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**(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)**

<b>Title of meeting:</b>	Health and Wellbeing Board
<b>Subject:</b>	Changing Futures - phase 1 scoping
<b>Date of meeting:</b>	7 <sup>th</sup> July 2021
<b>Report by:</b>	Dave Adams and Lisa Wills
<b>Wards affected:</b>	All

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**1. Requested by**

James Hill and Jo York - senior sponsors

**2. Purpose**

To update members on the scoping phase of the Changing Futures project.

**3. Background**

3.1 In December 2020 MHCLG announced the £46m Changing Futures Fund designed to improve the way systems and services work to support individuals experiencing multiple disadvantage - including a combination of homelessness, substance misuse, poor mental health, domestic abuse, and contact with the criminal justice system.

3.2 Portsmouth developed a similar programme of work between 2016-18 that involved tracking experiences of a small number of individuals through multiple services. One important outcome of this programme was a successful intervention with the city's drug and alcohol service provider. Not only did the redesigned system **increase capacity**, but also enabled the service to drastically **reduce the waiting times** for support of all types, including substitute medication - **at no additional cost**. The process is now not only faster but more person-centred and flexible, as evidenced by staff and client feedback.

3.3 As a result of this initial piece of work, Portsmouth was well-placed to deliver against the Changing Futures outcomes, and submitted an expression of interest (EOI). This was supported by the local authority, CCG and Society of St James (SSJ) as a local service provider. Unfortunately, the city was unsuccessful in securing funding through the programme. However, it is clear from the work undertaken that there is a need to consider how we support individuals with multiple disadvantage; and a will to look at how we work together to address the problems they experience holistically.

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### **4. The proposal**

4.1 The most important element of achieving sustainable change is corporate and political permission to do things differently. Senior leaders and politicians have already demonstrated their commitment to do this by supporting the Expression of Interest. The long term benefits are set out in appendix 1.

4.3 Since external funding is not available at this stage, the proposal, approved by the Health and Care Executive in April, is to undertake a systems thinking intervention over two/three years. A small working group has been established to co-ordinate phase one scoping with a view to bring forward a further report to the board in September seeking approval to continue with the systems thinking intervention itself.

4.4 The local 'system' is defined as involving the following services:

- Housing/Homelessness (including supported housing services)
- Substance Misuse Services (Society of St James)
- Mental Health Services (Solent NHS Trust)
- Police and Probation Services (NPS and CRC)

4.3 The target cohort would fit the Making Every Adult Matter (MEAM) definition of 'complex needs':<sup>1</sup>

- who experience several problems at the same time (e.g. mental health, substance misuse, homelessness, offending)
- whose behaviour impacts on families and communities
- who have ineffective contact with services and
- who live chaotic lives

4.4 Based on national research, local evidence and complex data modelling, the number of adults who meet this definition in Portsmouth is estimated to be in the region of 300-400 at any one time.

### **5. Scoping and resources**

5.1 As discussed above, the Health and Care Executive agreed to undertake phase one scoping. The work is being led by the Systems Development Service Lead Interventionist, Dave Adams, with support from the strategy unit (Lisa Wills and Kelly Nash).

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<sup>1</sup> <http://meam.org.uk/multiple-needs-and-exclusions/>

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5.2 Resources required to scope the project will be limited to Dave Adams' time but also will require full access to individual case files, management and front line staff (for interviews), and live/real time observation of front line work - for each service involved.

5.3 It is crucial the scoping work is accurate and comprehensive, and identifies clearly what needs to be done, and the resources involved.

**6. Current position and request for support**

6.1 An email was sent on May 14<sup>th</sup> asking the relevant organisations for support to undertake phase one scoping.

6.2 The email requested access to services and information required relating to information governance. However, in order to have sufficient time to undertake a robust scoping exercise, the most pressing issue at the moment is for Dave Adams to be given permission to visit each service listed in 4.1 to observe processes and talk to staff. To date positive responses have been received from:

- Society of St James
- Local Authority Housing (pending written confirmation)
- Adult Social Care (pending written confirmation)

The Probation Service/CRC are currently considering their position given the two services will begin the process of re-unification on 25<sup>th</sup> June.

6.3 Subsequent discussions have taken place with the Society of St James; it has been agreed that key workers will ask a number of clients about their experience of working with other services (see appendix 3). The questions have been tested and will be given to staff to use with any clients interested in providing their views.

.....  
Signed by (Director)

.....  
Signed by Jo York

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### Appendices:

Appendix 1 - Long term benefits of systems thinking intervention

Appendix 2 - Email to participating services

Appendix 3 - Client Questions

## Appendix 1 - Long Term Benefits

### Individual and communities: <sup>2</sup>

- Portsmouth adults (and their families) who have multiple and complex needs will have improved health, wellbeing, housing, employability, and reduced re-offending, and these outcomes will be sustainable.
- Portsmouth adults with multiple and complex needs will have more opportunities for involvement in the services they need, and influence on decisions that affect them.
- Portsmouth adults with complex needs (and their families) have the support and opportunities to identify and work towards achieving their own life goals and aspirations.

### Commissioning and costs:

- More joined up commissioning will exploit opportunities for resource pooling and streamlining of services. **Research suggests a 26%<sup>3</sup> saving is possible from delivering more coordinated responses.**
- Use learning to develop more cost-effective evidence-based interventions for people with multiple and complex needs.
- Opportunities to invest in prevention activity that will achieve better outcomes and reduce pressure on acute and crisis services.
- Performance will be easier to evaluate by holding composite information about outcomes for customers

There may also be the potential to redirect services away from 'reactive crisis management' into preventative activity. According to research carried out by Landkelly Chase and others, people who fit this definition will cost the public purse between £19,000-£21,000 per person per year (including benefits) which is 4-5 times the benchmark cost of £4,600 for an average individual.<sup>4</sup> Using this cost model, we can surmise the costs to the public purse generated by a core group of 400 people in the city who are likely to have co-occurring conditions to be **£7,600,000**. Assuming services are better co-ordinated this cost could be reduced by **£2m<sup>5</sup> across services**.

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<sup>2</sup> Adapted from Manchester 'Inspiring Change' programme via Sheffield City Council's complex needs business case

<sup>3</sup> Batterick et al in their two-year study of the MEAM pilots found that better co-ordinated interventions from statutory and voluntary agencies can reduce the cost of wider services for people with multiple needs by up to 26.4%

<sup>4</sup> This figure is based on the Multiple Exclusion Homelessness sample of users of 'low threshold services, filtered to those who had the characteristics of severe and multiple disadvantage in its broadest sense (Individuals with multiple needs: the case for a national focus, Calouste Gulbenkian Foundation (Making Every Adult Matter, Clinks, Homeless Link and Mind)

<sup>5</sup> £1.967m

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*'...investment in more effective interventions might bring about significant savings, or 'offsets' which might outweigh, or at least mitigate, the cost of investment'<sup>6</sup>*

**Appendix 2 - email to participating organisations**

Subject	Message sent on behalf of Jo York (PCCG) and James Hill (PCC) - Changing Futures
From	Nash, Kelly
To	'jacqueline.markie@justice.gov.uk'; mike.taylor; 'james.mcdermott@twosaints.org.uk'; Roberts, Rachael; Jenkins, Clare; Pearson, Kerry; Jo Perry (NHS); PCCG, Nick Moore (NHS PORTSMOUTH CCG)
Cc	Wills, Lisa; Adams, David; York Jo - Associate Director System Management Urgent Care Lead; Hill, James
Sent	14 May 2021 16:40

*Dear colleagues,*

*For the purposes of completing the scoping activity for the "Changing Futures" style work, which was agreed at the Portsmouth Health and Care Executive on Wednesday 28<sup>th</sup> April, we would like to request that access is now provided for Dave Adams (Lead Interventionist, PCC) to visit each service, and:*

- observe the process by which demand from clients is received and dealt with;*
- speak to staff about the jobs that they do and the tasks that they are required to perform; and,*
- receive data on service performance.*

*Dave will be in touch shortly to start arranging visits.*

*In addition, a central element of this work will be to understand how clients access, are referred between, and are discharged from different services over time. This will enable the team to develop a more detailed picture of the overall client journey and inform the shape of the intervention itself when it begins. Therefore, we would like **to understand what IG/data protection requirements would need to be met** (if not already) to enable us to gather case histories on a sample of clients across all services in scope. This would mean being able to 'match' the record of an individual client in one service with their case history in multiple other services. Please flag any requirements to [Lisa.wills@portsmouthcc.gov.uk](mailto:Lisa.wills@portsmouthcc.gov.uk) .*

*Thank you*

*Jo York (Managing Director, Portsmouth CCG) and James Hill (Director of Housing, Neighbourhood and Building Services, PCC)*

**Appendix 3 - Client Questions (Society of St James)**

<sup>6</sup> Hard Edges <http://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf>

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CHANGING FUTURES

*Information for the client*

“We are starting a piece of work to look at how several different services work for people, and we want to ask just a few questions to understand your experience of using them. The answers will be shared with the Council to help them understand how services are working, but we will not share your name. Would you be happy to answer them?”

- 1) Have you ever used any of the following services...? (probation, mental health, housing/homeless services, police, social care, etc.). Make a note if the client volunteers anything different.
- 2) Have you ever been refused help from any of those services?
- 3) When using those services, what was the waiting time like, if there was one? Get examples if possible.
- 4) Have you found you have to keep answering the same questions or telling your story repeatedly?
- 5) Did you feel that the services you used gave you the help that you needed? Get examples if possible.
- 6) If you could change one thing about your experience of these services, what would it be?

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

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

<b>Title of document</b>	<b>Location</b>