



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

Submission to MJ Awards – Care and Health Integration category

1. Introduction

This submission features an innovative ‘whole system’ delivery model which integrates the work of Doncaster MBC, Community and Acute NHS Trusts, Primary Care, Housing, Criminal Justice and community, voluntary and faith organisations. It aims to improve outcomes for people affected by multiple disadvantage including rough sleeping, drug and alcohol addiction, offending behaviour, mental ill - health, and poor physical health.

This is called the **Doncaster Complex Lives Alliance**, designed and delivered through an Accountable Care Partnership approach.

2. The rationale for the approach

In the past two years Doncaster, like many towns and cities in the UK, has seen rising challenges related to rough sleeping. This has been mostly centred on the Doncaster Town Centre area and connected with growing public, business and public service concerns about rough sleeping, poor physical and mental health, the use of synthetic cannabinoids, begging and anti-social behaviour.

To provide a sense of the scale and dynamics involved:

- During winter 2017/18 including the so called ‘Beast from the East’ cold spell we were dealing with over 30 rough sleepers in very challenging conditions. A very small number (5) could not be persuaded to take up offers of accommodation and support and chose to stay out all winter.
- During the exceptionally warm weather in summer 2018, rough sleeper numbers spiked to around 67.
- This placed unplanned and complex demands on a range of services, including the NHS where we identified concerns for demand at A&E, hospital discharge and lack of connection to primary care services.
- A deep dive we conducted into the impact on public services of a cohort of 57 people with complex needs indicated a conservative estimated annual cost to the public purse of £1m. When scaled to the estimated total cohort of 4,200 people experiencing multiple disadvantage in Doncaster¹ this totalled almost £50m p.a. of mostly reactive costs.

¹ <https://lankellychase.org.uk/resources/publications/hard-edges/>

3. The design and mobilisation of the Doncaster Complex Lives Alliance – locally driven, informed by lived experience

In Autumn 2016, Doncaster MBC and the Team Doncaster Strategic Partnership identified the issue as a priority for the development of a new, whole system operating model. This reflected the complexity of the challenge and the need for an integrated response across all public services, working with community, voluntary and faith sectors.

Between November 2016 and May 2017, a wide range of partners were engaged in a participatory design process to create a new delivery model. This was underpinned by ethnographic surveys of people with lived experience of being locked, often long term, into a cycle of rough sleeping, addiction, offending behaviour, poor physical and mental health and vulnerability – in many cases underpinned by childhood trauma.

The case studies and the deep engagement with local stakeholders ensured a ‘bottom up’ design process. This is also established a core commitment to ensuring a user centred, strengths based approach to the design and development of the model, which is still a key feature.

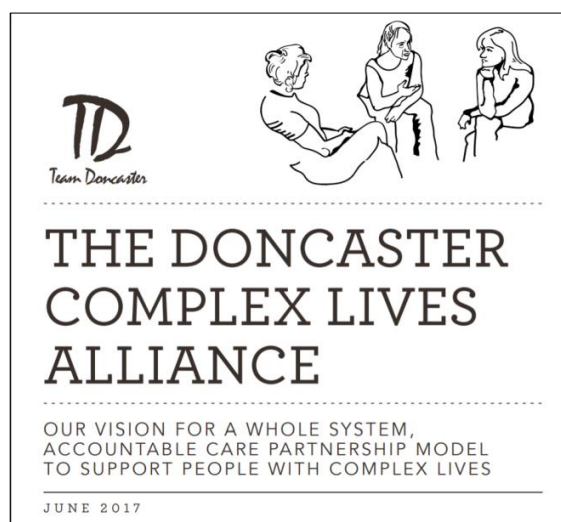
The following page provides an illustration of these engaging ethnographic case studies. More detail can be provided if required.

4. The Complex Lives Alliance delivery model - a ‘whole system’ Accountable Care Partnership approach




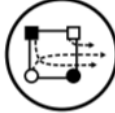

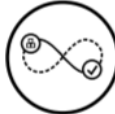


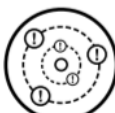
The product of this bottom - up design work was a system specification to guide the build and mobilisation of a new approach - the Doncaster Complex Lives Alliance.

This is now fully mobilised and operational, playing a crucial role in supporting some of the most disadvantaged and vulnerable people in Doncaster.

The system specification (illustrated here) is available if required to support your consideration of this submission.



The model comprises a set of key ‘moving parts’ that together represent the whole system approach required to meet the scale and nature of the challenge. These are illustrated below in an extract from the system specification.

	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		

The Alliance model is underpinned by strong and accountable governance arrangements and by a joint commissioning approach across DMBC Adult Services, Public Health and the Clinical Commissioning Group.

At the core of the model is an integrated, multi – disciplinary delivery team
 The diversity of skills and organisations represented in this team, illustrated below, evidences the partnership commitment and the highly integrated response we are applying to the work:-

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

Core Integrated Team

- Team Manager
- 3 Making Every Adult Matter Intensive Support Workers
- 3 Navigators
- St Leger Homes Single Point of Access Team
- Specialist Drug & Alcohol Worker
- Specialist Mental Health Nurse
- Assertive Street Outreach Team
- NACRO Worker
- Trauma Worker

- Housing Benefits Officer
- Amber Outreach Workers (supporting sex workers)
- CRISIS Skylight Support Workers
- Mental Health Social Worker (aligned)

Also close work with

- South Yorkshire Police Town Centre
- DBHFT
- Town Centre Officers
- Housing Support /Hostel Providers
- Primary Care Doncaster

The creation of the Alliance is a major priority for Doncaster MBC, the Team Doncaster Strategic Partnership and the Doncaster Integrated Care Partnership Leadership Team. The initiative is central to corporate priorities which are focused on integration and seeking new approaches to tackling shared challenges and reducing demand for acute services.

Work is now under way to scale the approach across the South Yorkshire Integrated Care System.

5. Financing the model

The core team of key workers is financed by the MHCLG Flexible Homelessness Support Grant, of just over £300k per annum. This is supplemented by significant direct staff contributions and managerial and development support across partners. For example, the RDaSH Community NHS Trust directly funds a specialist NHS Nurse within the Team and the Community Rehabilitation Company locates a NACRO prison in reach worker within the team.

The longer term aim is that the model will be resourced through mainstream public service budgets, in recognition of the reductions in acute demand and cost savings the team’s work produces. Work is under way to track these cost benefits to support a business case for this approach, building on the ‘deep - dive’ costs analysis referenced above.

Further detail of costs and budget can be provided to support the submission if required.

6. Outcomes and real life successes achieved

The model has had a significant impact on our collective ability to grip and manage a very complex, fast growing and high profile concern. Most importantly it has delivered a major impact in the lives of many of those it has engaged with and supported so far.

The team is working to support 115 clients with complex needs, all previously rough sleeping.

90 of these are now settled and stabilised in accommodation settings, being supported by key workers and wrap around support plans, making progress on initial stabilisation and with improvements relating to drug and alcohol misuse, physical health, offending behaviours. This is tracked using the Homelessness Outcomes Star², which plots baselines and progress across ten domains. More details of specific outcomes achieved across the cohort of people supported can be provided if required.

Others are in a variety of settings including prison, detox programmes and a small number remain rough sleeping but are engaged with assertively to manage health and other concerns as far as possible.

The team has achieved transformational success with some of the most entrenched rough sleepers in Doncaster with highly complex health and support needs. We can share case studies and short video clips of people who have been supported if required. One case study is summarised at appendix 1 (below).

7. Overcoming barriers/obstacles to mobilise the model

The mobilisation of the model has benefitted from a 'pragmatic problem solving' approach, requiring flexibility across all partners to enable the model to emerge and deliver.

This has been addressed through the responsive governance structure which operates on a 'Gold, Silver, Bronze' escalation model, bringing Chief Executives, senior managers and front line workers together to ensure issues are raised and resolved. The Gold Group is chaired by Jo Miller, Chief Executive of Doncaster MBC.

Our learning has identified a number of key challenges and opportunities which will be the focus of our next stage of development. These include:-

- The available supported accommodation offer is no longer suited to the scale and nature of the challenge. We are working on a managed shift from hostels to a greater focus on dispersed accommodation. This includes a focus on Housing First³ – a model with a strong international evidence base.
- Health care support services (drugs and alcohol, mental health, physical health) are not specifically commissioned or designed to deal with the level of complexity that some rough sleepers present with, and to provide the rapid access that can be required.
- We need a greater focus on prevention, including tertiary prevention. In particular this includes prison release arrangements and also hospital discharge.

² <http://www.outcomesstar.org.uk/using-the-star/see-the-stars/homelessness-star/>

³ <https://www.homeless.org.uk/our-work/national-projects/housing-first-england>

8. NHS Long Term plan and Complex Lives

The policy direction set out in the 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)

This provides a backdrop of policy support and investment to enable us to go further with integration and increasingly preventive approaches.

9. Conclusion

As this submission illustrates, partners in Doncaster have taken forward a bold reform designed to respond to support some of Doncaster's most vulnerable people, tackling a serious societal challenge and making a major impact.

The foundations created in the Complex Lives Alliance provide a very helpful learning to inform how we take Integrated Health and Social Care forward in Doncaster across South Yorkshire and we believe there is important learning here nationally for the development of integrated health and social care services.

Contact for further information

We very much look forward to discussing the submission with you in more detail and we would be keen to engage wider members of our Alliance in that discussion with you.

The initial contact for further information is:-

Jo Miller

Chief Executive, Doncaster MBC and Chair of Complex Lives Gold Board

Jo.miller@doncaster.gov.uk

