

Health, Social Care and Housing Committee

10.00, Tuesday, 28 January 2014

‘Inclusive Edinburgh’– a review of support for people with complex needs

Item number	8.2
Report number	
Wards	All

Links

Coalition pledges	P1 , P8 , P9 , P11 , P12 , P33 , P34 , P36 , P43
Council outcomes	CO3 , CO5 , CO6 , CO9 , CO10 , CO11 , CO15 , CO16 , CO21 , CO25 , CO26
Single Outcome Agreement	SO2 , SO4

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Executive Summary

‘Inclusive Edinburgh’ – a review of support for people with complex needs

Summary

This report considers a group of people with very complex needs, who often lead chaotic lives, characterised by one or more issues, including substance misuse, mental and physical ill-health, homelessness, domestic abuse, and whose behaviour places them at significant risk, and can present risks to others, including children.

The combined responses of the Council and partners in managing the risks presented by this group are not always as successful as we would like, and yet it is possible that these combined resources, together with other, as yet untapped resources in neighbourhoods, could be used much more effectively, if we redesigned the service landscape.

This is a considerable undertaking and will require time to plan, consult and redesign. A full project management approach to address the complexity of all the inter-related parts is proposed. This will provide a co-ordinated response from Children and Families, Services for Communities and Health and Social Care, and will result in developing a pathway of care in conjunction with Police Scotland, NHS Lothian, the Scottish Fire Service and the voluntary sector, which is:

- based on consultation with service users and carers
- assertive in engaging those most in need
- robust in terms of a holistic partnership response
- effective through the use of evidence-based interventions
- safe, by engaging all of the resources in public protection.

Recommendations

It is recommended that the Health, Social Care and Housing Committee notes that:

- a) a wide-ranging and transformational review is planned, to be referred to as ‘Inclusive Edinburgh’; to include all current services to a small, but highly demanding, and highly vulnerable group of people, for whom all our services have some responsibility

- b) this transformational review requires an inter-departmental and an inter-agency, project management approach; and
- c) an interim report, outlining the scope of need and service provision will be provided to Committee in January 2015. A full report recommending a new way of responding to those with complex lives and multiple needs will be presented to members on completion of the review, expected to be Summer 2015.

Measures of success

People with complex lives and multiple needs will:

- experience improved health and wellbeing, including improved mental health, reduced substance misuse and levels of self harm, and reduction in the need for children to be looked after
- live safer lives in their families and communities, through effective risk management and evidence-based interventions
- break the cycle of offending associated with their lifestyle
- access necessary support to live meaningful and fulfilling lives.

Financial impact

The redesigned response must be contained within current budgets. Some initial funding will be required to fund the review and redesign.

Equalities impact

This group of service users is marginalised within society, often coming from backgrounds of trauma and abuse. Due to the difficult backgrounds of many service users, a holistic, whole systems approach is required to meet their multiplicity of needs and to promote and support appropriate service and recovery options.

Sustainability impact

The proposal in this report will help achieve a sustainable Edinburgh and will impact positively on the community and its resources. The proposal will also have a positive impact on social cohesion, wellbeing and inequality issues as they impact on individuals, families and communities.

Consultation and engagement

The review will actively seek the views of the recipients of services. Service user involvement and engagement of people in recovery will be key to the success of this review. Consultation will also be extended throughout the Council, its statutory partner agencies NHS Lothian, Police Scotland and the Scottish Fire Service; its voluntary sector partners; and to all key stakeholders.

Background reading / external references

[Tackling homelessness and exclusion: Understanding complex lives](#) (Joseph Rowntree Foundation 2011)

[Not My Problem](#) (Mental Welfare Commission for Scotland 2007)

[Putting people first: Working together with user-led organisations](#) (Department of Health 2009)

[Homelessness Prevention Commissioning Plan](#) (Health, Social Care and Housing Committee, 12 Nov 2013)

Main Report

1. Background

The Mental Welfare Commission for Scotland published a report into the care of Mr G in October 2007. The report was entitled 'Not My Problem'. The conclusion contained 25 recommendations requiring statutory agencies, mainly local authorities and NHS boards, to review the delivery of effective interventions to people who often challenge thresholds, rules, norms, and who move from area to area, fall into more than one client category or diagnosis, do not 'engage' or who are seen to be too much of a risk for community based services to manage. The alternative is often seen as prison, police cells, hospital or long-term care; however, people often fail to meet the eligibility criteria for community or institutional care, or housing.

Recent significant case reviews, for example, the Lochend review and the Secure Accommodation Review for children and young people underpin these findings: there is no shortage of additional specialist resources, but a lack of effective integration and deployment of these can lead to poorer outcomes for individuals, their families and the communities in which they live. Services are disconnected and there is confusion among staff about eligibility criteria, assessment procedures, and constant changes in service aims and objectives.

Most often, people are considered ineligible, unmotivated, hard to engage or "Not My Problem". They usually have high support needs, can be a risk to themselves and/or to others, and struggle without an appropriate response from statutory services.

On 11 December 2013, the Chief Executive's Corporate Management Team agreed to a wide-ranging service review. This reflects the cross-cutting responsibilities of the Council for this group of people.

2. Main report

This report proposes a corporate, multi-agency approach to the management of a range of cross-cutting issues, which affect individuals with multiple and complex needs living with, or posing considerable risks, which could result in hospitalisation, homelessness, imprisonment or the removal of their children. People who have experienced traumatic early experiences, such as abuse, neglect and homelessness continue to present to a range of services. In adulthood, the incidence of self harm, substance misuse and suicide attempts is high. Individuals with complex needs may be hard to reach and at risk of falling through safety nets. An integrated response across Children and Families, Services for Communities, Health and Social Care, NHS Lothian, Police Scotland, the Scottish Fire Service and the voluntary sector is needed recovery-oriented services, which offer accommodation, care, support and protection.

A full project management approach is proposed, which will build on existing initiatives, such as Total Neighbourhood and Total Craigroyston.

A recent review of the Council's adult mental health services and criminal justice services has achieved required savings, in line with targets, and created capacity for a commissioning officer (referred to as a pathway manager) for homelessness and complex needs. This post could be used as the project manager for the proposed 'Inclusive Edinburgh' review and redesign, with the following key responsibilities:

- reviewing the level of provision and identifying gaps
- assessing the quality and effectiveness of services
- engaging service users and carers, families and communities, and learning from those with lived experience
- linking work in public protection to other work streams, e.g. child and adult protection, 'Choose Life', Total Craigroyston/Total Neighbourhood
- working with partners to develop and implement effective responses, services and use of resources in relation to multiple and complex needs
- integrating suicide prevention strategies and awareness raising into policy and practice and training programmes
- developing a consultation plan.

A programme board will be established to govern the project. The board will include membership from all Council service areas and partner agencies/sectors.

Service User Involvement

The involvement of service users is critical to improve planning and build the confidence of the people in receipt of service. Much can be learned from the service user involvement in other areas, where this has resulted in improved service planning and the development of recovery communities, which then contribute much through volunteering and peer support.

Prevention and Early Intervention

Research shows that being an adult with a complex life and multiple needs is not a sudden onset condition. Risk patterns and gateways have been identified as routes into this lifestyle. It would therefore be possible to design a service, which uses early intervention and prevention as an effective model.

Consideration will be given to services that divert young people into more suitable accommodation and more fulfilling lifestyles, and to the needs of women, including people escaping domestic abuse.

Stable Accommodation

A most visible group of people with complex needs are those individuals living on the streets and those who are at the greatest risk of rough sleeping because they are living in insecure accommodation, such as hostels or shelters. A recent Department of Health study in England showed that in London, 52 per cent of rough sleepers have alcohol support needs, 32 per cent have drug support needs, and 39 per cent have mental health problems. Many have had extensive contact with the state: 37 per cent had previously been in prison, 12 per cent in care and 3 per cent in the UK Armed Forces. These factors can often be linked to social disadvantage, for example, family breakdown, debt and a lack of skills or qualifications. Many have experienced some form of trauma in their life.

Our responses to anti-social behaviour often do not take such histories into account, and result in moving perceived problems from one neighbourhood to another. This is understandable from the perspective of those affected by the anti-social behaviour of others, but is not an effective, long-term solution.

Multiple Needs

A prevalent feature for this group relates to their mental health and substance misuse issues. The growth of the recovery ethos in these service areas allows people to consider a way forward, which allows them to regain independence; and provides support and meaningful activity, and connects people with peers with lived experience to assist and sustain recovery. Government and local strategies, which need to be considered in terms of reaching this group, are:

- the new Mental Health Strategy: a Sense of Belonging, which focuses on promoting good mental health and early intervention
- the Drugs Strategies: Road to Recovery and Scotland's relationship with Alcohol have served as the basis for the Edinburgh Alcohol and Drug Strategy to promote access to recovery services in the city, which sets out an ambition for anyone dependent on drugs or alcohol to achieve recovery
- Edinburgh's reducing reoffending strategy, which focuses on more effective sentencing and rehabilitation to break the cycle of crime and reoffending.

Access

Access to specialist services, which provide an intensive package of recovery support and address multiple needs requires all relevant organisations to be involved, and ready to respond at the point where motivation is highest. Key worker relationships have shown that consistency of worker and the instillation of hope are positive catalysts for recovery. The complicated nature of homeless people's needs (such as alcohol or substance misuse, together with mental health problems), plus difficulties caused by living in insecure accommodation, means that homeless people often struggle to access the health care they need. As a result, they rely on acute hospital services.

Assertive Out/In-reach

In-reach into hostels, hospitals, prisons and bed and breakfasts is a way of engaging those most in need effectively. Engagement itself will be a focus of this work. Learning will be drawn from programmes and interventions, which show positive engagement and outcomes through the use of key workers and assertive outreach initiatives.

Personalisation

This proposed service redesign will be based on the principles of personalisation, collaboration and coproduction, valuing and ensuring the contribution of communities and people with lived experience.

Inequality including health inequality

The Single Outcome Agreement articulates a key responsibility to promote action to reduce inequalities, including health inequalities. The life expectancy for this group of people is 45 years. The purpose of the pathway will be to engage individuals with the key benefits, health care and social supports, which address some of the issues of exclusion and inequality.

Reducing Reoffending

The Scottish Government recognises the importance of the Integrated Offender Management approach to join up local action to identify, target and support the most chaotic and problematic offenders. Although the number of recorded crimes is falling, the number of people in prison and the number of community sentences are increasing, putting pressure on services to reduce reoffending. The Lothian and Borders Community Justice Authority has a commitment to work in partnership to reduce reoffending and to address the multiplicity of issues, which lead to offending. In response, Edinburgh has convened an integrated strategic forum to develop a co-ordinated multi-agency approach to the delivery of wide range of both universal and specialist services. Partners are addressing four priority groups – women offenders, families with complex needs, prolific offenders and youth offending.

Access to Employment

Most people want to work. As many as 80% of service users helped by a homeless charity said that work was one of their goals. Given the opportunity and the right support, many people with complex lives – including those experiencing multiple disadvantages – can, and do, work. Employment represents one of the most sustainable routes to recovery, and priority should be given to work-related activities at the earliest possible stage of engagement. Social enterprise offers a growing and important opportunity, which can increase the involvement of people in work. Indeed, the homelessness sector pioneered this approach through The Big Issue. Such innovative approaches show how enterprise can get involved, and the success which can result from unlocking the potential of homeless people.

3. Recommendations

It is recommended that the Health, Social Care and Housing Committee notes that:

- a) a wide-ranging and transformational review is planned, to be referred to as 'Inclusive Edinburgh'; to include all current services to a small, but highly demanding, and highly vulnerable group of people, for whom all our services have some responsibility
- b) this transformational review requires an inter-departmental and an inter-agency, project management approach; and
- c) an update report recommending a new way of responding to those with complex lives and multiple needs will be presented to members on completion of the review.

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Chief Social Work Officer

Coalition pledges	<p>P1 Increase support for vulnerable children, including help for families so that fewer go into care</p> <p>P8 Make sure the city's people are well-housed, including encouraging developers to build residential communities, starting with Brownfield sites</p> <p>P9 Work in partnership with Scottish Government to release more funds for Council homes for rent</p> <p>P11 Encourage the development of co-operative housing arrangements</p> <p>P12 Work with health, police and third sector agencies to expand existing and effective drug and alcohol treatment programmes</p> <p>P33 Strengthen Neighbourhood Partnerships and further involve local people in decisions on how Council resources are used</p> <p>P34 Work with police on an anti-social behaviour unit to target persistent offenders</p> <p>P36 Develop improved partnership working across the Capital and with the voluntary sector to build on the "Total Craigroyston" model</p> <p>P43 Invest in healthy living and fitness advice for those most in need</p>
Council outcomes	<p>CO3 Our children and young people at risk, or with a disability, have improved life changes</p> <p>CO5 Our children and young people are safe from harm or fear of harm, and do not harm others within their communities</p> <p>CO6 Our children's and young people's outcomes are not undermined by poverty and inequality</p> <p>CO9 Edinburgh residents are able to access job opportunities</p> <p>CO10 Improved health and reduced inequalities</p> <p>CO11 Preventative and personalised support in place</p> <p>CO15 The public are protected</p> <p>CO16 Well-housed – People live in a good quality home that is affordable and meets their needs in a well managed Neighbourhood</p> <p>CO21 Safe – Residents, visitors and businesses feel that Edinburgh is a safe city</p> <p>CO25 The Council has efficient and effective services that deliver on objectives</p> <p>CO26 The Council engages with stakeholders and works in partnership to improve services and deliver on agreed objectives</p>
Single Outcome Agreement	<p>SO2 Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health</p> <p>SO4 Edinburgh's communities are safer and have improved physical and social fabric</p>