heard from the police that he had been arrested for shoplifting and other outstanding charges. It also emerged that he used a wide number of aliases.

### **Case Study E**

In his forties, this man had no right to benefits. He had come over from Italy. He had diabetes and infected metalwork in his jaw following previous repair of a fracture. He had been admitted to Hospital and had the metalwork replaced and a bone graft put in place. He required a prolonged course of antibiotics, and good diabetic control to try to prevent his problem recurring. During his stay he had some hypoglycaemic attacks and had to have his insulin dose significantly reduced. He stretched the boundaries of our rules but we managed to keep him for two months and probably achieved the goal of preventing reinfection of his jaw.



### **Case Study F**

This woman with mental problems had been well known to us over several years both at Great Chapel Street and at Wytham Hall. In fact this was her fourth admission. She was admitted from Great Chapel Street having left accommodation and was not coping well with homelessness. After a period at Wytham Hall she moved to supported housing, where local psychiatric services took up her care. After a period of stability she moved to independent housing, where she is doing well.

## ■ RESIDENT'S ACCOUNT

\* Place in Life \*

I am 29 years old, and only just finding myself again after 11 years of fear and darkness and lack of self-esteem.

It all started when my mother fell down the stairs in our home. Following this she had an operation and started to feel very unwell. It got to the stage where my Mum could not do her day to day bits and bobs anymore. She was told she had between five and fifteen weeks to live due to having cancer cells in her body. So, I gave up school to give her the best care and was feeding and bathing her, etc. She passed away soon, four weeks later, in her sleep.

I went to stay with a few of my old school mates for two months, which is when I started using heroin to block out all the hurt I was feeling due to the loss of my mother. Soon I was injecting, because smoking was no longer doing the job for me.

Very soon after I found myself on the streets of Manchester with nobody to care for me anymore. During this time I was taken into hospital a few times for self-harming as I tried to end it all. Soon after I was told I had a

longstanding DVT (deep vein thrombosis) which I would have for the rest of my days.

I wanted to change to make the best of my life for myself, and for my baby girl. So, I moved down to London to try kicking the problem. However, I soon found myself using again. Not long after this relapse I was close to losing my leg. One day, back on the street, I was taken to St Mary's for a skin graft, and while I was there the hospital asked me if I would like to go to a place called Wytham Hall.

I've been at Wytham Hall for the past nine weeks. Having daily leg dressings and three meals a day is helping me to get back to my old self again. I will be going into detox very soon, and from there to a rehabilitation centre. Wytham Hall has helped me make big changes.

So, to all the staff and Doctors at Wytham Hall thank you very much. I would not have been able to gain all of the things I have gained without this place.

8th September 2007

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## ■ STUDENT QUOTE

*In Oxford, the homeless are as much a part of the city as the university. On every street corner there appears to be either a person begging or a Big Issue seller. For a long time, I belonged to the majority of Oxford's residents, mumbling an apology and keeping my eyes fixed firmly ahead when approached. However, reading a biography about a homeless person living in Cambridge last year, coupled with a morning at Luther Street Surgery (a surgery in Oxford which cares for the homeless) stimulated an interest in homelessness generally, and the medical problems faced by homeless people in particular. Consequently, when an opportunity arose to spend two weeks at Wytham Hall as a Special Study Module I was thrilled.*

*My two weeks at Wytham Hall were both enjoyable and extremely educational. During my time at Great Chapel Street, I saw the true definition of a multi-disciplinary team, with a group of diverse health professionals working together to improve the lives of the homeless. It is rare to actually meet the homeless*

*at placements in Oxford, and I will never forget some of the medical problems I saw, in particular those of the intravenous drug users. It was a privilege to live and work at Wytham Hall, and I was delighted to clerk in three of their new admissions during my two week stay. All the staff were extremely welcoming and friendly, and it gave an excellent opportunity to interact with a part of society I normally have no contact with.*

*What of the patients? It's all too easy to buy into the stereotype of homelessness. In fact, they are a diverse group of people, who have often had to deal with horrific events and severe mental illness. The vast majority of the homeless are extremely motivated in wanting to improve their situation, and it's fantastic that a place such as Wytham Hall exists to facilitate this, not to mention providing extra support for medical problems.*

*I can unreservedly recommend the attachment at Wytham Hall to medical students. It provides excellent experience in dealing with the medical and social problems of the homeless, and perhaps more importantly, will help you change your perceptions of this section of society.*

## ■ EVENTS OF 2006 - 2007

### **Fundraising**

A total of £6,597.00 has been received from personal and other donations.

### **National Minimum Care Standards**

An unannounced Inspection by the Commission for Social Care Inspection took place in August 2007. The inspection was very positive and all the recommendations and requirements stipulated have been implemented.

### **Maintenance**

General ad hoc internal redecoration and replacement of furniture and fittings has been undertaken in the Sick Bay and Supported Housing units. A new kitchen has been installed in the sick bay.

### **Computers**

The Wytham Hall computer system has been simplified by using a remote server Go-books which avoids the need for maintenance of our own server. Our emails are now remotely scanned by the MessageLabs company

### **External Relations**

Staff at Wytham Hall have had many meetings with current contractors, as well as ongoing discussions with potential new contractors, including the tuberculosis

community team and SSAFA. Despite their appreciation of our services, they have been unable to help us increase our admissions. Wytham Hall's collaboration with the Supporting People Team continues to be a success. Students from Oxford University and Imperial College London have continued to visit Wytham Hall for short stays as part of their medical degrees and the feedback has been positive.

### **Staffing**

Staffing arrangements during this year have included a Manager, Senior Project Worker, Project Worker, Supported Housing Officer, and Support Worker as Front Line staff. Currently Wytham Hall employs a Senior Project Worker, Project Worker and part-time Administrator.

### **Supporting People**

Supported Housing Supporting People Wytham Hall was originally registered as a Supporting People Provider with an overall 'C' score. This year Wytham Hall was awarded a 'B' score overall, and the contract was successfully renewed.

## ■ PATIENT SERVICES REPORT

During the last year Wytham Hall has been managed by registered Project Manager Julie Gaudion, whose staff team consisted of both a Senior Project Worker and Project Worker. The Project Workers are responsible for ensuring that the residents' care plans and risk assessments are carried out in accordance with the Commission for Social Care Inspection, and they have also been responsible for overseeing all the work carried out for the residents in the sick bay. In addition, Wytham Hall has employed a Supported Housing Worker who has offered practical and emotional support to residents living in the three move-on properties. The Supported Housing Worker has not only created support plans and reviews for all the supported housing residents in line with the stipulations of the current Supporting People Contract, but has also carried out all the necessary health and safety checks in the units. There is a part-time administrator, a chef and a cleaner who 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 which includes the input of all

the services involved in the resident's care. This plan is reviewed regularly with the client. Residents 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 enabling them to provide a high standard of care and support to the residents. Arrangements are made as appropriate for counselling, physiotherapy, dental treatment, chiropody, and the optician. District nurses visit when necessary. Substance dependent clients are linked up to local Drug and Alcohol agencies 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**

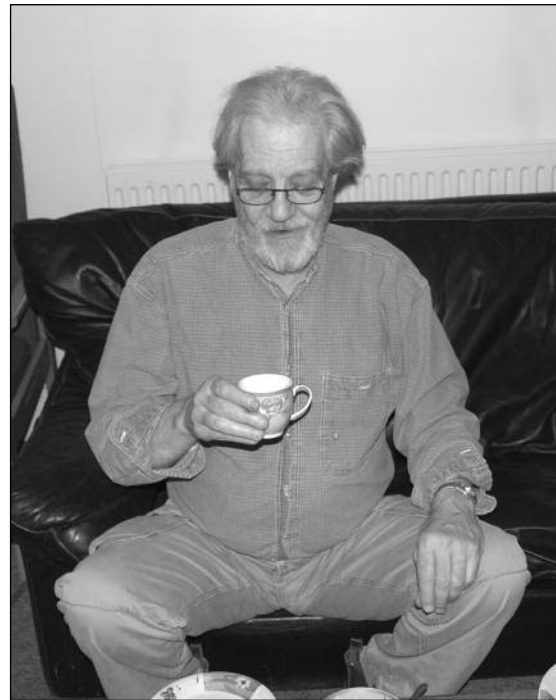
Residents stay at Wytham Hall for an average of six weeks. Occasionally a resident will leave after a few days finding that they can't resist drinking or going back to their homeless lifestyle. Other residents who for one reason or another have no appropriate move-on accommodation available occasionally 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.

One option for someone leaving Wytham Hall could be our own supported accommodation in the shared house in Lanhill Road, or one of the two shared flats at Charfield Court. Residents with substance dependency problems will often be referred to residential rehabilitation by social services, and some residents with longer term mental health problems are likely to go to specialist rehabilitation units. Alternatively, housing associations may sometimes be approached. A resident may return to live with family or friends, or in their own properties. Westminster Homeless Persons Unit will take referrals in a few cases when the resident is deemed to be vulnerable and would otherwise be street homeless on discharge from Wytham Hall.

In cases 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, cooking and other daily tasks.

## **Referrals & Admissions**

In the last year Wytham Hall admitted 41



patients who stayed for an average time of six weeks. These patients were admitted from St Mary's Hospital, The Paterson Centre, Westminster Social Services, Hammersmith and Fulham Social Services, the Corporation of London and Westminster Substance Misuse 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 were made to the Homeless Persons Unit for bed and breakfast accommodation to be provided.

## **Referral Sources/Services Provided**

8% of the total admissions to Wytham Hall were from Great Chapel Street Surgery on an emergency basis and were generally unfunded. Funding can sometimes be found retrospectively for emergency admissions for a short period of the stay if an appropriate local authority agrees to see the patient for an assessment.

The contracts with the Paterson Centre and

St. Mary's Hospital brought us 54% of our total admissions in the last year. Patients continue to be referred from various other hospitals such as UCLH for early discharge. This vacates 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 the team of GPs: Dr Reid, Dr Ramsden and Dr Sharma; the psychiatrist, the legal advisor, the clinical nurse specialist, and other staff who work 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 modules about Alcohol and Drugs Misuse following their time spent at Great Chapel Street Surgery.

Visitors to Wytham Hall to discuss joint working included Rebecca Campbell & Prince Dacosta (St Mary's Hospital

Discharge Team), Greg Roberts, Mick Walsh and Jennifer Samuels (Supporting People, Westminster City Council), Diane Goodkind (Lead Counsellor, Westminster PCT), and Richard Cunningham (Lambeth Council).

### **Future Plans**

As Wytham Hall moves into a new era, future plans are at the forefront of the agenda. Wytham Hall's deregistration as a residential care home is imminent, and plans are well underway for the structural conversion into supported housing units. Although an element of the unknown faces the smaller staff team as we feel our way forward, there is both unity and optimism about the new direction of the company and the new skills, which are to be understood and developed. Twenty-four hour medical cover will still be available to people living in Wytham Hall supported housing, as residents will be required to register with a GP and will also be able to access the GP out-of-hours service. Wytham Hall will continue to develop its educational role and if the need arises might be able to offer affordable rents to medical students, doctors, or social workers should this facilitate learning and development.

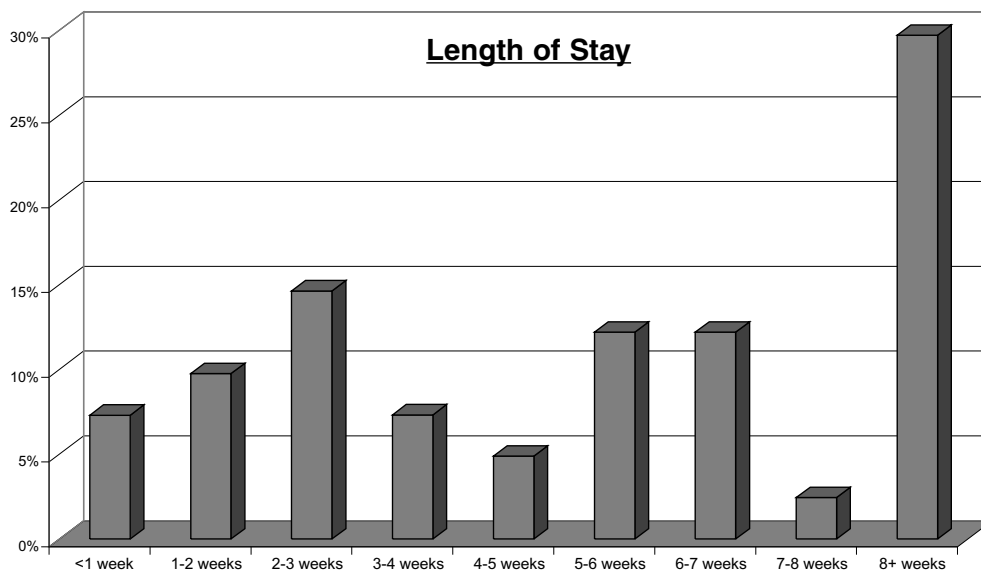
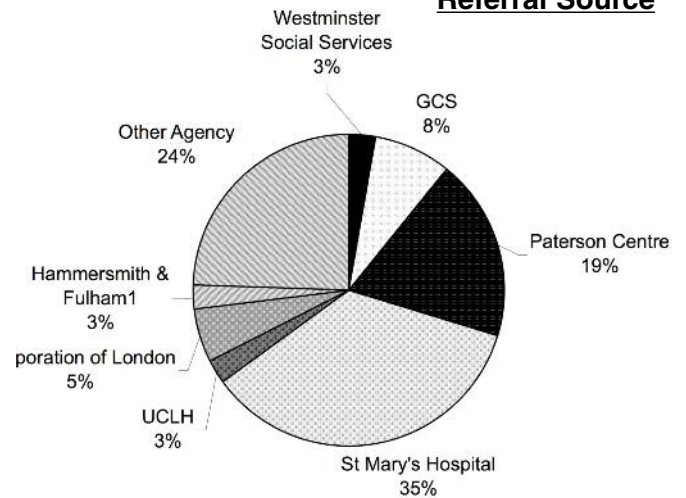


## ■ STATISTICS ON ADMISSIONS TO WYTHAM HALL

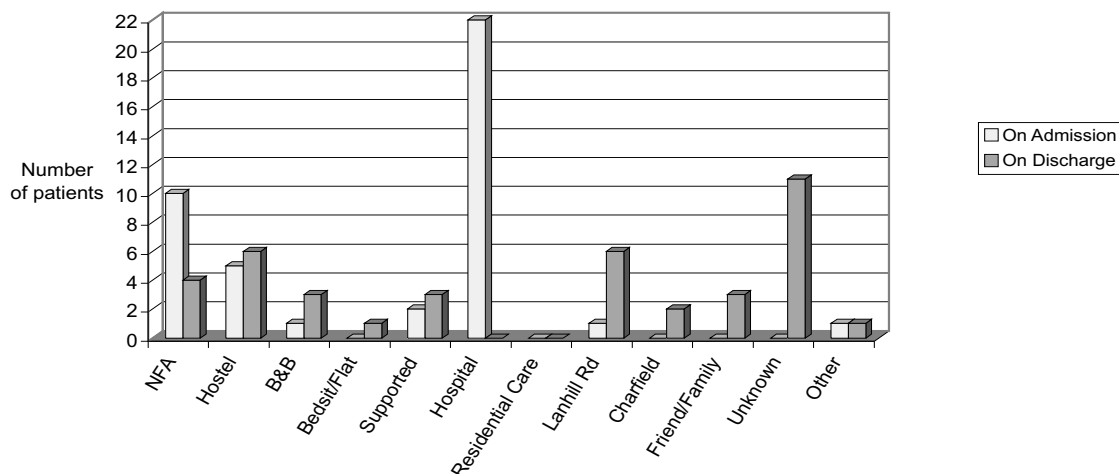
**April 1st 2006 – March 31st 2007** (last year)

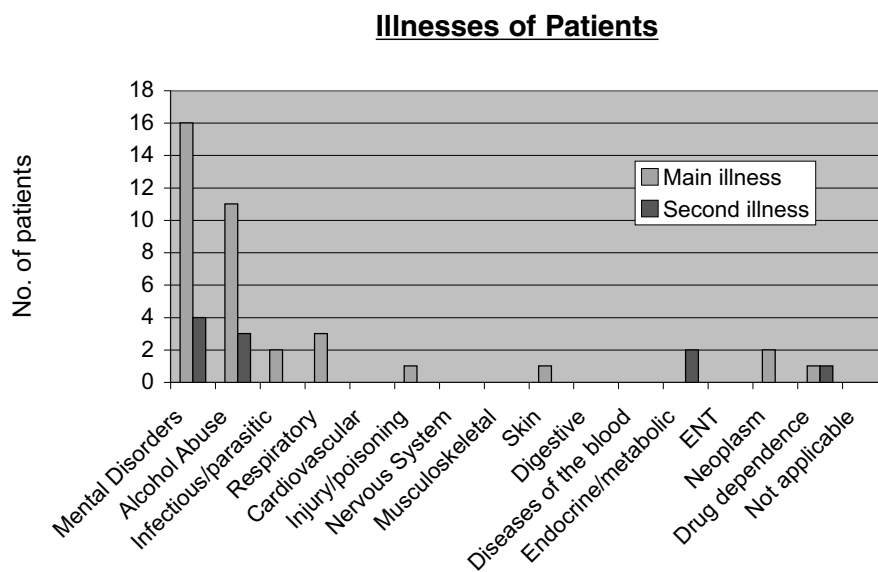
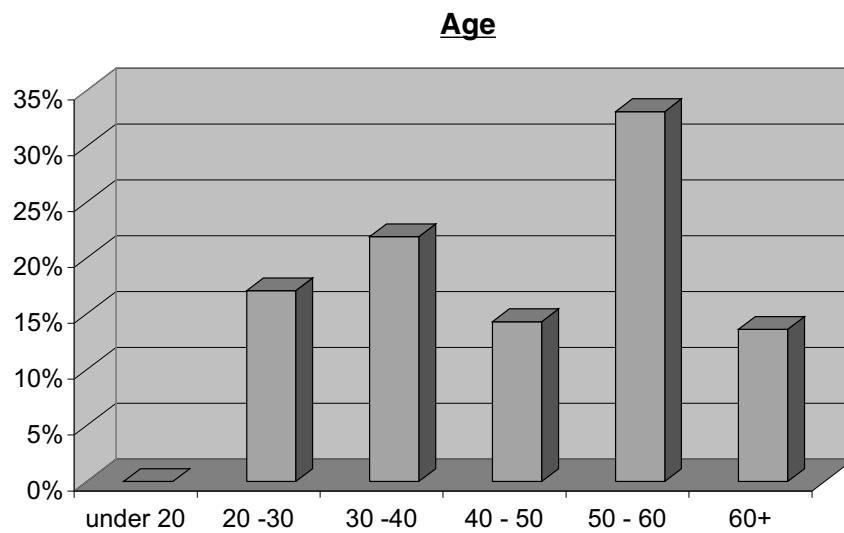
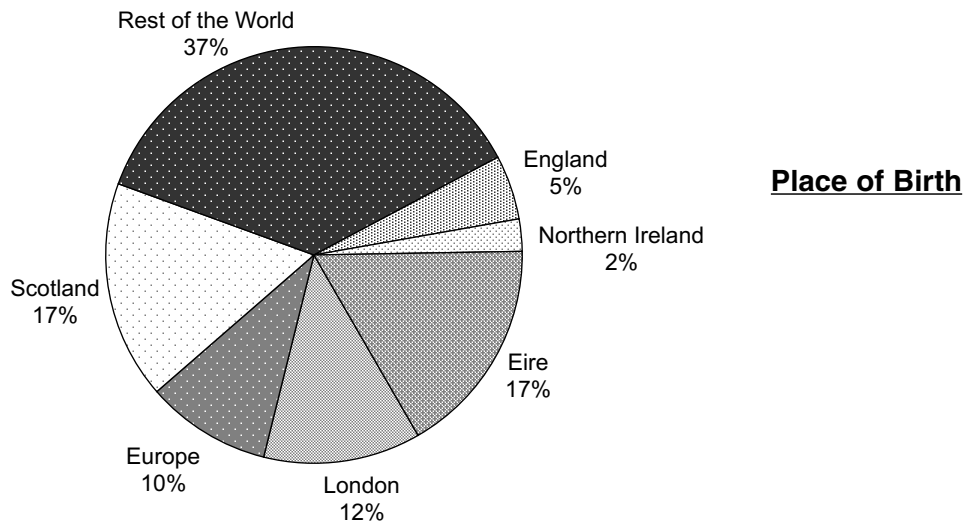
Total number of residents:	40	( 35)
Total number of admissions:	38	(33)
of admissions were male	35	(31)
were female	3	4
Average age:	44	(43)
Average length of stay:	5.9 weeks	(7.4)
Figure of overall occupancy:	38%	(47%)

### Referral Source



### Accommodation on Admission / Discharge





## ■ SUPPORTED HOUSING REPORT

Lanhill Road (established with a grant from Glaxo Wellcome in 1994) and Charfield Court (established 1996 and 1997 with a grant from the National Lottery Charities Board, and a substantial donation from Henry Smith Charity) are supported housing units located close to Wytham Hall. They were established to allow formerly homeless people to continue the relationships they had developed at Wytham Hall with the staff and other residents and encourage a supportive community spirit. Sixteen individual rooms are available to people who are ready and able to live a more independent lifestyle. The house and flats are dry environments, which offer a safe place for people who are committed to not drinking or using illegal drugs. Residents have the support of a team of workers including volunteer doctors, the Manager, a Supported Housing Worker, a Senior Project Worker, a Project Worker, and a Support Worker.

Residents are often referred to the supported housing units during their stay at Wytham Hall. Residents who have been referred from other agencies have a short stay at Wytham Hall before moving into supported housing which gives our staff team the opportunity to build a rapport with the resident and identify any specific needs. This also gives the resident some time to get used to their new surroundings and meet their new house/flat mates before moving in.

Residents will initially be offered a place at Lanhill Road, which is medium-term accommodation, and then possibly a move to Charfield Court, which is long-term accommodation and can be permanent if the resident wishes.

Residents have the opportunity to express

their views and opinions about issues arising in their own home at weekly house meetings which they often do with enthusiasm. Individual support plans are developed with each resident giving them the opportunity to look over the progress of the last month and to make plans for the next month. Residents from the supported housing units often come over to Wytham Hall to speak with staff and socialise with



residents staying in the medical bay.

Cleaning of communal areas in the supported housing 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 small rent contribution 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 and 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.

### **Lanhill Road**

Lanhill Road is a large house ten minutes walk from Wytham Hall, providing accommodation for eight residents in single bedrooms. Residents share a spacious kitchen, a living room, three bathrooms, two shower rooms with toilets, a laundry room and a thriving, colourful garden. Lanhill Road offers temporary supported housing for homeless people where residents usually stay for a period of between six months and two years. Lanhill Road gives residents the opportunity to gain confidence in independent living with the support of Wytham Hall staff. Residents spend their time participating in a number of activities such as training in plumbing, catering and computing, visiting places of interest, working on the garden and spending time with family. 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. This

year the residents enjoyed giving the house a good Spring clean.

### **Charfield Court**

Charfield Court comprises of two flats, each with four individual bedrooms, a shared kitchen, lounge, balcony, bathroom and further cloakroom. 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. Residents here spend their time visiting places of interest, keeping fit, spending time with family, and one resident is currently working. The residents living at Charfield Court have a very strong and trusting relationship with Wytham Hall.

### **Supporting People**

Wytham Hall is continuing to self-assess working practice in six core areas, and has achieved level 'B' status with Supporting People. Wytham Hall has a good working relationship with Supporting People, meeting at least quarterly, maintaining contact through email and telephone, and working together towards continuous improvement of service. Wytham Hall staff members attend Supporting People Providers' forums which facilitate information sharing between providers within Westminster. Wytham Hall services have been accredited and Supporting People contracts have been renewed.

# **CASH FLOW STATEMENT YEAR ENDED 31<sup>st</sup> MARCH 2007**

	<u>2007</u>		<u>2006</u>	
	£	£	£	£
Net Cash (outflow)/inflow from operating activities		(38,122)		33,053
Returns on investments and servicing of finance				
Interest received	7,796		6,726	
Interest paid	----		----	
	-----		-----	
Net cash inflow from returns on investments and servicing of finance		7,796		6,726
Investing activities				
Payments to acquire tangible fixed assets	(2,949)		(2,813)	
	-----		-----	
Net cash inflow/(outflow) from investing activities		(2,949)		(2,813)
		-----		-----
Net cash (outflow) /inflow before financing		(33,275)		36,966
Financing				
Donations received	6,597		5,553	
	-----		-----	
Net cash inflow from financing		6,597		5,553
		-----		-----
Increase/(Decrease) in cash and cash equivalents		(26,678)		(42,519)
		=====		=====

# **CASH FLOW STATEMENT YEAR ENDED 31<sup>st</sup> MARCH 2007**

	<u>2007</u>		<u>2006</u>	
	£	£	£	£
Net Cash (outflow)/inflow from operating activities		(38,122)		33,053
Returns on investments and servicing of finance				
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	_____		_____	
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	_____		_____	
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		_____		_____
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Financing				
Donations received	6,597		5,553	
	_____		_____	
Net cash inflow from financing		6,597		5,553
		_____		_____
Increase/(Decrease) in cash and cash equivalents		(26,678)		(42,519)
		-----		-----

Full accounts are available on request



## ■ VISITORS TO WYTHAM HALL APRIL 2006 - MARCH 2007

Shelley McLennan, Substance Misuse Floating Support Worker, Cardinal Hume Centre

Adrian Brown, Alcohol Worker, St Mary's Hospital

Brendan Eldridge, EF Group

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

Richard Cunningham, Street Population Services Co-ordinator, Lambeth Council

Paul Lawford & Katherine Tentumi, Housing Options

Diane Goodkind, Lead Counsellor, Westminster PCT

Sissi Mylona, Specialist Placement Manager, Kensington & Chelsea PCT

## ■ PUBLICATIONS ON HOMELESSNESS

Great Chapel Street Medical Centre

El Kabir D J.

British Medical Journal, 1982; 284:480-1.

Tuberculosis among the central London single homeless

Ramsden S S, Baur S, El Kabir D J.

Journal of the Royal College of Physicians of London, 1988; 22:16-17.

Medical care of the homeless

Ramsden S S.

Royal College of General Practitioners Members' Reference Book, 1989; 362-4.

A mobile surgery for single homeless people in London

Ramsden S S, Nyiri P, Bridgewater J, El Kabir D J. British Medical Journal, 1989; 298:372-4.

St. Peter's and the Homeless

El Kabir D J.

St. Peter's College Record, 1990.

Mentally disordered homeless offenders - diversion from custody

Joseph P L A, Potter M.

Health Trends, 1990; 22:51-5.

A psychiatric clinic for the single homeless in a primary care setting in Inner London

Joseph P L A, Bridgewater J, Ramsden S S, El Kabir D J.

Psychiatric Bulletin, 1990; 14:270-1.

Approaches to medical care of homeless people in central London

Ramsden S S.

In: Smith S J, Knill-Jones R and McGuckin A, Eds.'Housing for Health', 1991.

UK: Longman Group.

Electives at a sick bay for the homeless

El Kabir D J.

Community Based Teaching, Sharing Ideas 1, King's Fund Centre, 1992

Homelessness, Doctors, le Grand Siecle and St. Catharine's

El Kabir D J.

St. Catharine's College Society Magazine, 1992.

Book Review 'Homelessness: A national perspective' Ed. Robertson M J., Joseph P.

British Medical Journal, 1992; 305:658.

Diversion revisited  
Joseph P.  
Journal of Forensic Psychiatry, 1992; 3:219.

Non-custodial treatment: can psychopaths be treated in the community?  
Joseph P.  
Criminal Behaviour and Mental Health, 1992; 2:192-200.

Diversion from Custody. I: Psychiatric Assessment at the Magistrates' Court  
Joseph P, Potter M.  
British Journal of Psychiatry, 1993;162:325-330.

Diversion from Custody. II: Effect on Hospital and and Prison Resources  
Joseph P, Potter M.  
British Journal of Psychiatry, 1993;162:330-334.

Psychiatric assessment at the Magistrate's Court  
Joseph P.  
Report commissioned by the Home Office, 1992.  
London: Home Office and the Department of Health.  
British Journal of Psychiatry, 1994; 164: 722-4

Psychiatric court clinics in the United States  
Joseph P.  
Psychiatric Bulletin, 1992; 16:557-560.

The perception of emotion by schizophrenic patients  
Joseph P, Sturgeon D, Leff J.  
British Journal of Psychiatry, 1992; 161:603-609.

Psychiatric morbidity and substance abuse among residents of a cold weather shelter  
Reed A, Ramsden S, Marshall J, Ball J, O'Brien J, Flynn A, Elton N, El Kabir D, Joseph P.  
British Medical Journal, 1992; 304:1028-9.

Quelques observations sur les sans-abris  
El Kabir D J  
Paris, Les Temps Modernes, 1993: 567

A pragmatic approach to the health care of the single homeless: its implications in term of human resources  
El Kabir D J, Ramsden S S.  
Dimensions of Community Mental Health Care, ed Weller M, and Muijen M,  
London: W B Saunders: 1993

A psychiatric bail bed in a residential sick bay: a one year pilot study  
Joseph P. and Ford J.  
The Journal of Forensic Psychiatry, 1995; 6:209-217

On creating a culture of care for the homeless  
El Kabir D  
Journal of Interprofessional Care, 1996; 3: 267-272

Primary care of the single homeless  
Homelessness and Mental Health  
Ed. Bhugra, Cambridge University Press.1996  
Dr D El Kabir & Dr S Ramsden

## ■ MEMBERS OTHER PUBLICATIONS

A dual fate of the hindlimb muscle mass: cloacal/perineal musculature develops from leg muscle cells.  
Development. 2005 Feb;132(3):447-58.  
Valasek P, Evans DJ, Maina F, Grim M, Patel K.

Copies of all papers and articles are available on request.



## MAKING A REFERRAL

Contact: Project Workers to make an initial referral  
Tel: 020-7289 1978

Support Provided:

Medium to long-term housing under Supporting People scheme or through housing benefit.

No alcohol and drugs permitted

### *How to find us*

