

Arch.

ANNUAL REPORT
2017-2018



“Homelessness is a huge challenge across the country with the number of people sleeping on UK streets increasing by 137% since 2010. That increase is at its highest in the South-east, where it has increased by 166%.”

LETTER FROM THE CHAIR AND CEO

It's been an incredible year at Arch Health Community Interest Company (CIC). Formed in 2016, Arch successfully bid for the Integrated Homeless Health contract for Brighton & Hove and our service went live on 1st Feb 2017. The new APMS contract has enabled us to build on the skills and experience of a dedicated team, many of whom were formerly employed by The Practice Group – the previous holders of the Brighton Homeless Healthcare contract. Winning and mobilising the service was a monumental effort by the directors and staff, who pulled out all the stops to facilitate a smooth transition for patients and to get off to an outstanding start.

The new service includes The Hub, which incorporates the homeless primary care service based in Morley Street, as well as four spokes which take care out of the hub to the point of need, and also help to develop collaborative services throughout the city:

1. Pathway in-reach to Royal Sussex County & Mill View Hospitals.
2. Non-clinical Health Engagement work in partnership with Justlife.
3. Clinical outreach to hostels and temporary accommodation.
4. City wide leadership for the provision of integrated care for homeless people in Brighton & Hove.

This report gives an overview of all of these different aspects, their progress throughout the year, and the people involved in running our service. It also gives an overview of our VALUES. These have guided us as we have developed and embedded our culture from the waiting room, through the admin team, into the consulting room and out in the community.


Homelessness is a huge challenge across the country with the number of people sleeping on UK streets increasing by 137% since 2010. That increase is at its highest in the South-east, where it has increased by 166%. At the last count in November 2017 Brighton & Hove had a staggering 178 rough sleepers, which is almost double the number in Manchester (94), and fairly close to the number of women and men bedding down on the streets of Westminster (217). The challenge facing our service becomes more apparent when you consider Brighton's 270 hostel residents and 1666 homeless individuals living in temporary or emergency accommodation, as well as the changing nature of this population. Indeed we register up to 20 people at the surgery each week.

We are aware that in order to best improve the health & wellbeing of these vulnerable and transient populations we need to collaborate with other services. For this reason it has been a priority of ours to facilitate good communication and co-working with the many dedicated services which exist to improve the lives of individuals in our community who are without a home. We would like to thank all our partners and co-workers for supporting us in this first year of Arch. We thoroughly value your kindness, expertise and commitment in caring for our patients.

Finally, we want to thank everyone whose work is represented in the pages of this report, and in particular the staff at Arch, the board, our close partners Inclusion Healthcare Leicester, and Justlife, as well as NHS England and Brighton & Hove Clinical Commissioning Group.

Yours Faithfully,




Dr Anna Hiley
Chair



Gary Bishop
CEO



OUR VALUES

ARCH VISION & VALUES

Early in the year the Arch directors committed to establishing a set of values for the organisation. The process began with each director articulating their personal life values and then, in an expertly facilitated process, they worked together to establish the following set of organisational values and a vision statement.

VISION STATEMENT Arch Health CIC exists to explore every opportunity to improve the health and well-being of homeless and vulnerable people.

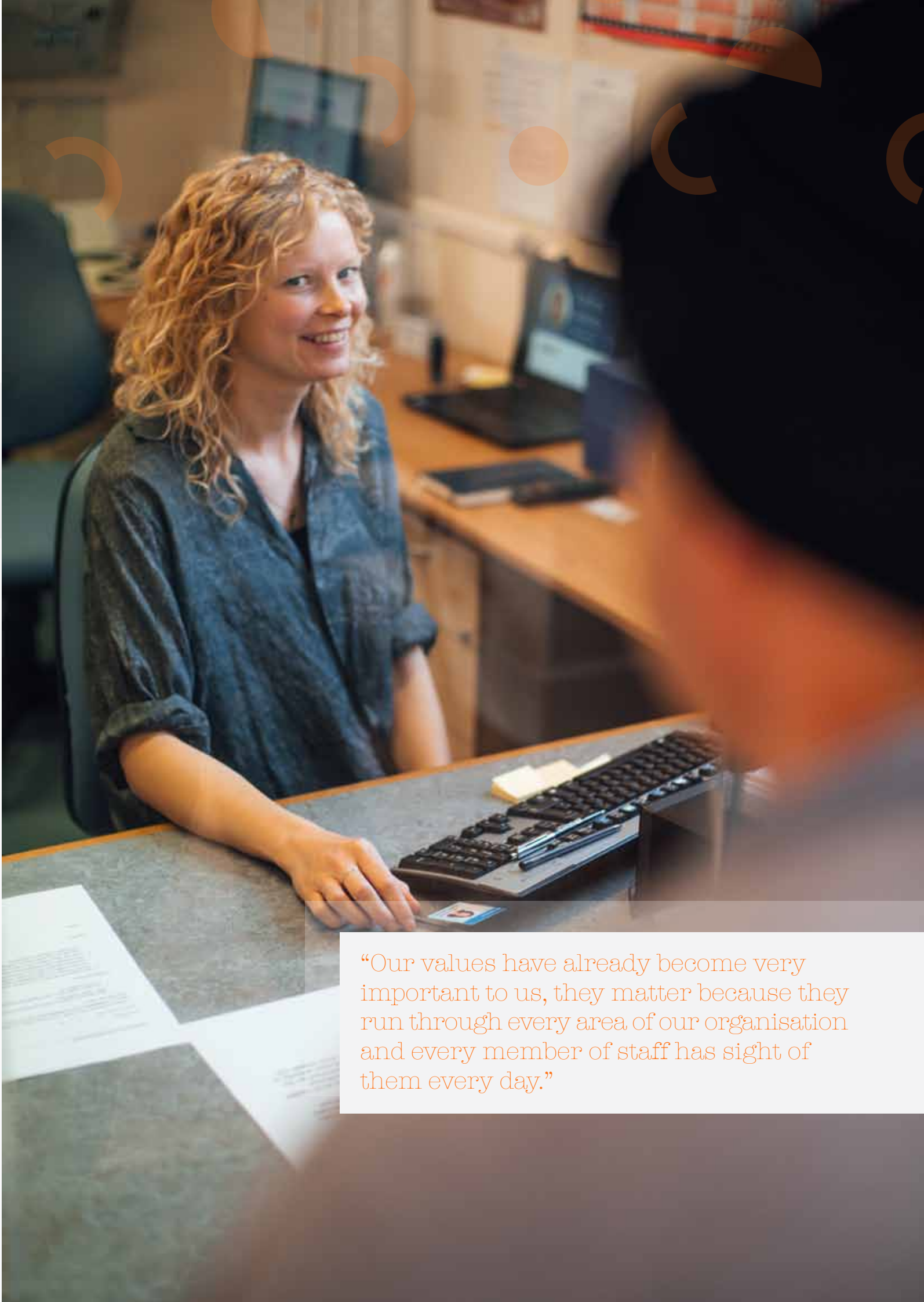
VALUES

- EQUALITY & FAIRNESS**
Valuing and respecting all our patients, staff and partners.
- KINDNESS & HUMANITY**
Being joyful, respectful and compassionate in all our work.
- HONESTY & INTEGRITY**
Being true to ourselves, our patients and our partners.
- EXCELLENCE & CURIOSITY**
Constantly learning, improving and evolving our services and our organisation.
- COLLABORATION & COMMUNITY**
Working together, investing in our relationships with others.

Our values have already become very important to us, they matter because they run through every area of our organisation and every member of staff has sight of them every day. They are aspirational values which give us something to strive for each day in order to improve ourselves and deliver a better service.

These values have already influenced the decisions we have made about team development, recruitment, pay, terms and conditions for staff, investment in patient care, new initiatives and facilities.

“Our values have already become very important to us, they matter because they run through every area of our organisation and every member of staff has sight of them every day.”



INTRODUCTION TO THE HUB & SPOKE MODEL

Over the last few years Brighton & Hove CCG have worked extensively to design a Hub & Spoke Model for the care of homeless and vulnerably housed patients in the city. This model forms an integral part of the Integrated Homeless Health contract.

The model places Primary Care in the central 'hub' with additional support and delivery within 'spokes' including:

- Inreach to Royal Sussex County and Mill View Hospitals
- Supporting other local GP surgeries
- Clinical outreach to: hostels; temporary/emergency accommodation; rough sleepers; and wider community settings, including; Firstbase, St Anne's Day Centre and Justlife
- Non-clinical outreach through Health Engagement Workers

We recognise the hugely important role that the many community teams play in Brighton & Hove. We value their input hugely, and try to be as accessible to them as possible. This means talking to them on the phone, emails, writing letters of support when we can, and also having regular meetings. We have a fortnightly Multi Agency Homeless Health Meeting (MAHHM) where we can discuss the homeless patients who are causing the most concern to professionals and support workers. We work exceptionally closely with the Justlife Health Engagement Team, SCFT Integrated Primary Care Team and a wide variety of other services in the city.

HUB COORDINATION

The success of the Hub & Spoke Model is dependent on good communication and joint working with others. In addition to the work imbedded in the model we have also made efforts to ensure we have a strong presence in the following groups which we believe are key to developing a resilient community network which can support the health and wellbeing of homeless and vulnerably housed people:

- Temporary Accommodation Action Group: this brings together all sectors and stakeholders to look at improving issues in emergency accommodation, and we are working together on solutions
- Frontline Network Events: these provide opportunities for those working in homelessness in the city to meet up and share ideas, experience and learn together. This has included focussing on improving the understanding of health care services amongst workers
- Homeless Operational Forum: this is a meeting where all services update each other on their work and also a time for learning and sharing skills
- Integrated Homeless Health Steering Group: this bring together health and social care teams to develop strategy for services within the city
- Rough Sleeper Board: the senior board within the city which is responsible for implementing the homelessness strategy

In our efforts to build a collaborative, working model we have also hosted informal lunches gathering workers from different services such as; Justlife, Arch, Mental Health Homeless Team, Adult Social Care and the Integrated Primary Care Team (SCFT).

“The success of the Hub & Spoke Model is dependent on good communication and joint working with others.”



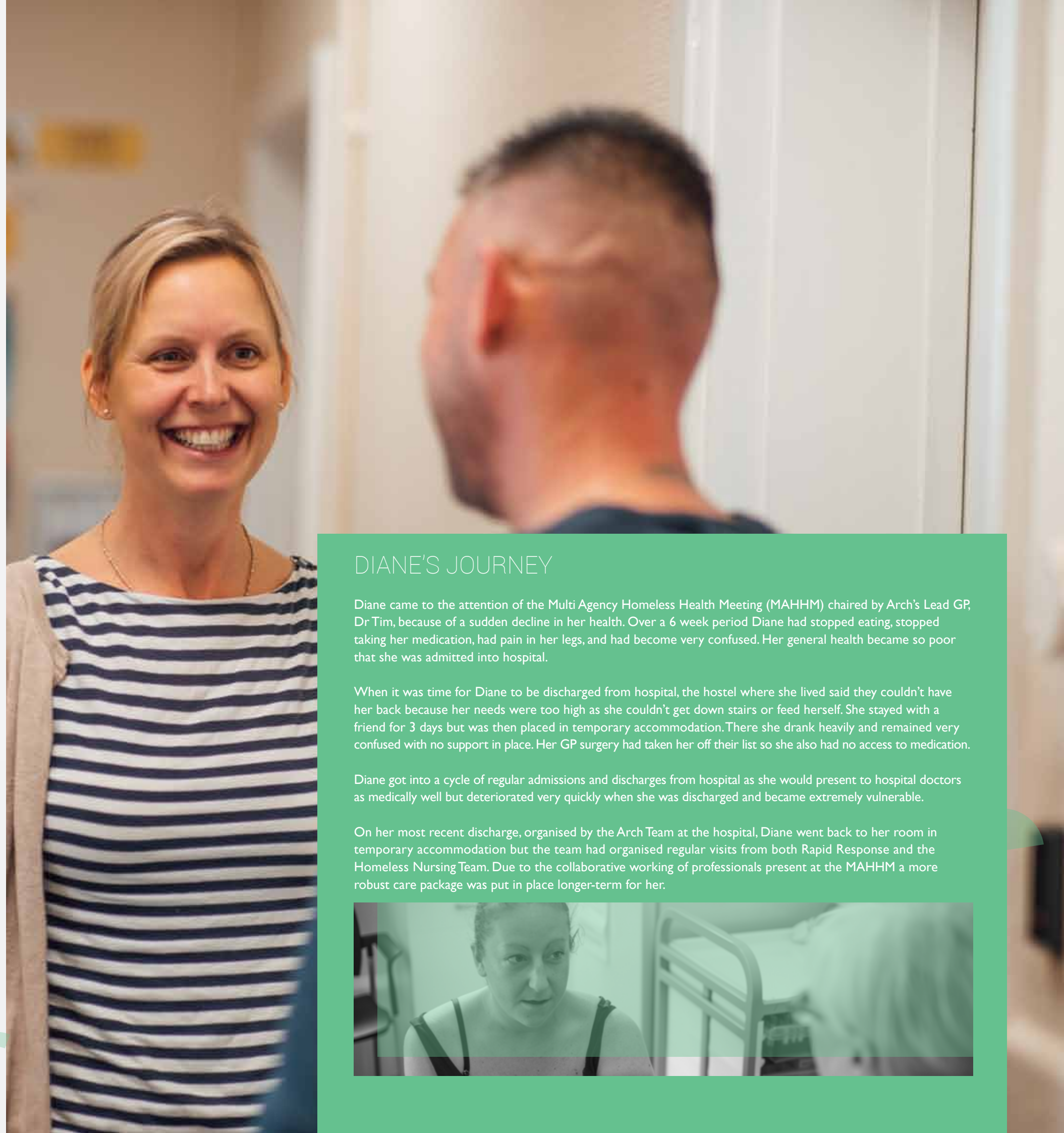
*Fortnightly meeting coordinating health interventions hosted by Arch

ABOUT OUR PATIENTS

Arch Healthcare patients are not limited just to those unfortunate enough to be sleeping on the streets of the city, we also look after people who live in hostels, unsupported temporary accommodation, people who live with friends, squatters, van dwellers and travellers. Anyone who is in Brighton and does not have a permanent address can register with Arch.

The biggest problem our patients face is their accommodation. Either the lack of any housing, or accommodation which can often be unsafe, threatening, dirty, damp, isolating and insecure. This instability and the constant threat of loss or changes to benefits make it much, much more difficult for them to attend to their physical health and to address any mental health or substance misuse problems which they might have. After the problem of accommodation, the next biggest problem our patients face is their own history of trauma. Most of our patients have experienced great distress in their lives either as children or as adults, these experiences leave lasting imprints on an individual and can make it extremely difficult to make progress towards a healthy and fulfilling life.

Due to the above two problems, our patients can become stuck in a cycle of poor accommodation and distress, which contributes to mental health problems and often substance misuse as a means of coping with their situation. This can then lead to poor physical health. All these factors then make it very hard to get safe accommodation, which then leads to more trauma and distress.



DIANE'S JOURNEY

Diane came to the attention of the Multi Agency Homeless Health Meeting (MAHHM) chaired by Arch's Lead GP, Dr Tim, because of a sudden decline in her health. Over a 6 week period Diane had stopped eating, stopped taking her medication, had pain in her legs, and had become very confused. Her general health became so poor that she was admitted into hospital.

When it was time for Diane to be discharged from hospital, the hostel where she lived said they couldn't have her back because her needs were too high as she couldn't get down stairs or feed herself. She stayed with a friend for 3 days but was then placed in temporary accommodation. There she drank heavily and remained very confused with no support in place. Her GP surgery had taken her off their list so she also had no access to medication.

Diane got into a cycle of regular admissions and discharges from hospital as she would present to hospital doctors as medically well but deteriorated very quickly when she was discharged and became extremely vulnerable.

On her most recent discharge, organised by the Arch Team at the hospital, Diane went back to her room in temporary accommodation but the team had organised regular visits from both Rapid Response and the Homeless Nursing Team. Due to the collaborative working of professionals present at the MAHHM a more robust care package was put in place longer-term for her.



ABOUT THE SURGERY

Arch is smaller than the average GP surgery. We only look after people who are homeless, we currently have 1,340 patients registered, out of which 267 are female (April 2018). Most of our patients are adults under the age of 60, with only a small number of children.

Arch has a much higher turnover than the average GP surgery, therefore we see many of our patients for a short time only before they move on or move into accommodation. This means we're always in the process of saying "hello" or "goodbye". We registered 665 new patients between 1st April 2017 and March 31st 2018 and deducted a similar number.

Arch offers a lot of walk-in appointments every day which means we can react more easily to events that day. We usually see about 475 different patients a month, averaging slightly under 2 visits each.

We try to make attending Arch as positive an experience as possible, recognising that for some of our patients even getting to the surgery can be a real struggle. This year we've worked to improve the waiting room and added a third treatment room so that we can offer more appointments and reduce waiting times.

As a team we try as hard to be as accessible and as non-judgemental as possible. We try to make as much time as we can for our patients, so that they can feel cared for and accepted, and we can work out how to best help them in their individual and often complicated and frightening situations. All of our staff work at the surgery because we care passionately about giving the best care we can to people who are so often given the worst in our society.

PATIENT PARTICIPATION GROUP (PPG)

Since Arch Healthcare took over the running of the surgery in 2017 we have had six PPG meetings to discuss the ways in which we can improve services for our patients. As a result of these meetings we have:

- Started a dual diagnosis support group (chaired by an Arch patient)
- Purchased new chairs for our waiting room
- Added weekly detox slots to the clinical outreach we provide (in order to avoid detoxing patients having to attend the surgery)
- Organised for benefits advice to be accessible at the surgery
- Purchased suntan lotion to be given out to all patients in the summer months
- Applied for and won a £500 grant for a tablet in the waiting room to collect views and provide information on services and support for our patients

In order to get further input from a wider selection of our patient population about the type and quality of services offered at Arch we've organised two patient surveys taking place in the waiting room in the form of; 'Friends and Families Test' forms available for completion and Fulfilling Lives volunteers spending time with patient's asking for their opinions.

"So often our "good news" stories start with us helping fantastic community workers to arrange accommodation for our patients. Once they have done this they can then support them into our surgery where we can diagnose and treat problems which have been untreated for many years. This has included diagnosing cancer which has been successfully treated, as well as enabling people to get mental health care which they have needed their whole lives. The best part of my job is when patients tell me that without us they wouldn't have been able to get the help they needed, and in fact may not be alive."

Dr Tim Worthley



BILL'S JOURNEY

Bill who is in his late 60's has been homeless on and off for his whole life. As well as being homeless he has been alcohol dependant for around 40 years. Bill was rough sleeping in Brighton, he was drinking heavily and very difficult to engage with. His health continued to deteriorate and he had regular admissions to A&E where our hospital inreach team started to support him.

Bill was accompanied to the council with an outreach worker who did lots of work with him to complete the necessary paper work and as a result he was placed in self-contained emergency accommodation. We were then able to provide Bill with intensive support including GP appointments, regular welfare checks and visits from the SCFT nursing team.

Since being accommodated he has been addressing his alcohol use and Bill is now into his 5th month of sobriety. In addition, he has started volunteering with a local charity, addressing his health needs and says he is the most content he has ever been.

"Without the support from you and your organisation I would be dead, I wouldn't have survived another winter out there. I am happy now, I am content."

Bill continues to look forward as he is soon to move into more permanent accommodation which he is very excited about: "without the support from you and your organisation I would be dead, I wouldn't have survived another winter out there. I am happy now, I am content."

TRAINING & CITY WIDE LEADERSHIP

TEACHING

The Arch team have a wealth of specialist experience in caring for very vulnerable and homeless people, throughout the year we have been active in sharing that expertise with students and a wide range of other interested parties.

Members of the Arch Clinical team regularly deliver training to all 120 4th year medical students on the subject of Discharging Homeless People from Hospital. This training is delivered every 6 weeks to groups of around 20 students. We also host 5th year students for 4 week elective placements and 4th year students for placements during the year.

During the last year Arch and Justlife staff also provided training for 4th year medical students on their Student Selected Component (SSC) 8 week module and offered various opportunities for shadowing in the surgery, in the hospital and in the community. These opportunities have been taken up by medical students, nurses and other health professionals.

RESEARCH

One of our Arch values is 'Excellence and Curiosity' - Constantly learning, improving and evolving our services and our organisation. A key component of this is involving ourselves in research which may help us and others to improve the care we can offer to our patients.

As such we have supported a 4th year student Individual Research Project (IRP) which looked at Cervical Smear Uptake, the findings of which will be published shortly and another research project on Women's Health in Primary Care. Arch has also been involved in one public health project (MSC) looking at risk and another which is an analysis of treatment gaps in substance misuse and mental health.

Most recently we have undertaken to supervise a PhD student in Medical Anthropology from UC Berkeley whom is looking at how staff cope with changing services and contracts in substance misuse services.

There is a proposal that in the future Arch could become a centre for a large Hepatitis C trial exploring ways to improve treatment for homeless people through Homeless Primary Care services.

HOSPITALS

This year we supported approximately 450 homeless patients on the wards and in A+E, liaising with housing services and Adult Social Care to plan for safe discharges.

Homeless people are commonly admitted to hospital due to chest infections, COPD exacerbations, abscesses, ulcers, infections such as septicaemia, liver failure and injuries from being assaulted. People living without secure housing tend to acquire chronic conditions 10-15 years earlier than the rest of the population, therefore they require nursing home support in their late forties or fifties rather than sixties or seventies.

Our hospital in-reach at the Brighton & Sussex University Hospital (BSUH) follows the Pathway model and involves the identification, support and discharge planning for homeless people admitted to the hospital. Our team consists of a part-time GP (Arch), nurse (SCTF), discharge and advocacy worker (Justlife). We also currently have a worker dedicated to supporting the most regular users of A&E (St Mungos).

This year we supported approximately 450 homeless patients on the wards and in A+E, liaising with the housing services and Adult Social Care to plan for safe discharges. Our support includes inpatient care, provision of some essential items such as toiletries, food, clothes, shoes and bedding to allow homeless patients to be discharged with dignity and prevent unnecessary delays. Our team also support patients with benefit claims connecting with appropriate local services and registration at the Arch surgery.

We have also been involved in developments with Mill View Hospital where we have worked with the discharge team, ward matrons and community services to design and implement an agreed throughput model for homeless patients based on the service which we provide at BSUH.

Day to day our team are supporting very vulnerable patients who do not get any visitors and sometimes find it difficult to understand what is happening to them. Often we are going the extra mile to prevent the patient discharging themselves. Patients who are ready for discharge are accompanied to the housing office to secure emergency placements, we then take the patient to their accommodation and hand over to the Health Engagement team who provide support to patients in the community.



HEALTH ENGAGEMENT

The Brighton & Hove Integrated Homeless Health Contract includes the provision of extensive non-clinical outreach to homeless patients. This part of the service is delivered by our partners Justlife, employing 5 incredible Health Engagement Workers who provide proactive outreach services to patients in the community.

This year the team have provided dedicated one-to-one support to over 150 homeless individuals ensuring safe discharges from hospital, helping them to engage with health & care services and also providing a wide range of personal support with benefits, housing and general health and recovery.

“This year the team have provided dedicated one-to-one support to over 150 homeless individuals.”

Referrals are made to this team from a range of services in the city including BSUH, Mill View Hospital, housing providers and other community providers. The team are an integral part of the Multi Agency Homeless Health Meeting (MAHHM) and are often working to support the most vulnerable patients in our city. Patient care is designed through a weekly case meeting which is led by Arch Director and Advanced Nurse Practitioner Hannah Bishop.

MEET SOME OF THE TEAM

DR TAL

GP. ARCH



I started working two and a half days at Arch as a GP. I am a Jersey girl and feel most alive when I am near the sea – which was one of the original pulls for me to move to Brighton. When I am not at Arch I am at home in the busy mayhem of life with three little ones which gratefully I also get to share with my husband.

My background was originally in paediatrics from which I went on to spend several years working in humanitarian aid in South Sudan and returned from there to complete my GP training before working for a year and a half at a practice in Portslade.

The mix of working with some of the most marginalised and vulnerable in our society, in a service that is tailored to them with a fabulous team, was the drive for my move to Arch. I have genuinely loved my time working here. It's at times heart-breaking and always challenging but I am working with the most amazing team in an organisation that lives out its values and that makes me feel incredibly privileged.

RONNIE

HEALTHCARE ASST. ARCH



I started working at the surgery in 2013 when it was run by a previous provider and called 'Brighton Homeless Healthcare'.

I was originally employed as a Receptionist and went on to become the Reception Supervisor shortly after. From working at Arch since 2013 I have gotten to know a lot of our patients on a first name basis and have really enjoyed being their first point of contact when they enter the surgery.

I began training as a Healthcare Assistant (HCA) in 2017 and since the surgery became Arch Healthcare have spent increasing amounts of my time working as a HCA. Although I interact with less patients per day the quality of the interactions I do have during appointments is very fulfilling.

SARA

HEALTH ENGAGEMENT WORKER. JUSTLIFE



I work for the charity Justlife, who deliver all the non-clinical aspects of the Arch contract. There are 5 Health Engagement Workers who support homeless people with their health needs.

I enjoy working with Arch because of how the medical staff make their patients feel. My clients regularly leave the surgery feeling reassured, listened to and having their needs met.

The high level of walk-in appointments make it easier for more chaotic clients to attend, so even those who normally find it difficult to access healthcare are able to. The communication with Arch is quick and easy which means we can provide the best possible service to our clients.

CLINICAL ACHEIVEMENTS

The Integrated Homeless Health Contract, contains a multitude of targets and Key Performance Indicators which we use to measure the effectiveness of the service, we also use the data to help us understand our patients better and improve the way in which we offer care.

PATIENT LIST

On May 1st 2018 Arch Health 1,340 registered patients these included 665 new registration in the previous 12 months. During the same period we deducted 829 patients mainly because they were ready to register with a mainstream GP or because we were unable to contact them after a long period of inactivity.



FREQUENCY OF ATTENDANCE

Of our 1,340 patients on average we saw 475 different individuals per month which is over 35% of the entire list. The average number of appointments per patient was 2.



GP & NURSE APPOINTMENTS

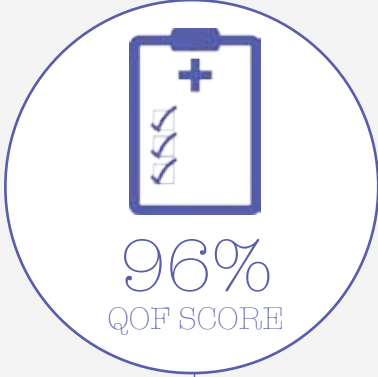
We have been able to offer 100% access to same-day nurse appointments 92% of same-day GP appointments. The wait to see a GP at Arch has averaged across the year at 6.6 days with a low at 2.8 days in August 2017. The uptake of GP appointments has been 92.6% and nurse appointments 79%.



QUALITY OUTCOMES FRAMEWORK (QOF)

The target set by commissioners was a QOF score of 95% with exception reporting not exceeding 30%.

At the close of the year Arch recorded a score of 96% with exception reporting standing at 22%.



HOSPITAL IMPACT

Between April & December 2017 we recorded the following hospital data compared to the same period in the baseline year of 2015-16.

Reduction in annual A&E attendance per 1,000 patients: 8.9%

Reduction in annual unplanned admissions per 1,000 patients: 14.9%

Reduction in annual readmission rate within 30 days per 1,000 patients: 34.6%





WHAT'S NEXT? THE FUTURE

It is absolutely our goal to continue striving to provide the best possible health care for homeless people in Brighton & Hove. We are convinced that in order to do this to the very highest standard we need an integrated homeless healthcare hub which will enable all the essential services to be collocated in one building in central Brighton. This way patients will be able to access all their care in one place and services can work in a truly collaborative model which will vastly improve our capacity to deliver outstanding healthcare.

DETAILS

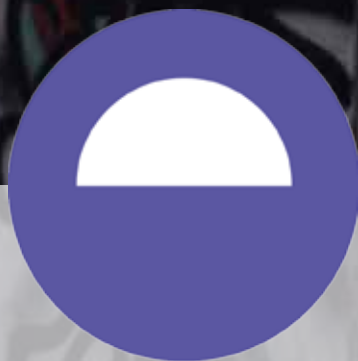
Company Name: Arch Health CIC
Registered Office: School Clinic, Morley Street, Brighton, BN2 9DH
CIC Number: 09989518
Company website: www.archhealthcic.uk
Surgery website: www.archhealthcare.uk

Non-Executive Directors: Dr Anna Hiley (Chair)
Geraldine Hoban
Phil Baldwin

Executive Directors: Dr Chris Sargeant
Dr Tim Worthley
Fliss Purchase
Gary Bishop (CEO)
Hannah Bishop

Bank: Coop Bank, Delf House, Southway,
Skelmersdale, WN8 6NY

Auditor: Mayfield & Co, 2 Merus Court,
Meridian Business Park, Leicester, LE19 1RJ



Arch.

Arch exists because periods of homelessness can have a devastating impact on a person's life and we believe that excellent, caring, primary health care can prevent long term suffering and save lives.