

Title of meeting: Health and Wellbeing Board

Date of meeting: 3rd October

Subject: People with complex needs

Report by: Dr Jason Horsley

Wards affected: n/a

Key decision: No

Full Council decision: No

1. Purpose of report

- 1.1 To propose next steps in relation to the Health and Wellbeing Board's priority around making improvements for marginalised groups fastest, including our most vulnerable children, young people and adults, with particular reference to adults with complex needs.

2. Recommendations

2.1 The Health and Wellbeing Board is recommended to:

1. endorse the development of the "Team around the Establishment" model linked to homeless and supported housing services, and agree to receive further progress reports
2. endorse the need to move forward with a data-matching and case study exercise, to enable conversations with information governance officers of relevant organisations to move forward.

3. Background

- 3.1 As part of the refresh of the Health and Wellbeing Strategy, a priority was identified around the need to think differently about how we support adults with complex needs. The strategy highlighted that there is growing national and local evidence that a small cohort of adults in our communities are likely to experience 'severe and multiple deprivation' (SMD cohort), including substance misuse, homelessness, offending and mental health problems. They are likely to have ineffective contact with services that are often designed to deal with one problem at a time, and so regularly and persistently 'fall between the cracks' that open up between services.
- 3.2 The inter-relationship of these individual issues is complex and efforts to

improve outcomes for this cohort of people have been ongoing for many years across different agencies and agendas and across the UK a range of responses are being developed. This is not a new issue and Portsmouth is not unique in its experience. This group of people can have a disproportionate impact on those around them; their partners and the neighbourhoods in which they live - including businesses and visitors to the city - and most importantly, any children they may have.

- 3.3 Services have a range of processes, pathways, panels and interventions in place to support adults with a variety of complex needs. Services have in the main been commissioned or directly provided to meet a defined individual need - often successfully - but generally not designed to address composite and compounding needs e.g. homeless/mental health/substance misuse/criminal justice. Similarly, individual assessments of need by statutory services tend to focus on the presenting issue and there are different eligibility thresholds for accessing services that do not necessarily take into account complexity of needs and associate behaviour, the nature of 'recovery'.
- 3.4 As a result, customers with complex needs who are frequent (or inappropriate) service users may have contact with a range of services, have several “key workers”, have a number of personal plans in place and be involved in a number of panels/pathways/case management processes simultaneously or sequentially.
- 3.5 Previous work had used national research and local case studies to identify some specific themes for Portsmouth. It is clear from the case studies that valuable work is already being undertaken and there are some successes in supporting people to achieve positive outcomes, through effective collaborative working. However, customers, advocates and professionals have questioned the consistency of the effectiveness, efficiency and value of current approaches, particularly for those service users present with the most complex needs.
- 3.6 We also know that people with complex needs have often suffered adverse childhood experiences, including interaction with the care or youth justice systems, experience of domestic abuse or experience of a parent with substance misuse or mental health issues. Experiencing homelessness as a child can also impact on achieving settled accommodation as an adult. This means that the complex needs agenda directly links with other priority areas for the Health and Wellbeing Board such as support for looked after children and care leavers, or support for mental health.

4. Reasons for recommendations

- 4.1 Organisations in the city are already working together to take a strategic approach to the issues of street culture, including begging, and street sleeping to support people in these circumstances and tackle associated community safety issues. This includes ensuring that any enforcement activity is complemented by appropriate support. Individuals who are street sleeping are

by no means always individuals with complex needs; and people with complex needs do not necessarily become homeless or street sleepers. However, we do understand that there is an overlap between these groups, and a basis for developing partnerships and services from the street sleeping work that can have wider applicability.

- 4.2 The city has recently developed its first street homelessness and rough sleeping partnership strategy, to cover the period 2018-2020, which is intended to provide clear direction and a co-ordinated approach to maximise the contributions of partners to ensure that the right support is in place to meet demand. It is expected that the strategy will provide a framework for a continuous dialogue with statutory and voluntary partners about the nature of support. It is accepted that a "one size fits all" approach to service provision rarely works in resolving issues such as homelessness, and that instead a tailored approach is needed to minimise barriers to accessing services and support.
- 4.3 The strategy proposes an "Accommodation First not Accommodation only" programme, focusing on supporting individuals into affordable housing and also to provide consistent support to sustain any tenancy. The model builds on the provision of a Night Bed service which has been operational in the city since December 2017, and a Homeless Day Service. Both services are commissioned by Portsmouth City Council. The Accommodation First not Accommodation Only model will be consulted on between October 2018 and December 2018.
- 4.4 In the new model, the expectation is that each individual will be worked with to develop a personalised housing plan, which will also include an assessment of needs in relation to employment, mental and physical health and finance. In securing and sustaining settled accommodation, the intention will be provide support around these dimensions of need to ensure that the individual does not become homeless once again. The development of this strategy is intended to be funded by the Rough Sleepers initiative funding package made available to local authorities by the Ministry of Housing, Communities and Local Government, and measures will be consistent with the "Prevention, Intervention, Recovery" approach in the Government's National Rough Sleepers Strategy.
- 4.5 The underpinning principles of the work, to change services away from traditional public sector models to more personalised plans and the development of navigator roles, can be used as concepts for developing a wider framework for supporting complex needs in the short term. The language of the Health and Wellbeing Strategy is that Portsmouth should be a "needs-led" city, where access to the services and support that people need to live their lives safely and independently is not dependent on a diagnosis or threshold.
- 4.6 We are therefore thinking about how we could enable a wider group of individuals to access some of the support available through the street homelessness strategy, accepting that for some people with complex needs, the establishments and networks around homelessness and supported housing services will be familiar. The proposal is therefore to develop a "team around

the establishment" model, where people in homelessness services or supported housing would be able to access a range of services at a single point of delivery, where relationships have been built. This support could include primary healthcare as well as support with mental health or substance issues. This would be a potential opportunity to make some immediate improvements to levels of support, building on existing service commissions.

- 4.7 The ask for the Health and Wellbeing Board is to endorse this as an approach and support further work to develop this model, to come back to a future meeting of the Board with a developed model.
- 4.8 However, whilst this would work provide an immediate and organic opportunity to develop some improvements, there remains a need to understand in more detail what the profile of need in Portsmouth is, and the ways in which services are working well for people, or could be improved. It is therefore recommended that work to data-match caseloads for key services (including substance misuse, mental health and criminal justice services) is reinvigorated, and some work is undertaken on case studies to identify where opportunities to provide support could have been taken.
- 4.9 The ask for the Health and Wellbeing Board is to endorse this recommendation, to enable conversations with information governance officers of relevant organisations to move forward. Progress will be reported to the Health and Wellbeing Board on a regular basis, as the foundation of developing more intelligently designed services and responses to some of our most vulnerable adults.

5. Equality impact assessment

- 5.1 This is a broad strategic approach and as such a preliminary EIA has concluded that there will be no negative impact on any of the protected characteristics arising from the development of a refreshed Health and Wellbeing Strategy. Any individual projects or measures arising from the strategic approach outlined will be subject to impact assessments in their own right.

6. Legal implications

- 6.1 Legal implications are set out in the body of the report.

7. Director of Finance's comments

- 7.1 The work outlined in the strategy will be undertaken using existing staffing resources and will not incur additional costs.

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Signed by: Dr Jason Horsley, Director Of Public Health

Appendices:

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by on

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Signed by: