Daring to be different – An Update

Community Care Collaborative CIC (CCC) is a Community Interest Company that will shortly be operating at scale in the Borough of Wrexham. CCC's vision is to develop and deliver innovative models of community-based care taking a 'whole-person' approach of addressing people's physical health, mental health and social needs together. CCC does this through working collaboratively with statutory agencies, voluntary and community groups, patients and individuals.

Who we are

Community Care Collaborative CIC (CCC) is a social enterprise. CCC aims to act as a vehicle to enable partnership working between the public, voluntary and private sectors to develop and deliver an innovative, person centred, social model of care transforming the traditional model of primary care in Wales. We work for the benefit of the community and as an asset locked organisation any surpluses we make is reinvested in the enterprise.

Led by Dr Karen Sankey, CCC is engineering a different way of delivering primary care. Karen has secured the support of many clinicians, agencies and voluntary and community groups. Capacity: The Public Services Lab is supporting CCC, providing back room support and business acumen to help make the vision a reality. (www.capacitylab.co.uk)

CCC is a part employee owned organisation with a flat , non hierarchical structure. The current Directors are John Gallanders, Chris Catterall , Dr Karen Sankey and Vicky Varley of Handelsbanken.

CCC has appointed Dewi Richards , previously a manager within the Mental Heath directorate as Service Director and Dr Aboul Shaheir a very experienced and respected local GP as Clinical Director.

Currently, CCC has an informal membership which includes a diverse range of professionals many of whom work for local public, private and third sector organisations. Membership also includes patients, service users and community activists.

What we do

CCC:

- Delivers a holistic, streamlined MDT service that meets the medical, social and psychological needs of the local community
- Engages with vulnerable, hard to reach groups and those with complex needs to ensure they receive the care they need
- Uses a strengths-based approach to educate and empower both the people we work with and the people we provide services to increase their resilience and ability to self-care

Community Care Hub

Dr Sankey, in partnership with staff from BCU Mental Health team and The Wallich originally established the Community Care Hub. Now managed by CCC, the Hub has enabled CCC to test its social model of primary care. CCC is now working closely with the Mental Health directorate, Glyndwr University and others to replicate the Hub model and provide easily accessible and streamlined services for other identified cohorts.

CCC has secured funding for the Hub totalling £94,000. This has enabled us to employ three Care Navigators who work as front-line staff at the Community Care Hub working closely with the delivery agencies and welcoming attendees and signposting them to the most appropriate service. CCC is keen to provide all individuals with the support and opportunities they need to become the best versions of themselves that they can be. CCC actively recruits frontline staff from diverse professional backgrounds and individuals with lived experience to accommodate the range of needs that our service users have. CCC also offers volunteering and placement opportunities which may be used as a stepping stone into employed work. The two lead Care Navigators at the Community Care Hub have backgrounds in reoffender rehabilitation, substance misuse, homelessness and counselling providing a diverse mix of experience and skill sets

Primary Care

CCC is currently in the process of taking over three GP surgeries in Wrexham (Hillcrest , Forge road and Borras surgeries) and will be delivering primary care services (including many of the innovative approaches developed at the Hub) to a total patient population of over 17,000.

CCC plans to design and build two Health and Wellbeing centres in which to locate its surgeries as well as a range of acute and mainstream health, social and welfare services. These Community Health and Wellbeing centres will be in Brynteg and the town centre

Working Collaboratively

CCC is a member of the 2025 movement which aspires to eliminate preventable health equalities in North Wales. Under the 2025 banner CCC is part of an alliance of likeminded individuals and organisations with a shared vision and purpose to make a difference for the people in Wrexham.

The Office for the Future Generations Commissioner has identified CCC's work as a potential "Art of the Possible" project.

CCC actively works with: The Salvation Army, the Community Health Council , local Councillors , AVOW, Clwyd Alyn Housing , Shelter, Nacro , KIM , Do it , Mind , Glyndwr University , Coleg Cambria, Do Well, BCU mental health directorate and SMS services , GP clusters and surgeries , Public Health Wales, AA, Women's Aid, Same but different and many others

At a strategic level CCCs approach and model have attracted interest from the Welsh Government, BCU, DWP, NW Police and the Police and Crime Commissioner all of whom see the potential of CCCs model to transform primary care in Wales. Dr Sankey is currently a member of the Future Generations Commissioner for Wales health Review Steering group and also sits on the Health and Care sub group for the Housing First network.

Karen was awarded a High Sheriff award for her work to establish the Hub in 2018 and in November the Community Care Hub won the BCUHB Achievement Award for Partnership working.In 2019 the CCC won the Police and Crime Commissioners award for partnership working at the Community Care Hub.

CCC's priorities for the next 12 months

- To complete the transition of the three GP surgeries from BCU to CCC ownership
- To implement the CCC social model of Primary Care

- To purchase Forge Road medical centre and work with partners to develop a state-of-the-art Health & Wellbeing centre
- To continue to deliver and develop the Community Care Hub and the links into Primary Care and mental health and SMS services, to formalise delivery arrangements and secure funding
- To replicate the Hub “everyone in the room” model in a Primary Care setting for other groups eg mental health, frail and elderly, chronic disease

COMMUNITY CARE COLLABORATIVE CIC

COMMUNITY CARE COLLABORATIVE

Hub Summary

Community Care Collaborative (CCC) - Community Care Hub

Who we are

Community Care Collaborative CIC's vision is to develop and deliver innovative models of community-based care taking a 'whole-person' approach to addressing people's physical health, mental health and social needs together. We do this through working collaboratively with statutory agencies, voluntary and community groups, patients and individuals. CCC is a social enterprise led by Dr Karen Sankey and supported by Capacity Public Services Lab (www.capacitylab.co.uk). CCC is engineering a different way of delivering primary care.

Community Care Hub

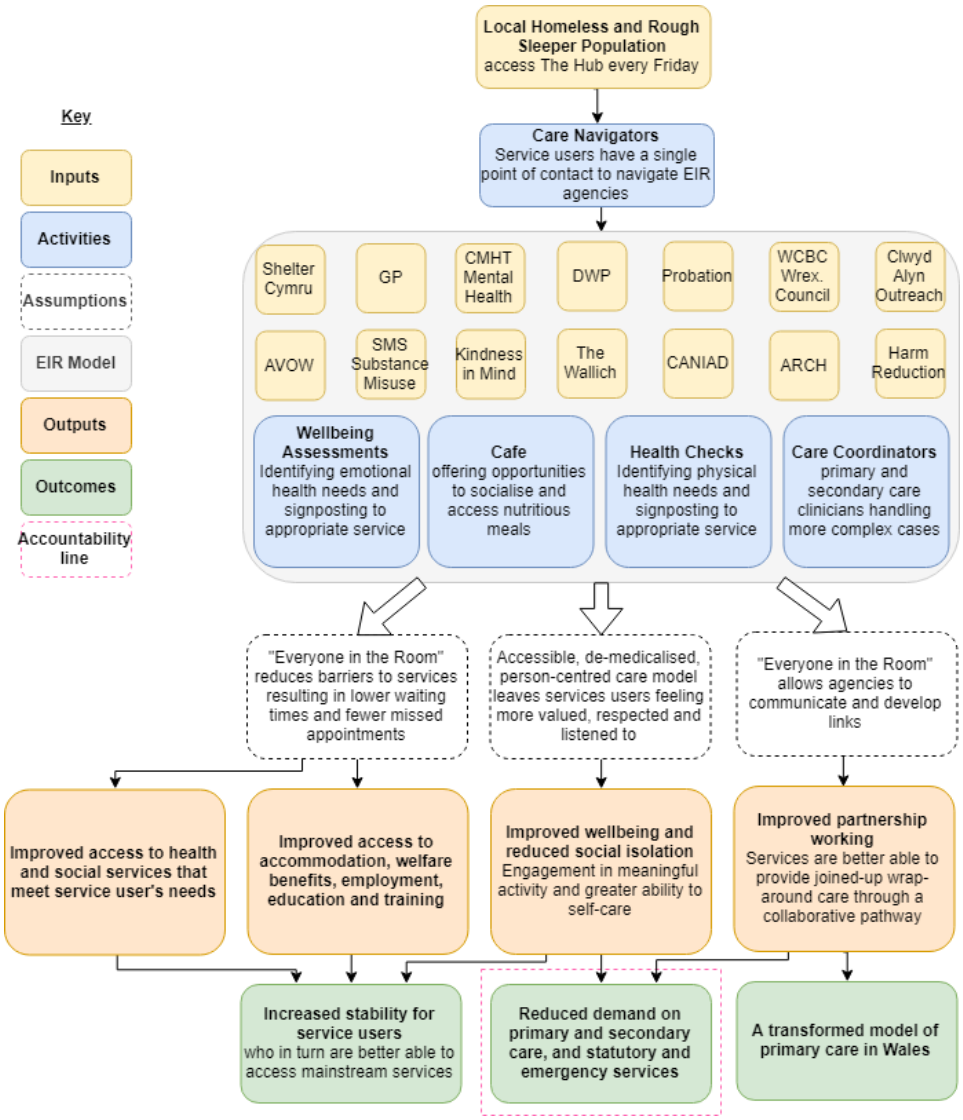
The Community Care Hub was established about 18 months ago to meet the needs of Wrexham's homeless and rough-sleeping population. Wrexham has the highest number of rough sleepers in North Wales and the second highest nationally. High levels of social deprivation in the county leave many at risk. Overall ~30% of local areas (LSOAs) in Wrexham are in the top 20% of housing deprivation nationally, and two-thirds are in the top 50%.

The Hub is a multi agency weekly drop in held every Friday morning at the Salvation Army. In the Hub, CCC has developed a model of delivery called 'Everyone in the room'. CCC identified that people in need were often shunted from pillar to post unable to get the help they needed when they needed it, and this often made the problems they faced worse. 'Everyone in the Room' brings all the agencies that aim to work with homeless and rough sleepers together in one room, once a week. This way, a person in need can come to the Hub and see all the agencies that they need to see in one go. The Hub brings together a range of agencies including:

- GP
- Probation
- Mental Health Team
- Specialist Health Visitors
- Job Centre Plus
- Women's Aid
- Housing: WCBC and Clwyd Alyn
- The Salvation Army
- NACRO
- Podiatry
- Homeless Charities
- Harm Reduction
- Substance Misuse
- Salvation Army

Care Navigators (made up of CCC staff and volunteers) coordinate the Hub and befriend anyone attending who just wants to talk. The Hub treats people with respect and encourages them to take control of both their care and their life and to move away from dependency on services. Many of the people attending the Hub have made positive steps in their lives because they have had access to the support they need, when they need it. It is in recognition of this that CCC is developing a 'Lived-Experience' peer led approach to enable Hub participants to make sustainable changes through engaging in meaningful, progressive activity including education, volunteering and employment.

Community Care Hub Theory of Change



Impact

The Community Care Hub provides faster, coordinated, and resource efficient support for the county's homeless and rough-sleeper population. This is achieved through two elements unique to The Hub: delivery model and ethos. At the core of our ethos, we believe people are best served when services are accessible, person-centred and de-medicalised. By recognising the people who come through our door as equals, struggling to get out of the cycle of homelessness, we are better able to identify their individual needs and keep people engaged with support. Our unique delivery model aims to meet those individual needs by using an "everybody in the room" approach. Ultimately, through the "everybody in the room" model and our person-centred ethos, we're transforming the model of primary care in Wales, improving wellbeing and opportunities for stability, while lowering demand on primary care, statutory and emergency services.

CCC believes from anecdotal evidence from service users and feedback from partner agencies that the Community Care Hub is making a real difference. For example, the police have reported a 42% drop in activity with this cohort over the last 12 months.We believe that the Hub results in:

- Increased stability for service users
- Reduced demand on primary and secondary care and emergency services
- A transformed model of primary care

We are currently undertaking a full Impact Assessment which will collect and analyse data that we have collected at the Hub and evidence from our partners to identify the impact on the service user and on the agencies delivering services through the Hub.

Replication

CCC recognises that the model and the ethos employed at the hub is replicable for other vulnerable groups of service users. Using the learning from the Hub this model could be used with, for example:

- Offenders
- People with mental health problems
- People who are socially isolated
- Primary Care frequent attenders
- Older people and people with dementia

CCC will soon be piloting a weekly Hub for people suffering from anxiety and mental health problems where we can test the replicability of the model to other vulnerable groups

COMMUNITY CARE COLLABORATIVE CIC

Community Care Hub Evaluation Summary

2019

Ariennir yn Rhannol gan **Lywodraeth Cymru**
Part Funded by **Welsh Government**

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Foreword

Dr. Karen Sankey
Founder, Community Care Collaborative

> I am delighted with what Community Care Collaborative has achieved at The Hub in partnership with the Salvation Army and AVOW, as well as with a wide range of voluntary and statutory partners.
>
> I strongly believe that The Hub is an innovative model of primary care offering an accessible, holistic, person-centred approach that meets the health and wellbeing needs of some of the most vulnerable people in the community. It is wonderful to see that this belief has been evidenced by this impact assessment.
>
> Community Care Collaborative looks forward to working with partners to build on our success and hopes to see this model of working being utilised to address the health and wellbeing needs of the wider community.

Mark Drakeford
First Minister of Wales

> The multi-agency approach here, with everyone available in one place to provide vital advice and support, is exemplary. There are a number of complex reasons why people find themselves homeless and it is important they have the opportunity to access the right support at the right time - as they do here.

Community Care Collaborative

Community Care Collaborative CIC (CCC) is a social enterprise that aims to enable partnership working between the public, voluntary and private sectors to develop and deliver an innovative, person-centred, social model of care, transforming the traditional model of primary care in Wales. Working for the benefit of the community and as an asset locked organisation, any surpluses we make are reinvested into the enterprise.

CCC's vision is to develop and deliver new models of community-based care taking a 'whole-person' approach to addressing people's physical health, mental health and social needs together. CCC does this through working collaboratively with statutory agencies, voluntary and community groups, patients and individuals.

Acknowledgements

Sincere thanks to the staff, volunteers and delivery partners at The Community Care Hub for the time and feedback they provided. Sincere thanks also to service users for their willingness to take part in this evaluation and share their experiences and opinions openly and honestly.

Full report

This document is a summary of the full Community Care Hub evaluation. The full evaluation report can be read online at ccc-wales.org/insights.

Disclaimer: All views and any errors contained in this report are the responsibility of the authors. The views expressed should not be assumed to be those of Community Care Collaborative CIC or any of the key informants who assisted with this work.

What is the Community Care Hub?

What is the Community Care Hub?

The Community Care Hub ("The Hub") is run by the Community Care Collaborative CIC (CCC), a social enterprise created to redesign the way primary care is delivered in Wrexham, in partnership with the Salvation Army and AVOW, supported by Capacity: The Public Services Lab.

CCC and The Hub were set up by Dr. Karen Sankey, an experienced GP who came to the realisation that many of the patients she saw daily did not need medical help. What Karen saw was that many patients need someone to talk to; someone to find out what matters to them. Once this is established, the patient can be directed to the most appropriate source of support, which is often not the GP.

Seeing that these social determinants of health and wellbeing would be better addressed by a broader range of agencies, and that many people in Wrexham faced additional barriers to accessing the services they need, Karen realised that a collaborative approach was required, bringing agencies together to provide more holistic person-centred services.

In June 2017, a multi-agency event facilitated by Sergeant Vic Powell of North Wales Police brought together a range of services that were separately trying to engage with homeless and rough sleeping people. This event highlighted the excessive demand on community, primary care and emergency services created because people were missing appointments due to their circumstances and as a result of long waiting times, resulting in the loss of benefits and people being without medication.

As a result of this event, Dr. Sankey saw an opportunity to test out a new approach to working with homeless people whilst developing a model that could be applied to primary care in Wrexham. In partnership with Tanya Jones of the homelessness charity "The Wallich" and Dewi Richards of Betsi Cadwaladr University Health Board (BCUHB) Mental Health Service, Dr. Sankey established the Crisis Café in Ty Croeso in June 2017. The Crisis Cafe was so successful that in January 2018 the service needed to move to larger premises. Finding a home at the Salvation Army Headquarters, the café was re-branded as the Community Care Hub, recognising that the service had not only reduced the number of crises being experienced but was a wide-reaching service for those at risk of homelessness as well.

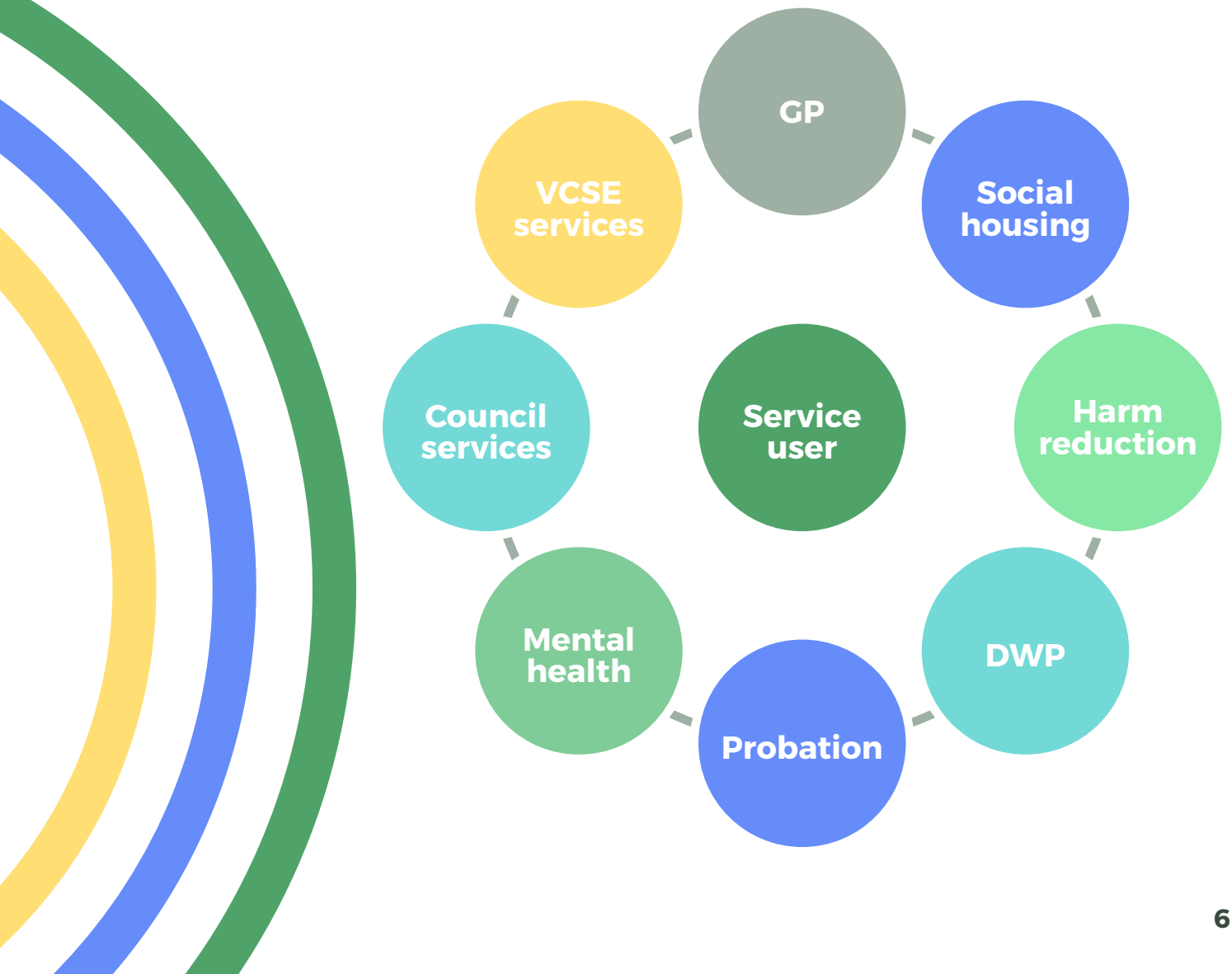
> **"The 'Crisis Cafe' was so successful that in January 2018 the service needed to move to larger premises.**

What is the Community Care Hub?

Everyone in the Room

The Hub is brought to life through an innovative delivery model, which the team call *Everyone in the Room*. This model sees The Hub provide clinical, social, and economic support to the homeless and rough sleepers of Wrexham in partnership, bringing together a wide range of agencies including: The Salvation Army, Primary Care (GP), BCUHB Teams (including mental health, harm reduction, district nurses, and health visitors), Wrexham County Borough Council's (WCBC) Housing team, Job Centre Plus and voluntary organisations (including Hafal, Kaleidoscope, NACRO and AVOW, amongst others).

This *Everyone in the Room* approach offers open access services in one place, at one time, enabling the agencies to provide services efficiently and cost effectively, whilst meeting the immediate needs of homeless people. This is done in a friendly, non-judgemental environment which encourages engagement, social interaction and the building of trust between agencies and homeless people leading to tangible positive outcomes.



What does The Hub do?

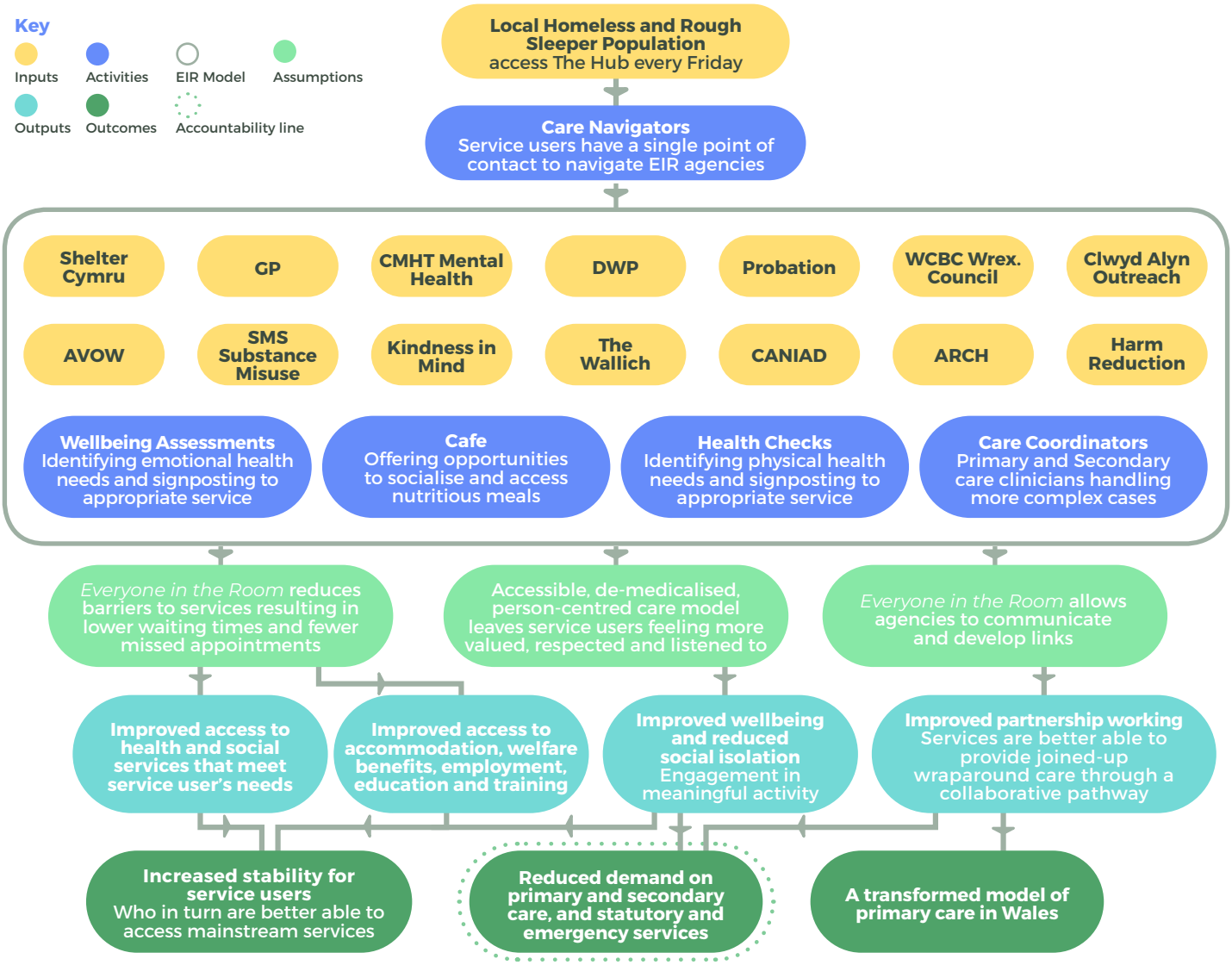
What does The Hub do?

COMMUNITY CARE COLLABORATIVE CIC

The Hub is a service, providing homeless and rough-sleepers in Wrexham with support and services that they often have difficulty accessing. Currently, The Hub runs every Friday, utilising space provided by The Salvation Army in Wrexham town centre. The Hub's key focus is on homelessness but is open to all, with no access criteria used, which is key to its ethos.

Ethos

The ethos of The Hub centres around the belief that participant's needs are best served in an accessible, person-centred and de-medicalised environment. Hub staff and volunteers take a relaxed, social approach to care provision, opting for mutual trust, respect, and cooperation rather than rules, restrictions and red tape. The Hub's staff and volunteers believe that if people accessing the service are afforded an opportunity to be listened to and in turn feel valued and respected, they will be more likely to remain engaged and therefore better able to achieve stability. A study by Glyndwr University on homelessness in Wrexham found "centrality, accessibility" and "inclusive, empathic and helpful attitudes of front line staff delivering services" were key factors in engaging the homeless population with services[1] , and is exactly what The Hub aims to provide.



[1] Hughes, C., Dubberley, S., Anderson, M. and Parry, O. (2012), 'Homelessness in Wrexham: Contemporary patterns and profiles of homeless people with complex needs.' Report to Wrexham Temperance Hall Trust, Wrexham County Borough Council and Wrexham and Flintshire Community Safety Office.

What does The Hub do?

Goal

The goal of The Hub is to provide a space in which homeless people and rough sleepers can take positive steps toward the best version of themselves, achieving greater stability and wellbeing. For wider local systems it aims to transform the model of primary care in Wales, in turn, reducing demand on statutory, primary and emergency care. Ultimately, The Hub wants to help people facing homelessness get to a place where they can get on the right path to having meaningful activities, relationships, and stability; or, "somewhere to live, something to do, someone to love" as Hub co-founder Dr. Karen Sankey puts it.

Partner agencies

Currently, The Hub has an average of 21 partner agencies attending each week with other services attending either bi-weekly or monthly as demand or capacity allows.

Agencies include:

Organisation or agency	Service provided
Community Care Collaborative CIC	Coordination and development of Hub
Dr. Karen Sankey from Hillcrest Surgery	Primary care
North Wales Police	Police community support
District Nurses and Health visitors, BCUHB	Health care advice and support
Mental Health Team, BCUHB	Mental health support
Substance Misuse Service, BCUHB	Substance misuse support
Harm Reduction Team, BCUHB	Substance misuse & harm reduction support
Podiatry, BCUHB	Foot care
The Salvation Army	Practical support and help
Department of Work and Pensions (DWP)	Welfare and benefit support
HMP Berwyn Probation Service	Probation services
Clwyd Alyn Housing Association	Housing support
Wrexham County Borough Council	Housing services
NACRO	Supported housing services
Shelter Cymru	Homelessness and housing advice
Hafal	Mental Health Support
Association of Voluntary Organisations in Wrexham (AVOW)	Voluntary services & support; Carers services
CANIAD	Service user and carer involvement service
CAIS	Independent living service
Women's Aid	Domestic violence support

What is the need for The Hub?

What is the need for The Hub?

Homelessness is devastating and life changing. Research shows that people affected by homelessness are ten times more likely to die than those of a similar age in the general population[2] and are much more likely to be affected by mental health and long-term health conditions. There are many reasons why a person could be homeless, and it is possible for anybody to become homeless.

Homelessness refers to a range of scenarios, including rough sleeping (i.e. rooflessness; sleeping without any shelter, sofa surfing); houselessness (with a place to sleep but temporary in institutions or shelter); living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence); and living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding).

Crisis, the homelessness charity, reports that all forms of homelessness are increasing across Wales[3] and this trend is mirrored in Wrexham. The county has the highest number of homeless and rough-sleepers in North Wales, and the second highest nationally. High levels of social deprivation in the county leave many at risk. Overall ~30% of local areas (LSOAs) in Wrexham are in the top 20% of housing deprivation nationally, and two thirds are in the top 50%.

Nationally, while there has been a small decrease in the number of households threatened with homelessness, the number of households assessed as being homeless (section 73) and unintentionally homeless (section 75) has increased. These trends are mirrored in Wrexham with the number of households eligible for assistance under sections 73 rising 15% over the first two quarters of 2018/19.

Statutory homelessness

Statutory homelessness refers to those to whom the local authority owes a duty under the Housing (Wales) Act 2014. According to figures from the Welsh Government[4] , during 2017-18 there were 183 households threatened with statutory homelessness in Wrexham, of which only 78 cases (43%) were successfully prevented within 56 days. Of the 1,194 applications, 528 (44%) cases were successfully prevented or relieved.

Statutory homelessness: threatened with homelessness	2017-18
Households found to be threatened with homelessness during the year (Section 66)	183

During the same year, up to a total of 840 households were assessed to be homeless:

Statutory homelessness: threatened with homelessness	2017-18
Households found to be eligible, unintentionally homeless and in priority need during the year (Section 75)	12
Households found to be eligible, homeless subject to duty to help to secure during the year (Section 73)	783
Households found to be eligible, homeless but not in a priority need or homeless, in a priority need but intentionally so during the year	45
Total:	**840**

> **Overall ~30% of local areas (LSOAs) in Wrexham are in the top 20% of housing deprivation nationally.**

[2] Aldridge, R. et al (2017) 'Morbidity and mortality in homeless individuals, prisoners, sex workers', The Lancet Vol 391 (20) 2018
[3] Fitzpatrick, S., Pawson, H., Bramley, G., Wilcox, S., Watts, B. & Wood, J. (2017) The Homelessness Monitor: Wales 2017. London: Crisis
[4] https://statswales.gov.wales/Catalogue/Housing/Homelessness/Statutory-Homelessness-Prevention-and-Relief

What is the need for The Hub?

Other types of homelessness

Statutory homelessness does not give the full picture, however, with many people finding themselves in transient or temporary living situations. These people are often missed from official figures. There are many types of temporary accommodation, including women's refuge centres, B&Bs, hostels, hospitals, and night shelters.

According to official figures, 129 households, including 54 with dependent children, are living in temporary accommodation in Wrexham. This is an increase of 23% on the previous quarter, however this isn't a trend seen nationally, with the total number across Wales falling by 1.5%.

Temporary accommodation	2018-19 (Jul - Sep.)
Households accommodated temporarily (inc. 54 families with children)	129

The 2018-19 count of rough sleepers in Wrexham reported 24 individuals counted, and an estimated total of 57. While the individual count is down 45% on the 2017-18 figures, the estimated total increased by 26%, up from 45 in 2017-18.

Many homeless people are unable to access temporary accommodation. Those without any form of shelter are often called "street homeless" or rough sleepers.

Rough sleepers face additional risks to their health and wellbeing:

- Death by unnatural causes has been found to be four times more common than average amongst rough sleepers, and suicide 35 times more likely
- Rough sleepers are more likely to be assaulted than the average person
- Alcohol and drug problems are very high amongst rough sleepers, and people being resettled from the streets are more likely to face problems sustaining a tenancy if they have these problems
- The prevalence of infectious diseases, such as tuberculosis, HIV and hepatitis C, is significantly higher than in the general population
- This population experiences poorer oral health than the general population[5]
- Higher levels of cirrhosis, kidney, and heart conditions

> **"The estimated total increased by 26%, up from 45 in 2017-18**

[5] Lang, Gill (2017); The impact of homelessness on health: a guide for local authorities; Local Government Association

Who accesses The Hub?

Who accesses The Hub?

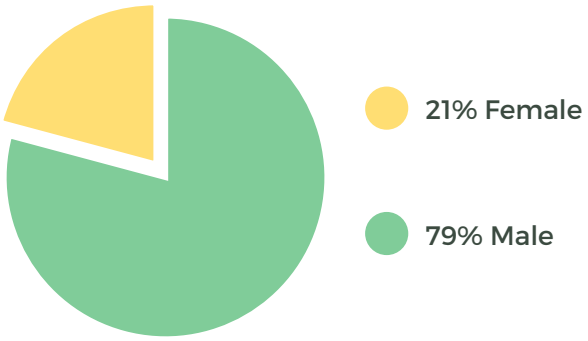
There is no single cause of homelessness and anyone can find themselves on the streets or in temporary accommodation. As such, The Hub sees a wide range of people attending the service every Friday.

The Hub currently has 214 registered services users, seeing an average of 53 people through the door every week. Between January and December 2018, The Hub had approximately 1,843 visits, again averaging between 50 and 53 visitors a week.

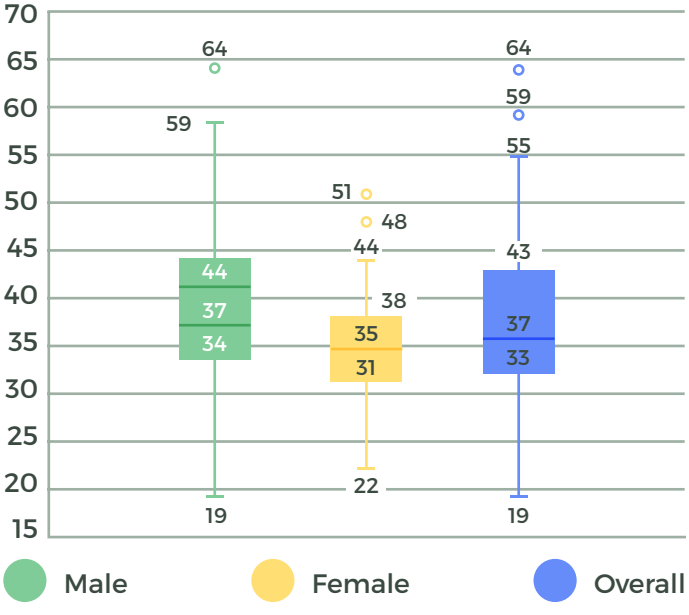
Age & gender

The majority (79%) of those accessing The Hub are male, while 21% are female. This is generally consistent with figures from The Wallich's Rough Sleeper Intervention Team (RSIT), who produce the rough sleeper count in Wrexham, which suggests the gender split is on average 83% male, 17% female[6].

Gender Split



Age Ranges by gender



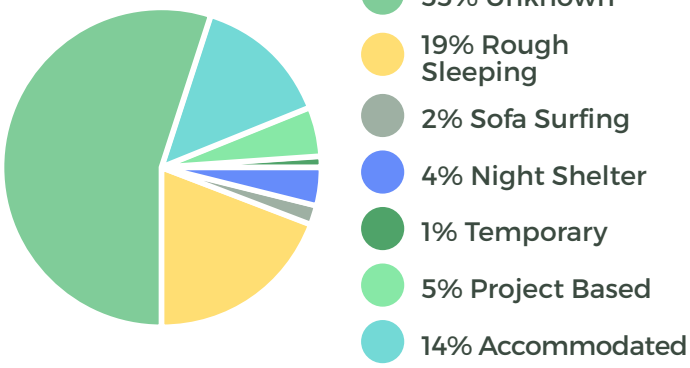
Overall, 50% of people accessing The Hub are between the ages of 33 and 43, with a mode age of 37. On average, the female cohort is slightly younger than the male cohort, with most women being between the ages of 31 and 38, while the men were generally between 34 and 44.

Housing status

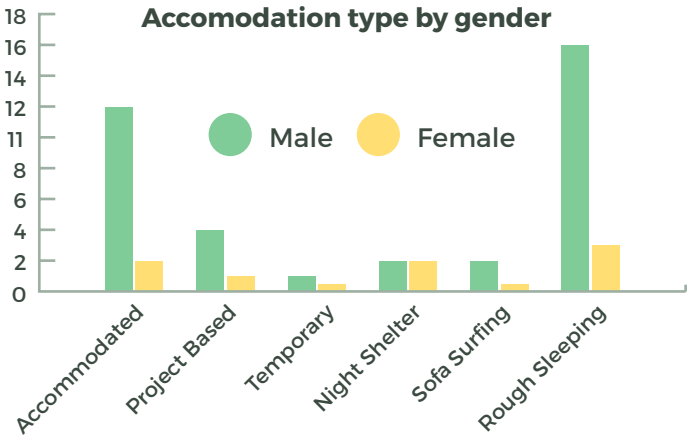
The Hub's open access policy sees a large variety of people utilising the service. While the majority of people were unwilling or unable to provide details of their housing situation, of those who did respond, the majority were rough sleeping. 19% of service users (16% of men and 3% of women) surveyed at The Hub were without any form of shelter, while 10% were in a temporary form of accommodation such as project-based housing or a night shelter.

The Hub also provides advice and support for those at risk of homelessness. 14% of those accessing The Hub report themselves as "accommodated" either through a private landlord or other means.

Self reported accommodation



Accomodation type by gender



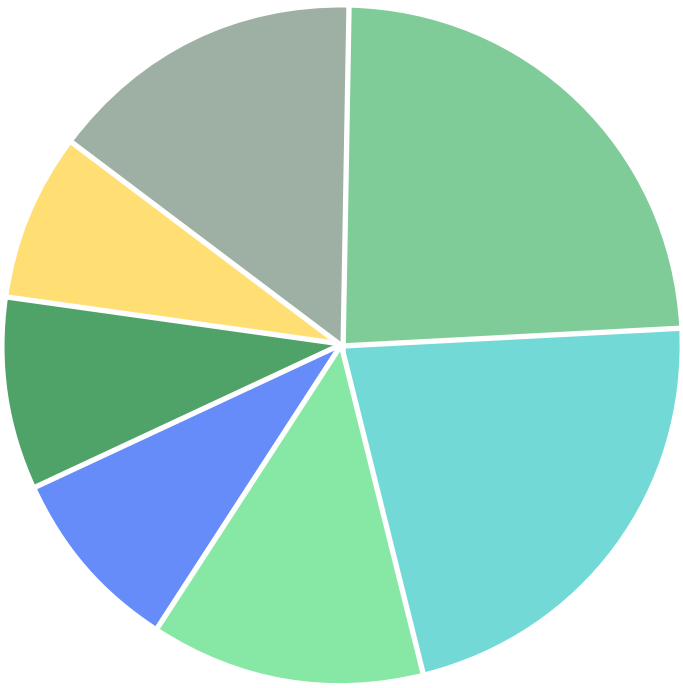
[6] The Wallich: https://thewallich.com/rough-sleepers-statistics/

Who accesses The Hub?

Services

The three most utilised services are those provided by the GP, Department for Work and Pensions (DWP), and Harm Reduction Team, accounting for ~60% of all services accessed.

Of those attendees who only access one service in their visit, most (~33%) visit the DWP, followed by Harm Reduction (~16.5%)[7]. Of those attendees who access the average of three services in a session, the three most visited services in order of attendance are the GP service (~33%), the DWP (~22%), and the Harm Reduction team (~17%).



- 24% GP
- 22% DWP
- 13% Harm Reduction
- 9% Salvation Army
- 9% WCBC
- 8% Probation
- 15% Other

[7] N.B. Visits to these services also require a visit to the GP service in the majority of cases.

Meet Billy and Helen

Meet Billy and Helen

Billy and Helen are two service users at The Hub who shared their stories with us.

Can you tell us about yourself and how you became involved with The Hub?

Billy

“

I had my own accommodation but lost it and moved to my parents. Eventually I was removed from my parents and ended up on the streets taking drugs for 8 months. While homeless and on drugs, I spoke to an outreach worker who brought me to The Hub.

Helen

“

I have struggled with addiction for 27 years along with mental health problems. A worker from Ty Croeso signposted The Hub.

What effect did becoming homeless or at risk of homelessness have on you?

Billy

“

I started taking drugs and it affected my mental health.

Helen

“

I lost friends and family and it affected my mental health.

What services did you access through The Hub?

Billy

“

GP, DWP, housing, and the mental health team.

Helen

“

The Elms detox centre, and a counsellor.

Meet Billy and Helen (continued)

Billy and Helen are two service users at The Hub who shared their stories with us.

Since you got involved with The Hub, how has your situation changed?

Billy

“

I am now accommodated and I feel more positive.

Helen

“

I’m getting help [to get] off class A drugs. I’m more positive and feel more worthy, and I have a purpose.

What was it about The Hub that helped this happen?

Billy

“

Support from the staff and services.

Helen

“

Support to get clean and after care.

Have any new opportunities become available to you as a result of using The Hub?

Billy

“

Housing, direct access to services, I’m more positive, and I’ve been invited to join the peer mentoring group.

Helen

“

Volunteering with the Salvation Army, which is amazing, it gives me purpose. I’m also in contact with my family now.

What does The Hub achieve?

What does The Hub achieve?

The Hub has achieved a great amount in its first year of operation as evidenced by the enormous amount of positive feedback from service users, partner agencies, and external stakeholders. To evaluate many of these positive impacts we used a combination of questionnaires and data analysis.

We wanted to see if The Hub was providing a needed and wanted service to its users, and a valuable opportunity for partners, while testing the assumptions outlined in The Hub's theory of change. Below are the summary results of our evaluation, further details are available in the full evaluation report, available at **ccc-wales.org**.

Better awareness of services

Getting the help you need starts with knowing what services are available. When you're living in an often chaotic situation, resources aren't always readily available to you, and figuring out what's on offer to help you get back on your feet can be a significant challenge. In other situations, people can feel a sense of shame or stigma in having to ask for help. Therefore, a key way of reducing barriers to access for homeless services is readily available information and awareness raising.

We asked services users at The Hub to indicate the degree to which they agreed or disagreed with the statement, "because of The Hub, I am better informed or more aware of the help that is available to me." 81% of respondents either agreed or strongly agreed, with 38% strongly agreeing.

> **Because of The Hub, I am better informed or more aware of the help that is available to me.**

43% Agree

38% Strongly agree

But this isn't just of benefit to service users. Partner agencies also report this as a benefit of delivering at The Hub for their organisation. "The nature of The Hub helps us understand people's roles and is helping us in gaining knowledge about other services in Wrexham", wrote one delivery partner.

What does The Hub achieve?

Getting the help that's needed

Awareness isn't enough however, if the services aren't then available for people to access. Homelessness is a complex, multifaceted crisis which people can find themselves in for any number of reasons, and while there may be commonalities, no two homeless people will have exactly the same needs. Taking steps towards tackling homelessness requires a broad range of services to be available to service users in order to meet the wide range of needs.

To gauge whether service users were able to get the help they needed from The Hub, we asked respondents to indicate the degree to which they agreed or disagreed with the statement, "being able to come to The Hub makes it easier to get the help I need." 100% of respondents either agreed or strongly agreed, with 38% strongly agreeing.

"Being able to come to The Hub makes it easier to get the help I need.

62% Agree

38% Strongly agree

Self care

Creating sustainable change depends on The Hub providing service users with the tools, knowledge, and resources to be able to take care of themselves. The Hub exists to help people take those steps toward greater stability; having meaningful things to do, positive relationships, and a safe place to live. As The Hub currently only runs one day a week, it's important that the service doesn't create dependency and provides enough stability for people to see them through until the next week.

To evaluate if service users felt The Hub helped them look after themselves, we asked them to indicate the degree to which they agreed or disagreed with the statement, "because of The Hub, I am better able to take care of myself." 81% of respondents either agreed or strongly agreed, with 48% strongly agreeing.

"Because of The Hub, I am better able to take care of myself.

33% Agree

48% Strongly agree

What does The Hub achieve?

Letting those who know tell those who don't

Innovation is the cornerstone of The Hub's design. The Hub's founders recognised the need for those with lived experience of homelessness to shape how services operate in order to make a real difference to people's lives. This innovative service design took place under the motto, "letting those who know tell those who don't".

To evaluate this, we asked services users at The Hub to indicate the degree to which they agreed or disagreed with the statement, "at The Hub I feel more respected, valued, and listened to than I have before." 95% of respondents either agreed or strongly agreed, with 29% strongly agreeing.

"At The Hub I feel more respected, valued, and listened to than I have before.

67% Agree

29% Strongly agree

Making a real difference

Ultimately, none of the other factors matter if The Hub isn't improving the lives of those accessing the service. People arrive at The Hub on a Friday morning expecting to leave in a better state than they arrived in, and this is something the staff, volunteers, and partners work tirelessly to make a reality.

To test the assumption that The Hub is making people's lives better in the service users' own estimation, we asked them to indicate the degree to which they agreed or disagreed with the statement, "I would be worse off if The Hub wasn't here." 100% of respondents either agreed or strongly agreed, with 67% strongly agreeing.

"I would be worse off if The Hub wasn't here.

33% Agree

67% Strongly agree

What does The Hub achieve?

More stable living situations

It is evident then, that The Hub is creating change that is both needed and wanted in the opinion and experience of service users. But what tangible difference has The Hub made to reduce homelessness and rough sleeping? Over a two-month evaluation period at the start of 2019, we monitored the registers at The Hub to see what difference attending The Hub was having on the living situation of services users.

Over the evaluation period, the Hub saw:

- An 18% increase in service users reporting they were securely accommodated or accommodated through a private landlord (from 27 to 32 service users)
- A 17% decrease in rough sleeping (from 41 to 34 service users)
- A 66% increase in service users accessing project-based accommodation such as The Wallich's St. John's House (from 6 to 10 service users)
- A 29% decrease in those accessing temporary accommodation such as night shelters (from 14 to 10 service users)

The vast majority (~90%) of those reporting a change in housing situation overall were female, however the majority of those reporting they are no longer rough sleeping were male (~74%).

What does The Hub achieve?

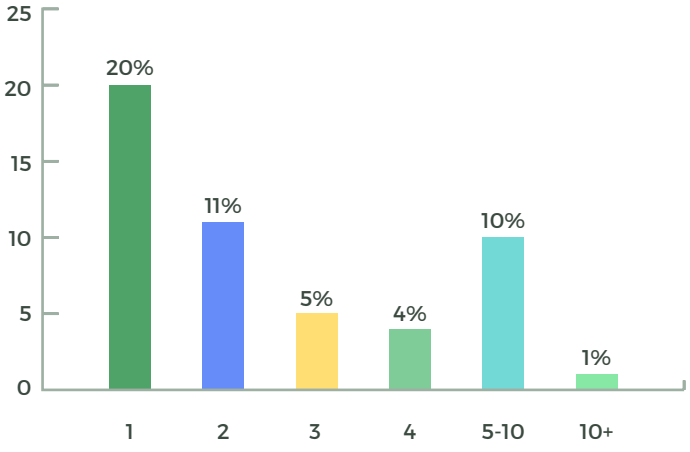
Fewer missed appointments

An aim of the "Everybody in the Room" approach is that waiting times and barriers to access will be greatly reduced.

On average service users access three separate services in a single visit, while 10% of service users access between 5 and 10 services each visit. The maximum number of services accessed by one person over a four-week span was 15.

Services accessed per week	Total	%	Male	%	Female	%
1	**43**	20%	**33**	15%	**10**	5%
2	**24**	11%	**21**	10%	**3**	1%
3	**11**	5%	**11**	5%	**0**	0%
4	**9**	4%	**5**	2%	**4**	2%
5 to 10	**21**	10%	**18**	8%	**3**	1%
10+	**3**	1%	**2**	1%	**1**	0%

Number of services accessed per visit



While this area is under researched, one paper[8] looked at the attrition rate of service users based on waiting time. The researchers took a cohort of service users looking to access treatment for cocaine addiction and measured the likelihood of attendance when given a 1-7 day waiting time. While the paper didn't directly relate to homelessness it serves as a useful comparison for the chaotic lives of service users. The research revealed that it is untenable to expect attendance at more than two services even when the waiting time between them is only 1 day. In fact, of those wanting to access just one service the next day, only 58% will attend.

Considering that service users at The Hub will access an average of three different services in one morning, the likelihood of a service user attending all three services even if the waiting time between each service is only one day, is practically 0%. We can assume that for the 20% of service users who access 3 or more services in a day, being able to visit these services in the same morning has reduced the number of missed appointments. Future monitoring and evaluation will seek to quantify this.

The most noted difference, anecdotally, of the time saving efficiency of The Hub is in accessing welfare benefits. With many of The Hub's service users being unregistered at a GP, the process from beginning a claim to completion could take two or more weeks. Routinely now at The Hub, Dr. Sankey and the team from the DWP work together to get service users registered, assessed and signed-up for the benefit they are entitled to in a matter of minutes.

> **Impressive facility – the 'speeding up' of sick note to benefit payment is significantly reducing crime locally. Really engaged staff doing a great job. Sincere thanks for your efforts.**
>
> Inspector Paul Wycherley
> North Wales Police

[8] Festinger, D. S., Lamb, R. J., Kountz, M. R., Kirby, K. C., & Marlowe, D. (1995). Pretreatment dropout as a function of treatment delay and client variables. Addictive Behaviors, 20(1), 111–115.doi:10.1016/0306-4603(94)00052-

What does The Hub achieve?

Reduced demand on emergency services

The Hub's work not only has positive effects for service users and partner agencies, we believe the service user's ability to access a range of services in one visit is having wider impacts on local systems and services as well.

Anecdotal evidence from North Wales Police suggests that there has been a 42% reduction in criminal activity with the core group of repeat Hub attenders.

Arfon Jones, Police and Crime Commissioner for North Wales Police, is quoted as saying he saw how The Hub "addresses underlying causes of offending and antisocial behaviour".

Officers from further afield have also praised The Hub, as PC Kevin Horsley, Anti-Social Behaviour Officer for Thames Valley Police said, "I think The Hub is a fantastic concept and seems to be helping so many in need. There are definitely elements that I will take back to my area."

Future monitoring and evaluation will seek to work closely with local police and ambulance services to quantify the reduction in demand on these services.

> **I think The Hub is a fantastic concept and seems to be helping so many in need. There are definitely elements that I will take back to my area**
>
> Inspector Arfon Jones
> Police & Crime Commissioner, North Wales

Social value

Social return on investment (SROI) is a method of quantifying extra financial value. The aim of SROI is to include the values of people that are often excluded from markets in the same terms as money, in order to give people a voice in resource allocation decisions.

Efforts to evaluate the social impact of homelessness projects in Wales face significant challenges. Statistical analysis of the causes and prevalence of homelessness across Wales was made difficult by changes to the law in 2014. A further challenge when evaluating homelessness services is the prevalence of "hidden homelessness". Aside from the annual rough-sleeper count, official figures report applications for statutory homelessness and those in temporary accommodation only. Finally, while numbers of bed spaces in hostels are captured across Wales, these figures outline supply only, making it difficult to assess need, or demonstrate the impact services are having to reduce demand.

According to homelessness charity Crisis, this means that "the extent of homelessness in Wales, the amount of related work, and the funds required, may all be underestimated"[9].

In our attempt to estimate the social value produced by The Hub we have used the standard formula provided by Social Value UK (formerly the SROI Network)[10]. This takes into account the value of saving produced by services offered, minus any overlap and unintended consequences (i.e. deadweight, attribution, and displacement), divided by the net investment.

For most of the first twelve months of operation The Hub operated without funding, working solely on the goodwill and efforts of Dr. Sankey and the team. Only in the last month of the 2018 calendar year did The Hub receive any external grant funding, totalling £33,543.75.

As the rough sleeping and homeless cohorts are likely to have different needs, and because the aims of The Hub relate to both greater stability for service users and reduced demand on emergency services, we have chosen to calculate social value separately for the two cohorts.

[9] https://www.crisis.org.uk/ending-homelessness/the-plan-to-end-homelessness-full-version/targets-costs/chapter-14-homelessness-data/
[10] http://www.socialvalueuk.org/app/uploads/2016/03/SROI_Guide-Stage5.pdf

What does The Hub achieve?

Rough sleeping

The cost of rough sleeping per person is approximately £1,667 per month[11] . 7 people reported they were no longer rough sleeping at the end of the evaluation period. Had their situation persisted for a further month, the public purse would be £11,669 worse off, and £140,028 worse off had they remained rough sleeping for twelve months.

Given the lack of longitudinal data beyond the evaluation period we do not currently know the previous number of rough sleepers who found accommodation through The Hub. We are therefore using the figure of £140,028 to represent the full 12-month operating period, though in reality this is likely to be much higher. 19% of people were rough sleeping at the start of our evaluation period; we will therefore use this as our deadweight figure. The rough sleeper count for Wrexham fell by 45% in 2018 compared to the previous year. Therefore, using this figure as our attribution rate we can calculate a potential social return on investment for the rough sleeping cohort alone as: £140,028 * (1 – 0.19) * (1 – 0.45) / £33,543.75 = £1.85.

SROI estimate for rough sleepers	£1.85 : £1

Given that 13% of people reported themselves as accommodated at the start of the evaluation period, we will use this as a dead weight figure. The number of statutory homelessness applications prevented or relieved in a 56-day period was 43%, which we will use as our attribution figure. Giving us a total calculation of: 5 * 16,298 * (1 - 0.13) * (1 – 0.43) / £33,543.75 = £1.20

SROI estimate for homeless cohort	£1.20 : £1

Which we can add together to arrive at an estimated SROI for the trends observed during the evaluation period at £3.05 per pound of investment.

Total SROI estimate	£3.05 : £1

This suggests that The Hub is already achieving an excellent level of value for money for the services it provides. Future evaluation will seek to quantify a more nuanced estimate of The Hub's social return on investment through improved data capture and monitoring practices.

Remaining cohort

Given the aim of The Hub to reduce demand on emergency service and primary care, we will use the cost impact on these services as our guide for calculating social value for the remaining cohort. Research suggests that those who are homeless for three months or longer cost on average £4,298 per person to NHS services and £11,991 per person in contact with the criminal justice system[12]. The total for these two services is therefore £16,289 per person.

5 people reported that they moved into "secure accommodation" or became accommodated through a private landlord during the two-month evaluation period. Again, given the lack of longitudinal data beyond the evaluation period we do not currently know the previous number of homeless people who found accommodation through The Hub. We are therefore using the figure of 5 people to represent the full 12-month operating period, though in reality this is likely to be much higher.

[11] Pleace, N. (2015) At what cost? An estimation of the financial costs of single homelessness in the UK. London: Crisis.
[12] Pleace, N. & Culhane, D.P. (2016) Better than Cure? Testing the case for Enhancing Prevention of Single Homelessness in England. London: Crisis.

Learning

Learning

The Hub's first year of operation has been an astounding success and there are a number of ways we suggest The Hub can optimise its procedures and practices to ensure its continued flourishing for future service users.

Below is a summary of key learning issues and learning from the evaluation period and suggested actions to mitigate them.

Issue	Lessons learnt	Suggested action to mitigate issue
Data collection and quality issues prevent meaningful analysis	Inconsistent and disjointed data collection prevents meaningful analysis on individual service users and The Hub as a whole. A lack of consistent data sharing between partners means key points of a service users' journey are often lost, preventing The Hub from having an end-to-end picture of the average service user and the lack of longitudinal data means outcome evaluation is severely hampered.	The Hub may wish to use Care Navigators as a single point of contact for data capture, eliminating the need for separate capture points at each service.
Lack of information sharing due to fears around GDPR	Alongside the above, partners cited The Hub's lack of assurance of GDPR compliance as a concern when being asked to collect or share information.	The Hub should develop and provide partner agencies with a robust set of GDPR compliant policies and procedures.
External agencies' misconceptions of service is causing delays or interruptions in partner agency delivery	A small number of delivery partners cited their own internal governance and attitudes of other staff within their organisations (particularly those in middle management positions) as problematic when justifying their attendance at The Hub. For example, the open nature of the delivery space caused a manager from a prominent delivery partner to suggest the agency not attend The Hub. It was only once senior managers from the partner bought into the innovative nature of The Hub was the continued presence of this partner assured.	We believe that the previous suggested actions in this evaluation will go a long way to securing buy-in from organisations, particularly with regard to more comprehensive governance.
Some practicalities are causing delays or interruptions in partner agency delivery	A final detail mentioned in partner agencies' feedback was that, because of the nature of the room The Hub is currently based in, some practicalities such as the availability of plug sockets can reduce their ability to deliver a good service.	The Hub should consult with partner agencies as to their practical requirements and make provision where possible, or communicate with partners what additional practical items they may need to bring with them when attending The Hub.
Ongoing analysis of service user cohorts	While a low number of very young and older people accessing the service can be explained by local authority statistics, The Hub cannot presently perform any longitudinal analysis of service user demographics.	The Hub's data capture procedure should seek to incorporate more in-depth demographic monitoring at every stage of the service user journey.
Lack of dentistry and legal advice services	When asked what additional services they would like the see attending The Hub, delivery partners consistently cited dentistry and legal advice services such as attendance by a solicitor.	The Hub should evaluate the need for these services and seek to invite them to The Hub where possible.

What's next?

What's next?

It is clear from the feedback of service users, staff, volunteers, partners and external stakeholders that The Hub is providing a service that is both wanted and needed by the homeless and rough sleeping population of Wrexham.

It is the conclusion of this evaluation that The Hub's operating assumptions are well founded and that The Hub, through those assumptions, is achieving its intended outcomes. Further, the potential social return on investment achievable by The Hub's innovative delivery model represents excellent value for money.

Immediate next steps for The Hub should focus on data collection and monitoring improvements, taking into account the learning outlined in the previous section of this report. Building a robust data set for the Community Care Hub, involving longitudinal monitoring of service user outcomes has potential benefits for all areas of Hub operation; from increased stakeholder buy-in and improved resource efficiency, to enabling future evaluations to better capture long-term impact for service users and stakeholders alike. Pre and post measurement of outcomes, as well as joined-up data sharing between partner agencies and other stakeholders such as A&E departments and the police would also facilitate improved social value calculations for the wider community.

The Everybody in the Room model has proven to be a faster, more efficient means of providing health and social care to those experiencing chaotic living situations, and as such the approach could be replicated to address the needs of other vulnerable or hard to reach groups such as:

- A&E frequent attenders
- People with persistent physical symptoms
- People experiencing emotional and psychological distress
- Older people and the socially isolated
- Carers
- Those with health needs such as people with:
    - Dementia
    - Learning disabilities
    - Co-morbidity
    - Sensory impairment

The CCC team has a range of exciting co-designed services planned for the future of The Hub including peer mentoring schemes and a learning hub where service users can access further opportunities for study, work and volunteering. Along with the recommendations of this report, these additions represent an ongoing commitment to those faced with the devastating reality of homelessness, helping them live happier, healthier lives.

About the authors

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Capacity: The Public Services Lab

Capacity is a unique partnership between Catch22, Big Society Capital, Interserve and Amberside Advisors. We work in the public sector to bring public, private and third sector organisations together through a common goal. We believe public services are best delivered by the communities they serve.

We're building a better society by helping commissioners design services and processes differently and supporting ventures to start-up, grow and win funding. We wish to evidence the effectiveness of this approach through assessing the impact of innovative approaches to public service provision such as the Hub.

To learn more about the work Capacity does, visit **capacitylab.co.uk**

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