

Report for: Health & Wellbeing Board

Title: Making Every Adult Matter

Report

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1. Describe the issue under consideration

- 1.1 As a result of a significant increase in deaths affecting homeless and vulnerably housed people in the first six months of 2018, enquiries began into the gaps, costs and opportunities of working differently with the small cohort of people in Haringey whose lives are affected by multiple and complex needs.
- 1.2 This report presents a proposal to develop and adopt a coordinated, borough-wide approach to addressing the complex and multiple needs of vulnerable and homeless adults in Haringey. Specifically, this report refers to the boroughs' ongoing work to address the interconnected harms and costs of homelessness, mental ill health, substance misuse and anti-social behaviour.
- 1.3 A parallel paper was presented at Haringey's Corporate Board and Mental Health Executive meetings on 17th July 2018, highlighting that the needs of this cohort be considered a borough-wide priority across mental health, community safety, housing and social care, pointing out their strategic roles in forging more effective links between housing and homelessness, health and wellbeing, and community safety.
- 1.4 It is proposed that Haringey makes a commitment, at borough level, to address the interconnected needs of this cohort, by seeking to become a Making Every Adult Matter (MEAM) adoption area. The MEAM approach brings about coordinated systems-change for the small cohort of people with multiple needs who have the most frequent, disjointed and costly contact with a wide range of statutory services, and experience some of the poorest life outcomes. MEAM is an evidence-based intervention, with evaluation from 15 adoption areas across the country, demonstrating significantly improved wellbeing and reduced costs across a range of statutory services.
- 1.5 Agreeing this approach would require a financial commitment of approximately £60,000 per year for three years, to design, deliver and evaluate the intervention. It is proposed that 50% of this would be funded by Haringey Council's Strategic Commissioning Unit, with the remaining 50% funded by a

combination of Public Health, the Metropolitan Police, Barnet, Enfield and Haringey Mental Health Trust, Haringey & Islington Clinical Commissioning Group and/or local hospitals with A&E departments. Whilst the individual contributions would be small, it is anticipated that a jointly funded intervention will maximise commitment to the approach, from all involved.

- 1.6 This report is to be considered by the Health & Wellbeing Board with a view to approving the partnership approach and recommending a commitment to joint funding its delivery.

2. Recommendations

- 2.1 To approve the proposal to design and implement a strategically coordinated borough-wide approach to tackling the needs and costs of adults with multiple and complex needs, by seeking to become a MEAM adoption area.
- 2.2 To lend support and influence to the approach in order to maximise the potential human outcomes and to ensure the financial benefits of a different approach are achieved.
- 2.3 To give permission and direction for a genuinely systems-changing approach within the organisations, teams and services relevant to meeting the needs of this cohort.
- 2.4 To note the links between this work and the emerging corporate approach to Community First in Haringey, which will enable a more effective, earlier help approach to working with people who need help.
- 2.5 To note the links with the local authority's Corporate Parenting responsibility, by recognising that homeless adults with multiple needs, particularly those involved with the criminal justice system, are disproportionately former looked after children. The MEAM approach could generate opportunities to intervene earlier in the health and social vulnerabilities connected with future homelessness and complex vulnerability.
- 2.6 To recognise the joint role of Haringey Council's Corporate Board and the Haringey Mental Health Executive in ensuring improved outcomes for this cohort of people with complex and shifting needs.

3. Background

- 3.1 People with multiple needs face a combination of problems including homelessness, substance abuse, contact with the criminal justice system and mental ill health. Although the largest cohort affected by multiple needs are white men aged 25-44 years old (thought to be around 58,000 people

nationally¹), women and people from BAME communities with multiple needs are disproportionately affected by sexual trauma and domestic abuse, over-representation in prisons and stark socio-economic inequality. People with multiple and complex needs fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives. They are often identified as 'hard to reach' or 'non-engaging', and this leads to poor relationships with service providers and a lack of trust for statutory services. In turn, their sporadic use of emergency and high-cost services is thought to cost between £1.2-2.1bn nationally each year.

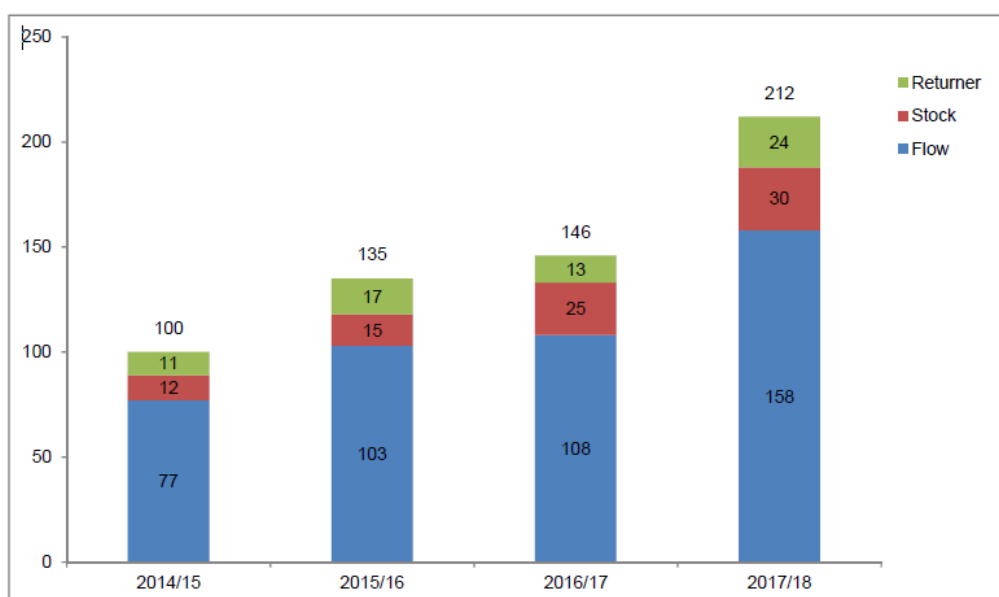
- 3.2 Haringey provides supported housing and rough sleeping support for approximately 500 single homeless people every night, in services ranging from short-stay high support hostels to street outreach services, to visiting support in shared accommodation for those nearing independent living. We commission discrete but connected supported housing pathways for young people, single homeless adults and those with mental health needs, as well as a number of services dedicated to supporting homeless women. As well as commissioned services monitored by the local authority, at least two faith-based night shelters also operate in the borough, providing shelter on a night-by-night basis often with limited specialist or statutory involvement.
- 3.3 In the first six months of 2018, nine single homeless or vulnerably housed people died prematurely in Haringey. Only one such death was recorded in the six months prior to that. Of the nine people who died, eight had needs and experiences affecting their lives that the MEAM definition of multiple need would encapsulate. Two occurred on the streets of the borough affecting rough sleepers, 40% had statutory involvement, three were suspected suicides, drugs and/or alcohol feature in over 50% and social isolation was a concurrent theme. Three women were amongst the nine people; all had sporadic engagement with services in the period leading up to their death, all had experienced previous trauma, substance and/or alcohol problems and all struggled with their mental and emotional health.
- 3.4 The material conditions affecting good physical and/or emotional health are a major factor in premature death. Of these, street homelessness is highly significant. In the year 2017/18 Haringey saw a 45% increase in the numbers of people rough sleeping compared with the previous year, as well as a consistently high demand (150% of available supply each month) for our supported housing services. 25.4% of the 212 people seen rough sleeping in Haringey in 2017/18 were people who had been counted in a previous year and around 7% were seen between 6 and 20 times during the year². Therefore, whilst the majority of rough sleepers are supported off the streets within the

¹ Lankelly Chase Foundation - Hard Edges; Mapping Severe and Multiple Disadvantage in England (2015)
<https://lankellychase.org.uk/resources/publications/hard-edges/>

² CHAIN Annual Report for Haringey (2017/18)

year they first become street homeless ('flow' in the graph below), a small cohort of people experience the hardships of entrenched rough sleeping over multiple years ('stock' and 'returner' cohorts in the graph below).

People seen rough sleeping in the year, by the flow, stock and returner model.



Source: CHAIN Annual Report – Haringey (2017/18)

[image description – a bar chart showing the number of rough sleepers seen in Haringey each financial year since 2014, expressed by the 'flow, stock and returner model']

3.5 With such significant increases in rough sleeping, it is probably unsurprising that there has been an increase in street based anti-social behaviour, trespassing and nuisance complaints about 'encampments'. Whilst our approach in Haringey aims to be supportive and preventative, the Council's Community Safety Team have seen a significant increase in the number of warning letters and enforcement actions they have been forced to take against rough sleepers. In Q1 2018/19, the number of actions for trespass, defecation and neighbour nuisance against homeless people was double that of the same period in 2017/18 with particular increases in Tottenham Hale ward. A conservative estimate of the cost of enforcement action ranges from £500-£1500³ per action, resulting in a cost related to homelessness and rough sleeping of at least £10,000 so far this year alone.

3.6 Homelessness and rough sleeping are significant contributory factors to complex health concerns, as well as frequent/sporadic engagement with health services. In Haringey this is particularly acute, with Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) seeing the highest proportion of admissions for homeless people in London and 6th highest in the country (BEH is identified as MH44 in the graph below).

³ Data supplied by LBH Legal Services (2018)

whilst homeless failed to complete 12 weeks of treatment. It is proposed that an element of the MEAM approach is dedicated to tackling the multiple needs of homeless women.

- 3.9 As well as the particular experiences of women with complex needs, it is strategically important to note the relationship between care histories and multiple needs in adulthood. Lankelly Chase research⁵ shows that 85% of adults with multiple needs had traumatic childhood experiences and 25% of male prisoners (56% of female prisoners) reported spending time in care as children⁶. When less than 1%⁷ of the general adult population has ever spent time in care, the connection between childhood trauma and multiple needs in adulthood is of key importance when considering the support available to Haringey's looked after children and care leavers who display early signs of multiple need.
- 3.10 Despite the increasingly challenging and complex picture, there are a wide range of innovative and solution-focussed services and practices emerging in Haringey to support vulnerable homeless people. Through the Homelessness and Rough Sleeping strategies, there is a corporate commitment from the Council to tackle the health and wellbeing needs that trigger and influence homelessness, as well as a range of improvements implemented through the Housing Support Transformation programme. Even at this early stage of discussion, it's clear that the MEAM approach is well aligned with a number of ongoing projects, programmes and strategies.
- 3.11 In 2017 and again in 2018, Haringey were successful in securing funding from the Ministry of Housing, Communities and Local Government's Rough Sleeping Innovation Fund. We have committed this resource to address key areas of need within the cohort; hidden homelessness, unaddressed health needs and antisocial behaviour. The early signs from these interventions is positive, but for their impact to have longevity, developing and embedding a coordinated system to address the multiple needs of rough sleepers seems crucial.
- 3.12 With the overarching strategic direction in Haringey being one of early intervention and prevention, it is helpful to note the role that the emerging Community First approach might offer homeless adults with multiple needs. Adults with multiple needs typically display a range of overlapping and unaddressed social care issues which singularly are below eligibility thresholds and are commonly coupled with mistrust of statutory services based on previous experiences. Community First might offer this cohort an alternative route to seeking help, perhaps by signposting to non-traditional services and

⁵ Lankelly Chase Foundation - Hard Edges; Mapping Severe and Multiple Disadvantage in England (2015)
<https://lankellychase.org.uk/resources/publications/hard-edges/>

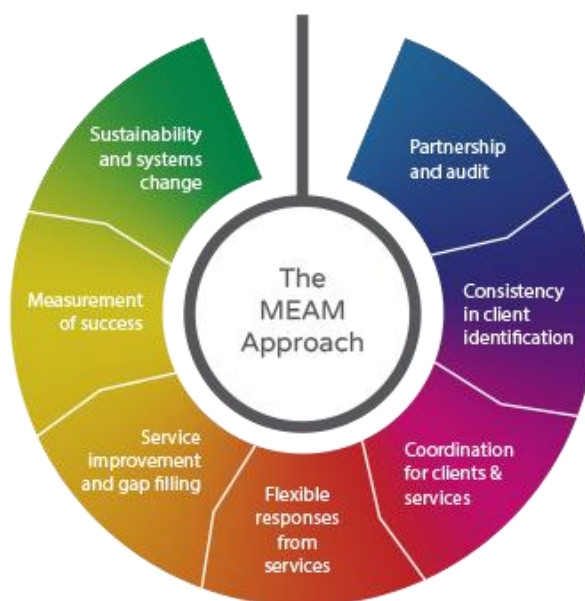
⁶ Ministry of Justice - Prisoners Childhood and Family Backgrounds (2015)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/278837/prisoners-childhood-family-backgrounds.pdf

⁷ NSPCC <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/england/statistics/>

community resources. As well as a more personalised and appropriate response to help-seeking, embedding the MEAM approach within the Community First model has the potential to contribute to reductions in sporadic and acute statutory service interventions.

The MEAM Approach

- 3.13 The MEAM approach was designed through a collaboration between Homeless Link, Clinks, Mind and Drugscope starting in 2008. Its aim is to help local areas design and deliver better-coordinated services for people with multiple needs. It is currently used in 15 local areas across England, and is aligned with the Big Lottery's Fulfilling Lives programme which works in a further 12 local areas.
- 3.14 The MEAM approach is based on seven key elements, which are adapted to local needs and circumstances by an adoption areas partnership of service users, statutory and voluntary partners, and commissioners;



[image description – a rainbow coloured wheel depicting the seven connected elements of the MEAM approach; partnership and audit, consistency in client identification, coordination for clients and services, flexible responses, service improvement and gap filling, measurement of success, sustainability and systems change]

- 3.15 In many ways, the MEAM approach is simply the sensible conclusion to a discussion about supporting people with multiple needs more effectively. Its foundation is in removing barriers to access, responding dynamically to a person's decision to make a change in their life and providing the consistent and supportive relationships that empower people to do that work. It has the potential to reduce the risk of premature death, overdose and acute hospital admissions by acting as a bridge between people and services, addressing barriers that prevent people from addressing their health issues earlier. It also has the potential to embed a culture of understanding, responsivity and

partnership in our work with and for rough sleepers, recognizing this is a present and important issue in our work to ensure all adults lead healthy and fulfilling lives in Haringey.

- 3.16 The approach has been evaluated in a number of adoption areas and the impact on wellbeing and service usage has been substantial. For example, an independent evaluation of the approach in Sunderland found that financial savings of £52,000⁸ could be attributed to supporting just four people with multiple needs over a one-year period. An evaluation of Derby's⁹ approach showed significant improvements, with costs associated with arrest and magistrate court appearances dropping by 55% and acute hospital and A&E admission costs reducing to zero in Year 2. In Cambridgeshire¹⁰, the approach is evaluated to have resulted in a £958 saving per person per month for those engaged in MEAM support.

The MEAM Approach & Commitment

- 3.17 The MEAM approach is founded in the idea that because people are categorized according to the remit of the service they are approaching, opportunities to work holistically with someone with multiple needs are missed, at significant cost to all involved. Given the different funding streams, legislation and technical specialisms under which services operate and are governed, this is neither surprising nor new information. However, despite the known human and financial costs of service gaps and barriers to access, it continues to be challenging to address these issues sufficiently. Therefore, this proposal seeks borough commitment, at its most strategic level, for a partnership approach with permission and mandate to work differently for this cohort, knowing this will challenge existing cultures and working practices, as well as ideas about eligibility and engagement.
- 3.18 To successfully implement systems change for this cohort, the MEAM approach also requires a Coordinator. This person will co-design, deliver and then embed the approach, alongside service user advisors. It is this post that the financial commitment within this proposal seeks to fund. To be successful, the MEAM Coordinator must have the mandate and 'managerial permission' to work across boundaries to improve and fast-track access to services for people with multiple needs as well as acting as a single point of contact for service users and practitioners. It is proposed that Haringey's MEAM Coordinator will be based in the emerging single homeless hub service, where they will be best placed to work directly with all those involved in the MEAM approach.
- 3.19 MEAM have recently invited expressions of interest to become one of seven 2018 Adoption Areas. The invitation is open until September 21st 2018 and will

⁸ An Evaluation of MEAM in Sunderland (2015)

<https://www.vonne.org.uk/sites/default/files/files/resources/Evaluation%20of%20MEAM%20in%20Sunderland.pdf>

⁹ Evaluation of the MEAM Pilots – Appendix 6 (2014) <http://meam.org.uk/wp-content/uploads/2014/02/MEAM-evaluation-FTI-update-17-Feb-2014.pdf>

¹⁰ As above

be followed by interviews before announcing the successful areas. To be successful, MEAM request that all bids are able to demonstrate:

- a commitment to three years of funding
- the foundations of a cross-organisational partnership
- commitment to co-production with people with multiple needs and,
- able to supply data for the national evaluation.

3.20 If approved, the Housing-Related Support Team at Haringey Council, led by Gill Taylor, Strategic Lead for Single Homelessness and Vulnerable Adults, can offer the resource and position to lead the bidding and implementation of the MEAM approach given their responsibility for a range of services, forums and strategies related to single homelessness and rough sleeping.

4. Contribution to strategic outcomes

4.1 The Haringey Council Corporate Plan for 2015-18 sets out the Council's overall priorities and programme of work for the period for 2015-18. It identifies housing and social care as two of its five priorities, committing the Council over that period to '*Create homes and communities where people choose to live and are able to thrive*' and '*Enable all adults to live healthy, long and fulfilling lives*'. Whilst the Corporate Plan will soon be replaced by the Borough Plan, it's likely that these two areas will remain of high priority to Haringey. Homelessness and the complex needs of adults with sporadic and costly service use is a small but important element of the Council's housing, health and wellbeing responsibility, but one that plays a role in delivering positive outcomes across the priorities of the Corporate Plan/Borough Plan.

4.2 The Haringey Health & Wellbeing Strategy 2015-18 sets out three key priorities for health and wellbeing in the borough. It identifies '*Improving mental health and emotional wellbeing*' as a key priority in the borough and sets out three clear principles for bringing about positive change; tackling inequalities, early help and working with communities. Adopting the MEAM approach and a coordinated response to multiple need will contribute to the delivery of positive mental and emotional health outcomes for homeless and vulnerably housed people, as well as clearly sitting within the delivery principles of involving the community in tackling inequality through prevention and early intervention.

5 Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities

Finance

5.1 At the present time there are no firm financial commitments to be considered, with exception to the £30,000 commitment from Haringey's Strategic Commissioning Unit to fund 50% of the Making Every Adult Matter approach.

- 5.2 The resource requirements in 2018/19 and the two following years totalling a maximum of £180k are to be funded from within existing budget allocations and contract negotiations for Housing Related Support and if agreed, Public Health, Haringey and Islington Clinical Commissioning group as well as others.

Procurement

- 5.3 The content of the report has been noted; there are no procurement implications at this stage.

Legal

- 5.4 There are no legal implications arising from the recommendations in the report at this stage.

Equalities

- 5.5 When considering solutions that aim to increase, strengthen and co-ordinate approaches in local provision to focus on improved access, prevention and early intervention to reduce risks to homeless adults with multiple needs; the Council and it's partners will need to make due regard to their public sector equality duty under the Equalities Act (2010) to tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation; advance equality of opportunity between people who share those protected characteristics and people who do not; foster good relations between people who share those characteristics and people who do not.
- 5.6 This proposal seeks a commitment to strengthen existing services and systems that support homeless people with a range of protected characteristics including age, disability, sex and race as well as others, and therefore it has the potential to make a positive contribution to the equality duty under the Act.