

DONCASTER GROWING TOGETHER

**The Doncaster Complex Lives Alliance – an
Integrated Care approach to supporting
rough sleepers with complex needs**

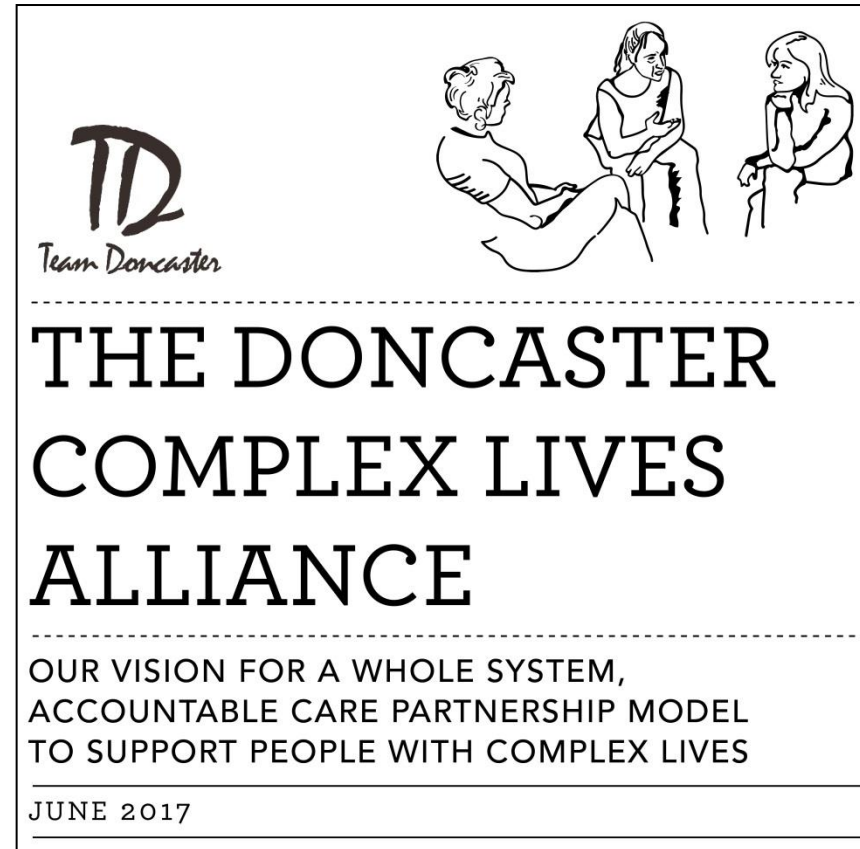
**Pathways from Homelessness: Rethinking
Housing & Health Symposium
13 March 2019**

**Anthony Fitzgerald
Chris Marsh**



Our objectives today

1. Share with you our 'whole system' approach to rough sleeping and health - a major societal, public policy and delivery challenge
 - The case for a new approach
 - The Doncaster Place Plan: Our Integrated, Accountable Care commitment
 - The Complex Lives Alliance & Integrated Team
 - Our results so far
 - Our key learnings about Homelessness & Health
2. Outline our next steps in reform – going further with integration
3. To generate discussion, ideas and insights to expand our own learning and networks



The case for a new approach...an emergent, complex challenge

David, 41

“I should be dead...I’ve lost a lot of friends on the streets...I know I’m lucky to be alive.”

David has spent the last 20 years on the streets and on drugs, and in prison and rehab.

He was abused by his father and is beginning to confront his deep-rooted mental health troubles. His self-esteem and self-worth is fragile.

He barely knows himself outside of life on the streets and drugs. Now he is finally in housing, he is uncertain of his surroundings and the life now open to him.

He values his family greatly, and wants his mother to see she does not have to worry about his health, and is determined to be there for his son.



- Mid - late 2016.....Growing homelessness and rough sleeping, drug misuse in Doncaster town centre - as many other towns and cities across the UK
- People caught in a cycle of rough sleeping, addiction, mental ill – health, poor physical health, offending behaviour – often underpinned by trauma
- A big ticket item! Deep Dive cohort analysis identified approx. £50m annual cost to all public services – a conservative view

A sign of the times? An issue that is with us for the foreseeable future.....

We were complex too! A fragmented, confusing 'non – system'

Fragmented Commissioning

- **Doncaster CCG:** Mental Health, Physical Health, Primary Care
- **DMBC Adults:** Housing Support, Social Care
- **DMBC Public Health:** Drug & Alcohol Services
- **Doncaster Children's Trust:** Care Leavers
- **Central Govt:** Community Rehabilitation/Probation, Prisons

Silo'd Services and Pathways

- 'Symptom - centric' Providers
- Multiple points of access
- Many case management arrangements & key workers
- Under developed role of Community & Voluntary Sector

Weak Accountability

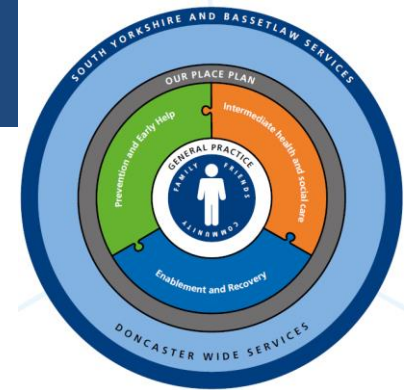
- Nobody 'in charge'
- No clear collective governance
- No grip



**A 'Spin Cycle' for
vulnerable people and
for services**

A classic candidate for Integrated, Accountable Care

- The **Doncaster Place Plan** is our driver for integrating Health, Social Care and Housing where it makes sense to – we have three bottom lines.....



Care and quality gap

- Fragmentation and complexity of health and social care services
- Rising demand for health and social care services
- Workforce shortages and ensuring the right skill mix to meet future needs

Health and wellbeing gap


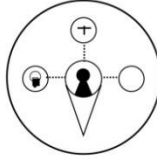
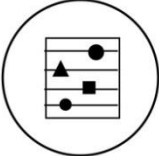
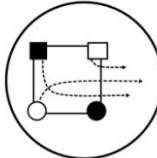
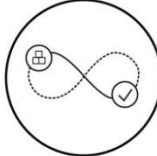
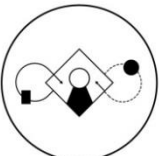
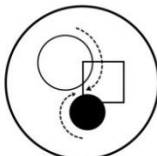
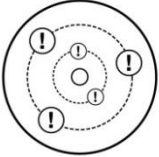
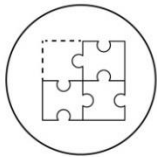
- Health in Doncaster is improving, but not as fast as the rest of the country
- Life expectancy is 10.7 years lower for men and 7.1 years lower for women in the most deprived areas of Doncaster

Finance and efficiency gap

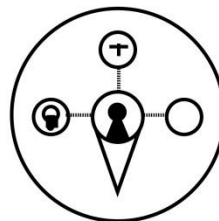
- The cost of delivering health and care services is increasing
- Our current gap will be £139.5m by 2021

- Complex Lives is one of our '**Areas of Opportunity**' – testing the approach
- Supported by **top level system leadership and governance**
- Key priority for action within a **Joint Commissioning Agreement** between CCG and Council

Key features of the Complex Lives Alliance model – the ‘moving parts’











	OPERATIONAL FEATURES	SUPPORT/ENABLING FEATURES	
	Complex Lives Team - case management capacity	Case Management model - process and ICT system	
	Complex Lives Asset Menu - support services	Outcome Framework and Performance Management	
	Doncaster Housing Plus Pathway - accommodation options	Developmental Evaluation and Learning model	
	Doncaster Changing Lives Fund - to remove barriers	Alliance Governance - to support collaboration	
	Prevention & Demand Management	Joint Commissioning (Social Care, CCG, Public Health)	

Mobilising a complex system...What does Day 1 look like?



COMPLEX LIVES CASE MANAGEMENT MODEL:

A case management approach that enables an assertive, strengths based, multi disciplinary approach to delivering impact with people, incorporating professional practices, processes and the information technology solution to enable this.

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LONG TERM VISION

- An integrated case management process - covering engagement, triage, risk management, assessment, case allocation, case management, case review, risk management, step up and step down.
- An approach based on identifying the assets and strengths of people with complex needs, as well as the issues that need to be addressed. This will use the 'three conversations' model embedded within plans for adult health and social care transformation - seeking first to reconnect people back to family and community support networks.
- A model that enables personalised rather than standardised pathways.
- A secure IT case management and communications system shared between the core team, partner agencies, peers and volunteers, providing a clear and up to date picture of a person's situation.

GETTING STARTED: WHAT DAY 1 LOOKS LIKE

(1 OCT 2017)

- Partner agreement on single professional process of case management, with clear process maps showing how cases will be managed through stages of the journey (building on existing in place for prototype, based on Stronger Families programme).
- Agreed documentation to support management of process identification, initial 'rapid - review assessment'.
- Complex Lives Team case workers aware of and trained in use of assessment process and tools.
- Interim IT ICT case management solution agreed with clear short term timeline for its introduction.

The Complex Lives Integrated Delivery Team – ‘wrap around’ by design

Core Integrated Team

- Team Manager
- 3 Intensive Support Workers (MEAM)
- 3 Navigators
- Assertive Street Outreach Team
- St Leger Homes Single Point of Access
- Specialist Drug & Alcohol Worker
- Specialist Mental Health Worker RDaSH Community NHS Trust)
- NACRO Worker (prisons)
- National Probation Service Worker
- Trauma Worker (Doncaster Rape & Sexual Assault Service)

- Housing Benefits Officer
- Amber Outreach Workers (sex worker support)
- CRISIS Skylight Support Workers

Working closely with:

- Housing Support /Hostel Providers
- South Yorkshire Police
- Town Centre Officers
- Doncaster & Bassetlaw Foundation Hospital Trust
- Primary Care Doncaster(e.g. clinical rooms for GP access)



South Yorkshire
Community
Rehabilitation
Company



A real multi – agency effort – fuelled by diverse skills.. and moral purpose



The results so far in numbers...and our outstanding challenge

We have made a big impact – responding to major challenges...

115

People are case managed by the team, all were originally rough sleeping.....

90

Now in settled accommodation and receiving support for the CL Team and Alliance partners (others in Hostels, Prison, sofa surfing)

67

The peak of a worrying summer spike in rough sleepers – a major challenge

16

The current number of rough sleepers – due to very proactive joint efforts – and still working at it – our goal is 0

This is not ‘task and finish’ work - we have to stem the flow of demand

4

Average number of new rough sleepers per week – prison releases, evictions..

54

Known to be at risk of rough sleeping (sofa surfers, unstable housing situations, hospital, planned evictions)

Many real life turn around stories...here's one

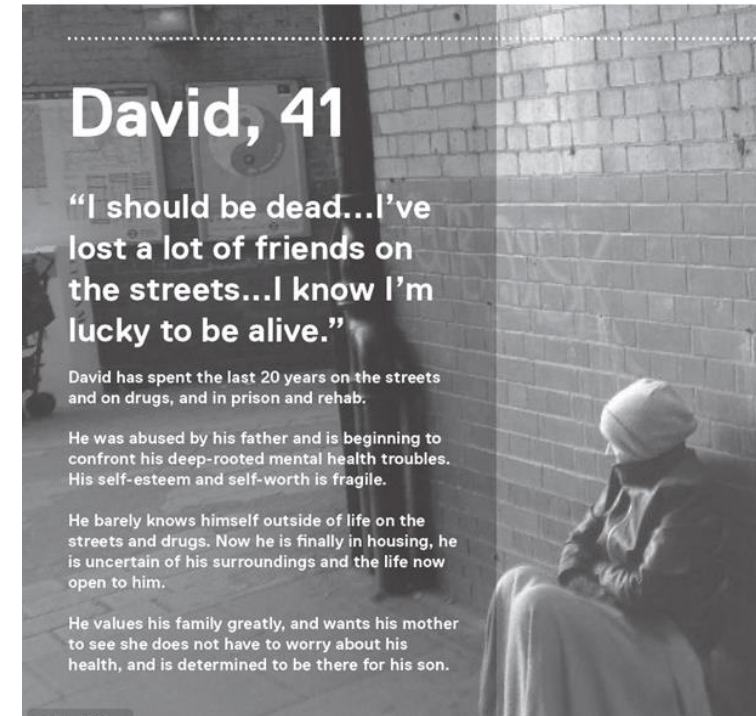
David....Ex - British Forces, suffers from PTSD, Rough sleeping for nearly 4 years

Then....

- A prolific offender, begging daily in the town centre to pay for his heavy substance misuse - costing over £100 a day in Heroin and Crack Cocaine
- Stayed on streets through the 2018 'Beast from the East'
- Took an overdose and admitted to hospital and decided to engage with Complex Lives outreach worker – a Complex Lives Team worked with Housing Association to create a Housing First tenancy with intensive support 'Critical Time Intervention'

Now.....

- In a property he can call home, no longer chaotic. Attends all drug and alcohol service appointments and is on methadone script. Engages with his key worker
- Clean since November 2018, drug free from all substances. Taking medication for mental health (PTSD)
- Re-kindled a relationship with his family. Maintaining his own personal hygiene, eating well and has engaged with cooking for himself & accessing the gym to build his strength. He enjoys swimming and this helps his anxiety.
- Regained some trust in Services from previously being let down. Has adapted to his new life in his safe and warm home



Key learnings and messages on Homelessness & Health

Health and Well Being is at the heart of the challenge – so must be at the heart of the solution!

Specific learnings.....

- The significance of **childhood trauma** and psychologically informed delivery environments, also PTSD and ex – services
- High prevalence and impact of **Autism, Learning Difficulty, ADHD** and access to treatment and support when substance misuse involved
- **The mental health/substance misuse roundabout** – ‘chicken and egg’ scenario
- **Need for pace in health service response** – for Critical Time Interventions
- **Access challenges and disconnection from the system** e.g. GP registration, emergency health care
- The important role of **Prison Health Care** and continuity of care
- The need for **deliberate commissioning of health services** within an integrated model

And last but not least...

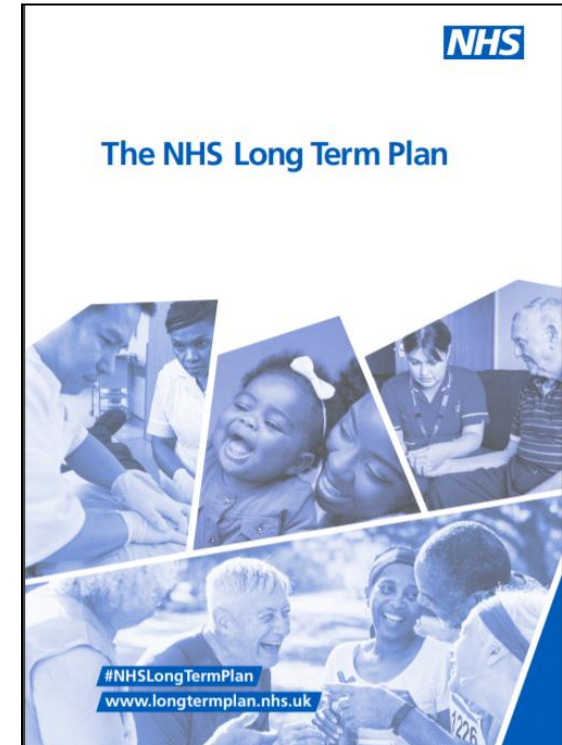
- The need to **care for the health and well being of front line workers** – personal safety, boundaries, reflective practice, vicarious trauma

Support for our approach from the NHS Long Term Plan

The policy direction acknowledges the importance of a focus on homelessness and issues related to supporting people with Complex Lives.

Specifically these are:-

- The focus on **health inequalities** specifically relating to Homelessness (2.32)
- The focus on **severe mental health problems** (3.94)
- The focus on **Health and the Justice System (appendix)**
- The focus on **alcohol dependence** (2.2)



Our next stage of reform and delivery

Direction of travel.....

Alliance delivered Care & Support

- ✓ From loose partnership to a form of 'joint venture' delivery
- ✓ Role of Health/NHS delivery a central feature
- ✓ Wrap around delivery by design, not just goodwill
- ✓ Improving the journey for vulnerable people
- ✓ Stronger focus on prevention – getting upstream

Accommodation Reform

- ✓ Reducing over reliance on hostels
- ✓ A more mixed, dispersed picture of provision and providers
- ✓ Going further with Housing First as an evidence based model
- ✓ Bespoke options for specific vulnerable groups, particularly women

Joint Investment Model

- ✓ Going further with joint commissioning
- ✓ Lead commissioner model
- ✓ Single conversation with providers
- ✓ Quantifying benefits to the system (outcomes, demand, costs)

And, scaling across the South Yorkshire area with ICS support.....

Thank You

Questions/Discussion

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