| **Interim and Final report for Health Equity Fellowship** | |
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| **Project Details** | |
| Project Name | Changing Futures Integrated Hub – Clinic Room |
|  | Debbie McKinney |
| Start Date | September 2023 |
| **Introduction: Purpose and Overview of the Project Brief – INTERIM REPORT** | |
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| Problem the idea is seeking to solve or address (if any) and population group | The purpose of the project is to create a clinic room within a multi agency hub to reduce health inequalities for people with unmet needs:  The average age of death for people experiencing homelessness is 46 for men and 42 for women compared to 83 for men and 79 for women in England.  People sleeping on the street are almost 17 times more likely to have been victims of violence. More than one in three people sleeping rough have been deliberately hit or kicked or experienced some other form of violence whilst homeless.  Addressing health needs for this population group is part of the wider work addressing multiple and unmet needs, including:   * Substance use * Offending Behaviour * Domestic Abuse * Accommodation * Poor mental health * Trauma * Homelessness   Having a co-located team working out of the same building gives the people we support the opportunity to address their needs without the need to go to external services to address their health needs. This can be a barrier and this project looks to address this. |
| Key assumptions and interdependencies | The project will require partnership working across local authority, NHS, CHCP, HUTH and external funders (MHCLG and lottery).  It forms part of wider work with partners and external services including:   * Hull CC (Housing, Adult social care, Citysafe) * CGL (ReNew) * Housing Related Support Providers (Riverside, Hull Resettlement, Humbercare and others) * Health Partners (NHS, CHCP, HUTH, HRI) * Police and Yorkshire Ambulance Service * VCS (Forum, Mind) * DWP * Lived Experience |
| What is the overall purpose of this project? Aims? | Over the course of the fellowship I will be working on a project plan which will work on the following   * Creating a co-located hub space * Working with CHCP/HUTH and other partners on the health offer to utilise the room * Co production on the design of the building and way of operating * Working with architects and constructors on work to be undertaken * Work with funders around funding bid and finance to remain in budget * Meet with health providers to finalise offers from partners. |
| Why it needs to be done? / Why it should be done now? | Integrating support around multiple unmet needs includes having flexible access to healthcare. Having the opportunity to provide this service as part of an integrated hub that includes support around mental health, addiction, benefits, accommodation and social care will allow all services to work together and address the client’s needs in a person centred way. This will break down barriers to attending health appointments and improve outcomes for individuals. |
| Opportunities and Challenges? | Through the Changing Futures project alongside additional government funding there is an opportunity to create a model which would be pioneering as there are very few areas nationally that have an integrated model which focusses on health currently.  The challenges I anticipate sharing can be summarised into the following areas:   * Finances – remaining on budget through build and sustaining long-term funding to continue the work of Changing Futures beyond the additional grant. * Construction – ensuring that building work remains compliant with requirements of services who will be operating at the location and that timescales are met. * Information Sharing – to ensure partners work together to share information, safeguard and record interventions to support individuals * Effective use – ensure that partners utilise the building when complete and that promotion and support is effective so that clients attend and receive the services provided. |
| Desired results of the project? | To integrate health care into a multi-agency model to address multiple unmet needs and create positive outcomes for the people supported by Changing Futures. This will include a rota of services using the room which will include:   * Tissue Viability * Early Cancer Diagnosis * Sexual Health * Liver Scanning * Podiatry * GP Drop in * BBV Clinic * AAA Screening   Through working with partners throughout the project I aim to increase these health interventions as we identify any further options. |
| Brief description of methodology used? | **Research**   * Visiting hubs in other areas and speaking to areas around models used * Break the Cycle – Needs assessment for Multiple Unmet Needs in Hull * Meetings with health colleagues to look at gaps in milestones/screening etc * Training – through qualification in Multi-modality Practice, safeguarding and health inequalities to have greater understanding of the barriers to accessing health care * Co-production – working with lived experience groups to design effective health support model.   **Data Collection and Analysis**   * Through multi-agency case management (ECINS) * Power Bi dashboard * Qualitative data through case studies   **Resources and Materials**   * Architectural design (completed with Hull CC Major Project Team) * CHCP – Clinical Specifications * Break the Cycle Report * Hard Edges Report |
| **INTERIM REPORT** | |
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| Provide the evidence and theory behind your project | **Interim Report**  For the purpose of reporting I will break the work into the following headings:  Building Work – includes design, construction and finance  Operational – includes partners, co-production and procedures  Impact – includes outcomes, data and sustainment of the project.  The interim report will focus on the process of planning and financing the project due to timescales around construction while the final report will be able to show the initial impact as the clinic room and hub will be completed within the timescale of the Fellowship.  **Building Work**  The start point of the project came about as there was a funding opportunity nationally around single accommodation and a building had become available through Hull CC which consisted of six flats and a communal space below. The Changing Futures team of which I am service manager were working out of a smaller building and this was an opportunity that would allow for expansion and to incorporate other initiatives such as and increased offer from health.  Through co-production with healthcare providers, the Changing Futures team and lived experience we looked at services where there was a gap in attendance for those we support and a need due to barriers in access. This identified the need to incorporate a clinic room within the new integrated hub model.  CHCP took the lead in looking at the design of the room which would need to be compliant with health regulations and initial meetings took place around this with IP&C, including site visits, meetings with architects and the construction company. The following design was agreed:    The layout of the room had to fit with the wider plans of the hub in size, location to water supply etc but it was agreed by all parties that this was the most viable option.  Although the funding for the hub and flats was through government grant there was no additional funding to pay for the clinic room fit out, furniture etc within this so the next stage was to negotiate with healthcare providers who would be using the clinic room to support the cost. CHCP agreed to pay for the additional work as part of their community contract and staff within CHCP completing their Health Inequalities Fellowship.  With the funding, design and finance all in place the next stage is to await completion of the construction which is due for completion in December 2024.  **Operational**  While the construction work is underway the focus is now on working with health care partners to look at usage and operational procedures. Meetings are being set up with CHCP who are leading on the running and use of the room (Claire Garrett) and each service. We hope to have a rota of services and operational procedure in place ready for completion in December.  As part of the wider work in the hub a Psychological Informed Environment (PIE) group has been set up to look at both the physical environment but also the way it operates. This is psychologist and lived experience led and the clinic room forms part of this work.  **Impact**  Consideration into measuring impact and success is in the early stages and will focus on both qualitative and quantitative data. Through the work around joint case management I am looking at tracking individuals and completing a cost savings analysis as part of the final report to see if there are cost avoidances such as less ambulance call-outs or A&E visits as a result of having flexible access to health interventions. |
| **Conclusion – FINAL REPORT – February 2025** | |
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| Restate original ambition | The purpose of the project was to create a clinic room within a multi agency hub to reduce health inequalities for people with unmet needs.   * Creating a co-located hub space * Working with CHCP/HUTH and other partners on the health offer to utilise the room * Co production on the design of the building and way of operating * Working with architects and constructors on work to be undertaken * Work with funders around funding bid and finance to remain in budget * Meet with health providers to finalise offers from partners. |
| Summarise the key themes | For the interim report we looked at three key themes:   * Building work * Operational * Impact.   Continuing with these for the final report I want to discuss these key themes against the objectives of the project as listed above.  **Building Work**  Work on the design and layout of the room changed since the interim report was completed. Following quotes from the constructors it was agreed to move the sink unit as it would keep costs down. A new layout was agreed with all parties.  The construction was completed in December 2024 in line with timescales and on budget, unfortunately this then required sign off by CHCP. The agreement was for CHCP to sign off the room to be used as a clinical space and then fit out with units, medical couch, chairs, dispensers and office equipment. A site meeting was held, and further alterations were identified which would need addressing for the room to be fitted out and used.  The delay in completion was unavoidable and took the project over budget. Further meetings both on site and virtually were held between CHCP and I, architects and builders with the work and cost agreed. The main issues were ventilation in the room and the exposed pipework and metalwork below the ceiling. It was agreed that a suspended ceiling would need to be fitted which would involve moving lighting, fire alarm and sensors. Work was agreed to commence on 3rd March and should be completed in 4 days. This has held back some of the other key areas set out in the ambition of the project.  Below is an image of the work in progress during the construction of the clinic room:    The pressure for completion was also increasing. The clinic room being part of the wider hub with groups, 1/1 rooms, kitchen, shower facilities and office space. The planned services who would be utilising the room were attending for site visits and while the rest of the hub was running and open the clinic room remained an empty shell.  Alongside this there was a planned grand opening scheduled for Friday 7th March with colleagues from health, local MPs and leaders as well as national representatives from government and funders. Not having the work completed and being able to showcase would be disappointing and potentially lessen the impact of the launch. With the construction due to be completed the night before the launch (and still needing sign off) and then fitting out, success was not looking likely, although my intention is to find a solution following completion of this report on 1st March.  **Operational**  With the delays in construction, I had the opportunity to complete additional research into health inequalities and ensure that the provision offered would work in partnership with other services who worked with multiple unmet needs and if there were any gaps in services we could look at.   * Research   Through my role as Changing Futures Service Manager I have been part of the Break the Cycle report which was funded by Changing Futures and led by Public Health.  The report [Break the Cycle report](https://www.traumainformedhull.org.uk/downloads/download/1/break-the-cycle-hull) explores multiple unmet needs across Hull. It highlights the voices, stories, and experiences of those affected by the impacts of multiple unmet needs. It looks at the needs of people and groups who have faced and are still facing some of the highest levels of exclusion, and layers of disadvantage.  The Break the Cycle report provides information and recommendations to build on existing good practices and work collaboratively to improve outcomes for those with multiple unmet needs in our city. The recommendations around health are shown below:   * bespoke long-term, holistic and personalised inclusion health primary care to meet the needs of people facing multiple unmet needs, utilising trauma informed approaches and created in co-design with people who have lived experience and professionals who have expertise in this need area; * instilling best practice around access, experience and outcomes for people with multiple unmet needs across primary care in collaboration with people who have lived experience; * ensuring that pain relief prescribing in all health settings is person-centred, equitable and trauma-informed; * access to trauma-informed step-down (intermediate) care following hospital discharge, and improved care and attention to discharge processes for people who are experiencing multiple unmet needs.   While the clinic room won’t address all aspects of the recommendations the wider work of Changing Futures and partner services are working on all the above. To ensure we were prioritising the services most needed we looked at services working in the community already around health and the issues they were facing. I also worked with the Lived Experience Community of Practice and Healthwatch to gain an insight from their perspective. While this went beyond the scope of the report it is relevant as at this time, I am unable to provide data and insight on the success of the clinic room due to delays but can spend the research time looking further into the need and gaps in provision.  **Impact**  Through grant funding the Homeless Health provide outreach and support within hostel accommodation they also provide a vital link through their hospital team with people accessing A&E. Often people with multiple unmet needs access hospital rather than GP surgeries and attend more frequently and when the condition has worsened.  I undertook a piece of work to use data to get a clearer picture of the potential cost avoidance for health services for a group of clients with unmet needs who had been supported by the wider Changing Futures work. This would support any long term funding bids around not only the running of the clinic room but also if recruitment was needed beyond existing contracts such as the Homeless Health team and the health offer from ReNew drug and alcohol services who also complete outreach and have employed substance misuse nursing staff.  Looking at 6 individuals who were supported by Changing Futures in the year prior to support and during support against health interventions such as A&E attendances, ambulance call outs and hospital stays the reduction in unplanned appointments was significant. Adding unit costs to these interventions gave me an estimated cost avoidance of around £35,000 per client. As we currently support around 60 intensively this figure was more than the cost of the operational team, See data below.      The overall cost avoidance for the 60 who are worked with intensely is estimated at over 2 million pounds. The wider supported individuals which includes all rough sleepers is 184 and a potential cost avoidance of over 6 million pounds.  The reason for including this is because there is room for improvement. Until the clinic room is fully utilised and further data is collected it is difficult to quantify if the investment equates to less presentations at A&E and the need for in patient stays. This work will be completed in the future though.  When considering impact, I also worked alongside Healthwatch and the Community of Practice for Lived Experience who have been involved in some significant pieces of work around health and people with multiple and unmet needs.  This has included working with Yorkshire Ambulance Service on how they improve their response to rough sleepers. The report titled Voices of the Street can be found by following the link [healthwatchkingstonuponhull.co.uk](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthwatchkingstonuponhull.co.uk%2Fwp-content%2Fuploads%2F2024%2F07%2FVOICE-OF-THE-STREET-REPORT-FOR-PUBLISH-1.pdf%3Futm_source%3Dchatgpt.com&data=05%7C02%7Cclaire.garrett%40nhs.net%7C7f23c3d4b4a04df38f3008dd58cc106a%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638764355646924851%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=DBbphoHhkyWznk7EtxJYBoUt4vEdeIhSYCib5MwsrE0%3D&reserved=0). Both this report and the Break the Cycle report discussed earlier concluded that people with multiple unmet needs felt that stigma and attitudes were a real barrier to accessing healthcare settings, this included GPs, ambulances and the hospital.  One City, One Beat was commissioned following the Break the Cycle report, it was co-produced and is described as a poignant short film and spoken-word visual piece that explores the heart of a city through its people, their struggles, and their resilience. Set in Hull, it delves into the realities of homelessness, exploitation, and marginalization, while offering a vision of hope and unity. With its powerful narration, vivid imagery, and emotional depth, the project aims to inspire reflection, empathy, and collective action. It can be viewed through the link below and I believe visualises some of the issues people face which may be barriers to accessing support services including health.  <https://youtu.be/aweX7LAA_hU>  Members of the Lived Experience Collective have now agreed to focus on health next year within the community of practice, to work in partnership focussing on people’s experiences with multiple unmet needs in the hospital. There will be three workstreams which we will be looking at:   * Step-down bed process * Trusted Assessor Pathway * Attitudes and Culture.   They have agreed to implement the overarching meeting of all three workstreams into the community of practice, having lived and learned experience, decision makers and commissioners attend all of these meetings.  Linking the work within the clinic room with wider initiatives such as the work to break down stigma and change attitudes to multiple unmet needs is vital for long term success and system change. Having the clinic room alongside wider health initiatives will only be successful if people utilise the facility. I must ensure we create not only a psychologically informed environment, but an entire service.  Trauma Informed City Hull - [Becoming Trauma Informed Hull – Trauma Informed Hull](https://www.traumainformedhull.org.uk/) brings together a network of individuals and organisations funded by Changing Futures to support Hull becoming a trauma informed city. Working alongside health services to look at the implementation of TIP and access to training and resources will also support this work going forwards. |
| Summarise your thoughts | I will reflect on the original objectives for the project and look at whether or not they were achieved, and my thoughts on the process for each below:   1. Creating a co-located hub space   It has been achieved, the room is in place with the final sign off and unit fit imminent. On reflection though the process as a build has been challenging and has felt at times like a battle with other departments within the council and in the health arena not responding promptly, not attending meetings and following up on actions. The work of the fellowship and partnership with CHCP and the passion of individuals is what has driven this. Wider support though was not always there and often conflicted with negativity and barriers. I found this disheartening, but unfortunately not unexpected as achieving system change takes time and new initiatives and fast paced work can result in fear and concern. I am hopeful when the room is utilised and the impact visible hearts and minds of all will be changed.   1. Working with CHCP/HUTH and other partners on the health offer to utilise the room   Again, this has been achieved, there have been many challenges with infection control, clinical waste, specifications that need to meet each service, but a full timetable is agreed and the room will be in use every day.     1. Co production on the design of the building and way of operating   I feel we went beyond this objective with the work delayed looking at how the clinic room links with other services and initiatives in Hull. Learning from reports undertaken and attending lived experience groups has ensured the work is co-produced but also the joint vision on health inequalities includes the work undertaken.   1. Working with architects and builders on work to be undertaken   Fully completed although again not exactly smooth sailing. Specifications not met in the original build caused delays and additional costs.   1. Work with funders around funding bid and finance to remain in budget   All funds covered although over the original budget, costs covered by underspend in other areas of the project.   1. Meet with health providers to finalise offers from partners.   All in place through meetings and site visits. Hopefully the first clinic sessions will be running by mid-March following the last minute fit out and sign off.  In summary the whole project has been a massive challenge both personally and professionally. It has felt like for every step forward there was a new issue or barrier to overcome. When reflecting back on how far the project has moved on I can see what has been achieved has been amazing and I believe ground breaking. Having health care within a homeless hub to break down barriers and improve access for people with multiple unmet needs is the right thing to do, and will save lives. For every hurdle jumped and barrier overcome I know this will make a difference. |
| Describe any future actions or work needed | The aim is to fully complete the work for the 7th March when the opening event will take place, as described above there were delays to the project build.  Following the opening event I will look at how to publicise (widest possible distribution) the clinical offer to ensure all services are aware. This will involve meeting with all parties and creating a joint comms plan.  I can also see future potential beyond what is already in place. Having the clinic room within a hub that is open in office hours means that there is scope for expansions out of hours. I have started discussions around opening in the evening to support sex workers through the clinic room and with wider services as they often don’t access services during the daytime.  I have had discussions with prisons around wound care access for those in prison as sometimes there is a need for a specialist worker. Prison officers bring inmates to services in the community as it isn’t available in the prison. Often these would be people we already knew and would be vital to continuity of care.  Showing impact is the main ongoing piece of work, this cannot begin until the sessions start. Producing data on attendance alongside case studies (initially), but also building on the cost avoidance work as described earlier. This would ensure long term sustainability of the integrated model into the future. |