GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Cardiff Health Inclusion Service Case Study

December 2023

Introduction

People experiencing the worst health outcomes often face significant barriers to accessing care due a variety of issues. 'Inclusion Service' is a term used to describe the organisation of care to individuals who have some of the poorest health outcomes such as Refugees and Asylum seekers, People experiencing homelessness, Prison leavers, Sex Workers and Roma, Gypsy and Travelling people.

Whilst primary care has the expertise to provide holistic personalised care, significant system demands drive efficiencies that can create barriers for the most vulnerable and people from these groups seek alternative pathways of care through urgent and emergency services that are not designed to meet their needs (with high costs that do not achieve the necessary outcomes).

The absence of settled accommodation significantly compounds these issues.

NICE Guidance (2022) recommends: -

Local homeless health and social care needs assessments should be conducted which include quantifying and characterising the population experiencing or at risk of homelessness and assessing the quality, capacity and accessibility of existing service provision.

In locations where the health needs of people who are homeless are not being met, NHS commissioners need to consider what models of primary health care services are most appropriate.

Traditional models of primary care do not always address the needs of people with multiple disadvantage. Social factors such as homelessness also have a significant impact on individual experience and outcomes. This can lead to a lack of trust for service users and escalating unscheduled and secondary care use with associated costs.

Recently published research recognises that whilst universal services can meet the needs of 'Inclusion' groups, 'given the right circumstances and support', there is often limited integration with homelessness services and poor continuity of care and service user satisfaction.

It is recommended that commissioners should consider the needs and service gaps for their local population and work with those already engaged in delivering care to design a model of provision that is appropriate for the scale and nature of local need.

Cardiff is a Capital City and its population includes many vulnerable groups including the defined Inclusion groups. Whilst there are many differences and specific needs of the individuals who make up these cohorts, there are many common themes including post traumatic stress, mental health problems, substance use, risk of infectious diseases, housing problems and poverty.

Working with cross sector colleagues and individuals with lived experience on a local Health Needs Assessment for traditionally excluded groups will help to:

Identify what particular groups of individuals reside in the local area

Find out what issues they face with accessing care

Map what services are available

Identify service gaps and opportunities for improvement

This is an example of a Place Based Care Approach and in Wales improvements can be delivered through the further development of the Primary Care Model for Wales. Primary Care teams witness the social conditions in which people live and work and can identify inequity in the health care system, raising concerns through Professional Collaboratives which can be addressed in Cluster plans

What happened to stimulate change in Cardiff?

A local GP, Dr Ayla Cosh, established a Health Inclusion Network

> I wanted to try to get people together across sectors, to highlight the poor health outcomes and issues that these groups face in accessing care with the aim of raising these issues at strategic level. I invited everyone I could think of across sectors to meet every 2 months where we discussed topics and heard presentations. I invited colleagues from CAVUHB public health team and asked the Director of Public Health to be the Executive sponsor which she kindly agreed to and supported the network by dedicating one of the Public Health registrars to work on a Health Inclusion health needs assessment for 6 months.
>
> A formal Health Inclusion Health Needs Assessment report was produced, and this along with the DPH as Executive Sponsor gave weight to the Health Inclusion Network. A presentation was requested for the UHB Executive Board which gave me the opportunity to present the health issues, problems in accessing healthcare and a proposed future model of integrated care. The Executive Board then offered support in setting up a Health Inclusion Programme Board to work towards delivering the vision. The Health Inclusion Service (CAVHIS) is developing within a wider programme of partnership working to more effectively meet the needs of these groups.

Developments of services for vulnerable groups are often initiated by individuals or small groups of professional or community advocates who recognise the very poor experience of services and health inequities experienced.

Recognising and supporting this advocacy is a critical role that organisations can play in delivering change. Organisations must take action to ensure that they meet their statutory duties to improve the health and wellbeing of the population and to reduce inequities.

CAVHIS

CAVHIS is a health board managed service for groups that face significant challenges when attempting to access health and social care services. It is situated in the centre of Cardiff and managed by the Primary, Community and Intermediate Care Clinical Board. The service has been developed over the past two and a half years with the aim of delivering an integrated service with cross sector partners providing care to traditionally excluded groups.

The service began as Cardiff Health Access Practice (CHAP) and was resourced to provide health screening to newly arrived people seeking asylum who were placed in Cardiff for Home Office initial assessment.

CAVHIS provides: -

Evidence based Health and Public Health screening for:

- new arrived people seeking asylum,
- people under Home Office refugee resettlement programmes,
- survivors of trafficking and those who are destitute and facing 'No recourse to public funds'.

General Medical Service care for individuals under Section 98 of the Immigration and Asylum Act 1999.

The current model registers those newly arrived in Cardiff via the asylum 'irregular routes' for full General Medical Services and offers registration when GP practices remove individuals from their lists.

Dr Cosh explains why it is helpful to be able to provide GMS registration with the CAVHIS team: -

Dr Ayla Cosh

People who have just arrived in the UK are under section 98 and so are likely to only be in Cardiff for a very short time before being transferred to another area. They are often completely new to the UK, may have no English and can be disorientated. They struggle to understand and navigate the complexity of NHS services and so benefit at this stage in their journey from a 'one stop shop' style approach with the co location of third sector services CAVHIS provides. It makes sense if CAVHIS provides health screening and GMS care at this point.

Individuals whose claim for asylum has failed can become destitute and/or homeless as they have no access to support. During this time people may be sleeping rough or sofa surfing and be moving in and out of practice boundary areas. Some individuals eventually go back into the Home Office system (under section 98) if enough evidence can be gathered for a fresh claim. Some people may have exhausted all options in the current Home Office system and may be designated as 'No Recourse to Public Funds'. Housing policy is such that there is no duty to provide accommodation to these individuals which leaves them destitute and vulnerable to all manner of risk. CAVHIS has adopted one stop shop approach, links with BAWSO, Safeguarding, Red Cross and all the services that may be able to assist at this point. CAVHIS can also be used as a 'care of' address which is critical because many people in these situations have significant health problems and need a trustworthy address where they can receive correspondence regarding health appointments. Our frontline admin staff take a proactive approach in reminding people of appointments both in primary and secondary care and often act as advocates.

CAVHIS re-branded in September 2021 to reflect a broader service ambition which now includes: -

- Limited urgent primary care for multiply excluded single homeless individuals via outreach clinics into various frontline hostels.
- An Alternative Treatment Scheme – primary care for individuals who due to episodes of violent behaviour, after formal risk assessment, are judged to need a security presence.

The longer-term vision of the service is to develop, in partnership with Local Authority and Third sector services to provide an **Integrated and Co Located Health Inclusion Service.**

The service would offer full GMS registration for the multiply excluded homeless, high risk sex workers, newly arrived people seeking asylum and Refugees with care needs requiring more intense input and Roma Gypsy and Traveller people who are mobile.

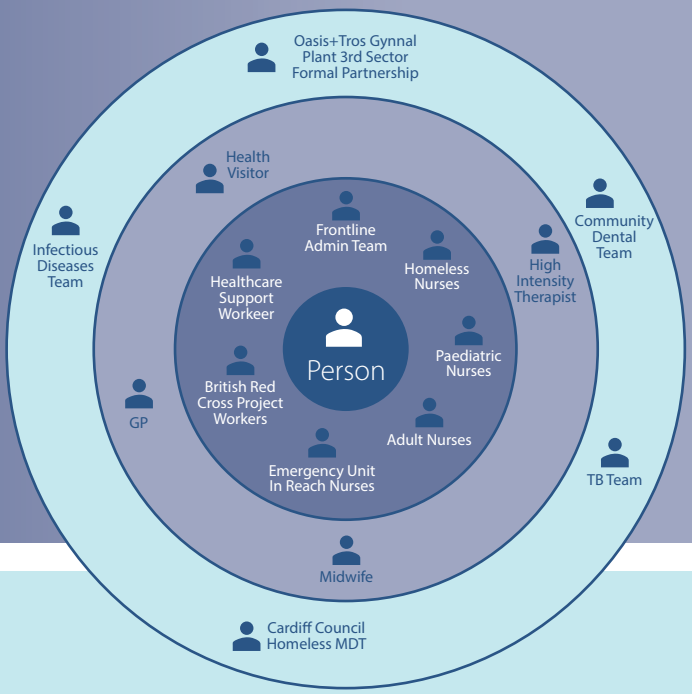
Services will be delivered via a hub where partner services are co located and spoke outreach clinics where care will be taken to the individual in an environment that is familiar to them.

The development of Health Inclusion services needs clear public service leadership, shared vision and aims and evidence based models of care.

As services develop it is helpful to network with colleagues who are addressing similar challenges.

The team currently comprises: -

- Locality management team for oversight
- Dedicated Lead Nurse and service manager
- Dedicated Operational manager and frontline Administration team
- Dedicated Adult Health Inclusion Nurses and HCSW
- Dedicated Paediatric Health Inclusion Nurses
- Dedicated Specialist homeless nurses
- Dedicated Health Visitor
- Dedicated Health Inclusion GPs
- Dedicated British Red Cross project support officers
- Dedicated High Intensity Therapist/Psychologist



There is also access to a wider range of expertise through strong links with other teams as part of their wider role:-

- Community dental team
- Infectious diseases team
- Midwife
- Cardiff Council Homeless MDT

Partnership working is the mainstay with regards to the development and running of Health inclusion services, the multiple exclusion that these individuals face cannot be addressed by any sector alone

Partnership working is an essential aspect of the approach and the team works very closely and are in regular contact with partners such as:

- Infectious Diseases team who run a co-located clinic every fortnight at the CAVHIS Hub which has reduced the DNA rate significantly.
- TB team.
- Community pharmacies.
- Community mental health colleagues.
- Safeguarding colleagues.

British Red Cross Team in the CAVHIS Department

Stable accommodation is a critical factor in determining health and wellbeing outcomes and service use.

Total costs of care and use Out of Hours services are associated with the frequency of accommodation changes.

Homeless outreach clinics are run in partnership with Cardiff Council Local Authority Homeless services and there is excellent communication with the Home Office accommodation providers to ensure that the service user is always at the centre of care decisions.

Third sector partners provide training in cultural and contextual competence and direct services such as holistic needs assessments for new arrivals seeking asylum provided by British Red Cross. Oasis, a local third sector organisation and Tros Gynnal Plant provide additional support and National Lottery funding is enabling the development of mental health pathways for young people seeking asylum.

The primary care model is nurse led. A thorough history is taken involving questions about housing, mental health, safeguarding and vulnerabilities, risk factors for infection and substance use. This information is entered on the clinical system via a coded template to ensure a consistent, comprehensive approach and accessible information to inform audit and evaluation.

Screening for Blood Borne Viruses, TB, parasitic infection and sexual health is offered along with catch up immunisations, Hepatitis B vaccinations and annual flu vaccines where appropriate.

The GP clinics at the hub are scheduled to provide half booked and half emergency walk in appointments.

Use of structured templates for assessment has been shown to improve the consistency of screening and case finding.

Consistent coding improves data quality and enables audit and evaluation.

Outreach GP clinics to frontline single persons homeless hostels provide a mix of drop in appointments and direct approaches to individuals where there are documented concerns with disengagement (GPs work in partnership with the council homeless teams to proactively follow up those concerns).

A standard 20 minute appointment allows for the complexity of problems, necessary liaison with other services and the use of translation services.

Continuing development

Over a period of two and a half years, there have been key enablers to gather evidence and support change:

- Specific Local Health Inclusion Needs Assessment in partnership with the CAVUHB Public Health Team
- Access to local data displaying the use of unscheduled care particularly for those experiencing homelessness and the financial cost of the current set up.
- Establishment of Health Inclusion Program Board chaired by CAVUHB Chief Operational Officer with input from Council and third sector at exec level.
- Definition of populations according to health outcomes rather than vulnerability and work done on stratification of need
- Service mapping – health/local authority/third sector partners
- Benchmarking visits with other services across the UK
- Attendance at International Conference on Integrated Care ICIC23 to present work to date and learn from other services
- Stakeholder engagement session July 23: good representation from cross sector partners, no surprises with SWOT analysis

When developing models of care, consideration of roles, skill mix, complexity the availability of allied services is important. This may change over time and regular evaluation and flexibility in response is necessary to ensure services continue to provide care that is relevant and of a high quality.

It is important to identify key enablers and allies at strategic and operational levels.

Expressing and framing the issues around health inclusion and health inequalities in a way that is relevant to individuals at all levels of organisations is critical to gain support for service development.

Next steps

The team is currently trialling two new positions:

Health Inclusion Nurse

A health inclusion nurse (HIN) based in the Emergency Unit taking on a liaison role for homeless individuals presenting in that service. The role will input into inpatient discharge planning to reduce the risk of discharge without confirmed accommodation. The HIN also involves meeting individuals presenting in the EU, signposting and advocating where needed.

Outreach Nurse

An outreach nurse into the local sex parlours to offer screening to individuals who may not be registered with GPs and may be living undocumented or 'below the radar'. This will widen the offer of BBV and sexual health screening and offer vaccinations, engaging individuals in accessing primary and preventative care.

There is proposal for a pilot in partnership with local prisons (HMP Cardiff and HMP Eastwood park) and the local short term sentencing probation team. This project would seek to register all individuals supported by the short-term sentencing probation team with CAVHIS. The aim will be to close the gap in health access between prison discharge and an individual being able to register with a GP practice. The project seeks to widen the offer of BBV and sexual health screening and increase the uptake of vaccinations as well as providing timely care and medication reviews in a context familiar and non-threatening to the service user.

There are multiple smaller components to an overall health inclusion service and the process of piloting new roles and services, evaluating and making adjustments is a key aspect of those developments.

Some pilots or positions will not be as successful as originally thought but this is useful information and experience along with the successes when it comes to service development.

Long term service development aims

The long term aim for CAVHIS is to become a person centred, fully integrated, sustainably funded service, designed and provided in collaboration with local partners. The long-term vision is that CAVHIS will provide this service to those groups who have some of the poorest health outcomes as previously mentioned. The regular reflection, attention to feedback and adaptation involved in the 'action learning' approach may lead to expansion to other groups in the future.

Building upon the extensive experience of the team there is an ambition to become a centre of excellence offering opportunities for teaching, training and research.

Key learning from the project so far: -

1. **Importance of starting with a clear understanding of population health in the local context:**
   The Health Needs Assessment made it clear which populations needed targeting and where existing services were already operating across the city.
2. **The need for system wide governance and leadership:**
   Whilst pilot projects can be driven by the enthusiasm of local teams, leadership is essential to give this work the appropriate recognition, focus and support. The multiple exclusion that these groups of individuals face cannot be addressed by any sector alone,
3. **Shared Vision and Values:**
   Partners having a shared vision and values was a key facilitator to the project. Both Cardiff Council and the Local Health Board were keen to develop care models and better access to care and worked together with regards to operational flexibility.
4. **Strong Alliances:**
   Without the support of third sector colleagues, it would not have been possible to engage service users and provide appropriate support.