

Complex Lives

Scoping the SYB ICS role in joined up
support for people experiencing multiple
disadvantage

CPB meeting Friday 10 May

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1. The basis of work to date on this shared priority

A shared and complex local challenge

- Homelessness and rough sleeping on the rise in all areas of South Yorkshire – tip of a multiple disadvantage iceberg?
- Significant health challenges for this cohort especially drug and alcohol addiction, mental ill health, often underpinned by childhood or adult trauma, poor physical health
- Fragmented picture of commissioning and delivery of diverse range of services required across health, housing support, offending behaviour
- Ground breaking integration practice emerging across South Yorkshire – strong foundations

An emerging national policy priority

NHS Long Term Plan 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)
- **Severe mental health problems** (3.94)
- **Health and the Justice System** (appendix)
- **Alcohol dependence** (2.2)

Rough Sleeping Strategy focus on connection between homelessness/housing services with health services with specific focus on mental health and substance misuse services.

2. Scoping the Complex Lives landscape in SYB - overview

- Initial scoping discussions show we are on the front foot in SY, with a common determination and approach to responding to this challenge.

Barnsley

- Building a multi – disciplinary Complex Lives team
 - Rooted within Housing Options Service
 - No mental health component yet
 - Core cohort of 20/30 people
 - Focus on processes and pathways
 - Key worker role is crucial feature
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- New Homelessness strategy is key driver
 - Successful Housing First pilot - 20/25 units of accommodation with support
 - Focus on 4 Pathways (Housing First, Young people 16/25, Vulnerable Adults, Domestic abuse)
 - Specific concerns about young people, County Lines/exploitation and adult mental health service access

Rotherham

Doncaster

- Complex Lives Alliance well established for 2 years – whole system new operating model
- Integrated and growing multi disciplinary team
- Mental Health Nurse and IAPT embedded developing dual diagnosis approach
- Now plotting next steps and mainstreaming

- Existing MDT approach to Complex Lives rooted in drugs services
- Substance misuse service recommissioning strengthening outreach focus
- Complex Lives Social Impact Bond in dialogue & co-design stage with provider consortium and social investor - to establish complex lives multi agency team for cohort of 200 people

Sheffield

3. Common challenges – suggested priorities for ICS/LA joint work

1 Mental Health & Substance Misuse

- Mental Health is strongest shared concern – main priority
- Access/thresholds/pace of response
- Need for more trauma/dual diagnosis focus
- Specific Young People concerns
- Substance misuse - greater focus on outreach and harm reduction
- Case for focus on autism, LD and acquired brain injury

2 Housing & Health Axis

- Health support and housing as interdependent stabilising features
- Case for more deliberate delivery models combining the two
- Potential to develop specific Housing First collaboration across SY?

3 Key Worker/Navigator Role

- The 'glue' to join things up - Trusting relationship
- Brokerage and guidance
- System convenor at front line level
- Case for ICS investment to greenhouse this role at scale?

4 Primary Care

- Access and registration issues
- Referral Pathways – GP awareness of consequences of inappropriate referrals e.g. to IAPT when deeper traumas

5 Commissioning development

- Compelling case for joint commissioning development (across health services, housing, criminal justice) in SY shared approach
- Challenge to conventional approaches to outcomes, payments, ROI – space for SY Innovation on commissioning for complexity?

4. Progressing the opportunity – what's needed?

- There is clearly a great deal of potential to take this work forward at pace. The following is suggested to make that happen:-
 1. Secure high level consensus on priorities for focus
 2. Establish a cross SYB leadership group across the system to complete own and drive a work programme, including quick wins
 - LA reps
 - Public Health commissioners
 - CCG commissioners
 - NHS provider reps (Community NHS Trusts/Acute Trusts)
 3. Establish small core delivery team and support to provide coherence, pace and strategic development and analytical capacity – an emergent SYB Homelessness & Health Reform and Delivery Unit (incorporating/building on Rough Sleeper coordinator role which is MHCLG funded, Barnsley MBC based)
 4. Continue to explore connection to and integration with SY Mayor and Sheffield Combined Authority focus on Homelessness – building on initial conversations

Questions/Discussion