



## FULFILLING LIVES: A guide to the new policy environment for multiple needs



CLIKS

DrugScope



MEAM

Making Every Adult Matter



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## **1. Introduction**

This document has been produced by DrugScope as part of the support provided by Making Every Adult Matter (MEAM) and Revolving Doors to the Big Lottery Fulfilling Lives partnerships.

The development of services for people with multiple needs in the 12 Fulfilling Lives (FL) areas in England will require the partnerships to navigate new policy structures, managing risks and taking advantage of opportunities.

The purpose of this briefing is to equip the FL partnerships to navigate this emerging terrain effectively by providing:

1. An overview of relevant policy themes and initiatives (section 2);
2. Mapping of the new local (and regional) policy environment (section 3.1, 3.2);
3. Consideration of the financial context and new approaches to purchasing and commissioning of services (section 3.3); and
4. An overview of independent initiatives on multiple needs and sector specific information and resources (section 4).

The briefing does not offer comment or opinion on current reforms. It does provide signposts and links to the key resources in each policy area, as well as practical suggestions on steps that the FL partnerships can take to think through the policy changes and plan and manage their activities accordingly. The four MEAM partners and Revolving Doors are also able to offer telephone advice on policy changes to the FL partnerships as part of the support package.

## **2. Directions of travel**

### **2.1 Approaches to public service reform**

Four overarching themes of public service reform are of particular relevance: austerity, localism, competition and partnership.

#### ***Financial Austerity***

The Spending Review 2010 announced a 28 per cent cut in the Local Government Departmental Expenditure Limit (LG DEL) over the Spending Review period up to 2014-15. The LGA estimates that Local Government has in fact experienced a 33 per cent reduction in real terms over this period, with a further 10 per cent fall expected in 2015-16. These are not the only cuts that will potentially impact on multiple needs provision. For example, there has been a fall of around a third in the Ministry of Justice's budget since 2010, from around £9 billion to an expected £6.8 billion by

2014-15. It has also been reported that spending on adult mental health services is falling, despite an increase in need.<sup>1</sup> The practical message from this is the need to consider - and remain sensitive to - the pressures on local decision-makers and commissioners who are responsible for setting priorities and allocating resources in an environment of increasing scarcity. There is a premium on approaches to service delivery that can 'do more with less' and deliver cost savings over the longer term.

### ***Localism***

This refers to the processes by which policy and financial control has been devolved from national government to local decision-makers in recent years. For example, the Local Government Association (LGA) explains that the aim of the Localism Act 2011 was to 'devolve more decision-making powers from central Government back into the hands of individuals, communities and councils'. The impact of localism includes the removal of 'ring-fencing' from a range of budgets to give local government more discretion over how it allocates resources (see 3.3), as well as the creation of new structures and offices, notably Health and Wellbeing Boards and elected Police and Crime Commissioners. The benefits of localism include the potential to shape local services around local conditions and priorities and to engage and involve the community. The risks are that there could be deprioritisation and disinvestment in services for particular groups, particularly the marginalised.

### ***Competition***

There is an increasing emphasis on competitive market structures in determining which organisations deliver public services and a commitment to involving independent providers from both the voluntary and community and private sectors. Personal budgets and payment by results (see section 3.3) are both mechanisms for marketisation of public service provision. It means that a wider range of organisations and services are becoming involved in developing services for people with multiple needs, from large private sector companies – for example, as 'prime providers' in the DWP Work Programme - to small local charities.

### ***Partnership***

Everyone now accepts the importance of collaborative and 'joined up' approaches to service delivery. The *Spending Round 2013* highlights the need to motivate and support services in local areas to work together effectively, as do key initiatives such as the introduction of Health and Wellbeing Boards (see 3.2) and Total Place Community Budgets (see 3.3). This has also been a theme for critics of public service reforms who have had concerns about the proliferation of new policy structures (national, regional and local) and the challenge of integration in a rapidly

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<sup>1</sup> See <http://www.hsj.co.uk/news/spending-on-mental-health-falls-for-first-time-in-10-years/5048034.article>

changing environment. There is also a political focus on achieving more effective integration of health and social care.<sup>2</sup>

## **2.2 National strategies and programmes**

The issue of 'multiple need' or 'multiple disadvantage' has emerged as an important policy theme in the UK in the last 5-10 years. The first significant Government initiative was New Labour's Adults Facing Chronic Exclusion (ACE) programme (2007 to 2010). An independent evaluation published by the DCLG in 2011 concludes that the ACE pilots were 'all based on the theory of providing a consistent, trusted adult to mediate between services and clients', with evidence of positive and cost-effective outcomes, particularly on housing and health and well-being. There is no direct successor to ACE sponsored by central Government (partly as a result of the shift to localism), but interest in multiple needs/multiple disadvantage has continued and a number of national strategies and programmes are relevant.

The final evaluation of the ACE pilots remains relevant to multiple need provision at [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/6333/1925475.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6333/1925475.pdf)

### ***Troubled Families (TF)***

TF is probably the highest profile initiative with an explicit focus on 'multiple problems' or 'complex need', but targeted at families. It was launched by the Prime Minister in 2011, and is overseen by a national team based in the Department of Communities and Local Government (DCLG). TF co-ordinators within upper-tier local authorities are responsible for developing local services. The Government has provided £448 million to local areas for three years up to 2015 to support this work on a 'payment by results' basis (see the 'Troubled Families Financial Framework'). Initially, the programme's target is to turn around the lives of 120,000 vulnerable families (the source of this figure and the criteria for identifying 'vulnerable families' has been controversial). The Spending Round 2013 announced a further expansion of the TF programme, with an additional £200 million of Government investment to support work with a further 400,000 families. The TF initiative has been developed as part of the Total Places Community Budget pilots (see 3.3).

- Details of TF are at <https://www.gov.uk/government/policies/helping-troubled-families-turn-their-lives-around>
- The TF Financial Framework is at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/11469/2117840.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/11469/2117840.pdf)

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<sup>2</sup> For example, the King's Fund is hosting a Commission on the Future of Health and Social Care in England, (due to report in September 2014) at <http://www.kingsfund.org.uk/projects/commission-future-health-and-social-care-england?gclid=CNS3-K3-rLkCFdHMTAodIggAgw>

### ***The Social Justice strategy***

In 2012, the Government launched *Social Justice: Transforming Lives* and a *Social Justice Outcomes Framework*. These provide the main articulation of a Government approach to 'multiple disadvantage'. A key strand is 'Supporting the most disadvantaged adults – addressing homelessness, re-offending, drug and alcohol dependency, mental ill health and debt' and the strategy makes a clear commitment to better coordinated services in local areas stating: 'We recognise that more can be done to support those who are least well served by current approaches. Through this strategy and the work that follows, we want to encourage local areas to design and commission interventions that are better coordinated and that deliver multiple outcomes' (paragraph 227). The *Outcomes Framework* includes outcomes on worklessness, drug and alcohol treatment and reducing re-offending.<sup>3</sup> The Strategy is supported by a Cabinet Committee for Social Justice and co-ordinated by a Social Justice Team at DWP. It encourages commissioning on a PbR basis and social investment (including SIBs). *Social justice: transforming lives – One Year On* (2013) considers how initiatives across Government are contributing to Social Justice outcomes – for example, Integrated Offender Management Arrangements, liaison and diversion services in police custody suites and courts, back-to-work support through the Work Programme and the Drug and Alcohol Recovery PbR pilots.

- The Social Justice Strategy is at <https://www.gov.uk/government/publications/social-justice-transforming-lives>
- The Social Justice Outcomes Framework and One Year On are at <https://www.gov.uk/government/publications/social-justice-transforming-lives-one-year-on>
- The Centre for Social and Economic Inclusion is developing a Social Justice Toolkit, which when available should be accessible at <http://www.cesi.org.uk/statistics/tools>

### ***Other national strategies***

Other national strategies help to determine the focus and configuration of services for people with multiple need and in recent years there has been a growing focus on the issue of multiple needs within many of these strategies. Key documents include:

- *Breaking the Cycle: Effective punishment, rehabilitation and sentencing of offenders*, 2010
- *Drug Strategy 2010 Reducing demand, restricting supply, building recovery: Supporting people to live a drug free life*

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<sup>3</sup> The Outcome Framework is not intended as a set of targets as such and the importance of localism is emphasised. It is explained, for example, that 'locally-designed and delivered solutions are critical' and there is a 'call on leaders throughout the country to consider what more they can do to embed the principles of this strategy in the way they fund and commission services'.



- *No Health without Mental Health (Mental Health Strategy)*, 2011
- *Vision to end rough sleeping: no second night out nationwide*, 2011
- *Alcohol Strategy*, 2012
- *Making every contact count: A joint approach to preventing homelessness*, 2012.

A number of these strategies make direct reference to multiple needs. *Breaking the Cycle* states that 'a significant proportion of crime is committed by offenders who have multiple problems'. The *Vision to end rough sleeping* says that 'homeless people often have complex underlying problems that can be worsened by living on the streets or in insecure accommodation' and *Making Every Contact Count* highlights the importance of the MEAM initiative. Equally important are related ideas in these strategies - such as 'dual diagnosis' and 'recovery' (see box) - which are helping to provide the policy frameworks for developing integrated approaches locally.

- The Drug Strategy at <https://www.gov.uk/government/publications/drug-strategy-2010-2>
- The Alcohol Strategy at <https://www.gov.uk/government/publications/alcohol-strategy>
- Mental Health Strategy at <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>
- Vision to End Rough Sleeping at <https://www.gov.uk/government/publications/vision-to-end-rough-sleeping--2>
- Making Every Contact Count at <https://www.gov.uk/government/publications/making-every-contact-count-a-joint-approach-to-preventing-homelessness>

### **Dual diagnosis or 'co-morbidity'**

There is a strong link between 'dual diagnosis' and the multiple needs agenda. 'Dual diagnosis' refers to co-morbidity of mental health and substance misuse problems.

In 2002, the Department of Health published a *Dual Diagnosis Good Practice Guide*, which established the principle that mental health services have lead responsibility for patients with severe mental health problems and substance misuse, and to provide integrated care. Other key documents include Turning Point (2007) *Dual Diagnosis Good Practice Handbook* and Department of Health (2009), *Management of Dual Diagnosis in Prison*. Recently there has been interest in people in drug and alcohol services experiencing 'common mental health problems' like anxiety and depression. For example, DrugScope, IAPT and the National Treatment Agency produced the *IAPT positive practice guide for working with people who use drugs and alcohol* (2011).

Local areas may have dual diagnosis strategies and designated dual diagnosis teams, as well as dual diagnosis specialists in other teams (such as mental health outreach teams).

- See DrugScope, UKDPC and Centre for Mental Health, Dual diagnosis: a challenge for the reformed NHS and for Public Health England at <http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/DSDualDiagnosisDiscussionPaper.pdf>

### ***National outcome frameworks***

Alongside the *Social Justice Outcomes Framework*, there are other national frameworks of interest for multiple needs provision; in particular

- *The Public Health Outcomes Framework for England 2013-2016* (PHOF)
- *Adult Social Care Outcomes Framework 2013-2014* (ASCOF) and
- *No Health without Mental Health Implementation Framework, 2012* (MHIF).<sup>4</sup>

PHOF includes outcomes on: statutory homelessness; access to accommodation for people with disability and mental health problems; re-offending; completion of drug treatment; alcohol-related hospital admissions; drug treatment access for people entering prisons; under 75 mortality in adults with serious mental health problems and suicide. The ASCOF includes the outcome 'people are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness and isolation'. The MHIF includes recommendations for a wide range of agencies including criminal justice and housing organisations, and considers relevant outcomes, including housing and employment for people with mental health problems. It highlights 'multiple needs' and 'multiple disadvantages' in recommendations to local government and Health and Wellbeing Boards (see 3.2), including that local authorities 'should consider the use of 'whole place' or community budgets to improve the quality and efficiency of support offered to people with multiple needs including a mental health problem'.

In addition to these outcomes frameworks there are a range of 'payment frameworks' that set outcomes for local services as part of the payments by results agenda (see section 3.3).

- PHOF at <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

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<sup>4</sup> In an age of localism, these outcome frameworks are not intended to displace local decisions or to performance manage directly. A guidance document for Health and Wellbeing Boards states, for example, that they 'will be useful to feed into the evidence base for health and wellbeing boards and inform their joint priorities; although this should not overshadow local evidence'. However, they will be an important consideration locally, as they form the basis for publicly available data enabling comparison of the performance of local authorities – notably the Public Health Outcomes Data Tool and the measures of adult social care produced by the Health and Social Care Information Centre 'to support meaningful comparisons between councils'.

- ASCOF at <https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014>
- The MHIF at <https://www.gov.uk/government/publications/national-framework-to-improve-mental-health-and-wellbeing>
- The NHSF Confederation has produced a useful briefing at <http://www.nhsconfed.org/Publications/Documents/mhn-briefing-247.pdf>

### **Recovery: a key concept for multiple needs?**

Recovery is a key theme in the *Drug Strategy 2010* and *No Health Without Mental Health*. It is also present in recent homelessness policy – and to a lesser extent in criminal justice, where the focus is more on ‘desistance’. The *Social Justice Strategy: One Year On* states that the second principle of social justice is ‘concentrating on recovery and independence rather than maintenance’ where ‘problems arise’.

Recovery in mental health services is about supporting people to build better lives on their own terms, with or without the symptoms of mental health.

The UK Drug Policy Commission defines recovery as a ‘process’ characterised by ‘voluntarily-sustained control over substance misuse’ and ‘which maximises health and well-being and participation in the rights, roles and responsibilities of society’.

There is also a strong focus on involving service users in recovery policy and recovery based practice, including the development of ‘peer support’ and ‘recovery champions’, mutual aid and other networks and mobilising the ‘recovery capital’ available to individuals in their families, neighbourhoods and communities (including assets and recovery capital, not only need and ‘deficit’).

A recent briefing from Alcohol Concern, DrugScope and Centre for Mental Health explains that ‘while there are differences between these two ideas [i.e. ‘recovery’ in mental health and substance misuse treatment], it is their shared focus on what matters most to people’s lives (a home, a job, family and friends) that could help commissioners of local services to achieve better outcomes for people who have both mental health and drug and alcohol problems’.

- Alcohol Concern, Centre for Mental Health and DrugScope *Making a reality of recovery in your community* is at [http://www.centreformentalhealth.org.uk/pdfs/recovery\\_dual\\_diagnosis\\_paper\\_2013.pdf](http://www.centreformentalhealth.org.uk/pdfs/recovery_dual_diagnosis_paper_2013.pdf)
- Sainsbury Centre for Mental Health (2008), *Making a reality of Recovery* is at [http://www.centreformentalhealth.org.uk/pdfs/Making\\_recovery\\_a\\_reality\\_policy\\_paper.pdf](http://www.centreformentalhealth.org.uk/pdfs/Making_recovery_a_reality_policy_paper.pdf)

- Royal Society of Arts (2010), *Whole Person Recovery – a user centred systems approach to problem drug use* is at [http://www.thersa.org/data/assets/pdf\\_file/0011/362099/RSA-Whole-Person-Recovery-report.pdf](http://www.thersa.org/data/assets/pdf_file/0011/362099/RSA-Whole-Person-Recovery-report.pdf)
- Clinks have produced a guide on desistance which highlights similar themes to the recovery literature at <http://www.clinks.org/community/blog-posts/guide-desistance-vcse-sector-organisations>

### **'Welfare Reform'**

The Government is implementing a radical overhaul of the welfare system, as initially herald in the DWP Green Paper *21<sup>st</sup> Century Welfare* (2010), the subsequent White Paper *Universal Credit: Welfare that Works* (2010) and subsequently legislated for in the *Welfare Reform Act 2012*. These reforms include (in no particular order) the 'benefit cap', introduction of Universal Credit (and the Universal Credit Local Support Service Framework), the 'bedroom tax', changes to Council Tax Benefit, replacement of Disability Living Allowance (DLA) with Personal Independence Payment (PIP), on-going development of the Work Capability Assessment to determine fitness for work, discontinuation of the social fund and new arrangements for 'supported exempt accommodation'.

This will all have a profound impact on people with multiple needs. It has been estimated, for example, that 80% of problem drug users are unemployed (UK Drug Policy Commission, 2010), that only 27% of prisoners entered employment on release from prison in 2011-12 (Prison Reform Trust, Bromley Briefing 2013) and that 88% of homelessness services had some clients who were experiencing problems with their benefits (Homeless Link SNAP Survey 2010). There has been an increasing policy focus on benefit arrangements and access to employment for these marginalised group, with employment identified as a key element in the recovery process for both mental health and drug and alcohol dependency. While this has been broadly welcomed, there are concerns that people might be moved into employment prematurely and about the effectiveness of aspects of the new benefits regime (e.g. the quality of Work Capability Assessments), as well as the impact of 'conditionality' and benefit sanctions. There is not space to provide guidance on responding to welfare reform in this overview paper, but it is a critical area and all partnerships should be familiar with key reforms, the potential impact on clients and the support available. Links to key resources are provided below.

- The Department for Work and Pensions has produced a range of resources for stakeholders on how the welfare system is changing, which you can find at <https://www.gov.uk/government/publications/welfare-reform-communications-toolkit>
- DrugScope provide resources at <http://www.drugscope.org.uk/POLICY+TOPICS/welfarereform>

- Homeless Link provides 'welfare aware' support, including to 'prepare your service for welfare change' and 'help your clients prepare for welfare change' on its website at <http://homeless.org.uk/welfare-aware>
- Mind explains the issues and its campaign to 'make benefits fairer' at [http://www.mind.org.uk/campaigns\\_and\\_issues/policy\\_and\\_issues/making\\_benefits\\_fairer-welfare\\_reform](http://www.mind.org.uk/campaigns_and_issues/policy_and_issues/making_benefits_fairer-welfare_reform)
- Mind has produced a 'Big book of benefits' at [http://www.mind.org.uk/shop/books/820\\_the\\_big\\_book\\_of\\_benefits\\_and\\_mental\\_health](http://www.mind.org.uk/shop/books/820_the_big_book_of_benefits_and_mental_health)

### ***Work Programme***

The Work Programme (WP) is a welfare-to-work programme launched in January 2011. It is delivered on a 'payment by results' (PbR) basis across 16 contract areas in England, and is commissioned nationally by DWP. The WP is managed by 'primes' in each contract area (most are private sector companies like A4E, G4S and Serco), who sub-contract to other services in their 'supply chains' to address barriers to employment and achieve job outcomes, including services with expertise in issues like homelessness, mental health, resettlement of offenders and substance misuse. The primes are rewarded on a 'payment by results' basis (but note that they will not necessarily take a PbR approach to sub-contracting with other providers). While there is an initial attachment fee, payments to primes are 'back loaded' and dependent on job and sustainability outcomes. Level of payment depends on an assessment of the difficulties of moving somebody into work – for example, it is highest for someone on Employment and Support Allowance with limited capability for work who has been receiving benefits for several years. The WP is mandatory for many JSA and ESA claimants, and there is also an option for other benefit claimants to engage voluntarily.

In 2011, the Work Programme providers issued a Joint Pledge on Mental Health and Well-being, endorsed by SAMH, Royal College of Psychiatrists, Mental Health Foundation, Centre for Mental Health, Mind, Rethink and Turning Point. This was followed in 2012 by guidance to help employment advisers spot when jobseekers with mental health needs could benefit from wellbeing support. In March 2012, the Government announced that prison leavers claiming JSA would be referred to the WP from day one of their release. In 2013 the Government launched two Work Programme pilots aimed at improving outcomes for people with drug and/or alcohol dependency. The 'Recovery Works' pilot in the East of England and West Yorkshire is testing the impact of higher job outcome payments for people in drug treatment and the 'Recovery and Employment' pilot in the West Midlands is looking at the impact of closer working between the WP and treatment providers. The WP will be working with many people with multiple disadvantage, including referring them to other services.

- WP guidance and resources are at <https://www.gov.uk/government/policies/helping-people-to-find-and-stay-in-work/supporting-pages/managing-the-work-programme>, including a link to the Joint Pledge on Mental Health and Well-being.
- A WP guide for prison leavers is at <http://www.drugscope.org.uk/POLICY+TOPICS/workprogramme2012>
- On the Drug Recovery pilots see the DrugScope website at <http://www.drugscope.org.uk/POLICY+TOPICS/workprogramme2012>

### ***Transforming rehabilitation (TR)***

This is the Ministry of Justice's (MoJ) programme to reform probation services in England and Wales and the management of offenders in the community, which is expected to 'go live' in August 2014. Rehabilitation services for low and medium risk offenders will be tendered by MoJ on a 'payment by results' basis in 21 'Contract Package Areas' (CAP), with payments to providers for achieving reductions in offending (with the total value of contracts estimated at between £5bn and £20bn over the next ten years). This is intended to open up a 'market' for provision of rehabilitation services and shift provision to independent providers, from both the private and VCSE sectors. It is envisaged that VCSE organisations will play an important role in delivery of TR, both as 'sub-contractors' in 'supply chains' and, potentially, as partners in consortium arrangements. There is a particular policy focus on 'through the gates' support for offenders leaving prison (and the role of 'peer mentoring' for resettlement). The Offender Rehabilitation Bill – currently before parliament – is extending a statutory requirement for post-release supervision to short term prisoners for the first time. Each CAP will have a small number of 'resettlement prisons' to support transition back into the community. It is expected that short-term prisoners will serve sentences in designated resettlement prisons and longer term prisoners will be referred there as they approach release. This constitutes a major change in the approach to offenders in the community with significant implications for many people with multiple needs and the services that support them.

- Clinks website has an extensive 'live' web resource on all aspects of the TR reforms at <http://www.clinks.org/criminal-justice/transforming-rehabilitation>
- MoJ resources on TR are at <http://www.justice.gov.uk/transforming-rehabilitation>

### 3. Mapping new policy structures and bodies

The FL partnerships will be developing services on multiple needs in a radically and rapidly changing policy and commissioning environment, characterised by

- the implementation of localism;
- the emergence of new institutions, roles and structures;
- the transformation of previously existing ones; and
- changes in where budgets sit, what they can be spent on and who decides.

This section maps some of the key structures, and signposts to key resources.

#### 3.1 National structures and initiatives

##### ***NHS England***

NHS England is the name for what was previously referred to as the National Commissioning Board which was first established by the *Health and Social Care Act 2012*. It is responsible for the planning, delivery and operation of NHS Services in England, working with and in support of Clinical Commissioning Groups (CCGs – see 3.2). Of particular significance for the multiple need agenda, NHS England is responsible for commissioning for offender health, including mental health and substance misuse. This will include commissioning healthcare in prisons and police custody, and commissioning of liaison and diversion services (see 3.2). The NHS England website explains that ‘the NHS CB [now NHS England] will be introducing a step change in the commissioning of offender health services. The intention is to move away from regionally and locally isolated commissioning to a clear and consistent national approach, with national standards based on the best available evidence to ensure efficient provision of care, and improved health outcomes’. NHS England is also co-ordinating a national approach to support CCG commissioning of mental health services, and is responsible for commissioning primary care through the CCGs. NHS England has 28 regional centres, of which 10 are designated Lead Area teams for offender health. Key documents include *Securing excellence in commissioning for Offender Health* (February 2013).

- The NHS England website is at <http://www.england.nhs.uk/>
- The Kings Fund has produced an ‘Alternative guide to the new NHS in England’ at <http://www.kingsfund.org.uk/projects/nhs-65/alternative-guide-new-nhs-england>
- A Directory of the local NHS England teams is at <http://www.nhs.uk/servicedirectories/Pages/AreaTeamListing.aspx>
- The lead teams for offender health are: North – Lancashire; Durham, Darlington and Tees; West Yorkshire; Midlands and East – Shropshire and Staffordshire; Derbyshire and Nottinghamshire; East Anglia; South – Bristol, North Somerset, Somerset and South Gloucestershire; Kent and Medway; Thames Valley; London – London will work as one team.

### **Public Health England (PHE)**

PHE is an executive agency of the Department of Health created by the Health and Social Care Act 2012 and with a mission to 'protect and improve the nation's health and to address inequalities'. There is a national PHE team and 15 local PHE centres across four regions (North of England, South of England, Midlands and East of England and London). PHE employs a total of 5,500 staff (primarily scientists, researchers and public health professionals). In the introduction to *PHE: Our priorities for 2013-14* Duncan Selbie (CEO) emphasises that the public health system is led by locally-elected members, and PHE's 'aim is to cement a reputation with local authorities for our credibility and expertise, as the foundation upon which PHE will help the new system to drive transformation'. PHE responsibilities include sharing information and expertise; analysing and reporting on public health data; and work force development in public health. PHE has absorbed the functions of the National Treatment Agency for Substance Abuse (NTA), which was abolished in April 2013.

PHE has the potential to be a significant stakeholder in the multiple needs agenda. It has a responsibility for addressing health inequalities, and the PHOF includes outcomes on housing, mental health, offending and drug and alcohol misuse (see above). The PHE priorities for 2013-14 include 'helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol' and 'reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency' (the priorities also directly reference the Troubled Families initiative).

- The PHE webpages are at <https://www.gov.uk/government/organisations/public-health-england>
- A Directory of local PHE contacts is at <https://www.gov.uk/government/publications/phe-centre-addresses-and-phone-numbers/phe-local-and-regional-contact-details>

### **Public health, health inequalities and the health premium**

PHE has a particular interest in and responsibility for addressing health inequalities with links to the multiple needs agenda. *PHE: Our Priorities for 2013-14* references the Marmot Review (*Fair society, healthy lives*) and emphasises the importance of tackling 'non-medical causes of ill-health, like social isolation, homelessness and worklessness'.

The White Paper *Healthy lives, Healthy People – Our Strategy for Public Health for England* (HLHP, 2010) emphasised the role of public health in addressing health



inequalities. It states, for example, that Directors of Public Health should be involved in advising and collaborating with NHS colleagues to ensure 'the provision of services for diverse and potentially excluded groups (for example, people with mental health problems and with learning disabilities; the homeless; people in prisons and ex-offenders; children with special educational needs or disability and looked after children; and travellers)'.

*HLHP* also discussed the introduction of a 'health premium', which would provide some form of budgetary incentive for local government and communities to improve health and reduce inequalities. The *PHOF* explains that the 'health premium ... will highlight, and incentivise action on, a small number of indicators [within the PHOF] that reflect national or local strategic priorities'. The Government has actively considered the potential role of a 'health premium' in supporting health inequality reduction and advancing equality. Details of the 'health premium' have not yet been produced by Government, but this is one to watch.

### **Care Quality Commission (CQC)**

The CQC was established in 2009 as a public body with responsibility for regulating and inspecting health and social care services whether they are delivered by the NHS, local authorities, private companies or the voluntary and community sector. From October 2010 all relevant providers have needed to register and be licensed by the CQC in order to operate - this includes some substance misuse and homelessness services, and applies to prison healthcare. The CQC has particularly important responsibilities for mental health services, including the protection of individuals who have been detained under the Mental Health Act. It inspects mental health wards and visits detained patients to discuss their experiences and to review care (and other) plans. Services are required to demonstrate that they are meeting essential standards of quality and safety, with some areas of assessment having a particular relevance to multiple need. For example, the CQC considers the quality of co-operation with other providers in applying standards on personalised care, treatment and support. In planning and developing services for people with multiple needs it is advisable to consider the Commission's role, which is discussed in CQC (2010) *Guidance about compliance – essential standards of quality and safety*. The CQC also provides opportunities for experts by experience (i.e. 'service users') to be directly involved in the inspection process.

- The Care Quality Commission website is at <http://www.cqc.org.uk/>
- CQC guidance is at <http://www.cqc.org.uk/organisations-we-regulate/registered-services/guidance-meeting-standards>

## **Healthwatch**

Healthwatch is the 'new independent consumer champion created to gather and represent the views of the public' with a mission to ensure that the 'voice of service users gets heard by decision makers' and that 'the overall views and experiences of people who use health and social care services are heard and taken seriously at a national and local level'. There is a national HealthWatch England – which is a statutory committee of the CQC – and 152 local HealthWatch networks, which have replaced Local Involvement Networks (LINKs). Healthwatch is intended to provide service user voice in decision-making processes – for example, it is a statutory member of Health and Wellbeing Boards (see 3.2). In addition, it advises NHS England, English local authorities, Monitor and the Secretary of State and has the power to recommend that action is taken by the Care Quality Commission (CQC) when there are concerns about health and social care services. Healthwatch is intended to provide a voice for the full range of people who use health and social care services, and it is important to ensure that marginal and stigmatised groups are heard and represented in local networks, including people with multiple needs.

- The Healthwatch website is at <http://www.healthwatch.co.uk>
- A Directory and contact details for local HealthWatch is at [www.healthwatch.co.uk/find-local-healthwatch](http://www.healthwatch.co.uk/find-local-healthwatch)

## **Monitor**

Monitor was set up in 2004, with its functions codified in the *National Health Service Act 2006*. It is 'the sector regulator for health services in England'. It licences NHS Foundation Trusts, sets prices for NHS-funded care (with NHS England), 'enables integrated care', safeguards choice and prevents anti-competitive behaviour which is against the interests of patients and also supports commissioners to protect essential health services for patients if a provider gets into financial difficulties.

- The Monitor website is at <http://www.monitor-nhsft.gov.uk/>
- An introduction to Monitor's role is at [www.nhsft.gov.uk/sites/default/files/publications/An%20introduction%20to%20Monitor's%20role%201%20April%202013\\_0.pdf](http://www.nhsft.gov.uk/sites/default/files/publications/An%20introduction%20to%20Monitor's%20role%201%20April%202013_0.pdf)

See Homeless Link's resource to support services to engage with the new health structures at <http://homeless.org.uk/influencing-health>

## **3.2 Local bodies and structures**

The distinction between local and national change is somewhat artificial. For example, while the Work Programme and Troubled Families are nationally commissioned, they are delivered locally. National bodies such as PHE, NHS England and Healthwatch have regional and local centres. This contributes to the complexity of the emerging policy environment for those working with multiple needs. Not only are there a range of new structures but there are questions about how they interact, with both risks and opportunities for the multiple needs agenda. This section looks at specifically local changes to add into the jigsaw.

### ***Health and Wellbeing Boards (HWBs)***

The Health and Social Care Act 2012 introduced a statutory duty for upper tier local authorities to establish HWBs. They have responsibility for the overall strategic direction for improving health and well-being in their area and 'to bring together NHS and local government efforts to meet the local population's needs as effectively as possible'. HWBs assess the needs of the local population through Joint Strategic Needs Assessments (JSNAs), developing a Joint Health and Wellbeing Strategy (JHWS- see below). Each board has a minimum statutory membership of at least one local elected representative, the Director of Public Health, the Director of Children's Services, the Director of Adult Social Services, a representative of the Local Healthwatch and a representative of each relevant Clinical Commissioning Group. A King's Fund survey found that Council leaders, Directors of Adult Services or Directors of Children's Services are most likely to chair the HWB. The involvement of other partners such as Police and Crime Commissioners, criminal justice agencies, youth justice services, housing services, schools and the VCSE may also be sought by the HWB.

- The King's Fund provides resources on HWBs at <http://www.kingsfund.org.uk/projects/health-and-wellbeing-boards> This includes an HWB Directory at <http://www.kingsfund.org.uk/projects/health-and-wellbeing-boards/hwb-map>

### ***HWBs: JSNA and JHWS***

The Joint Strategic Needs Assessment (JSNA) is a local assessment of health and social care needs that could be met by the local authority and the Director of Public Health, CCGs and/or NHS England. The Joint Health and Wellbeing Strategy (JHWS) is the plan to meet needs identified in the JSNA. The Department of Health's *Statutory guidance on JSNAs and JHWSs* (2013) states that JSNAs and JHWSs should consider 'how needs may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, such as people who find it difficult to access services; and those with complex and multiple needs such as looked-after

and adopted children, children and young people with special educational needs or disabilities, troubled families, offenders and ex-offenders, victims of violence, carers including young carers, homeless people, Gypsies and Travellers, people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging'. HWBs must meet the Public Sector Duty under the Equality Act 2010, with the guidance explaining that 'this is not just about how the community is involved, but includes consideration of the experiences and needs of people with relevant protected equality characteristics (as well as considering other groups identified as vulnerable in JSNAs); and the effects decisions have or are likely to have on their health and wellbeing'. Ensuring that the 'evidence base' around multiple needs is reflected within JSNAs and JHWSs can be a helpful way of ensuring a local focus on these issues.

- The DH Statutory Guidance is at <http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/>
- JSNAs and JHWS are public documents, and it is advisable to access the documents for your local area where these have been produced, and to ensure you are aware of arrangements for any relevant consultation processes.

### ***Directors of Public Health (DsPH)***

DsPH are critical to the delivery of the new public health systems, and responsible for the local authority's ring-fenced public health budget. Every local authority with public health responsibilities is required to appoint a specialist DsPH who is accountable for these responsibilities (in fact, DsPH are a joint appointment with the Secretary of State for Health, although they are employed by the local authority and there is a focus on local autonomy and accountability). DsPH are required to be active members of HWBs, advising on JSNAs and JHWSs; to commission appropriate services accordingly; to manage local public health services with responsibility and accountability for their effectiveness, availability and value for money; and to play a full part in action to meet the needs of vulnerable children and contribute to and influence the work of NHS commissioners 'ensuring a whole system approach across the public sector'. The DsPH are responsible for local budgets for drug and alcohol services within the public health budget and are also expected to work with local criminal justice partners and PCCs to improve community safety.

- See Department of Health (2012), Directors of Public Health in Local Government: Roles, responsibilities and context is at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213007/DsPH-in-local-government-i-roles-and-responsibilities.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213007/DsPH-in-local-government-i-roles-and-responsibilities.pdf)
- Mind have produced a range of resources on Public Mental Health at <http://www.mind.org.uk/publicmentalhealth>

### ***Clinical Commissioning Groups (CCGs)***

In April 2013 Primary Care Trusts (PCTs) were replaced by CCGs, comprised of GP practices, and which are responsible for commissioning health and care services for the local population, and required to produce a commissioning plan at the beginning of each financial year. The King's Fund reports that CCGs now control around two thirds of the NHS budget, with a legal duty to support quality improvement in general practice. CCGs are statutory members of HWBs. Relevant duties of CCGs include improving access to services and reducing health inequalities among the population; promoting patient involvement and control over treatment; including specific reference to reducing inequalities and improving outcomes for excluded groups in their annual commissioning plans; and co-operating with partners including policy, prison and probation services and participating in the development and implementation of local crime and disorder strategies. CCGs have the power to contract other bodies to provide services, including voluntary organisations, and to make grants and loans to voluntary organisations which deliver services in line with the aims and priorities of the CCG commissioning plan.

- NHS England's CCG page is at <http://www.england.nhs.uk/tag/clinical-commissioning-group/>
- The Kings Fund has resources on CCG at <http://www.kingsfund.org.uk/publications/clinical-commissioning-groups>

### ***Police and Crime Commissioners (PCCs)***

Elected PCCs were introduced by the Police Reform and Social Responsibility Act 2011 to replace police authorities. The first PCC elections were in November 2012. There is now one PCC per police force area, excluding London. In London, the PCC responsibility rests with the Mayor, but is delegated to the Deputy Mayor for Policing and Crime and managed through the Mayor's Office for Police and Crime (MOPAC). PCCs are responsible for:

- Developing a 5-year Police and Crime Plan, in consultation with the public, setting out strategic policing priorities;
- Holding the Chief Constable to account for the force's delivery and outcomes (with a power to appoint and dismiss Chief Constables);
- Encouraging joined-up working to achieve the objectives set out in the Police and Crime Plan, with PCCs and Community Safety Partnerships having a reciprocal duty to cooperate and have regard to each other's priorities;
- Ensuring value for money through the setting of the annual police budget.

The commissioning of victims services will also be transferred to PCCs, following the Government's response to the *Getting it right for victims and witnesses* consultation.

In 2013-14, PCCs had a separate Community Safety Fund (CSF) for crime reduction. This incorporated the Home Office component of the former Drug Intervention Programme (DIP) funding and local authority community safety funds. The CSF has not been 'ring-fenced' and from April 2014 there will no longer be a separate CSF 'pot' but rather a single PCC budget for policing and community safety. While many PCCs have indicated a strong commitment to crime reduction investment (including support for VCSE), there is no guarantee this support will continue in all local areas, given pressures and the need to take account of public priorities.

- The Association of Police and Crime Commissioners (APCC) provides national support functions for all PCCs and all police governing bodies in England and Wales. Its website is at <http://www.apccs.police.uk> It includes a Directory of all PCCs and contact details.
- Clinks led a programme of work called Safer Future Communities (SFC) from 2011-13 to build relationships between the VCSE and PCCs. While SFC is no longer funded as a national project, some areas will still have local SFC networks. SFC resources at [www.clinks.org/sfc](http://www.clinks.org/sfc)

### ***Police and Crime Panels/Police and Crime Plans***

The PCC must consult on and produce a five year police and crime plan, in consultation with the chief constable. This sets out the police and crime objectives for their area, which the chief constable must have regard to in planning his or her work. The PCC is also expected to co-operate with local community safety partners to achieve the objectives of the Police and Crime Plan. The Police Reform and Social Responsibility Act 2011 made provision for Police and Crime Panels to scrutinise and hold to account the PCC. There is a Panel in each police authority area of locally elected councillors representing the relevant local authorities, along with some lay members. The Panel's role includes contributing to the Police and Crime Plan (with the PCC under a statutory duty to have regard to the Panel's views).

- Police and Crime Plans are public documents, and it is advisable to access the documents for your local area where these have been produced, and to ensure you are aware of arrangements for any relevant consultation processes.
- LGA/Centre for Public Scrutiny, *Police and Crime Panels – Guidance on role and composition* (2011) is at [http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=44b605c0-4262-4b48-b26e-c9e4281f9761&groupId=10171](http://www.local.gov.uk/c/document_library/get_file?uuid=44b605c0-4262-4b48-b26e-c9e4281f9761&groupId=10171)

### ***Integrated Offender Management (IOM)***

IOM is a framework for local agencies to come together and work with offenders whose crimes are causing 'the most damage and harm locally' and manage them in the community in a co-ordinated way. IOM provision is managed at local level, and

will differ from area to area. The principles for IOM as described by the Home Office include:

- local partners (both criminal justice and non-criminal justice agencies) encourage the development of a multi-agency problem-solving approach by focussing on offenders, not offences;
- all relevant local partners are involved in strategic planning, decision-making and funding choices;
- making better use of existing programmes and governance (for example, the prolific and other priority offenders programme, drug interventions programme and community justice);
- all offenders at high risk of causing serious harm and/or re-offending are 'in scope'.

It remains to be seen how the continued development of IOM programmes will 'fit' with the introduction of the Transforming Rehabilitation reforms.

- Clinks has an IOM resource page at <http://www.clinks.org/iom-resources>
- Resources on IOM are at <https://www.gov.uk/government/policies/reducing-reoffending-and-improving-rehabilitation/supporting-pages/integrated-offender-management>

### ***Liaison and diversion schemes***

Liaison and Diversion Schemes are designed to divert people with mental illness and learning difficulties from the criminal justice system, and may operate in both police custody suites and courts. While they have been around for some time, there has been an increased focus on their role, particularly following publication of the Bradley Report (2009). The Bradley Report noted the lack of consistency in provision from area to area, unevenness in scale and accessibility, the lack of a national list and the absence of an official figure of the number of liaison and diversion schemes in operation (although it was then estimated that there were 100 to 110 in England). The Bradley Report recommended that 'all police custody suites should have access to liaison and diversion services' and that 'all courts, including current specialist courts, should have access to liaison and diversion services'. In addition, 'liaison and diversion services should also provide information and advice services to all relevant staff including solicitors and appropriate adults'. The Department of Health increased investment in liaison and diversion schemes to £19.4 million in 2012-13, and the Government has committed to establish national coverage of liaison and diversion services 'subject to business case approval' from the Treasury by 2014.<sup>5</sup>

- An Offender Health Research Network briefing on Liaison and Diversion Services is at <http://www.ohrn.nhs.uk/OHRNResearch/LiaseDivert.pdf>

<sup>5</sup> See Centre for Mental Health briefing at [http://www.centreformentalhealth.org.uk/pdfs/briefing45\\_probation\\_services.pdf](http://www.centreformentalhealth.org.uk/pdfs/briefing45_probation_services.pdf)

- The Centre for Mental Health has produced a map of services in London at [http://www.centreformentalhealth.org.uk/pdfs/CJLD\\_London\\_mapping\\_exercise.pdf](http://www.centreformentalhealth.org.uk/pdfs/CJLD_London_mapping_exercise.pdf)
- The National Liaison and Diversion Development Network website is at [www.nliddn.org.uk](http://www.nliddn.org.uk)

### ***Drug Intervention Programme (DIP)***

DIP was introduced to identify, engage and support problematic Class A drug misusers (specifically heroin and crack cocaine) who have not previously engaged with treatment, and were arrested for offences believed to be linked to their drug use. DIP was expanded in 2006 under the Tough Choices initiative which granted certain police forces mandatory powers to test on arrest for 'trigger offences' and required arrestees who tested positive to attend an assessment with a treatment provider. These powers were expanded to all police force areas in 2011. The DIP Programme was effectively ended as a nationally managed or mandated initiative from April 2013, with the Home Office DIP funding transferred into the PCC community safety budgets, without additional ring-fencing or protection, and the remainder of the former DIP budget absorbed into the public health budget. The legal framework for DIP remains in force, but there is more discretion for local areas to decide on the future of DIP (or post-DIP) programmes. The indications are that DIP services continue to operate in many areas (and may also be integrated into local IOM provision). Similarly, Arrest Referral Workers operate in many police custody suites to identify offenders with drug and alcohol issues and refer them to services.

### **Equalities issues, diversity and multiple needs**

People with multiple needs will often have 'protected equality characteristics' under the Equality Act 2010, such as mental health problems. Equalities issues will also be relevant in virtue of characteristics such as age, gender, religion and sexuality.

For example, Government guidance for HWBs states that 'Health and wellbeing boards must meet the Public Sector Equality Duty under the Equality Act 2010, and consideration should be given to this throughout the JSNA and JHWS process'. It is also important to 'proof' local multiple need services to ensure they are accessible to and appropriate for people with a diverse range of characteristics.

See Mind's briefing on the Equality Act at [http://www.mind.org.uk/policy/equality\\_and\\_human\\_rights/the\\_equality\\_bill](http://www.mind.org.uk/policy/equality_and_human_rights/the_equality_bill)

Other examples and resources include:



Homelessness and exclusion experienced by A10 and other migrants. See Homeless Link's resource on Central and Eastern European Migrants at <http://homeless.org.uk/central-eastern-europeans>

The multiple needs of women involved in substance misuse and prostitution. See DrugScope/AVA's Challenge of Change report at [http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/Challenge%20of%20change\\_policy%20briefing.pdf](http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/Challenge%20of%20change_policy%20briefing.pdf)

### **3.3 Financial structures and public service reform**

The range of reforms considered above will be affected by a wider programme of public service and financial reform – for example, payment by results approaches are relevant across all sectors and a range of initiatives, as – of course – is the development of 'localism' (e.g. dismantling of ring-fencing). Some of the key issues are highlighted below.

#### ***Open Public Services***

The Cabinet Office published the Open Public Service White Paper (OPS) in July 2011. With an emphasis on decentralisation, on opening up public services to a range of providers (including the private and VCSE sector) and the role of financial mechanisms such as payment by results, OPS sets out the direction of travel for approaches to public service delivery.

The Government approach in OPS is shaped by five key principles:

- Choice and control – 'Wherever possible we will increase choice'
- Decentralisation – 'Power should be decentralised to the lowest appropriate level'
- Diversity – 'Public services should be open to a range of providers'
- Fairness – 'We will ensure fair access to public services'
- Accountability – Public services should be accountable to users and taxpayers.

*An Open Public Services Update 2013* provides a flavour of the kinds of initiatives that are perceived to be contributing to changes in public services, including the introduction of Free Schools; the Department of Health consultation on expanding Personal Health Budgets to 50,000 patients in receipt of NHS Continuing Health Care; the introduction of the 'Community Right to Challenge' enabling community groups and local authority employees to bid to run local services; 'community budgets' and the further expansion of payment by results; development of Social Impact Bonds and the creation of the 'commissioning academy' (a number of these developments are discussed further below).

- Government resources on OPS are at <https://www.gov.uk/government/publications/open-public-services-2013-update>  
This webpage also provides links to related policy initiatives.

### ***Local finances/loss of ring fencing***

Local authorities are managing budget cuts, with a fall of one third since 2010, according to the LGA. The *Spending Review 2010* committed Government to the removal of ring fencing from all revenue grants with the exception of a simplified schools grant and a new public health grant and a reduction in the number of separate core grants from 90 to less than 10. The Spending Round 2013 reports that Government has removed the ring fencing from £7 billion of local government funding since 2010. This could affect budgets for multiple needs services, for example with removal of the nominal ring fencing from the Pooled Drug Treatment Budget that has supported the expansion of drug treatment, and which ended in March 2013, with drug and alcohol funding absorbed into the public health budget. The potential benefits of loss of ring fencing are increased control at local level and a focus on local priorities, as well as opportunities to 'pool' budgets. The risk is that there will be disinvestment, particularly in services for marginalised and stigmatised groups during a period of financial austerity.

### ***Payment by results***

PbR is a form of outcome-based commissioning with service providers paid on the outcomes they achieve - such as supporting an individual into work, reducing offending or getting people into sustained recovery from addiction. PbR approaches of particular relevance to multiple needs provision include: the Work Programme; Transforming Rehabilitation; Prison pilots with a focus on resettlement support (at HMP Doncaster and HMP Peterborough); Drug and Alcohol Recovery PbR pilots (in eight areas); and Troubled Families. New PbR pilots have been launched in debt collection, international development and psychological therapies. As well as nationally co-ordinated PbR schemes, local commissioners are adopting a PbR approach.

PbR schemes vary significantly depending, for example, on the scale of the contracts; who is paid for results (for example, providers, commissioners or independent investors); the nature of the outcomes (e.g. are they 'binary outcomes' or 'frequency outcomes'); the proportion of the payment on outcomes; and the extent to which providers are free to innovate or required to deliver a particular intervention or service model (whether there is a 'black box' approach or not).<sup>6</sup>

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<sup>6</sup> Indeed, some PbR schemes (including some NHS programmes) are really payment by activity rather than by result.

The development of outcomes frameworks and tariffs/payment systems is critical to the impact and effectiveness of PbR, and there may be opportunities at local level to contribute to design of PbR schemes. This could help to address the dangers of 'parking' and 'cherry picking' which can work against the most marginalised.<sup>7</sup> In working with service providers to support people with multiple needs it is important to know if they are delivering services on a PbR basis and the implications.

- NCVO resources on PbR at <http://www.ncvo-vol.org.uk/commissioning/paymentbyresults>

### ***Social Impact Bonds (SIB)***

SIBs have developed in tandem with forms of PbR commissioning, but are a distinctive variant in that they are designed to attract independent investment into the funding of public services. Put at its simplest, the investor provides the up-front funding for the provision of a particular service – often involving a VCSE provider – and makes a return on the investment if the agreed outcomes are delivered. The payment is made by the Government or local authority commissioner and is financed by the cost-savings that accrue where the SIB supported interventions reduce subsequent demands on public money (for example, by reducing offending and therefore the costs to criminal justice and other services). The Cabinet Office explains that SIBs 'allow commissioners to attract private investors to fund early and preventative action on complex and expensive social problems'. As the risk is borne by the investor (and not provider or commissioner) it can support the involvement of VCSE organisations in innovative service delivery and 'enable new services to be tried without commissioners having to pay if they don't work'. An early SIB was launched in 2010 at HMP Peterborough to provide post-release support for male, short-sentence prisoners. Other SIB approaches include a scheme developed by Essex County Council to provide early interventions for high risk adolescents and their families, producing savings in subsequent social care costs. Baker Tilly and a consortium of 18 charities launched a social impact bond scheme in 2013 to help hard-to-place children in local authority care find permanent adoptive homes. In London, the GLA is pioneering a SIB to address homelessness and rough sleeping.<sup>8</sup>

- Government guidance on SIBs is at <https://www.gov.uk/social-impact-bonds>
- Social finance Ltd is a 'market leader' on SIBs at <http://www.socialfinance.org.uk/>

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<sup>7</sup> Where providers are paid for achieving a particular result (say employment) this gives them a financial incentive to concentrate on clients who are most likely to achieve this outcome, unless there are additional financial (or other) incentives to work with more challenging clients.

<sup>8</sup> See <http://www.london.gov.uk/priorities/housing-land/tackling-homelessness-overcrowding/homelessness-rough-sleeping/social-impact-bond-for-rough-sleepers>

## **Returns on investment**

***Social return on investment (SRI)***. This is an idea that is associated with the New Economics Foundation. It moves beyond a narrow focus on costs and price in assessing the impact of services to take account of wider impacts that matter to people and may also help to address local policy priorities. SRI is described as 'an analytic tool for measuring and accounting for a much broader concept of value, taking into account social, economic and environmental factors'.

*Find out more on the NEF website at [www.neweconomics.org](http://www.neweconomics.org)*

***Local Justice Reinvestment Pilots (LJR)***. LJR Pilots ran over two years to June 2013 to test the extent to which local partners in six pilot sites could be incentivised to work together more effectively to address crime and reduce reoffending. The partners received a financial reward if they reduced adult demand on criminal justice services by 5% or more and youth demand by 10% or more in each of two test years. *The pilots are Greater Manchester and the London boroughs of Croydon, Hackney, Lambeth, Lewisham and Southwark. The Ministry of Justice published First Year Results in May 2013 at [www.gov.uk/government/publications/justice-reinvestment-pilots-first-year-results](http://www.gov.uk/government/publications/justice-reinvestment-pilots-first-year-results)*

## ***Whole Place Community budgets***

Whole Place Community Budgets (WPCB) were launched in 2011, with pilots in four areas of Essex, Greater Manchester, the West London Tri-borough (Hammersmith & Fulham, Kensington and Chelsea and Westminster) and West Cheshire. The Government created the Public Services Transformation Network (PSTN) in 2013 to support further areas to adopt the WPCB approach. PSTN is supporting a further nine areas initially: Bath and North East Somerset, Bournemouth, Poole and Dorset, Hampshire, the London Boroughs of Lewisham, Lambeth and Southwark, Sheffield, Surrey, Swindon, the West London Alliance (Barnet, Brent, Ealing, Harrow, Hillingdon and Hounslow) and Wirral. WPCB are described by Government as 'a bold attempt to fundamentally redesign public services ... by re-wiring services around people and places. The focus is on pooling budgets and working collaboratively; breaking down public, voluntary and independent sector boundaries; preventative and early interventions; and the development of innovative and cost-effective approaches at a challenging time for local commissioners. It is intended that WPCBs will 'eliminate duplication, excessive process and wasteful internal transaction costs'; 'use public assets, back office and staff resources more efficiently'; 'align outcomes, targets and systems and share information about customers'; and 'fix the problem whereby one partner has no incentive to invest in something that could save another partner money (through investment agreements and sharing savings)'.

- Find out more at <http://communitybudgets.org.uk>

## **4. Independent bodies, initiatives and resources**

The Big Lottery Fund's Fulfilling Lives: Supporting People with multiple and complex needs is, of course, a landmark project, with potential funding of up to £100 million over its life time. This section highlights some other independent initiatives on multiple needs and multiple disadvantage, and then signposts FL partnerships to sector-specific support and resources from the four MEAM organisations (Clinks, DrugScope, Homeless Link and Mind) and Revolving Doors Agency.

### **4.1 Multiple need/multiple disadvantage**

#### ***Making Every Adult Matter (MEAM)***

Launched in 2009, the MEAM coalition brings together four national charities (Clinks, DrugScope, Homeless Link and Mind) with funding from the Calouste Gulbenkian Foundation and the Garfield Weston Foundation. In 2011 MEAM and Revolving Doors published the *Turning the Tide* vision paper with the aim of ensuring that 'people experiencing multiple needs and exclusions are supported by effective, co-ordinated services'. MEAM has supported three pilots in Cambridgeshire, Somerset (Mendip and Sedgemoor) and Derby. An independent evaluation, published in 2012, concluded that the pilots had produced 'measurable and statistically significant improvement in client well-being'. The picture on the short-term cost benefits was mixed, due to the initial costs of increased service use. MEAM has subsequently developed 'The MEAM Approach' to provide a non-prescriptive framework to support local areas in the design and delivery of co-ordinated interventions for people with multiple needs.

- The MEAM website is at [www.meam.org.uk](http://www.meam.org.uk)
- The MEAM approach resources are at [www.themeamapproach.org.uk](http://www.themeamapproach.org.uk)
- More details on Calouste Gulbenkian Foundation activity on multiple needs is at <http://gulbenkian.org.uk/partnerships/fulfilling-potential/9-Adults-with-Multiple-Needs--2009---15-.html>

#### ***The Lankelly Chase Foundation (LCF) programme***

LCF is an independent funder with an exclusive focus on 'change that will transform the quality of life of people who face severe and multiple disadvantage'. It is concerned about 'the persistent clustering of social harms such as homelessness, substance misuse, mental and physical illness, extreme poverty, and violence and abuse'. It funds policy and research, alongside 'special initiatives' and local projects.

- The Lankelly Chase website is at [www.lankellychase.org.uk](http://www.lankellychase.org.uk)
- Severe and multiple disadvantage – a review of key texts (2012) and The politics of disadvantage (2012) are at [www.lankellychase.org.uk/resources/publications](http://www.lankellychase.org.uk/resources/publications)

### ***All-party parliamentary group on complex needs and dual diagnosis***

The APPG was established in 2007 in recognition of the fact that people seeking help often have a number of over-lapping needs including problems around access to housing, unemployment services, mental health facilities or substance misuse support. The secretariat is provided by Turning Point.

- Information is at <http://www.turning-point.co.uk/for-professionals/appg.aspx>

## **4.2 Sector specific organisations and resources**

This briefing has set out key reforms that will impact on the development of the FL partnerships. The details of how these reforms will play out will vary across the four MEAM policy sectors of criminal justice, housing and homelessness, mental health and substance misuse. There are also policy initiatives, opportunities and concerns that are specific to each sector, for which we would refer the FL partnerships to the respective organisations.

### ***Clinks***

Clinks supports, represents and campaigns for the Voluntary and Community Sector working with offenders. Clinks aims to ensure the Sector and all those with whom they work, are informed and engaged in order to transform the lives of offenders. It works at both national and regional level. The Clinks website is at [www.clinks.org](http://www.clinks.org)

Clinks led the Safer Future Communities project at [www.clinks.org/sfc](http://www.clinks.org/sfc).

Safer Future Communities was funded by Home Office between 2011 and 2013 to support the development of local networks of VCSE organisations to engage with and influence PCCs and the new commissioning landscape in which they operate. A number of local SFC networks continue to operate.

Key resources include:

- Clinks briefing on the new commissioning landscape (2012) at <http://www.clinks.org/sites/default/files/Members%20Briefing%20-%20Offender%20Health%20August%202012.pdf>
- The Clinks website has a comprehensive set of briefings on Transforming Rehabilitation at <http://www.clinks.org/criminal-justice/transforming-rehabilitation>

- Revolving Door Agency, Clinks and MEAM (2013), *Supporting vulnerable people in custody and at court – an update for the voluntary and community sector* at <http://www.revolving-doors.org.uk/documents/supporting-vulnerable-offenders/?preview=true>

### **DrugScope**

DrugScope is the national membership organisation for the drug and alcohol fields and one of the UK's leading centres for independent information on drugs and drug related issues. The DrugScope website is at [www.drugscope.org.uk](http://www.drugscope.org.uk) DrugScope also supports the London Drug and Alcohol Network at [www.ldan.org.uk](http://www.ldan.org.uk)

DrugScope is a member of the Recovery Partnership at <http://www.drugscope.org.uk/partnersandprojects/Recovery+Partnership>

DrugScope provides support for the Substance Misuse Skills Consortium which is developing a skills framework and a skills hub at [www.skillsconsortium.org.uk/](http://www.skillsconsortium.org.uk/)

Other key organisations in the drug and alcohol sector include **Adfam**, the national umbrella organisation working with and for families affected by drugs and alcohol at <http://www.adfam.org.uk/>

Key resources include:

- DrugScope, Alcohol Concern and Centre for Mental Health (2013), *Making recovery a reality in your community* at [http://www.centreformentalhealth.org.uk/pdfs/recovery\\_dual\\_diagnosis\\_paper\\_2013.pdf](http://www.centreformentalhealth.org.uk/pdfs/recovery_dual_diagnosis_paper_2013.pdf)
- Drugscope and AVA (2013), *The Challenge of Change – improving services for women involved in prostitution and substance misuse* at [http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/Challenge%20of%20change\\_policy%20briefing.pdf](http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/Challenge%20of%20change_policy%20briefing.pdf)
- DrugScope (2013), *The public health reforms – what they mean for drug and alcohol services* at <http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/PublicHealthReform.pdf>
- DrugScope/LDAN (2013) *Making connections to build recovery: LDAN Homelessness Project Report* at <http://www.ldan.org.uk/PDFs/HomelessnessReport.pdf>
- DrugScope/LDAN (2013) *Making the connections: developing integrated approaches to domestic violence and substance misuse* at <http://www.ldan.org.uk/PDFs/HomelessnessReport.pdf>

### **Homeless Link**

Homeless Link is the national membership organisation representing and supporting organisations working with homeless people in the UK. It influences policy and strengthens services, supporting them to share on the ground experiences, improve

services and turn national policy into local, practical solutions. The Homeless Link website is at [www.homeless.org.uk](http://www.homeless.org.uk)

Homeless Link has regional managers in each of the English regions. Contact details are at <http://homeless.org.uk/regional-contacts>

Key resources include:

- Resources on the policy context for homelessness services (including Welfare Reforms, the Ministerial Working Group on Preventing and Tackling Homelessness and Making Every Contact Count) are at <http://homeless.org.uk/policy-practice-framework>
- Toolkits and handbooks at <http://homeless.org.uk/toolkits-and-handbooks>
- Homeless Link have also produced a useful guide to local influencing 'Take a step' at <http://homeless.org.uk/local-influencing>

### ***Mind***

Mind is the independent charity that provides advice and support to empower anyone experiencing a mental health problem, campaigns to improve services, raise awareness and promote understanding. It operates both as a national organisation and through local Mind associations, which are independent charities working in local communities. The Mind website is at <http://www.mind.org.uk/> A Directory of local Mind associations is at [http://www.mind.org.uk/help/mind\\_in\\_your\\_area](http://www.mind.org.uk/help/mind_in_your_area)

Mind has an **information service** providing information on topics including: types of mental health problem, where to get help, medication and alternative treatments and advocacy. **Contact 0300 123 3393 or [info@mind.org.uk](mailto:info@mind.org.uk)**

Mind also has a legal advice service advising on law covering mental health, mental capacity, community care and human rights, discrimination and equality issues. **Contact 0300 466 6463 or [legal@mind.org.uk](mailto:legal@mind.org.uk)** – postal address Mind LAS, PO Box 277, Manchester M60 3XN

Key resources include:

- *No decision about us without us - A guide for people who use mental health services, carers and the public, to accompany the implementation framework for the mental health strategy* (2012) at [http://www.mind.org.uk/assets/0002/1266/No\\_decision\\_about\\_us\\_without\\_us.pdf](http://www.mind.org.uk/assets/0002/1266/No_decision_about_us_without_us.pdf) (includes a map of the new health and social care system on p. 7)
- There are resources for Clinical Commissioning Groups, Directors of Public Health, Health and Wellbeing Boards, Local Authorities, Local Health Watch organisations and Overview and Scrutiny Committees at [http://www.mind.org.uk/policy/mental\\_health\\_strategy](http://www.mind.org.uk/policy/mental_health_strategy)
- A helpful 'map' of the new mental health environment is at [http://www.centreformentalhealth.org.uk/pdfs/NHS\\_structure\\_mental\\_health.pdf](http://www.centreformentalhealth.org.uk/pdfs/NHS_structure_mental_health.pdf)



## ***Revolving Doors***

Revolving Doors Agency is a charity working across England to change systems and improve services for people with multiple problems, including poor mental health, who are in repeat contact with the criminal justice system. They work to demonstrate and share evidence of effective interventions and to promote reform of public services through partnerships with political leaders, policymakers, commissioners and other experts and by involving people with direct experience of the problem in all of their work.

The Revolving Doors website is at [www.revolving-doors.org.uk](http://www.revolving-doors.org.uk), with a range of publications for local partners available at <http://www.revolving-doors.org.uk/policy-research/library/>

Key resources include:

- Revolving Doors (2009), *Multiple needs – service user perspectives* at <http://www.meam.org.uk/wp-content/uploads/2009/11/RDA-report-FINAL.pdf>
- Revolving Doors (2010), *Thinking local – Key lessons from the national development Programme* at <http://www.revolving-doors.org.uk/documents/thinking-local/>
- Service user stories at <http://www.revolving-doors.org.uk/service-user-involvement/photo-stories/>
- Prison Reform Trust, Centre for Mental Health, ADASS and RDA (2013), *Making the difference: the role of social care services in supporting vulnerable offenders* at <http://www.revolving-doors.org.uk/documents/making-the-difference/?preview=true>



## **Annex 1 – Taking stock: A checklist for FL partnerships**

The FL partnerships will already be working with a range of local decision-makers and commissioners, and actively seeking to influence systems change to shape the environment for multiple need provision. This checklist is intended to be helpful in ensuring that partnerships are taking the necessary steps to map, navigate and operate within local systems and structures. In particular, this environment is characterised by, firstly, flux and change, so it is important to track new developments, and, secondly, by localism, so the exact picture will be different in each local area. While a general guide of the type provided here should be a helpful navigational tool, each partnership will need to be pro-active in taking stock of the strategic direction and priorities, structural configurations and policy processes, in its local area.

1. Track developments and tap into available resources. This is a new and evolving policy environment. It is important to keep track of relevant developments – nationally, regionally and locally. It would be helpful, for example, to ‘bookmark’ key websites; make time for a regular trawl for new resources and developments across all policy areas; ensure information ‘cascades’ within the partnership; and sign up for information updates (such as e-bulletins) produced by key organisations.
2. Identify and build relationships with local decision-makers. Key stakeholders include Directors of Public Health, CCGs and other members of Health and Wellbeing Boards (including elected councillors); other local authority stakeholders (e.g. housing and Troubled Families); leads in regional PHE and Offender Health centres and Police and Crime Commissioners. Many of these individuals may already be represented on your partnership, but you should build links with any that are not. It would be helpful to map out policy and commissioning structures locally and identify all of the relevant office-holders and contacts.
3. Identify local pilots and pathfinders. With your partnership colleagues, consider identifying any pilot or pathfinder programmes in the local area, and the implications for the development of the FL partnership work. These could include, for example, Work Programme pilots (e.g. ‘Recovery Works’ and ‘Recovery and Employment’), Whole Place Community Budget pilots, Drug and Alcohol Recovery PbR pilots, prison pilots (e.g. resettlement SIBs) and the Implementing Recovery (or ImROC) sites. There may be learning and legacy from previous pilot projects – for example, that were developed as part of the Adults Facing Chronic Exclusion or MEAM initiatives. You should also consider the impact of current/previous multiple needs initiatives in neighbouring areas.

4. Understanding other's outcomes and priorities. By definition, your partnership (and your wider locality) will be formed of individuals and organisations with differing priorities and outcomes, which will be shaped by the local and national policy environment. Working together you will need to find ways to demonstrate the value of the Fulfilling Lives work to everyone's strategic priorities and outcomes. For example, the work will be relevant to many of the outcomes in the Public Health Outcomes Framework, Adult Social Care Outcomes Framework and No Health without Mental Health Implementation Framework. Local plans like the Health and Wellbeing Strategy and the Police and Crime Plan will show outcomes in these domains, and other local services will be involved in PbR initiatives where the Fulfilling Lives work could be of benefit. It could be helpful to map out all the local outcomes, including national and local frameworks and PbR initiatives, and set aside time to engage stakeholders in thinking creatively about the ways in which multiple needs work can contribute to delivering across local policy priorities.
5. Working together on systemic change. The suggestions in item 4 will be an important bedrock for partnerships as they explore how the Fulfilling Lives work can create systemic change in their local area. Partnerships will need to have a full understanding of the current priorities of all local stakeholders and a good level of trust in each other if they are to successfully explore how the overall system can be changed for the better. Influencing both national and local policy structures will be important for this work and timelines and engagement processes will vary from area to area.
6. Make use of the MEAM partnership and Revolving Doors. Clinks ([www.clinks.org](http://www.clinks.org)), DrugScope ([www.drugscope.org.uk](http://www.drugscope.org.uk)), Homeless Link ([www.homelesslink.org.uk](http://www.homelesslink.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and Revolving Doors ([www.revolving-doors.org.uk](http://www.revolving-doors.org.uk)) all support membership networks, and provide a range of support and other services. The MEAM website is at [www.meam.org.uk](http://www.meam.org.uk) and MEAM Approach resources are at [www.themeamapproach.org.uk](http://www.themeamapproach.org.uk) Telephone support is available to FL partnerships.

## Annex 2 – Commissioning responsibilities: Some maps

- A guide to commissioning responsibilities within the new health structures is at <http://www.england.nhs.uk/wp-content/uploads/2012/07/fs-ccg-respon.pdf>
- There is also a useful slide show from the Nuffield Trust website at <http://www.nuffieldtrust.org.uk/talks/slideshows/new-structure-nhs-england>
- The Centre for Mental Health has provided a simple chart mapping out the key health and mental health commissioning structures at [http://www.centreformentalhealth.org.uk/pdfs/NHS\\_structure\\_mental\\_health.pdf](http://www.centreformentalhealth.org.uk/pdfs/NHS_structure_mental_health.pdf)
- The King's Fund provides an 'animation' of the new NHS and public health structures at : <http://www.kingsfund.org.uk/sites/files/kf/media/structure-of-the-new-nhs-animation.pdf>

