

Social Prescribing Link Worker Impact Case Study

Name of case study: Foundry Healthcare Lewes	
Brief description of the client's/patient's issue	<p>Our medical student completed a well-being call to a patient XX who was identified as having MH issues. It came to light that XX was having issues, sleeping rough on the streets, doesn't feel safe, she is also 2 years in recovery for Cocaine Addiction but has recently lost her sponsor. J took this up in my absence and spent time with XX trying to find a solution, J met up with her and went along to the council offices, but the phone was broken. J rang out of hours for the local council and also 101 – managed to get through to out of hours and spoke to a lady from Wellbeing in Eastbourne she took the info and she then rang J back - places weren't available. XX thought she would be able to access help at St Mungo's – J gave her the money for a one-way ticket to Brighton.</p>
Summary of the support provided	<p>XX turned up in ST A car park, on Friday evening once arriving in Brighton she found she couldn't go to St M's as they were only accepting telephone referrals from professionals, so she slept on the streets. She was beaten up by a group of travellers at The Level in Brighton this led to an admission to hospital, also during the weekend she had her phone taken away due to a Stalking issue with her ex sponsor to be used as evidence – therefore deeming her uncontactable. I contacted ML from the council who said that they had no responsibility to house her, I also spoke to JC at the council who reiterated the same as ML. I arranged with XX the place where she would sleep tonight and then reported this to Street Link who would go there at 5am tomorrow to pick her up, unfortunately during the night the building was broken into and XX didn't feel safe so slept up on the scaffolding and the team didn't see her. Dr W also spoke to LDC and voiced her concerns.</p> <p>XX appeared at St A this morning after not being picked up by the Rough Sleeping Team. J took XX for a medical check with Dr W and then took her to St J for a hot meal. I spoke to Rev J who said XX could stay within the church grounds. I took her medication to her and advised her to stay put and would come back tomorrow morning. I spoke to RC from SH Rough Sleeping Team and D (Rough Sleeping Social Worker) and arranged for them to come and see XX tomorrow morning.</p> <p>I met XX at the church and spent some time getting her ready to meet R and D. R completed a Rough Sleeping Check with</p>

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	<p>XX, XX said she would interact with any agency offered including STAR, ASC, MH Team etc and then submitted a report to the Rough Sleeping Team, D phoned SA at the council who said she needed more medical evidence. I phoned and she obliged by sending this through via email (Practise Manager was consulted) and I then forwarded this to SA at the council. After half an hour I rang S and asked if they had reconsidered the decision, she said the answer was still no, due to no vulnerability. D then emailed SA's manager with questions on where the Covid-19 Funds for Rough Sleepers had gone to, as this was a Government Initiative to house all rough sleepers. I visited XX's parents' house and retrieved items she wanted such as her iPad so that she could recommence her Zoom meetings with her support group. On my return (and 5 hours of waiting) there was a call from the council saying they had reconsidered and were going to house XX in temporary accommodation in Eastbourne, which XX gladly accepted. RC then made arrangements to get XX to Eastbourne and XX signed up to a 12 week programme with the Rough Sleeping Team who would help her to get a new bank account, apply for Housing Benefit and Council Tax benefit, how to manage bill and money, also food packages etc. XX went off a very happy patient.</p>
<p>Summary of outcome and impact (including quotes)</p>	<p>XX was housed in temporary accommodation and taken off the streets. She also joined a 12-week programme to help her to cope on her own and referrals to helpful agencies.</p>
<p>Tips for others or future plans (optional)</p>	<p>I now have phone numbers and websites for any future homeless patients who need specialist support – these have been disseminated to those who might need them</p>