

Open Door

Two years on...



**The
BigLife**
group
business changing lives

North East Lincolnshire **NHS**
Care Trust Plus

Welcome...

Hello, and welcome to Open Door, a health and social care social enterprise, started in Grimsby and affiliated to The Big Life Group of social businesses and charities.

We've written this review to celebrate what has been achieved by the people in Grimsby, but also to gain support for more centres like Open Door that take a holistic view of people, deal with the iniquities of access to health and that seek to co-produce a service with their users.

Everywhere should have an Open Door; we believe it's an essential and positive development. We know that health inequalities have been widening, partly because the better off, better educated in society are more likely to change their lifestyles and take up services. We also know that there are a group of people right at the bottom of the pile who don't engage and whose problems seem to become entrenched - they may be drug users, people with behavioural problems, people with mental health needs, migrants, sex workers. Open Door fills an important gap because it focuses on these people. We aim to provide a first class service for people who often don't get a service at all.

The people we work with don't have just one problem – they are where they are usually because of several issues. Open Door has a team of clinical and social care staff who work together with clients to improve their lives. We bring in other agencies to deliver services (such as CAB) and we do it in a manner and in a place our clients feel comfortable.

Open Door aims to case manage its most challenged clients - support workers go out and look for people if they don't turn up, and offer practical support when and wherever its needed. The stories from staff and clients in this report should give you a good flavour of what Open Door does.

Fay Selvan
CEO, Big Life Group





Open Door has only been going for two years and, as ever, starting a new business is always challenging. But Open Door isn't just a project – it's a new way of doing things. So there have been some challenges. For example, case management on this scale puts a lot of pressure on staff and we have had to become an even better employer to support them.

We forget sometimes that it is a business we are running; we have to be business-like and caring. Small things still worry us: should we have uniforms or not? We're asking our clients this question at the moment, they'll help us decide.

Along with the challenges has come a measure of success: twice profiled in *Society Guardian*, a pathfinder for the Department of Health's Social Enterprise Unit, great results in the NHS Health and

Social Care awards and, more importantly, we provide a much-needed service to over 1,000 of the most vulnerable people in Grimsby.

The main thing is that Open Door never gives up on anyone. If we are really going to close the health inequalities gap, every health economy needs a service like Open Door – an holistic health service for people who often have few choices.

I want to introduce you to some of the people involved and through them try to describe what it is that Open Door delivers and why it is immeasurably valuable.

Fay Selvan

**Open Door acknowledge
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Open Door at a glance...

'Open Door' is two buildings on Freeman Street, the shopping street in the old centre of the town. In the first building is the social care centre where we offer tea and coffee and a place to sit and chat, we also provide a range of services such as English language classes, access to citizen's advice, holistic and alternative therapies. One hundred yards down the road is the medical centre, where people can see a nurse or doctor pretty much whenever they need to.

These services are offered by a staff of about 12, funded in the main by a PMS contract from North East Lincs Care Trust Plus. Open Door was a start-up organisation in 2007 and is an affiliate of The Big Life Group with a board of non-executive directors drawn from the Care Trust Plus and The Big Life group.

Grimsby has 3 wards in the UK's worst 10% most socially deprived

Eastmarsh (where we are) is in the UK's worst 10 wards for reported crime

Violent attacks are twice the national average

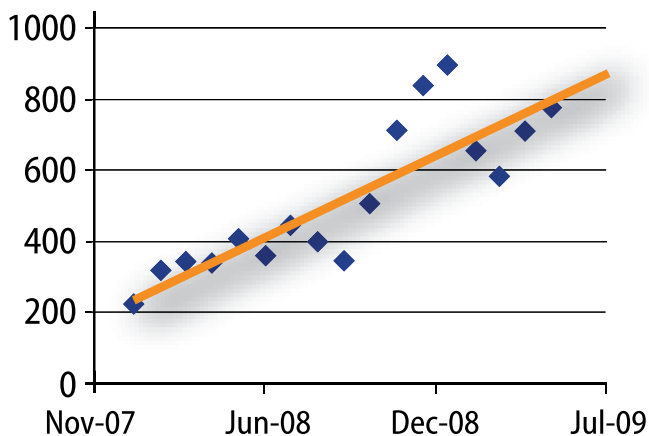
Eastmarsh is in the worst 1% in Western Europe for teenage pregnancy

Since Open Door opened, crime in the Eastmarsh has fallen by a quarter

Open Door visitor numbers have doubled for each of the last two years



Unique Visitors



We are reaching those who are often termed “hard to reach”. Of the

721 patients registered, roughly...

33% are registered as substance abusers

20% will have a criminal conviction for a “trigger” offence (a drug-related, acquisitive crime)

15% have been violent towards others, and two-thirds of them had used a weapon

14% have attempted or contemplated suicide

12% are self harmers

Clearly then, many of the people we see are in need of care and attention; our aim is to return them back to mainstream services as soon as possible and over the last two years we have been able to do that successfully for over **187** people.

**Our ethos is simple:
we won't turn anyone away,
and it's about them, not just
their health.**

Here's a true story from one of our staff...

Wednesday, 29th April 2009

"Michael had visited us a few times before – early 50's, prescribed anti-depressants and mood stabilisers for bi-polar disorder – but this time he was clearly distressed. For four days he had been sleeping rough, his bed & breakfast bill hadn't been paid and the landlady threw him out.

The his first night sleeping rough Michael had his clothes and medication stolen. He had gone four days without medication and on top of this he hadn't eaten for 2 days nor drunk any liquid for one. His feet were sore from walking the streets without socks; the local A&E had simply given him bandages, which he hadn't applied.

I rang the Homeless Team and gave them a brief run-down; they asked no questions but told me to go to Stepping Stones across the road. Once through their door we were quickly told there was no accommodation for him. The receptionist had moved on to the next person in the queue, it was as if she had been warned we were coming.

We walked back to Open Door where I rang the Salvation Army but they just didn't have any available rooms. I was feeling a bit lost; 3 attempts had failed in quick succession, wasn't it supposed to be easier than this?



Mark, one of the new helpers

I brought in a colleague who immediately began picking up the phone to the Homeless Team and other agencies so I was free to take Michael up the road to the Open Door surgery where we cleaned and bandaged his feet. I arranged a food parcel and found another colleague was ringing around trying to supply Michael with a clean set of clothes.

I also discovered that we were not having much luck trying to find Michael a roof over his head. None of the agencies designed to help people in his predicament seemed to want to know, the YMCA thought they could offer a room but only after a police check that would take 24 hours.

Thursday, 30th April 2009

"Michael turned up looking healthier. His feet felt OK thanks to the Open Door nurse. He had washed, shaved and taken his medication, and he was smiling.

As more phone calls were made I took Michael down to Harbour Place where he obtained a ticket for a meal; the staff there were very friendly.

When he got back Joe Pepper from Citizens Advice Housing listened to Michael's story and then sent an email to the Homeless Team reminding them of their legal duty towards Michael. And we waited.

Eventually the Homeless Team came back with a promise to pay for a night in a B&B but they were going to review his case the next day and couldn't promise anything else. Then, within the next 15 minutes, the YMCA rang up offering Michael a room.

The short saga had ended but no thanks to the few agencies designed to help people like Michael. Fair enough, some agencies really tried, the Salvation Army didn't have any beds and Care Rent did their bit by supplying a food parcel. But if it wasn't for the actions of staff at Open Door and Joe Pepper from Citizens Advice, Michael would still be sleeping rough tonight."

Then, at roughly 4.15pm, with Michael feeling tired he suddenly mumbled something about having a bit of money in his account. He'd forgotten? I don't know; he was confused and disorientated through his ordeal. We drove him to the bank and then into Cleethorpes to find him a guest house for the night. Finally, at nearly 6.00pm we found a room; we left him then, making sure he had the bus fare to get back into Open Door next morning."

Jane

Jane runs one of the best primary care trusts in the country, regularly in the top 25, it is the first care trust plus in England. "There are other care trusts," she says, in an interview with HSJ, "lots of PCTs and local authorities are getting together on some of the elements that we have undertaken – adult social care, public health and the children's trust – but not all three at the same time."

The driver for this is health inequality; Grimsby's issues are longstanding. "You name the challenge and we probably have it," she says. "Teenage pregnancy, smoking, late presentation of cancer with issues of inequality, low wages and low educational achievement. These are deep-rooted health issues. Our progress was slow, and we needed to do something radical to break into those economic and social issues, above and beyond our healthier lifestyle work."

She sees Open Door as a focal point for people who can't or don't engage with mainstream services; one of the key benefits for her is the knowledge that there is somewhere for these people to go, a safety net. Interestingly, she also sees Open Door supporting mainstream services as they try to connect; offering their perspective on individuals, and sharing their approach both at a personal and a service level.

Another key benefit is in demonstrating to the local health economy that different service models can work; it is possible to work closely with people, to provide flexibility in service provision, constantly to redesign what you offer to match peoples' changing needs. All of these are great examples for the four local practice based commissioning groups, which she sees as the, "engine rooms of change."

Open Door also acts as a gatherer of intelligence about broad health needs, helping to inform commissioners and the Local Strategic Partnership about where the gaps are in the network of care or support services, about what should be our priorities in the most deprived areas and how the Trust can get better value from support services they already commission.



For about 7 years Lee was homeless and getting very little help. For most of that time he wasn't registered with a GP or with any other services, this is despite the fact that he was often very poorly and has learning difficulties.

When he arrived at Open Door he had been illegally evicted, he had nowhere to go and no one was helping.

Lee's "problem" is he doesn't fit the criteria for support – his physical health is not quite poor enough, his mental illness not quite disabling enough, his learning difficulties not quite severe enough and consequently he slips through the net. But as a result of all these small issues, he's often been faced with the need to negotiate with several agencies and he hasn't quite got the ability to do that.

Mainstream services are often overwhelmed by demand and have to prioritise who gets their attention based on specific criteria. Too often, however, this makes them selective and they ignore issues that may not seem related to their service. Open Door doesn't have criteria in the same sense, our service is not intended to deal with massive demand; we support people intensively but we do that to get them back into the mainstream.

We don't turn anyone away and we work as hard as we can within our resources to get people the help they need. Lee is a regular visitor to Open Door, he's now housed, established and jolly.



Joe

On an average morning people will start queuing outside the Citizen's Advice Bureau at least an hour before it opens, it will be the same at lunchtime. Grimsby's CAB sees more than 50 new debt clients every week; on average they will have non-mortgage debts of around £17,000. As this is written (May '09), unemployment locally has risen 270% in the last 4 months of this year.

Partly as a consequence of this, Joe, our CAB housing advisor, tells me that he thinks Open Door offers an "essential" service. It helps him to reach people he could not reach in the traditional ways, who may see the CAB as too middle-aged or middle-class, and as he says, "... you don't have to know you have a problem ... that you're of enough value to bother CAB". People are at Open Door because they want to be. Oh, and by the way, there just happens to be a housing advisor here.

It is interesting how well CAB and Open Door are aligned in what they achieve. In 2008 Joe took the local authority homelessness team to Crown Court 6 times and had 1 High Court judicial review. Enlightened members of the authority and Council see the value in having a mirror held up to an important service. There can be no complacency, no fudging of resources, with that kind of scrutiny.

We think Open Door occupies a similar place in health and social care. It is essential that there is a place of last resort, where those that find it difficult to use traditional services are welcomed and treated appropriately. In providing this we hold up a mirror to less accessible services. What is it about Open Door that works? What could be emulated in other services and locations?

"If I made these people appointments, I'd never see them again"





Rob is the social care manager for Open Door. He started as a Council housing officer several years ago, got involved in placing people into emergency accommodation, from that became more involved in drug counselling and support work. All of these experiences have helped him develop the wide overview of services and agencies that he needs now to deal with whoever comes through the door.

Open Door's ethos is simple: we never turn anyone away, and we deal with the person, not just their health. The consequence of this is a diversity of need; you never know what problems you will have to deal with but many of them will be complex and long-standing. Almost all of them have to be dealt with on a case managed basis, linking the right people together, presenting the right information, getting services to do the right thing.

It isn't easy dealing with the depth and breadth, and the urgency, of some of the cases that arise, but the team is committed to do that and have the necessary range of skills and the experience.

Quentin

Quentin manages the Drug and Alcohol Action Team (DAAT) for the Care Trust Plus. Initially he had concerns about Open Door, mainly around inconsistencies in prescribing practice, but he sees the enormous value in Open Door's proposition, **"we're all struggling to reach the 'hard to engage', but you seem to be doing that."**

Open Door is one of the ways in which he will achieve some of his strategies – on prolific and priority offenders, to reduce reoffending among females, etc. He wants partnership and collaboration between the existing support services and the new ones that Open Door will be engaged in, to reduce the gaps and overlaps and extend the coverage to the neediest.



Christine's confidence was so low she was almost imprisoned in her own home. Her main contacts were with clinicians – she would call an ambulance every couple of days or go to A&E for insignificant reasons.

Occasionally she will get upset at Open Door, in other places this has got her barred but at Open Door we calm her down and keep on helping. Nowadays she visits on her own, she does her own shopping, she manages her own life without upset and she's become much more approachable.



June

June is our Holistic Therapist; she offers a range of complementary and alternative therapies that include Reiki, Reflexology and Emotional Freedom Techniques (EFT).

The demand for these services, as well as the obvious positive outcomes she achieves, has meant she has broadened her range of therapies. She now teaches many of these techniques to others at Open Door so that they can spread awareness.

Her techniques are deceptively powerful: EFT has allowed 'hard' men to cry in public and to start properly valuing themselves for the first time.

Their trust in agencies like the NHS is so low that June sees success in simply getting people to feel safe enough to take off their shoes. Much of her work is aimed at helping people to recognise when they

should be angry and when they shouldn't, helping them to realise that they do have choices; giving them the skills that will help sustain life in the mainstream.



"Many of the people we see contain so much anger; these techniques help them to feel calm again, which is sometimes quite novel for them as they are in survival mode so much of the time."

We were warned about Martin. We were called by a mainstream service and told not to bother with this guy as he was a lost cause.

Martin had a long history of drug abuse, but he was ready to get clean when he came to us. We've tried to give him support and appropriate challenges; he helped us install and maintain the IT in Open Door. Now he's clean, housed and enrolled on an IT degree course.



**"...just letting you know I
start my computing degree
in September so I owe you
ultimate thanks."**

Andy

Andy has responsibility for neighbourhood policing in the Eastmarsh, the area that Open Door serves, and which is one of the UK's worst 10 wards for crime. Since Open Door started in 2007, the two beats that go through the Eastmarsh have seen a reduction in reported crime of 12% each year. Andy will tell you that there are a number of reasons for the reduction, but "Open Door contributed to that".

Neighbourhood policing relies on being able to create a better relationship with the public; the old recourse was to arrest, prosecute and criminalise, which turned out to be in very few people's interests. Nowadays the 10 officers and 40 PCSOs in the Eastmarsh will be seen walking and talking throughout the area. If they come across someone they will recommend and link them with the appropriate

services. This is of immediate benefit to the individual but it also brings into his or her circle of care the specialists who will reduce the likelihood that the person will need to offend.

The police can't do it on their own. They need agencies to which they can refer people safe in the knowledge that they will be looked after – what you recommend says a lot about you.

By being located in the area, by being the 'one stop shop' and by being accessible and unthreatening, Open Door have helped create the conditions for the success of neighbourhood policing.



"You can't do crime reduction by enforcement alone"

This guy has had a relationship with heroin for half of his 33 years but at Open Door he's the "yes man", he gets involved in everything. He sat on the interview panel when we were recruiting nurses and asked the best questions; he knows Valium and he knows mental illness, he knows the strategies that desperate people will follow to get what they want and how good clinicians should respond to that.

His health is compromised by anxiety and panic attacks but still he gets involved in challenging activities – he's been interviewed several times for newspapers, filmed twice for videos, and he often talks about his experiences with drugs and mental illness with students from schools and universities. He helps with open days, he maintains the place, serves food and drinks, even got involved with fundraising for the local soup kitchen.

He'd rather not have these tattoos, but they're part of his story.



What about GPs?

Many GPs recognise that services such as OpenDoor take the strain off them – their services are often configured around the mainstream user, who will attend at an appointed time and is more or less intent on getting healthier. On the other hand, GPs who see their role as caring for all members of their community, would like to be able to emulate our success in their own practices.

Although the Care Trust Plus has been successful in co-locating GPs in new, purpose built accommodation, they still operate as single-handed practices and simply don't have the resources (and in some cases the skills) to work successfully with the people welcomed by Open Door. GPs welcome the accessibility and skills we offer, they also appreciate the specific health promotion messages we can get across, for example with local sex workers in the last year.

At OpenDoor, we offer support to GPs that want to change the way they interact with people, and a challenge to those that don't. Some GPs work in ways that are seen as 'rationing' access to other services. Fixed 10 minute appointments are a great way to maximise throughput, but is it the right way to raise accessibility and outcomes?

At Open Door we're aiming to create a place where GPs can interact both personally and professionally with people who have been unable or unwilling to access mainstream GP surgeries.



Lance initiated the Open Door project with fellow health workers Angela Faulding and Annie Darby, but it was not the first time he had done something like this. In Salford, in 1999, he set up a nurse-led health centre, becoming the first UK nurse to employ a GP. In Grimsby he wanted to create something that was sustainable, replicable and that delivered real value to its community. It was clear to him that health inequalities were widening and the consequences for Grimsby were becoming hard to ignore.

Lance's view was, and remains, that some problems cannot be fixed by using the same methods that created them. He decided to commission a service designer who was developing methods, often used in commercial design, to engage people in the co-design of their own services.

Martin Bontoft spent many days simply "hanging out" in day centres, clinics, hostels and even massage parlours, getting to know Open Door's target populations, finding out why they didn't use

the existing primary care services, the things they were motivated to do and how they spent their time.

He reported back on the skills and resourcefulness of the people he met, their needs for socialisation and a place of safety, the time they have and their desire to fill it. He noted their evident health issues and their reluctance to do anything about them until they became urgent. He also noted the similarity of their needs.

These perspectives resonated strongly with the experiences of Lance and the other frontline workers. He and Martin led the team through a series of scenarios and workshops that culminated in the service design of Open Door, informed by a simple set of values, "...it should be something like a youth club for adults" – a place where they can spend time, comfortably and safely, socialise with people and get involved in activities. Almost as an afterthought there should be clinicians there, too.

Lance continues to develop his vision for alternative health delivery in Grimsby; Open Door will eventually become a part of a community hospital serving the widest possible cross section of people from the heart of one of the most deprived areas of Grimsby.





Open Door is affiliated to
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