



London Together

Transforming services for the most excluded in the capital.

By Shane Britton, with Vicki Helyar-Cardwell





Trust for London
Tackling poverty and inequality

Revolving Doors Agency is a charity working across England to change systems and improve services for people who face multiple and complex needs, including poor mental health, and come into repeated contact with the police and criminal justice system. Our mission is 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. We involve people with direct experience of the problem in all of our work.

Trust for London is the largest independent charitable foundation funding work which tackles poverty and inequality in the capital. It supports work providing greater insights into the root causes of London's social problems and how they can be overcome; activities which help people improve their lives; and work empowering Londoners to influence and change policy, practice and public attitudes.

About this report

This report has been produced as part of Revolving Doors Agency's *Capital Gains* Project, funded by Trust for London, which aims to change policy and improve service responses for people facing multiple and complex needs across the capital.

By analysing the prevalence and cost of multiple needs, and bringing together information on changes across the key services, this report sets the scene for our programme of influencing work over the following two years. It calls for a strong focus on this agenda from the London Mayor, local government leaders, and key public sector partners, and makes the case for a London-wide partnership strategy to improve responses for the most excluded adults in the capital.

Members of our **London Service User Panel** with lived experience of the problem have shaped and steered this project throughout. Quotes from consultations with this group are included in this report. Their insights and contributions have been invaluable in shaping the key priorities and message here. The Panel will play a key role in coproducing our influencing plans and further programme of work.

The report has also been informed by discussions with a number of experts and stakeholders, whose insight and contributions to various sections were extremely helpful. Among others, our thanks go to: Tanya Barrow (Resolving Chaos); Alison Bearn (SHP); Beatrice Orchard (St Mungo's Broadway); Maria Gray (Metropolitan Police Service); Diane Newton (MOPAC); Fiona Bauermeister (London Community Rehabilitation Company); Lucy Allwright (AVA); Jilly Vickers (Clinks); Sara Hyde (LVSC); Majeed Necky (Westminster City Council); Ann-Marie Pickup & Daniel Quirke (London Councils); Karen Ambrose (NHS England); and Michael Lawson and Kathryn Scott (Hackney Council).

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Executive Summary

Introduction

London is a prosperous city, which generates significant wealth and opportunity. However, too many Londoners still face entrenched social and economic exclusion linked to a range of problems, including: poverty; poor mental health; homelessness; substance misuse issues; repeat victimisation; and offending. For the most disadvantaged people, these problems overlap and they become caught in a negative 'revolving door' cycle – facing multiple and complex needs, and coming into repeated contact with services without receiving the co-ordinated help that they need.

This report is part of Revolving Doors Agency's *Capital Gains* project, which aims to change policy and improve services for those facing multiple and complex needs across London.¹ Informed by discussions with experts and service providers, desk-based research, and consultation with our London Service User Panel, it provides:

- A brief analysis of the prevalence and cost of multiple needs across London
- A summary of the London policy context across key services
- A vision for change, identifying six strategic priorities that should inform a renewed drive to improve outcomes for the most excluded Londoners

The report calls for a strong focus on this agenda from the London Mayor, local government leaders, and key public sector partners, and makes the case for a London-wide partnership strategy to improve responses for the most excluded adults in the capital.

There are at least 7,000 individuals experiencing a combination of substance misuse, offending, and homelessness across London each year.

1. The scale of the problem: multiple and complex needs in London

A small number of individuals facing multiple and complex needs are linked to high levels of demand and costs to London's public services, including repeated contact with the police and criminal justice system. They are among the most excluded people in London - living chaotic lives, facing entrenched poverty and health inequalities, and experiencing repeated ineffective interventions from services.

Further research is needed to understand the extent of this overlapping need in the capital. However, evidence from one national study suggests **there are at least 7,000 individuals experiencing a combination of substance misuse, offending, and homelessness across London each year.** There are a further 31,900 facing two of these needs at once. People in this group also face a range of additional problems, including:

- **poor mental health** - 55% of those facing all 3 needs above had an identified mental health problem
- **high levels of unemployment and poverty** - over half of those experiencing all 3 needs had been reliant on welfare benefits for most of their adult lives

¹ For further information see: <http://www.revolving-doors.org.uk/policy--research/policy-projects/capital-gains/>

- **histories of trauma** - 85% had traumatic experiences in childhood.

A conservative estimate suggests that the repeated demand generated by this combined group results in a combined cost of at least **£760 million per year to London's public services**. The 7,000 people facing all three needs generate at least £160 million of this total.² However, these figures are likely to underestimate the cost of multiple needs across London. Research in some London boroughs suggest that those facing the most complex needs can typically generate higher individual costs to local services of around **£30,000-£50,000 per year**.³ Research may also underestimate prevalence, as it is also important to consider key 'clusters' of needs among groups such as:

- 'Revolving door' offenders
- Vulnerable repeat attenders in A&E and police custody
- Women involved in offending
- Rough sleepers
- Women involved in prostitution

2. The policy context: Systems and services for multiple needs in London

Evidence shows that working intensively to co-ordinate support for people facing multiple and complex needs can improve health and wellbeing outcomes, reduce offending, and ultimately prove cost-effective by moving people away from a costly cycle of crisis and crime.⁴ There are a number of services offering targeted support for people facing multiple and complex needs in different areas across London, including: link-worker schemes; supported accommodation services; women's centres; and two sites delivering the Big Lottery Fund's 'Fulfilling Lives: supporting people with multiple needs' programme.

Additionally, while there are significant challenges facing London's public services in the current context, there has been a growing awareness at a policy level of the need to co-ordinate support more effectively for those facing the most complex needs. And there are promising programmes and pilots across London originating from different sectors. This includes developments in:

- **Support for families facing multiple and complex needs**, with London boroughs delivering co-ordinated support for so-called 'Troubled Families' as part of the national programme, although there is no equivalent focus on *individuals* facing multiple needs.
- **The devolution agenda**, which could provide significant opportunities over time to strengthen local partnerships, pool funds, and redesign services for people facing multiple needs.

² Based on estimates in Fitzpatrick, S; Bramley, G et al (2015) *Hard Edges: Mapping severe and multiple disadvantage – England*. London: Lankelly Chase Foundation. See Appendix J for local authority level data, available here: http://lankellychase.org.uk/wp-content/uploads/2015/01/Hard_Edges_Appendices_FINAL.pdf

³ Based on calculations for London boroughs by Resolving Chaos, see below.

⁴ See Revolving Doors Agency & Centre for Mental Health (2015) *Comprehensive Services for Complex Needs: A summary of the evidence*. London: Revolving Doors Agency

- **Police responses to vulnerability and mental health**, with London's Mental Health Partnership Board helping to drive significant improvements in crisis responses, and the Metropolitan Police developing new approaches to respond earlier to vulnerability with community partners.
- **Responses to rough sleeping**, with the No Second Night Out scheme seeking to improve initial responses to those sleeping rough, and a rough sleeping social impact bond generating social investment to fund intensive support for entrenched rough sleepers.
- **Co-ordination of support for 'revolving door' offenders**, building on existing integrated offender management approaches with significant investment in a new pilot programme to "grip" repeat offenders with an enhanced co-ordinated model in North and East London.

However, while many are developing important work in different parts of London, they face significant systemic barriers and schemes vary in terms of their scope, their funding, their levels of strategic backing, and their geographical availability. There is a need for greater strategic leadership on this agenda in order to co-ordinate and build on these developments, and to ensure that improved responses for the most excluded Londoners are embedded across the capital.

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The response should be locally-led, with London boroughs and partners across policing, health, criminal justice, housing, and the voluntary sector working together to pool resources, should integrate services and should co-ordinate a more effective approach.
 ”

3. Towards a multiple needs strategy for London: six strategic priorities

While the government's 'Troubled Families' approach is targeting families who face multiple needs and place repeated demand on local services, there is currently no equivalent focus on the most excluded *individuals*. In a challenging context for London's public services, there is a strong case for a more co-ordinated approach for individuals facing multiple and complex needs across London.

The challenge of transforming services for this group cuts across service boundaries, and will require strong political and strategic leadership. The response should be locally-led, with London boroughs and partners across policing, health, criminal justice, housing, and the voluntary sector working together to pool resources, should integrate services and should co-ordinate a more effective approach.

However, with key decisions around areas such as policing, health, and criminal justice made at a regional level, there is a strong case for a London-wide focus on this agenda to complement local leadership and to ensure the right support is available across London. **We call for a commitment from the next London Mayor to improve outcomes for the most excluded Londoners facing multiple needs. This should be supported by a London-wide partnership strategy to transform services for those facing multiple and complex needs, with joint oversight from the London Mayor, local government leaders, and key health and criminal justice partners.**

Based on our review of the current policy context, and consultation with members of our London Service User Panel, we identify six strategic priorities that should inform the development of a new approach for the most excluded Londoners:

1. Earlier intervention in people's problems – developing improved systems and tools to identify those at risk of falling into a negative 'revolving door' cycle wherever they come into contact with the system, and link them into appropriate co-ordinated support.

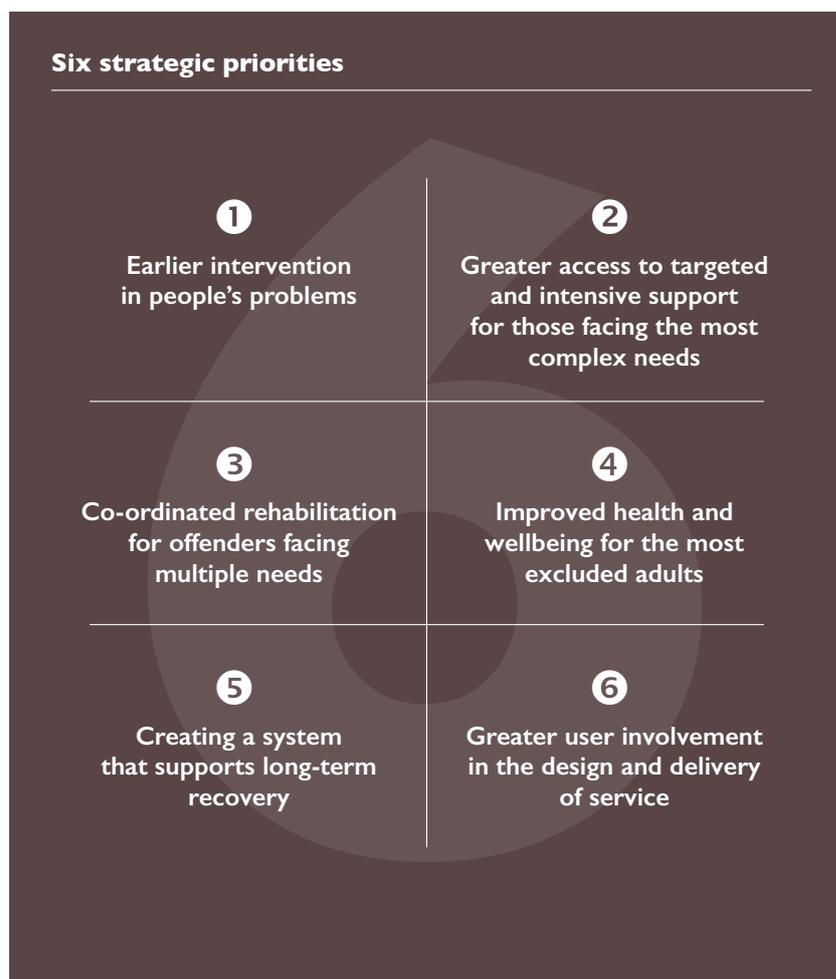
2. Greater access to targeted and intensive support for those facing the most complex needs – ensuring there are links into intensive and co-ordinated support for those facing severe complex needs in every borough.

3. Co-ordinated rehabilitation for offenders facing multiple needs – ensuring criminal justice responses are tailored to work more effectively and reduce 'revolving door' offending.

4. Improved health and wellbeing for the most excluded adults – reducing the health inequalities experienced by those facing multiple and complex needs, and targeting improved access to healthcare for the most excluded groups.

5. Creating a system that supports long-term recovery – building a system that takes account of the recovery journey, does not remove support too quickly, and helps to build resilience and networks for the most excluded individuals.

6. Greater user involvement in the design and delivery of services – service users should be involved in the design and delivery of services, coproducing their own support and being involved in the commissioning process. A multiple needs strategy should be coproduced with input from those with 'lived experience' to help set outcomes and advise on delivery.



Introduction

London is a prosperous city, which generates significant wealth and opportunity. However, many Londoners still face entrenched exclusion linked to significant social problems in the capital:

- 27% of Londoners live in poverty, and London has the highest proportion of people in the poorest tenth nationally (15%)⁵
- Levels of homelessness in London are more than double that in rest of England,⁶ and the number of people found rough sleeping in the capital has more than doubled since 2010⁷
- London is home to 23% of the UK's drug dependent adults, including an estimated 52,600 problem drug users⁸
- London has a proven re-offending rate of 25%, with just over 20,000 re-offenders responsible for almost 60,000 offences in 2013⁹
- 900,000 Londoners are affected by a mental health disorder such as anxiety or depression, while 90,000 have been diagnosed with schizophrenia or other psychoses¹⁰

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 ”

For thousands of the most disadvantaged Londoners, these problems overlap. They face multiple and complex needs – which may include any combination of poor mental health, homelessness, substance misuse issues, poverty, repeat offending, repeat victimisation, experience of domestic or sexual violence, and past trauma. They experience repeated exclusion from services, and too often end up stuck in a negative ‘revolving door’ cycle - living chaotic lives and causing damage to themselves and their communities. Despite this high level of need, we fail to co-ordinate the right kind of support.

The challenge is complex, and cuts across a range of service boundaries and silos. However, there is growing evidence that providing intensive, holistic, and co-ordinated support can help people in this situation to achieve greater stability and live a more fulfilling life. Furthermore, there are a range of local innovations and London-wide developments across policing, homelessness, criminal justice, health, and mental health care that hold potential to improve responses across the capital.

What is needed now is the commitment, leadership, and strategic drive for key partners to bring this work together and deliver improved services across London. Published as part of Revolving Doors Agency's *Capital Gains* project, this report seeks to inform that journey by providing an overview of multiple and complex needs in the capital, and identifying some of the key opportunities and drivers for change in a context of austerity, devolution, and public service reform.

⁵ Aldridge et al (2015) *London's Poverty Profile 2015* London: New Policy Institute & Trust for London, p. 7.

⁶ Ibid, p. 52.

⁷ Based on Combined Homelessness and Information Network (CHAIN) reports, available here: <http://data.london.gov.uk/dataset/chain-reports>

⁸ Cavendish Square Group (2015) *The London Mental Health Factbook* London: Cavendish Square Group, p. 17

⁹ Ministry of Justice *Proven re-offending statistics quarterly bulletin: January to December 2013*.

¹⁰ Cavendish Square Group (2015) *The London Mental Health Factbook* London: Cavendish Square Group, p. 9.

Chapter 1 focuses on the prevalence of multiple needs across London, and highlights some of the impact in terms of demand and the cost of repeated failed interventions. With a relatively small number of individuals with overlapping needs generating at least £760 million in costs to services each year, it makes the case for a specific focus on multiple needs from London policymakers.

Chapter 2 highlights promising work for local and regional policymakers to build on, providing a brief summary of some key strategic initiatives targeted at improving outcomes for people facing multiple and complex needs in London, before highlighting trends across relevant sectors including local government and devolution, policing, homelessness, criminal justice, health, and welfare to work.

Finally, **Chapter 3** sets out a vision for change in the capital. With a Mayoral election not far away, it makes the case for a London-wide strategy on multiple needs, and draws on the lessons from our review to identify 6 strategic priorities that should shape a new approach. These are:

1. Earlier intervention in people's problems
2. Greater access to targeted and intensive support across London for those facing the most complex needs
3. Co-ordinated rehabilitation for offenders facing multiple needs
4. Improved health and wellbeing for the most excluded adults
5. Creating a system that supports long-term recovery
6. Greater user involvement in the design and delivery of services

At the heart of this report is a call to the next London Mayor, and to local leaders across London, to make an improved response for Londoners facing multiple and complex needs a priority. By setting out the latest research and practice across London, we make the case that the whole capital gains from a new and more effective approach for the most excluded adults.



Chapter 1

Multiple and complex needs in London: prevalence, costs, and frontline solutions

A relatively small number of individuals facing multiple and complex needs are linked to high levels of demand and costs on London's public services, including repeated contact with the police and criminal justice system. They live chaotic lives, face significant health inequalities, and experience exclusion from services which struggle to respond to their multiple problems.

- While further research is needed, the latest evidence suggests:
- **There are at least 7,000 individuals experiencing a combination of substance misuse, offending, and homelessness across London each year.** There are a **further 31,900** facing two of these needs at once.
- A conservative estimate suggests this combined group generate a combined cost of **£760 million per year** to London's public services.
- This figure is likely to underestimate both prevalence and cost, and more detailed studies with smaller samples in some London boroughs have shown even higher individual costs of around **£30,000 - £50,000 per year** for people facing the most complex needs.

These are the costs of failure, as services respond repeatedly to a negative cycle of crisis and crime without co-ordinating the support that people need to address their underlying issues. However, with growing understanding of 'what works' in delivering more effective frontline responses, and evidence that a more effective approach can both improve outcomes and provide a cost-benefit, there is a strong case for a greater focus on this agenda across London.

1.1. The prevalence of multiple needs in London

London faces significant health and social problems which impact on the lives of many thousands of Londoners, damage local communities, and generate significant costs to public services:

- Police recorded 80,000 contacts with vulnerable people in the 12 months to October 2015¹¹
- Outreach workers identified over 7,500 individuals sleeping rough in 2014/15¹²
- There are an estimated 52,600 problem drug users in the capital¹³

¹¹ Data provided by the Metropolitan Police Service based on vulnerability reports on their MERLIN system |

¹² GLA (2015) *Chain Annual Bulletin Greater London, 2014/15*

¹³ Cavendish Square Group (2015) *The London Mental Health Factbook* London: Cavendish Square Group, p. 17

- One in four Londoners have a hazardous pattern of drinking, and 6% of Londoners are alcohol dependent¹⁴
- London has high rates of mental ill health, and poor mental health is estimated to cost the capital £26 billion a year¹⁵
- The majority of crime in London is linked to re-offending. London has a proven re-offending rate of 25%, with just over 20,000 re-offenders responsible for almost 60,000 offences in 2013.¹⁶

These issues rarely occur in isolation, and for the most disadvantaged Londoners, many overlap at once. They face multiple and complex needs, which may include poor mental health, substance misuse issues, offending, homelessness, unemployment and poverty, domestic or sexual violence, and past trauma.

Case Study

Chris's story¹⁷

Chris is a man in his 20s who lives in South London. As a child Chris was sexually abused, experienced parental drug use, overdose, violence and he was placed in care. As an adult Chris has a history of injecting heroin and crack and has had many inpatient admissions for anxiety and mental health breakdown. He is in poor physical health and reports anger problems, anxiety, suicidal ideation, insomnia and problems eating properly. He has five children, the eldest aged 14.

Chris is known to the police for substance misuse, aggressive, threatening and violent anti-social behaviour; and assault. Other presenting issues include:

- **Agoraphobia** - issues leaving the house alone leaving him isolated
- **Anxiety when travelling** - unwilling to travel to appointments and when he does, presents in a manic way
- **Substance misuse** - intravenously uses heroin and crack and drinks alcohol problematically
- **Auditory hallucinations** - hearing voices and extreme paranoia
- **His core beliefs** - 'I am bad; others are dangerous; the future is unpredictable'
- **Behaviour** - lashes out; becomes manic or depressed; aggressive behaviour; misuses substances; withdraws from society
- **Housing issues** - due to anger outbursts, antisocial behaviour and noise from his dog
- **Service issues:** difficulties in co-ordinating/encouraging services to listen to his views and treatment wishes whilst dealing with fundamental causes and exacerbating factors

For the two years prior to engaging with the You First multiple needs service, Chris generated significant demand on police, housing, local authority and health services – totalling £70,199 in costs to local services on average.

¹⁴ Ibid, p.17

¹⁵ Greater London Authority, Mayor of London (2014) London Mental Health: the invisible costs of mental ill health

¹⁶ Ministry of Justice Proven re-offending statistics quarterly bulletin: January to December 2013.

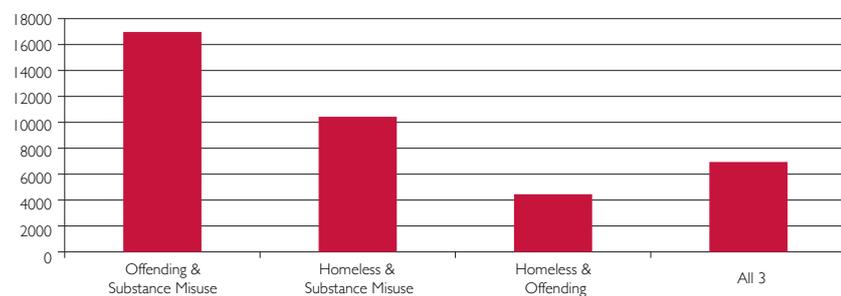
¹⁷ Case study provided by the YouFirst service in Lambeth, Lewisham and Southwark, part of the Big Lottery Fund's Fulfilling Lives programme. Further information below, and additional case studies available here: <http://youfirst.london/what-we-do/case-studies>

These problems combine to become greater than the sum of their parts, and London's mainstream health and welfare services, designed to tackle one problem at a time, struggle to respond. Without effective support, people become caught in a negative 'revolving door' cycle of crisis and crime - living chaotic lives, and coming into repeated contact with emergency and criminal justice services without receiving the co-ordinated support that they need. Given that this problem cuts across a range of services, it can be difficult to gain accurate information on the extent of the problem. However, one recent national study provides an indication by mapping across key homelessness, criminal justice, and substance misuse databases down to a local authority level. The totals for London suggest that in a single year there are around **39,000 people** identified by services as facing two of more of these needs, with an estimated:¹⁸

- **7,000** people facing the most complex needs (all 3 of offending, substance misuse, homelessness)
- A further **31,900** facing any combination of two of these needs

Individuals in this cohort are also likely to face other overlapping needs, including poor mental health (55% of those facing all 3 needs had a diagnosed mental health problem) and entrenched poverty and unemployment. Furthermore, 85% of this group had traumatic experiences in childhood.

Figure 1. Estimated number of people with overlapping substance misuse, offending, and homelessness needs in London



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the average local authority can expect to see 1,470 cases of people facing multiple needs each year.”

Using this definition, **the average local authority can expect to see 1,470 cases of people facing multiple needs each year.** However, this masks significant variation between London boroughs, with higher concentrations of need in areas of deprivation. And with boroughs such as Camden, Islington, Tower Hamlets, and Westminster identified as having among the highest prevalence of multiple needs in the country (see appendix for a breakdown of estimates by borough).¹⁹

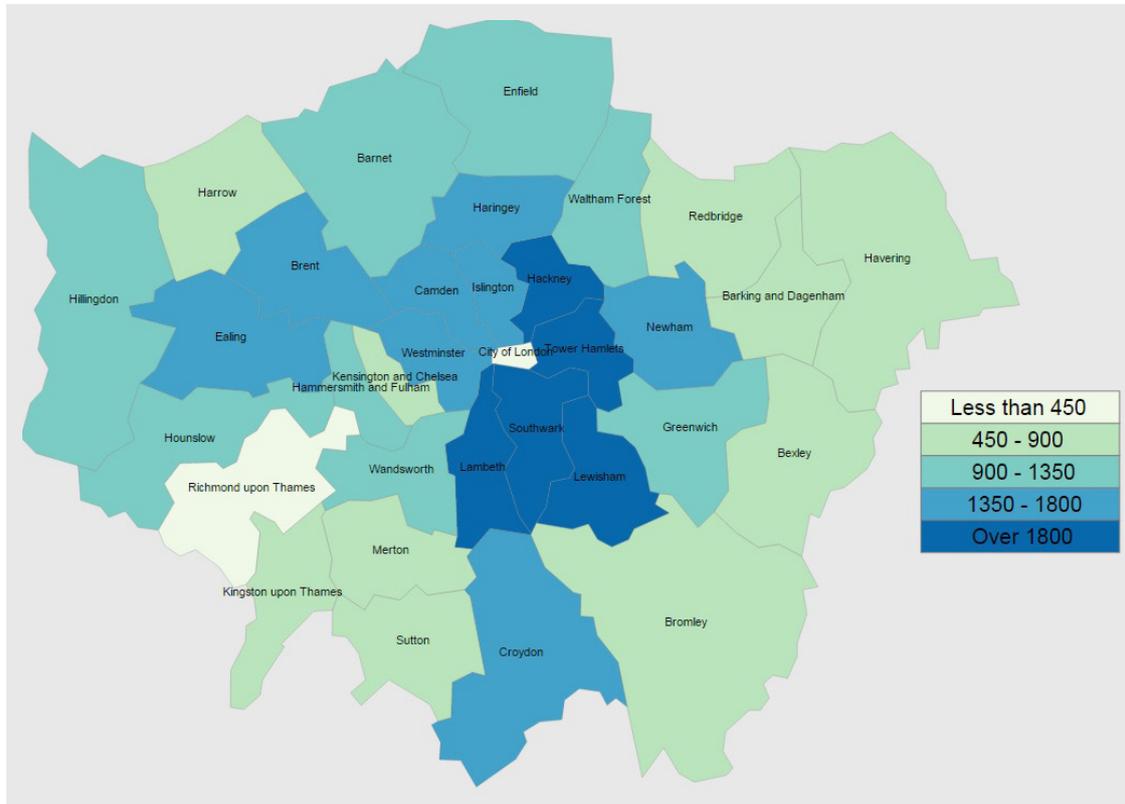
While this research provides a useful indication of overlapping need, it is important to note that in relying on these particular service databases it also underestimates the scale of the problem. Furthermore, it also under-represents particular groups, including women and black and minority ethnic groups who on average have different need profiles and patterns of service use.

Another way to understand the prevalence and impact of multiple needs is to consider different 'clusters' of need, particularly among groups that services and commissioners typically define as 'hard to reach'. For example:

¹⁸ Fitzpatrick et al (2015) *Hard Edges: Mapping severe and multiple disadvantage* London: LankellyChase. Rounded estimates provided here, see appendix A for a more detailed breakdown.

¹⁹ Fitzpatrick et al (2015) *Hard Edges: Mapping severe and multiple disadvantage*, p. 22

Map 1. Estimated number with 2 or more overlapping needs in substance misuse, offending, & homelessness by borough



- ‘Revolving door’ offenders:** Studies show significant health and social care needs in the offender population, with multiple and complex needs particularly prevalent among those receiving repeated short prison sentences.²⁰ Analysis by the Mayor’s Office for Policing and Crime (MOPAC) has identified a small group of 2,093 prolific repeat offenders in London, who were responsible for 53,267 offences over three years – generating an estimated £163,355,151 in costs to society.²¹
- Vulnerable people in repeated contact with the police:** Metropolitan Police estimates suggest that 15-25% of police time is linked to mental health issues, rising to 40% when wider work with vulnerable people is included.²² In the 12 months to October 2015, the Metropolitan police have recorded over 80,000 contacts with vulnerable adults, of which over 25,000 related to mental health crisis. Within this, a smaller group of individuals facing more complex needs come into repeated contact with the police in a combination of crisis incidents, anti-social behaviour, and low-level offending.²³

2,093 prolific repeat offenders in London, who were responsible for 53,267 offences over three years – generating an estimated £163,355,151 in costs to society.

²⁰ See Anderson, S. (2011) *The Social Care Needs of Short-Sentence Prisoners*, London: Revolving Doors Agency & Anderson, S. (2011) *Revolving Door prisoners: What Works?* London: Revolving Doors Agency, available here: <http://www.revolving-doors.org.uk/documents/revolving-door-prisoners-what-works/>

²¹ Statistics available online in MOPAC presentation to Home Office Integrated Offender Management Conference, available here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414803/2015_03_19_Conference_slides_for_publication__2_.pdf

²² Independent Commission on Mental Health and Policing (2013) *Independent Commission on Mental Health and Policing Report*, p. 12

²³ See Revolving Doors Agency and T2A (2015) *PCC spotlight: Mental health* for further national evidence and practice on this, available here: <http://www.revolving-doors.org.uk/documents/pcc-spotlight-mental-health/>

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 ”

- **Women involved in prostitution:** Although precise figures are difficult to collect, London has a high number of women involved in prostitution, including street-based sex work. This population are likely to have significant experience of abuse and past trauma: in one recent London study 64% of women in the sample were homeless; 53% reported a current mental health problem; 53% had experienced physical violence; 73% had experienced some form of abuse as a child; and 78% were unemployed and on benefits.²⁴
- **Women involved in offending:** While they represent a minority of the offender cohort, research shows that women involved in offending face particularly high levels of multiple and complex needs, with a distinct need profile compared to men: 71% of female prisoners suffer two or more mental disorders; 70% of women entering prison require clinical detoxification; 53% of women in prison experienced emotional, physical, or sexual abuse as a child; and more than half of women in prison report having suffered domestic violence.²⁵
- **Rough sleepers:** 7,581 individuals were found rough sleeping by outreach workers in London in the year up to 31 March 2015 - a figure that has more than doubled since 2010. London’s CHAIN information system records that of these individuals, 45% were identified to have a mental health need; 41% had an alcohol related need; 31% had a drug need; and 32% had previously been in prison.²⁶
- **Problem drug users:** Roughly half (48%) of people accessing drug treatment services are estimated to also be in contact with either the criminal justice system and/or homelessness services, with many more also likely to face mental health problems or other needs linked to their substance misuse. An even higher proportion of the 52,600 ‘problem drug users’ (users of opiates and/or crack cocaine) in London are likely to face these overlapping needs.

This highlights only some of the areas in which high concentrations of multiple needs are likely to be found – other overlapping ‘clusters’ may include care leavers; repeat victims of domestic and sexual violence; change resistant drinkers, and repeat victims and perpetrators of anti-social behaviour.

1.2 The cost of multiple needs in London

For people caught in this negative ‘revolving door’ cycle, repeated ineffective contact with a range of public services is the norm. They experience exclusion from support because they do not meet thresholds for services that focus on individual needs, they live chaotic lives, their behaviour is challenging, and they are branded too complex.²⁷ This leaves costly responsive interventions from emergency and criminal justice services to soak up the demand: people

²⁴ Bindel, J., et al (2013) *Capital Exploits: A Study of Prostitution and Trafficking in London* London: Eaves, p. 37. See also Drugscope & AVA (2013) *The Challenge of Change: Improving services for women involved in prostitution and substance use*

²⁵ Prison Reform Trust (2014) *Brighter Futures: Working Together to reduce women’s offending*

²⁶ GLA (2015) *Chain Annual Bulletin Greater London, 2014/15*

²⁷ See Anderson, S. (2011) *Complex Responses: Understanding poor frontline responses to adults with multiple needs* London: Revolving Doors Agency.

who are street homeless access A&E on average 7 times more often than the general population;²⁸ there is a strong relationship between levels of multiple needs and risk of re-offending;²⁹ and one homelessness charity reported that 79% of their clients who are mothers had children taken into care.³⁰

This situation is a tragedy for the individuals involved, who remain trapped in a negative cycle without effective support. It also damages communities through the impact of crime and anti-social behaviour, and generates significant costs to services in the capital. A conservative estimate based on national modelling from the Hard Edges report highlighted above suggests that:

- The 7,000 individuals identified with the most complex needs (all 3 of substance misuse, offending, and homelessness) generate at least **£160 million in costs to London's public services each year**
- This rises to a combined **£760 million per year** when including the wider group of those facing 2 or more needs³¹

While this research provides a useful guide, it is also likely to underestimate the true cost. In some London boroughs, more detailed research has been undertaken with smaller samples of individuals, revealing significantly higher individual average costs. For example:

- 29 individuals facing multiple and complex needs in Hackney generated an estimated £1,203,935 in costs to public services, emergency services and the welfare system in a single year³²
- 53 individuals in Greenwich generated over £2.2M in costs, with the 20 most expensive representing £1.1M of this cost³³
- 11 Southwark-based clients of the Big Lottery-funded YouFirst service generated £1,153,804 in costs over a two year period prior to engaging with the service, averaging £104,891 per person (see below).

While acknowledging significant variation case by case, these figures suggest typical **individual costs for those facing the most complex needs of around £30,000 - £50,000 per year to local services**, which fits closely with other national evidence such as the cost-benefit analysis undertaken for the Making Every Adult Matter (MEAM) pilots.³⁴ As the graph below shows, for 11 clients in Southwark, these costs are widely distributed - highlighting the need for a co-ordinated response between a range of partners.

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 ”

²⁸ Brodie et al (2013) *Rough Sleepers: Health and healthcare* London: Broadway

²⁹ Fitzpatrick et al (2015) *Hard Edges: Mapping severe and multiple disadvantage*, p.40.

³⁰ St Mungo's (2013) *Rebuilding Shattered Lives: getting the right help at the right time to women who are homeless or at risk* London: St Mungo's.

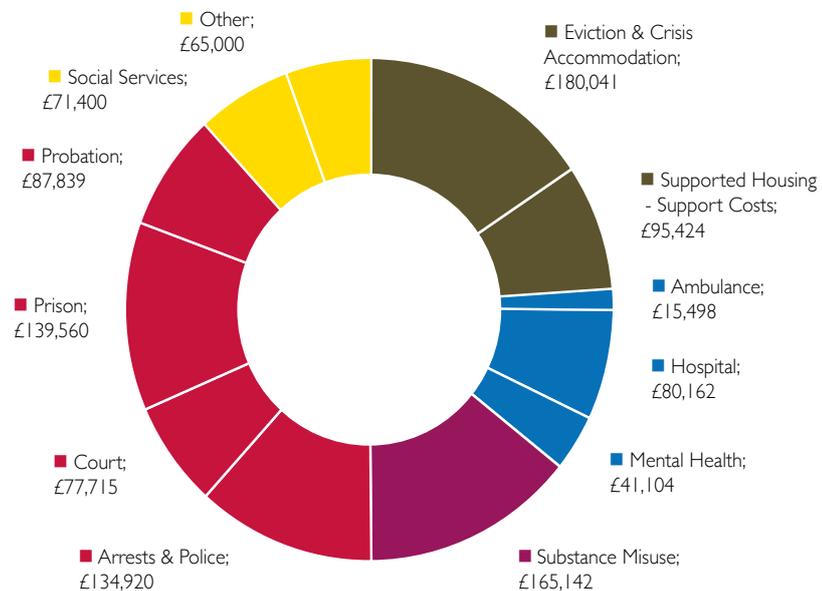
³¹ Based on costing in Fitzpatrick et al (2015) *Hard Edges: Mapping severe and multiple disadvantage*, pp. 41-43. See appendix.

³² Figures produced by Resolving Chaos as part of the Transforming Chaos project with the Olympic Growth Boroughs. Full report available here: http://static1.squarespace.com/static/50b4ab77e4b0214dc1f631e9/t/5278d3c7e4b0e33e3924156a/1383650247453/Resolving+Chaos_report_for_Hackney1.pdf

³³ As above, full report available here: <http://static1.squarespace.com/static/50b4ab77e4b0214dc1f631e9/t/5278d3dae4b0e33e39241585/1383650266352/Resolving+Chaos-report-for-Greenwich.pdf>

³⁴ Battrick T, et al (2014) *Evaluation of the MEAM pilots – update on our findings*. London: FTI Consulting.

Figure 2. Southwark Costs for 11 YouFirst beneficiaries Over 2 Years - £1,153,804



These figures represent the cost of failure, with local services responding to problems repeatedly rather than co-ordinating effective support. This means that 'career costs' viewed over a longer period are likely to be significantly higher as people remain entrenched in their problems, while this significant public expenditure fails to improve outcomes as those facing multiple and complex needs continue to experience exclusion, health inequalities, and poverty.³⁵

- Over half of those experiencing overlapping substance misuse, offending, and homelessness needs have been reliant on welfare benefits for most of their adult lives³⁶
- 73% of homeless people report a physical health problem³⁷
- The average age of death for a man who dies homeless in London is 47, and 43 for homeless women.³⁸

1.3 Frontline solutions: effective support for multiple needs

This situation is not inevitable, and there is a growing evidence-base on what effective support for people in this situation should look like. Acknowledging that the recovery process must be led by the individual, Revolving Doors Agency has developed 10 emerging principles of effective support for people facing multiple and complex needs. Based on lessons from previous service pilots, research and evaluation work, and the views of members of our National Service User Forum, these are:

³⁵ Fitzpatrick et al (2015) *Hard Edges: Mapping severe and multiple disadvantage*, p. 43

³⁶ Ibid, p. 29.

³⁷ St Mungo's Broadway (2014) *A Future. Now Homeless Health Matters: the case for change*, p.3.

³⁸ Ibid.

1. **'Someone on your side':** a lead professional approach, with opportunity to build consistent, positive and trusting relationships.
2. **Assertive and persistent:** An assertive and persistent approach to engagement that does not give up on people. Continuous and consistent support over a prolonged period, responding positively and constructively to setbacks.
3. **Tailored:** A personalised approach which addresses the full gambit of needs and is culturally sensitive to particular needs of specific groups including women, people of black and minority ethnic backgrounds and young adults.
4. **Building on strengths:** Supports the client to recognise and develop personal strengths, recognising more than a 'bundle of needs and problems'.
5. **Co-ordinated and seamless:** Understands and links with other services, pulls services together around the client, helps clients to access and co-ordinate support through brokerage and advocacy. Ensures continuous support across key transitions, avoiding gaps in care.
6. **Flexible and responsive:** Flexible approach to support and an ability to react quickly in a crisis.
7. **'No wrong door':** If a service cannot provide support, they take responsibility for connecting the client with someone who can.
8. **Trauma informed:** Understands the emotional and behavioural impact of traumatic childhood and life experiences on clients and vicarious trauma on staff, avoids re-traumatisation, facilitates reflective practice, builds resilience and supports recovery.
9. **Co-produced:** Designed in partnership with service users.
10. **Strategically supported:** Has the buy-in of senior, strategic stakeholders.

These principles can be applied in any service working with those facing multiple needs, and should inform commissioning of services for this group. There are also a number of services across London aiming to provide targeted support for those facing the most complex needs that adopt this kind of approach. While a comprehensive mapping of services in the capital is beyond the remit of this report,³⁹ it is important to note some of the models operating across London that are specifically targeted for the most excluded Londoners, including:

³⁹ A more comprehensive mapping multiple needs services was undertaken by Revolving Doors Agency in 2011. The results are available here: <http://www.revolving-doors.org.uk/partnerships-development/historic-programmes/spark/service-mapping/service-map/>

- **Link-worker services:** A delivery model based on the co-ordination of multiple areas of support for adults with complex needs. Link-workers take an assertive and persistent approach, and act as advocates and consistent sources of support for their clients. Revolving Doors Agency piloted link-worker models in London in the 2000s, some of which such as the Tower Hamlets and Islington services (both targeting short-sentenced prisoners among other groups) are still running. This model has also influenced the delivery of a range of other services targeting the clients facing multiple and complex needs.⁴⁰
- **Supported accommodation for complex needs:** An estimated 38% of clients in accommodation projects face multiple and complex needs, and many of these people have experienced evictions previously due to their behaviour or failure to engage with support.⁴¹ Many homelessness organisations in London provide supported accommodation options that are specifically targeted at providing more intensive, keyworker-led interventions for those facing more complex needs - including homeless offenders.
- **Psychologically informed environments (PIE)** – Given high levels of mental health need and trauma among those facing multiple and complex needs, some services are aiming to develop a more psychologically informed approach. A number of hostels in particular have created a psychologically informed environment, in which the psychological and emotional needs of service users are given primary consideration in the design and delivery of support. Examples include the Waterloo Project (see below) and St Mungo's Broadway's Hope Gardens hostel.⁴²
- **Housing First** – Following a number of pilots, the Housing First approach is increasingly being applied for homeless people facing the most complex needs in London. Operating within a harm-reduction framework, the model provides open-ended support. Housing is provided immediately, and is not conditional on accepting treatment with support made available using a client-led approach, enabling service users to exercise choice and control. A recent evaluation of nine Housing First services, including five London-based pilots, suggested positive outcomes in terms of sustained housing and improved physical and mental health.⁴³
- **Women's Centres:** Women's Centres offer holistic support in a gender-specific 'safe space' for vulnerable women who face multiple needs, including women involved in offending, in prostitution, and/or who are victims of domestic and sexual violence. They aim to provide a 'one stop shop' that co-ordinates access to a wide range of support, as well as practical interventions and courses. Evidence suggests women's centres promote positive health and wellbeing outcomes, and present a cost-effective approach to reducing re-offending.⁴⁴ There are a number of centres in London including Women at the Well in King's Cross and the Minerva Project in Hammersmith and Fulham.

⁴⁰ See Anderson, S (2010) *Summing Up: Revolving Doors Agency's key learning 2000-2009*. An evaluation of the Islington linkworker service is also available here: <http://www.revolving-doors.org.uk/documents/neighbourhood-link-service-evaluation/>

⁴¹ Homelesslink (2015) *Support for single homeless people in England: Annual Review 2015* London: Homelesslink, p. 2.

⁴² See http://www.mungosbroadway.org.uk/press_office/2413_minister-visits-hope-gardens-hostel-for-homeless-people

⁴³ See Bretherton J. & Pleace, N. (2015) *Housing First in England: An evaluation of nine services* York: Centre for Housing Policy; London services in the evaluation were Bench Outreach Housing First in Lewisham; SHP Housing First Redbridge; SHP Housing First GLA; St Mungo's Broadway Housing First; and ThamesReach Housing First.

⁴⁴ Ministry of Justice (2015) *Justice Data Lab Re-offending Analysis: Women's Centres throughout England*

- **Pause projects:** Originating in Hackney, Pause works with women who have experienced repeated removals of children from their care. These women are likely to face multiple and complex needs, with one study in Hackney revealing that 71% of the sample had experienced domestic violence; 98% had drug and/or alcohol addiction; 51% had experienced homelessness; and 35% had criminal justice involvement. The service offers an intensive programme of personalised and therapeutic support, bringing together a range of services. Pilots have recently been extended to Islington, Newham, Greenwich, and Southwark.⁴⁵

Case Study

The Waterloo Project⁴⁶

The Waterloo Project is a hostel run by Thames Reach that houses and supports 19 former rough sleepers through the creation of a 'Psychologically Informed Environment' (PIE) in partnership with the South London & Maudsley (SLAM) NHS Foundation Trust and the London borough of Lambeth. To qualify, clients must face multiple and complex needs and have generated significant costs to public services.

At the Waterloo Project, men and women are supported by two full-time clinical psychologists (assistant and clinical lead) as well as a team of hostel support workers trained in psychologically informed ways of working. Psychologists and hostel staff co-develop guideline approaches for individuals, and there are regular reflective practice sessions, providing opportunities for mutual learning and support. All aspects of the project are psychologically informed, with the building intended to create a calm atmosphere and facilitate a range of activities with an art room, a large kitchen, and a garden.

The approach has achieved positive outcomes, including a 51% reduction in contact with the police and criminal justice system for service users (measured over a year), with improved outcomes around mental health, self-care and engagement in meaningful activity and reduced levels of self-harm, aggression and substance misuse. Clients also have significantly increased contact with primary care, leading to reductions in A&E attendance for previous frequent attenders.

A recent review of the evidence-base for three models providing targeted support of this kind found that they were effective in supporting clients to achieve stable housing, reduced re-offending, and improved health and wellbeing outcomes.⁴⁷ There is also promising evidence that such approaches are cost-effective in reducing the significant costs identified above – shifting expenditure from 'bad' costs such as police and criminal justice contact, to 'good' costs with more planned engagement with support that helps people towards long-term recovery. For example:

- One study of link-worker services suggests that over two years, overall service costs can be reduced by up to 26.4% with the most complex clients.⁴⁸
- Financial analysis of women's centres suggested an investment of £18million per year nationally in gender-specific services for women could generate savings of almost £1 billion over 5 years.⁴⁹

⁴⁵ See <http://www.pause.org.uk/aboutpause/>

⁴⁶ For further information, see: <http://www.revolving-doors.org.uk/partnerships--development/spark/service-spotlight/>

⁴⁷ Revolving Doors Agency & Centre for Mental Health (2015) *Comprehensive Services for Complex Needs: A summary of the evidence* London: Revolving Doors Agency

⁴⁸ Battrick, T, et al (2014) *Evaluation of the MEAM pilots – update on our findings*. London: FTI Consulting

⁴⁹ Revolving Doors Agency (2011) *Counting the Cost: the financial impact of supporting women with multiple needs in the criminal justice system*

- New Economics Foundation research also suggests women's centres return a social value of between £3.40 and £6.70 for every £1 invested.⁵⁰

While there is a need for further research to strengthen the cost-benefit case for these approaches, there is a promising case for investment in targeted support. However, there remain significant gaps in support across London, and even where services are available they often face a challenging funding environment and can struggle to overcome some of the more systemic barriers to co-ordinating effective support for the most excluded Londoners.

Case Study

Chris's experience of You First multiple needs service⁵¹

Chris was nominated for support from the You First team, which supports people with multiple needs across Lambeth, Lewisham and Southwark as part of a Big Lottery Fund programme (see below). By being supported to use services and interventions that stabilise and improve his health and wellbeing, Chris experiences fewer crises - which is better for him and reduces costs for the public sector.

The intensive and personalised You First support, including a personal budget, has enabled Chris to improve his quality of life and interactions with others. In the first year of working with You First, this approach has already improved Chris's health, wellbeing and independence:

- **Mental health and substance misuse:** The team worked with Chris to help finding coping mechanisms for his anxiety, meaning he can now use the bus which has improved his confidence and ability to use services. The team helped Chris to engage with his psychiatrist for a full mental health review, and the subsequent improvement in his mental health enabled him to complete an inpatient stabilisation detox. Chris is now abstinent from heroin and crack cocaine.
- **Life skills:** With his worker, Chris managed to develop his cooking, laundry, shopping and budgeting skills. Using his personal budget Chris has bought cooking utensils and has learnt some recipes dramatically improving his independence and health.
- **Housing:** Chris had received pre-eviction notices due to noise caused by his pet dog. He was helped to avoid eviction by being supported to use his personal budget to buy toys and a barking control collar for his dog. With budgeting support from the team, Chris no longer has rent arrears and is being supported with furnishing and maintaining his flat.

The team have monitored Chris's service use during the first year of intervention, including the costs of the You First intervention and what he has spent of his individual budget. Currently, his cost to services in the first year of the intervention is £19,896 - a reduction of £15,203 (43%) on the average annual cost of the two years prior to engaging with the service.

⁵⁰ New Economics Foundation (2012) *Women's Community Services: A wise commission*

⁵¹ Case study from the YouFirst service, provided by Resolving Chaos and partners in Lambeth, Lewisham and Southwark as part of the Big Lottery Fund Fulfilling Lives programme. Further case studies available here: <http://youfirst.london/what-we-do/case-studies>

Chapter 2

The policy context: systems and services for multiple needs in London

There are a range of services providing targeted support for people facing multiple and complex needs in different areas across London, however, they vary significantly in terms of their geographical availability, scope, and levels of strategic backing. Furthermore, continuing cuts to service budgets along with challenges around housing and welfare changes are impacting significantly on the most excluded Londoners, eroding the already fragile and limited safety net currently in place.

Despite this challenging context, there is a growing awareness at policy level of the need to co-ordinate support more effectively for those facing multiple and complex needs. A number of initiatives are developing in different areas which aim to achieve wider 'system change' and transform services for those facing the most complex needs. There are also some promising developments in relevant service sectors including policing, health, and welfare which hold potential to improve responses, and which local and regional leaders seeking to embed a more effective approach should build upon.

2.1. Transforming services for those facing multiple needs

As the above chapter highlights, there are a number of services across London providing targeted support for those facing the most complex needs - particularly in the homeless sector. However, these vary significantly in terms of their scope and their availability, and they can often struggle to overcome some of the more systemic barriers to co-ordinating effective support for this group. Furthermore, many of these services are at risk in the current challenging funding environment.⁵²

Research has identified a complex combination of factors underlying poor service responses for people facing multiple and complex needs, including structural challenges linked to:⁵³

- **Funding and commissioning arrangements** which operate in silos and focus on one need at a time, creating barriers to partnership working and co-ordination of support
- **Limited resources** leading to high service thresholds and high caseloads, and professionals acting as gatekeepers – turning those with complex needs away as they do not fit tightly defined thresholds
- **The legislative framework** – gaps in services where there is no statutory duty to support, and categories that exclude particular groups

⁵² Making Every Adult Matter (2014) *Listening to people with multiple needs and those who support them* London; MEAM. See also Homelesslink (2015) *Support for single homeless people in England: Annual Review 2015*; Drugscope (2015) *State of the Sector 2014 – 15*; Clinks (2015) *The State of the Sector 2015*.

⁵³ Anderson, S. (2011) *Complex Responses: Understanding poor frontline responses to adults with multiple needs* London: Revolving Doors Agency.

The kind of systemic change needed to overcome these challenges requires strong strategic and political leadership. In a context of austerity, greater devolution of powers, and a focus on integration of services and public service reform, there has been growing recognition at a policy level of the need for local partners to work together and co-ordinate more effective support for people facing multiple and complex needs. As the final report from the Public Service Transformation Challenge Panel recently stated:

*“Where responses are not joined up early enough [for people facing multiple needs] this can result in costly interventions and ultimately poorer outcomes for those people. No agency can by itself drive the change needed to address this and yet we all, not least users of those services, can benefit from improving outcomes.”*⁵⁴

With a growing financial and demand-based case for change, some innovative programmes have placed a greater strategic focus on the most excluded people, and targeted wider ‘system-change’ to improve services for those facing multiple and complex needs in London.

2.1a Support for ‘Troubled Families’

Boroughs across London are delivering co-ordinated support for *families* identified as facing multiple needs and placing demand on local services through the government’s ‘Troubled Families’ programme. London Council’s report *Troubled Families Programme: Lessons for future public service reform* identified a series of ‘critical success factors’ among these schemes, that fit well with the 10 principles of effective support identified above, stressing the importance of:⁵⁵

- personalised ‘wraparound’ interventions;
- a Key Worker role;
- multi-agency working/locations;
- strong relationships;
- commitment and leadership;
- data sharing.

While there is a need for further evaluation of the ‘Troubled Families’ approach,⁵⁶ there is much to be learned from local boroughs’ work to co-ordinate services more effectively for some of the most disadvantaged families in their area, and lessons that could be applied to developing a more effective approach for other groups facing multiple and complex needs.

⁵⁴ Service Transformation Challenge Panel (2014) *Bolder, Braver and Better: why we need local deals to save public services* London: Public Service Transformation Network.

⁵⁵ London Councils (2014) *Troubled Families Programme: Lessons for future public service reform* London: London Councils.

⁵⁶ See Crossley, S. (2015) *The Troubled Families Programme: the perfect social policy?* London: Centre for Crime and Justice Studies.

2.1b Support for individuals facing multiple and complex needs

Despite some interest in extending the principles of the Troubled Families programme to other groups,⁵⁷ there is currently no equivalent focus on *individuals* who face multiple and complex needs across London. As such, while there are examples of the kind of multiple needs services identified above (see 1.3) operating in different areas, there is a lack of a direct strategic focus on this group both across London and in many London boroughs.

Nevertheless, in some areas ambitious programmes targeting wider 'system-change' for individuals facing multiple needs are being developed, aiming to shape local commissioning and strategic partnerships within this agenda.⁵⁸ For example:

- **The Big Lottery Fund's national programme *Fulfilling Lives: Supporting people with multiple needs*** is investing £17.5 million across two London sites over 8 years to improve co-ordination of support for individuals facing multiple and complex needs. As well as supporting delivery of targeted support for individuals facing multiple needs, it aims to have a lasting impact on how services are commissioned and delivered for this group. Each area has statutory partners involved in the project (see below).
- **The tri-borough Community Budget** – The Whole Place Community Budget Pilot in Westminster; Hammersmith and Fulham; and Kensington and Chelsea included a focus on co-ordinating local funding and redesigning services to work more effectively for particular groups facing multiple and complex needs. This has included 'Troubled Families', and a programme to reduce re-offending among short sentenced prisoners by pooling the £6 million spent across a range of unco-ordinated initiatives and commission targeted, intensive support. This collaborative approach has continued beyond the end of the formal pilot programme.⁵⁹
- **Hackney multiple needs project** - in Hackney, the public health team have analysed the demand that a group of individuals facing entrenched substance misuse, homelessness and other needs are placing on a range of local services, with a view to developing a new approach and co-ordinating support more effectively for those facing multiple needs.

As will be explored further below, there is a strong case for London policymakers to place a targeted focus on those facing multiple and complex needs, and there is significant potential to extend such approaches in a more comprehensive way across London. The devolution agenda in particular could provide a spur to local leadership on this agenda, creating further opportunities to **integrate services** and develop **'whole place' approaches** to tackling cross-cutting problems and social exclusion, including encouraging public sector partners to **pool funds and joint-commission** around those facing the most complex needs.⁶⁰

⁵⁷ <http://www.revolving-doors.org.uk/news--blog/news/budget-2015-includes-focus-on-multiple-needs/>

⁵⁸ There are a range of publications and tools on how local leaders can work together on this agenda, including the Making Every Adult Matter (MEAM) approach. See: <http://www.themeamapproach.org.uk/>

⁵⁹ For further information see: <http://publicservicetransformation.org/places/london-tri-borough>

⁶⁰ See for example Service Transformation Challenge Panel (2014) *Bolder, Braver and Better: why we need local deals to save public services* London: Public Service Transformation Network & Wilson, S et al (2015) *Joining up public services around local, citizen needs: Perennial challenges and insights on how to tackle them* London: Institute for Government

Big Lottery Fund's investment in multiple needs in London

The Big Lottery Fund's programme *Fulfilling Lives: Supporting people with multiple needs* is investing £112 million in 12 areas in England, including two London sites covering five boroughs. It aims to improve the way that services are co-ordinated and delivered to individuals with multiple needs (including offending, mental health, substance misuse, and homelessness), and to achieve a lasting impact that influences the way that services are commissioned and how they operate in the future.⁶¹

In **Camden and Islington**, the programme is led by the charity SHP, with the Fulfilling Lives Islington and Camden (FLIC) team working intensively with those identified as having a long history of untreated multiple needs and who have fallen through the gaps between services. A link-worker and peer mentoring team are the bedrock of FLIC's service model. A team of link-workers provide a psychologically informed approach and co-ordinate support for clients across five pre-identified service networks (supported housing, mental health, criminal justice, substance treatment, and primary healthcare). Additional support is provided by peer workers to provide the connection between service user engagement and access to services.

One year in, and the team are already delivering positive outcomes for clients including a reduction in offending, increased access to support, and tenancy sustainment. They have also identified a number of systemic barriers around issues such as dual diagnosis and support for women with complex needs who are victims of domestic abuse, and they will be working with local partners and commissioners to address these over the coming year.⁶²

In **Lambeth, Lewisham and Southwark**, Resolving Chaos leads the programme supported by a partnership with Certitude, Thames Reach, St Giles Trust, South London and Maudsley (SLAM) NHS Foundation Trust, and the three local authorities. The approach targets individuals living chaotic lives who have generated high costs through repeat demand on a range of local services. It tests whether supporting people with multiple needs to choose their own services leads to better outcomes and is cheaper than the current system. The model offers clients a choice-based, co-produced intervention, with the multi-disciplinary You First team providing intensive support and helping clients to use their personal budget to access a range of services.

After one year, clients' lives are stabilising and improving, and costs are being reduced. The team will continue to build the case for sustained investment in effective interventions for people facing multiple needs by focusing on the economic case, and by developing a system-wide commissioning map to provide an overview of how resources are currently used and their effectiveness in delivering outcomes.⁶³

2.2 The wider context: cross-cutting developments in key service sectors

Aside from these targeted approaches, the most excluded Londoners are likely to come into contact with a range of services that are typically designed to focus on a single problem or need. This means that a number of decision makers, including the London Mayor, NHS commissioners, and local government leaders all have an important role in improving responses, and it is important to understand changes in the wider system of support in the capital.

⁶¹ For further information on the programme and progress so far, see Adamson, J. et al (2015) *Fulfilling Lives: Supporting People with Multiple Needs – Evaluation Report: Year 1*. Leicester: CFE Research.

⁶² See <http://fulfillinglives.shp.org.uk/>

⁶³ See <http://youfirst.london/>

This section provides a brief overview of the policy context across relevant service sectors, focusing particularly at a pan-London level. In a context of rising demand and austerity, there are significant pressures being placed on London's public services. National policy trends such as increasing welfare conditionality and sanctioning, reductions in housing benefit, and further cuts to local authority budgets in particular are likely to impact particularly strongly on the capital's most vulnerable and excluded citizens, along with the services that they rely on.⁶⁴

However, while it is important to acknowledge the scale of these challenges, it is equally important to not be overwhelmed by them. As will be seen below, despite a challenging context for those facing multiple and complex needs, there are also examples of promising practice and a growing focus on this agenda across a range of service sectors that London policymakers should seek to build on.

2.2a Local government: devolution and public service reform

London boroughs are directly responsible for a range of services to support those facing multiple needs, including homelessness services, crisis loans, local welfare provision, public health, and adult social care. They also host key strategic partnerships such as Health and Wellbeing Boards and Community Safety Partnerships, and their broader 'place-shaping' role gives makes them a crucial player in addressing the needs of their most disadvantaged residents. However, at a time of rising demand, London boroughs face a challenging financial settlement, and with shrinking funds, a range of local authority-funded services are under threat.⁶⁵

Despite this challenging context, Government plans to devolve greater powers to groups of local authorities through 'devolution deals' do hold some potential to improve co-ordination and integration of services over time, giving local leaders in London greater flexibility to work together and pool resources, as well as an incentive to develop a more effective approach for 'high demand' groups such as those facing multiple and complex needs.

While negotiations surrounding further devolution to London are ongoing, initial proposals from Mayor and London Councils include a range of relevant powers, such as employment and skills, crime and justice, health, and housing. The proposals also include a focus on "tackling complex dependency", calling for powers to deliver an integrated package of reform that will:

*"dramatically reduce the cost of failure where it does occur by ensuring the resource of local public services – from GPs and Jobcentres to the Police and councils – is used efficiently to provide the right support, in the right way and at the right time to address the interrelated problems of unemployment, poor mental and physical health, low skills and the risk of re-offending"*⁶⁶

“
Improving co-ordination of support around individuals facing multiple and complex needs should be a key focus of the devolution and public service reform agenda across London.
”

⁶⁴ Making Every Adult Matter (2014) *Evidence from the frontline: how policy changes are affecting people with multiple needs* London: MEAM. Available here: <http://meam.org.uk/wp-content/uploads/2013/04/EvidenceFromTheFrontline.pdf>

⁶⁵ See <https://www.londoncouncils.gov.uk/node/27276>

⁶⁶ See <http://www.londoncouncils.gov.uk/node/27467>. Further information in London Councils (2015) *Reforming Public Services* and London's devolution submission summarised here: <https://www.london.gov.uk/moderngov/documents/s43306/Summary%20List%20of%20Actions%20-%20Appendix%201%20-%20Letter%20to%20George%20Osborne%20MP.pdf>

Further devolution of powers to London decision makers is likely to be an ongoing negotiation over coming years. However, going forward, **improving co-ordination of support around individuals facing multiple and complex needs should be a key focus of the devolution and public service reform agenda across London.**

2.2b. Homelessness and rough sleeping

Homelessness in London is more than twice the rate of the rest of the country, while the number of people found sleeping rough in the capital has more than doubled since 2010 (from 3,673 in 2010/2011 to 7,581 in 2014/15).⁶⁷ With high levels of multiple needs among the rough sleeping population (see 1.1 above), this places significant demand on a homelessness sector that already faces a challenging funding environment.⁶⁸

While the majority of homelessness provision is commissioned by local authorities, a number of schemes have been rolled out at a pan-London level to improve responses for the growing number of people sleeping rough. The London Mayor has devolved responsibilities for commissioning rough sleeping provision, and invests around £9 million a year on projects to complement those provided by London boroughs. Key developments have included:⁶⁹

- **No second night out (NSNO)** – Launched in 2011, the Mayor’s flagship service works to get new rough sleepers off the streets quickly, assessing them in hubs and directing them to assistance that suits their needs. In 2014/15, 86% of rough sleepers helped by NSNO services were not seen sleeping rough again.⁷⁰
- **A London-wide protocol for outreach services**, developed through the London Rough Sleeping Group. The Mayor also funds the **London Street Rescue**, ensuring rough sleeping outreach services are available 365 nights a year to assist rough sleepers, including in Outer London boroughs with lower numbers that may not commission their own outreach services.
- **London’s Rough Sleeping Social Impact Bond** – is a £5million programme supported by social investment, targeting 830 of the most entrenched rough sleepers in London with two providers offering targeted support on a payment by results basis (see below).

The latest rough sleeping commissioning framework sets out 11 commissioning priorities for services post-2016, including a welcome focus on working with health partners to meet the physical and mental health needs of rough sleepers.⁷¹ Building on this framework, **the next Mayor should place a strong focus on working with local boroughs to get ‘upstream’ to prevent homelessness and reduce the increasing flow of new rough sleepers onto London’s streets, and continue to invest in intensive support for the most entrenched rough sleepers who are likely to face multiple and complex needs.**

⁶⁷ GLA (2015) *Chain Annual Bulletin Greater London, 2014/15*

⁶⁸ Figures from Homelesslink show that 41% of accommodation projects have experienced decreased funding, while the overall number of accommodation projects in London has reduced 8% since in the last year, with a reduction of 6% in the number of bed spaces. See Homelesslink (2015) *Support for single homeless people in England: Annual Review 2015* London: Homelesslink, p. 21

⁶⁹ For a more comprehensive summary of developments, see: Greater London Authority (2015) *Rough Sleeping Commissioning Framework* London: GLA, pp. 5-6.

⁷⁰ GLA (2015) *Chain Annual Bulletin Greater London, 2014/15*

⁷¹ GLA (2015) *Rough Sleeping Commissioning Framework*

London's Rough Sleeping Social Impact Bond

London's Rough Sleeping Social Impact Bond (SIB) aims to support some of the most entrenched rough sleepers in London. Two providers, St Mungo's Broadway and Thames Reach, were commissioned to provide support in different areas of London. The SIB model introduces an element of payment by results (PbR) whereby social investors receive a return according to outcomes achieved. Acknowledging the multiple needs faced by the majority of clients, a range of outcomes are measured in addition to the primary goal of achieving stable accommodation, including reduced visits to A&E and employment outcomes.

Teams working with clients are able to take time to build up a relationship, and provide a personalised and flexible approach to support people into appropriate accommodation and co-ordinate support around their multiple needs. The latest evaluation suggests that while there are some challenges linked to measurement of outcomes for the PbR mechanism, providers have been successful in achieving stable accommodation for some of London's most entrenched rough sleepers through a targeted and personalised approach.⁷²

2.2c Healthcare for socially excluded groups

People facing multiple and complex needs often struggle to engage with healthcare services in a planned way, and are likely to experience extremely poor health. However, in a context of rising demand on health services, both the NHS Five Year Forward View and the London Health Commission have set out a vision to transform healthcare with a greater focus on prevention; local solutions that empower patients and communities; and integration so that health services join up more effectively around the individual. The London Health Commission's 2014 report *Better Health for London* sums up this focus:⁷³

"Our maxim: start with Londoners, not London's NHS. Start with people and how best to meet their needs, their wants, and their expectations – not those of the system. Practically, it means more joint teams in the community, more joined up working, and more integration between health and social care. Complexity should be no barrier to quality"

The London Health Board brings together key regional partners, and has been repurposed to follow up the recommendations of the London Health Commission at a regional level. Furthermore, the London Health Partnership has been established with representatives from London CCGs and NHS England (London), and is overseeing a number of 'collaborative transformation programmes', including one focusing on homeless health.⁷⁴ Other promising developments include:

- **A focus on transforming primary care**, including an emphasis on co-ordinated care for patients facing a complex combination of problems in the Primary Care Strategic Commissioning Framework for London.⁷⁵

⁷² Department for Communities and Local Government (2015) *Qualitative evaluation of the London homelessness social impact bond: Second interim report* London: DCLG

⁷³ London Health Commission (2014), *Better Care for London*

⁷⁴ London CCGs & NHS England (2015) *Transforming London's health and care together: A collaborative approach to delivering better health in London and meeting the challenges set out in the NHS Five Year Forward View* London: NHS England, p. 11. See also the London Health Partnership website: <https://www.myhealth.london.nhs.uk/healthy-london>

⁷⁵ London Primary Care Transformation Board (2015) *Transforming Primary Care in London: A Strategic Commissioning Framework* London: London Health Partnership.

- **More tailored approaches for socially excluded groups**, as part of a wider focus tailoring outcomes and budgets for specific groups developed initially in North West London. Additionally, there has been a growing focus on homeless health at a local level,⁷⁶ while Lambeth and Central London CCGs were recently appointed as lead commissioners for a new pan-London, multi-agency model of healthcare for homeless people.⁷⁷
- **Devolution and integration of health and social care** as part of London's devolution deal, five sub-regional pilots were recently announced devolving greater health funding to local boroughs to pursue innovative reforms, greater service integration, and the integration of health and social care.⁷⁸

While there is much further to go to improve access to healthcare for those facing the most complex needs, these developments represent a promising direction of travel. The London Health Board should retain a strong focus on tailoring healthcare outcomes and delivery for key socially excluded groups. Furthermore, the Mayor and key health partners should continue to support a strong focus on homeless health, and consider what lessons could be learned from these approaches and applied to other excluded groups facing multiple and complex needs.

Groundswell: Homeless Health peer advocacy

Homeless Health Peer Advocacy (HHPA) offers one-to-one support for people experiencing homelessness to make and attend health appointments, overcoming the significant barriers which prevent them from addressing their health needs. The program is delivered by volunteers who all have personal experience of homelessness. In addition to providing practical support such as accompaniment to appointments, the Peer Advocates aim to build the skills and confidence of clients to access health services independently.

According to an interim evaluation by the Young Foundation, the project has resulted in people getting their health issues diagnosed earlier; sustaining their treatment, and improving their health outcomes - which can represent an important foundation from which to tackle other needs. The evaluation found that the project *"reduces use of A&E, missed appointments and unplanned admissions; resulting in improved health and a 42% reduction in NHS costs"*⁷⁹

2.2d Mental Health support

The majority of those facing multiple and complex needs experience underlying mental health problems, often linked to past trauma. However, they often struggle to access support from complicated mental health systems. Service users and providers have both reported that significant gaps persist in London around support for those with a dual diagnosis of mental health and substance misuse issues, and a recent King's Fund report published last year also noted particular limitations around overlapping need, including gaps in:⁸⁰

⁷⁶ To date, 17 Health and Wellbeing Boards in London have signed St Mungo's Broadway pledge to improve homeless health. See http://www.mungosbroadway.org.uk/press_office/2416_thousands-back-campaign-to-improve-homeless-healthcare

⁷⁷ Greater London Authority (2015) *Better Health for London: One Year On* London: GLA, p. 26

⁷⁸ See <https://www.gov.uk/government/publications/london-health-devolution-agreement/london-health-devolution-agreement#parties>

⁷⁹ See <http://groundswell.org.uk/homeless-health-peer-advocacy/> & <http://www.qni.org.uk/docs/Groundswell%20-20An%20Overview%20&%20Case%20Studies.pdf>

⁸⁰ Gilbert, H., et al (2014) *Transforming mental health: a plan of action for London* London: King's Fund, p. 17.

- **Access to psychological therapies** - only a quarter of people with depression and anxiety in London estimated to be receiving treatment. Also difficulties accessing Improved Access to Psychotherapy (IAPT) services in London
- **Access to health care for people with co-morbid physical and mental health problems**
- **Access to services by people from particular excluded groups**, including homeless people
- **Access to wider support** with employment and housing
- **Access to appropriate care at the point of crisis.** Just 14% of those responding to one London survey felt they got the support they needed in mental health crises.⁸¹

There are examples of promising practice and partnerships working in a number of areas across London, including local areas pioneering peer-led approaches in the community such as the Lambeth Collaborative.⁸² Meanwhile, a new transformation programme led by mental health commissioners has identified improving crisis care and boosting access to mental health primary care and IAPT as priorities,⁸³ and there has also been promising progress in partnership working with the police around crisis responses (see 2.3f below).

However, London's ten mental health trusts have warned of a funding crisis, and with just 11% of NHS spending in London in 2015/16 on mental health there are significant challenges in overcoming these problems.⁸⁴ **There is a need for key partners across London to invest further in improving access to mental health support across London, particularly for those facing multiple needs who often continue to fall through the gaps.**

City and Hackney Primary Care Psychotherapy Consultation Service

The City and Hackney Primary Care Psychotherapy Consultation Service (PCPCS) is an outreach service which supports GPs throughout the City of London and Hackney to manage patients with multiple and complex needs, including poor mental health, who use health services frequently but are not effectively supported within existing primary care or secondary mental health services. Provided by the Tavistock & Portman NHS Foundation Trust, it offers help for a range of needs, and provides psychological therapies, joint consultations with GPs, and training for primary care staff.

An evaluation of the model by the Centre for Mental Health found that it improved health outcomes for 75% of its patients, and helped more than half to recover significantly. It was also found to be cost effective, generating savings of £463 per patient through reduced GP consultations, A&E visits, outpatient appointments and hospital admissions.⁸⁵

⁸¹ London Health Commission (2014), *Better Care for London*, p. 61

⁸² <http://lambethcollaborative.org.uk/>

⁸³ See NHS England (2015) *Transforming London's health and care together*, p. 18

⁸⁴ See <http://www.cavendishsquaregroup.co.uk/news/2015/11/18/102600/>

⁸⁵ Parsonage, M. et al (2014) *Managing Patients with Complex Needs: Evaluation of the City and Hackney Primary Care Psychotherapy Service* London: Centre for Mental Health.

2.2e Substance Misuse treatment

Roughly half (48%) of people accessing drug treatment services are estimated to also be in contact with either the criminal justice system and/or homelessness services, with many more also likely to face mental health problems or other needs linked to their substance misuse.⁸⁶ However, a recent report shows that some of the biggest gaps in provision for substance misuse treatment are around housing support, and services for people facing a 'dual diagnosis' or complex needs.⁸⁷

Despite this, it is important to note that there are areas of promising local practice for those facing more complex needs in London, including peer-led approaches, which should be built upon.⁸⁸ Furthermore, there has been a growing focus on 'building recovery in communities' in substance misuse policy, encouraging services to link with wider support services and consider a range of outcomes.⁸⁹ However, in a recent consultation with Public Health England, members of our London service user panel raised a number of concerns around substance misuse treatment, including:

- a sense that there was a decreasing variety of treatment options;
- a growth in use of New Psychoactive Substances (NPS) among those facing multiple and complex needs;
- concerns that an increased focus on treatment-completion and abstinence outcomes did not always suit those facing more complex needs, pushing people through services too quickly rather than helping to manage their problems and achieve greater stability.

With significant cuts to public health budgets announced in the Spending Review in November 2015, substance misuse services also face a challenging funding environment across London. Even before this announcement, DrugScope's last state of the sector report forecasted an anticipated reduction of 25% from councils for substance misuse services by the end of 2015/16. In this difficult context, **maintaining investment in substance misuse treatment, as well as responding to new challenges such as the increasing prevalence of New Psychoactive Substances among those facing homelessness and complex needs, will be a key challenge over the coming years.**

2.2f Policing, crisis responses, and diversion

With 15-25% of demand on the Metropolitan Police Services (MPS) linked to mental health, there has been a growing focus on this agenda from the police. In particular, improvements in mental health crisis responses have been overseen by the Mental Health Partnership Board formed after criticism of the MPS and mental health partners in the 2013 Independent Commission on Mental Health and Policing.⁹⁰ A 'street triage' model has been piloted across four south London boroughs to improve access to mental health information and guidance for police, while a range of partners have also signed up to the

⁸⁶ Fitzpatrick, S et al (2015) *Hard Edges: Mapping severe and multiple disadvantage* – England, p. 13.

⁸⁷ Drugscope (2015) *State of the Sector 2014 – 15* London: Drugscope

⁸⁸ See London Drug and Alcohol Network (2013) *Making connections to build recovery: London Drug and Alcohol Network Homelessness Project Report*, London: LDAN

⁸⁹ *Ibid*, p. 11 -13.

⁹⁰ Independent Commission on Mental Health and Policing (2013) *Independent Commission on Mental Health and Policing Report*, p. 12

Mental Health Crisis Care Concordat – with the strong focus on this agenda leading to a significant drop in the use of police custody as a ‘place of safety’ under the Mental Health Act, from 7,761 cases in 2012/13 to just 20 incidents in 2014/15.⁹¹

Other promising developments include:

- **The roll-out of Liaison and Diversion (L&D) services** - Operating at police custody and courts, L&D services aim to identify mental health issues and a range of other needs among those suspected of committing an offence at an early stage, ensuring this informs any criminal justice proceedings and creating an opportunity to divert into support services where appropriate. So far, two trial schemes covering 20 London boroughs have been implemented as part of the national roll-out.⁹² In the 6 months to September 2015, they saw 2,249 cases of whom 78% had one or more mental health issue; 36% a substance misuse issue; 30% an alcohol need; 25% an accommodation need; and 6% a learning disability.
- **Early identification of vulnerable people** – The Metropolitan police have developed the Vulnerability Assessment Framework tool, aiming to identify individuals who are becoming vulnerable far earlier to enable early intervention and prevention of crises. There has also been an increase in use of Multi-Agency Safeguarding Hubs (MASH) to improve responses for vulnerable adults (see below).

In a difficult funding environment, finding ways to intervene earlier and reduce demand on the police has been identified as a key strategic priority for the Met and MOPAC.⁹³ Going forward, this should include **a focus on greater integration with community services around shared problems such as mental health, anti-social behaviour, domestic violence, and the high demand placed on services by those facing multiple and complex needs.** Maintaining a commitment to neighbourhood policing will be an important part of this, while police leaders and partners should also seek to build on the successful partnerships developed through the Crisis Care Concordat to focus on co-ordinating improved responses for ‘repeat attenders’ coming into contact with the police – many of whom are likely to face multiple needs.⁹⁴

2.2g Criminal justice & rehabilitation

The implementation of the Government’s Transforming Rehabilitation reforms has led to significant changes in London’s criminal justice landscape, with the probation cohort now split between ‘high risk’ offenders managed by the National Probation Service (NPS), and a majority of lower risk cases who are managed by private sector provider MTC Novo. MTC Novo are implementing a new cohort model, offering a more tailored approach for different groups including:

- **Women** – seeking to offer a gender-specific approach for women managed by probation, including greater use of women’s centres across the capital.

⁹¹ See <http://news.nppcc.police.uk/releases/fall-in-use-of-police-custody-for-those-in-mental-health-crisis>

⁹² <https://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/>

⁹³ See Greenhalgh and Gibbs (2014) *The police mission in the twenty-first century: rebalancing the role of the first public service* London: Reform.

⁹⁴ See RSA (2015) *Safer Together: Policing a global city in 2020* for wide-ranging recommendations on how the police should integrate with local services, from research commissioned by the MPS. Revolving Doors Agency’s submission is available here: <http://www.revolving-doors.org.uk/documents/rsa-met-2020-response/>

- **Young adult men (18-24)** – adopting a tailored approach that takes account of varying levels of maturity among those in the transition to adulthood
- **Mental health and learning disability** – a targeted approach for those on a Mental Health Treatment Requirement, and developing a model where specialists co-work cases with staff across other cohorts where mental health or learning disabilities are identified.

Vulnerability assessment and “Community Risk” Multi-Agency Risk Assessment Conferences (CRMARAC)

Acknowledging that the police come into daily contact with vulnerable people, the Metropolitan Police (MPS) have developed a **Vulnerability Assessment Framework (VAF)** as a simple tool to identify those that are vulnerable and possibly in need of further help. Rather than focusing on a particular need, the tool is deliberately broad and aims to help police to get ‘upstream’ by responding to a wide range of vulnerability earlier and more effectively.⁹⁵

If a police officer identifies three or more vulnerability areas, they record this on the MERLIN information system which generates a referral to the Multi-Agency Safeguarding Hub (MASH). Additionally, where individuals are identified as generating repeat referrals and are a concern to a range of services, a **‘Community Risk’ Multi-Agency Risk Assessment Conference (CRMARAC)** model has developed in most boroughs. This takes a flexible and broad approach, seeking to identify and support anyone repeatedly identified as vulnerable and ‘at risk’ who would otherwise fall through gaps in provision. It brings together a panel of local partners to share information, and seeks to facilitate appropriate support to prevent future harm and crises.

In the year to October 2015, there were **80,705 adult vulnerability reports** on the Police Merlin system, of which 25,705 related to mental health crises; 2,255 related to substance misuse; 3,075 involved detention under Section 136 of the Mental Health Act; and 167 were flagged as a repeat s136.

“
In the year to October 2015, there were 80,705 adult vulnerability reports on the Police Merlin system, of which 25,705 related to mental health crises.
 ”

Implementation of these reforms has been challenging, and significant risks remain in this new landscape – including risks to existing local partnerships and concerns that the payment by results model will not provide sufficient incentives to work intensively with those facing the most complex needs.⁹⁶ However, some changes, such as the extension of supervision for rehabilitation to all short sentenced prisoners, and focus on ‘through the gate’ support, could present opportunities to improve support for those facing multiple needs who have previously fallen through the gaps.

In addition to this, the Mayor has convened the London Reducing Re-offending Board to bring key partners together and help drive strategic collaboration at a pan-London level. Building on strong commitments to support integrated offender management (IOM) approaches in the Mayor’s Police and Crime Plan, the Board has identified “gripping” small numbers of prolific offenders and co-ordinating support more effectively as a key strategic priority.⁹⁷

Given the strong relationship between levels of multiple needs and risk of re-offending, and the high prevalence among ‘revolving door’ offenders, **any approach to reducing prolific re-offending must seek to co-ordinate**

⁹⁵ Further information available here, p.18 <http://www.slcsn.nhs.uk/scn/mental-health/mh-urgent-commiss-cs-102014.pdf>

⁹⁶ HMIP (2015) *Transforming Rehabilitation – Early Implementation 3: an Independent Inspection of the Arrangements for Offender Supervision*.

⁹⁷ MOPAC (2015) *Annual Report 2014/15 and update on the police and crime plan* London: GLA.

support more effectively for offenders facing multiple and complex needs. We outline further opportunities to improve criminal justice responses for this group below (see 3.2c).

“Gripping the Offender” (GTO) pilot ⁹⁸

The Mayor’s Office for Policing and Crime (MOPAC) have received £1.4 million over two years from the Home Office innovation fund, matched with £1.6 million from a range of regional partners, to design, test, and evaluate an enhanced ‘whole system’ response to the most prolific offenders. The pilot will take place in North and East London, covering 8 boroughs (Camden, Enfield, Hackney, Haringey, Islington, Newham, Tower Hamlets, Waltham Forest).

It is expected to impact on approximately 1,000 offenders across these areas, and will build on existing integrated offender management (IOM) by including wider partners that were often not engaged locally, including courts and prisons. An enhanced service will be provided, with a focus on 5 key strands:

- **Policing:** offering a targeted offender-focused ‘whole policing’ approach
- **Courts:** Developing an enhanced pre-sentence report process for prolific offenders, and testing use of a problem-solving court approach
- **Enhanced Offender Management:** offering an improved ‘through the gate’ service, and offering a specific focus on young adult (18-25) offenders
- **Pathways out of crime:** taking a holistic approach to link into a range of community support, including use of personalised budgets to support consistency of provision from prison into the community for female offenders.
- **Case tracking and performance management:** improving identification of prolific offenders and supporting performance management through an adult re-offending dashboard

2.2h Support for survivors of domestic and sexual violence

Many women in contact with the criminal justice system, homelessness services, and/or mental health services have been victims of domestic violence and abuse. The Mayor has identified tackling violence against women and girls (VAWG) as a key priority in the police and crime plan, developing a pan-London VAWG strategy with a focus on prevention, improved support for victims, and addressing the health and social impacts of VAWG.⁹⁹ This has led to the commissioning of a pan-London domestic violence service, which aims to plug gaps in services and has led to an increase in the number of Independent Domestic Violence Advocates (IDVAs) in London by more than a third.¹⁰⁰

However, while this focus is welcome, significant gaps in provision remain. Discussions with key experts and service providers have highlighted a challenging funding environment for women’s community services, exemplified by the recent closure of the Eaves project.¹⁰¹ Particular concerns have also been raised around women facing more complex needs being excluded from refuge provision and other forms of support.¹⁰²

⁹⁸ For further information, see https://www.london.gov.uk/sites/default/files/dmpcd_2015_57.pdf

⁹⁹ MOPAC (2013) *Mayoral Strategy on Violence Against Women and Girls, 2013-17* London: GLA

¹⁰⁰ See <https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/mayors-mission/violence-against-women-and-girls-0>

¹⁰¹ <http://www.eavesforwomen.org.uk/news-events/news/closure-of-eaves-another-nail-in-the-coffin-for-the-women-s-sector>

¹⁰² For example, 80% of women engaged with the Fulfilling Lives (FLIC) team in Camden and Islington (see above) have been subject to domestic violence, but the service has found existing domestic violence provision unable to meet the needs of their clients due to overlapping substance use, mental health needs, offending behaviour and homelessness. See SHP (2015) *Fulfilling Lives Islington and Camden Annual Report: May 2014 - May 2015*, p.19

As the Case by Case report by AVA (Against Violence & Abuse) and Solace Women's Aid highlights, pan-London commissioning could play an important role in addressing these gaps.¹⁰³ **The Mayor and key partners should use their pan-London commissioning role to improve access to refuges and other support for victims of domestic violence and abuse who face multiple and complex needs,** learning from areas of promising practice.

The Emma Project¹⁰⁴

Run by NIA, the EMMA project is a refuge for women who are escaping gender violence and who use substances problematically. The women entering the project are extremely vulnerable and almost all have chaotic lifestyles that have led to exclusion from other refuge provision. More than a third of the women accessing the service have also been exploited through prostitution.

They do not require women to be drug free while they use the service, with specialist staff working with women who are still using substances problematically to help them achieve greater stability. The project also provides training on domestic violence and problematic substance use and can help agencies develop their policies and procedures around supporting affected women.

Further training resources and evidence are also available from **the Stella project**, which offers a range of services to organisations, local authorities and individual practitioners in order to improve services for women facing overlapping issues of domestic and sexual violence, drug and alcohol use and mental health. See: <http://www.avaproject.org.uk/our-projects/stella-project/what-we-do.aspx>

2.2i Welfare and employment support

Those facing multiple and complex needs typically experience entrenched poverty and exclusion.¹⁰⁵ Over half of those facing the most complex needs have been reliant on benefits for most of their adult lives, and given their often chaotic situation they are among those hardest hit by the increasing use of benefits sanctions, housing benefit changes, and reductions in local emergency welfare support.¹⁰⁶ Meanwhile, mainstream employment support is widely acknowledged to have failed this group. As a recent London Councils report on the Work Programme states:

“funding, and a subsequent lack of capacity in contracted providers to join up with other services and provide the necessary support, have contributed to poor performance for those with complex needs”¹⁰⁷

This has led to London Councils and other partners calling for greater devolution of powers over employment support, to enable a more tailored approach for those facing mental health problems and other needs. Following the London Growth Deal, agreed in January 2015, a number of schemes and pilots are already developing on this agenda, often being led at a sub-regional level. For example:

¹⁰³ Harvey, S et al (2014) *Case by Case: Refuge provision in London for survivors of domestic violence who use alcohol and other drugs or have mental health problems* London: AVA & Solace women's aid.

¹⁰⁴ <http://www.niaendingviolence.org.uk/refuge/index.html>

¹⁰⁵ See Revolving Doors Agency (2009) *Hand to Mouth: The impact of poverty and financial exclusion on adults with multiple needs* London: Revolving Doors Agency.

¹⁰⁶ Making Every Adult Matter (2014) *Evidence from the frontline: how policy changes are affecting people with multiple needs* London: MEAM & London Councils (2014) *Local Welfare Provision - one year on*.

¹⁰⁷ Quirke, D. (2015) *All's Fair in the Work Programme? Understanding the equalities impact of the work programme in London*: London Councils.

- **Working Capital pilot, Central London Forward** – The Working Capital pilot sees the eight London boroughs that make up Central London Forward developing a new approach for up to 4,000 residents on Employment Support Allowance (ESA) who have exited the Work Programme without finding employment. With £11 million investment from the European Social Fund, the five year pilot aims to support the long-term unemployed with health problems back into work, with every person receiving help from a dedicated caseworker who will develop a personalised support plan and co-ordinate access to existing council, health, and voluntary services, as well as specialist mental health support or skills training.¹⁰⁸
- **Mental Health and Employment Trailblazer, West London Alliance** – The Trailblazer has been established to test a model of integrating employment support and mental health services, aiming to boost access to sustained employment for 1,040 people with common mental health problems across Barnet, Brent, Ealing, Harrow, Hounslow, Hillingdon, Hammersmith and Fulham.¹⁰⁹
- **Pathways to employment, Lambeth, Lewisham and Southwark** – This pilot is targeted at integrating support more effectively for Universal Credit claimants with complex employment support needs. Local agencies involved pool resources, with staff from the JobCentre, councils, and voluntary sector provider Tomorrow's People working closely together to co-ordinate support for a range of issues that claimants face. These include housing, health, debt, and financial advice. So far, the approach is proving around five times more successful at supporting clients with complex needs into work than existing national programmes.¹¹⁰

This focus on a more tailored approach is welcome. **Key partners across the local government, employment support, health, and voluntary sectors (among others) should work together to ensure that more comprehensive and targeted support for those facing more complex needs is available across London**, with a strong focus on this group as negotiations continue around further devolution of responsibilities for employment support (see 2.2a).

However, it is important to note that for many of those facing the most complex needs, employment is likely to be a more distant goal, with the primary challenge being to achieve greater stability in their lives as a platform from which to turn their lives around. As such, while likely to be helpful for those at a particular stage of their recovery journey, **employment-focused programmes should not be seen as the main way of embedding a more effective approach for those facing multiple and complex needs.**

¹⁰⁸ See <http://centrallondonforward.gov.uk/news/cf-launches-working-capital-pilot/>

¹⁰⁹ See <http://publicservicetransformation.org/resources/work-and-skills/923-west-london-alliance-mental-health-and-employment-trailblazer>

¹¹⁰ See <http://publicservicetransformation.org/media-zone/news/897-celebrating-success-in-south-london-work-programme-pilot>

Chapter 3

Towards a multiple needs strategy: six priorities for London

The challenge of transforming services for the most excluded Londoners cuts across service boundaries, and will require strong political and strategic leadership. The response should be locally-led, with London boroughs and partners across policing, health, criminal justice, housing, and the voluntary sector working together to pool resources, integrate services, and co-ordinate a more effective approach. However, with key decisions around areas such as policing, health, and criminal justice made at a regional level, there is a strong case for a London-wide focus on this agenda to complement local leadership and to ensure the right support is available across London.

We call for a commitment from the next London Mayor to improve outcomes for the most excluded Londoners who face multiple needs.

This should be supported by a **London-wide partnership strategy to transform services for those facing multiple and complex needs, with joint oversight from the London Mayor, local government leaders, and key health and criminal justice partners.** Based on our review of the current policy context, and consultation with members of our London Service User Panel, we identify six strategic priorities that should inform any approach to this challenge:

1. Earlier intervention in people's problems
2. Greater access to targeted and intensive support across London for those facing the most complex needs
3. Co-ordinated rehabilitation for offenders facing multiple needs
4. Improved health and wellbeing for the most excluded adults
5. A system that supports long-term recovery
6. Greater user involvement in the design and delivery of services

3.1 A vision for change: towards a multiple needs strategy for London

As the above chapter shows, there is promising practice in responding to those facing multiple and complex needs in different areas of London and across different service sectors. However, significant gaps remain and the support available varies considerably depending on what service people come into contact with and where they live.

We want to see a system across London where everyone facing multiple and complex needs has access to timely, co-ordinated, and effective support, and is able to tackle their problems, reach their potential, and contribute to their communities. In a context of austerity,

devolution, and a growing focus on public service integration and reform, there is a strong case for a more co-ordinated strategic approach to improve services for those facing multiple and complex needs across London - particularly given the high demand and costs that repeated failed responses generate for London's overstretched public services.

The cross-cutting nature of this issue means that strong political and strategic leadership will be required to bring partners together across service boundaries to deliver an improved response. **The response should be locally-led, with London boroughs and partners across policing, health, criminal justice, housing, and the voluntary sector working together to pool resources, integrate services, and co-ordinate a more effective approach** that makes the most of local assets and navigates a complex local environment. As noted above, (2.2a) London's devolution deal may represent a significant opportunity to achieve this.¹¹¹

However, London's regional structures also have an important role to play. Key decisions around areas such as policing, criminal justice, and healthcare are made at a regional level, while the London Mayor's direct responsibilities around policing and crime, rough sleeping, and health give the Mayor and Greater London Authority (GLA) a direct interest and an important role. With relatively small numbers facing the most complex needs, and an uneven distribution across the capital (see appendix and 1.1 above), there is a strong case for a London-wide focus to complement local leadership and to ensure the right support is available across London.

We call for a commitment from the next London Mayor to improve outcomes for the most excluded adults across London. This commitment should be supported by a **London-wide partnership strategy to transform services and improve outcomes for people facing multiple and complex needs with joint oversight from the London Mayor, local government leaders, and key health and criminal justice partners.** A regional strategy would support local areas and provide:

- **Leadership:** the next London Mayor should bring their political drive and convening power to the agenda with a commitment to improving outcomes for the most disadvantaged Londoners across the capital
- **Co-ordination:** Bringing key strategic partners (including health and criminal justice partners) together; providing a framework to co-ordinate the wide range of schemes and work strands currently impacting on the most excluded adults across different sectors, and ensuring a more joined-up focus on those facing multiple and complex needs
- **Identifying gaps and commissioning solutions:** A regional focus should provide strategic backing for local areas, supporting them to overcome wider systemic issues and working to plug gaps identified that lie within a regional commissioning remit or would not be feasible to commission at a local level



We call for a commitment from the next London Mayor to improve outcomes for the most excluded Londoners who face multiple needs.

¹¹¹ London Councils (2015) *Reforming Public Services* London: London Councils

- **Convening partners and sharing practice:** With local leaders developing innovative approaches in their own areas, there is scope for greater sharing of knowledge and practice at a regional level. Regional partners could also pool funds to support innovation at key points of the system, which could be rolled out across London.

The two-tier model set out in London's proposed devolution deal provides a potential model for this approach, with regional oversight from the Mayor, local government, and key regional leaders, and local boroughs or sub-regional groupings of boroughs taking a lead on delivering key reforms.¹¹²

A London-wide strategy for multiple needs should:

- **Be locally led:** with London boroughs and partners across policing, health, criminal justice, housing, and the voluntary sector working together to pool resources, integrate services, and co-ordinate a more effective approach
- **Have political commitment and support at a regional level:** With oversight and commissioning support from the London Mayor and key regional leaders
- **Target systemic change:** Aiming to influence the wider service environment and commissioning to change how services respond to those facing the most complex needs
- **Bring together a range of existing schemes and funds:** Co-ordinate the range of programmes impacting on those facing the most complex needs in London more effectively to improve outcomes, including pursuing opportunities for partners to pool funds and joint-commission support.
- **Support a distinct approach for women and BAME groups:** acknowledging that there are different manifestations of multiple needs, and different groups may benefit from a distinct approach.
- **Be co-produced with people who have lived experience of the problem:** Any approach should begin with the aims and ambitions of people with lived experience of the problem, and involve them in setting key priorities and outcomes. A London-wide strategy for multiple needs should:
- **Be locally led:** with London boroughs and partners across policing, health, criminal justice, housing, and the voluntary sector working together to pool resources, integrate services, and co-ordinate a more effective approach
- **Have political commitment and support at a regional level:** With oversight and commissioning support from the London Mayor and key regional leaders
- **Target systemic change:** Aiming to influence the wider service environment and commissioning to change how services respond to those facing the most complex needs
- **Bring together a range of existing schemes and funds:** Co-ordinate the range of programmes impacting on those facing the most complex needs in London more effectively to improve outcomes, including pursuing opportunities for partners to pool funds and joint-commission support.
- **Support a distinct approach for women and BAME groups:** acknowledging that there are different manifestations of multiple needs, and different groups may benefit from a distinct approach.
- **Be co-produced with people who have lived experience of the problem:** Any approach should begin with the aims and ambitions of people with lived experience of the problem, and involve them in setting key priorities and outcomes.

¹¹² See <http://www.londoncouncils.gov.uk/node/27467>.

3.2 Achieving change: six strategic priorities for London

Given the cross-cutting nature of this issue and a complex service environment in London, a co-ordinated effort is needed across the whole system with a range of agencies playing their part. Reflecting on our review of the London context, and in consultation with members of Revolving Doors Agency's London Service User Panel, we have identified six strategic priorities that should inform the approach that key London partners take to this challenge:

1. Earlier intervention in people's problems
2. Greater access to targeted and intensive support across London for those facing the most complex needs
3. Co-ordinated rehabilitation for offenders facing multiple needs
4. Improved health and wellbeing for the most excluded adults
5. A system that supports long-term recovery
6. Greater user involvement in the design and delivery of services

Each of these are considered in more detail below, highlighting suggested areas of focus to contribute to each priority.

3.2a Earlier intervention in people's problems

Members of our London service user panel report repeated missed opportunities to intervene earlier in their problems. Whether they were asking for help from services or coming into contact with the police, criminal justice system, or emergency services at a time of crisis, they report exclusion from support and rejection from services.

As seen above, there are a range of programmes at different points of the system seeking to improve identification of people facing multiple and complex needs and provide earlier links into support - particularly among those coming into contact with the police (e.g. criminal justice Liaison and Diversion services and a focus across London on improving mental health crisis responses, see 2.2f) or programmes targeting rough sleepers (e.g. No Second Night Out and Homeless Pathway project from hospitals, see 2.2b¹¹³). However, there is much further to go and significant gaps remain.

Key local and regional partners should work together to improve identification of multiple needs at all points of the system, and aim to make every contact count so that people facing multiple and complex needs are linked into effective support wherever they come into contact with services. Whether through contact with the police, A&E, homeless services, or the JobCentre, there should be 'no wrong door' to accessing support. This should involve:

“
I had a lot of problems...so it wasn't rocket science to offer me a bit of rehabilitation. If they'd have intervened earlier, and given me another way to go I would have taken it and I wouldn't have wasted 35 plus years of my life.
 ”

¹¹³ <http://www.pathway.org.uk/>

- **Greater integration and co-location of services:** increasing the availability of multi-agency teams and ‘hubs’ in the community that can respond flexibly and quickly to people’s needs. Building on models such as the Community Risk MARAC approach (see 2.2f) that bring together a range of staff, including police, adult social care, mental health, primary care, probation, and substance misuse services, to solve shared issues locally.
- **Investing in training and tools to identify those facing multiple needs earlier** that can be used across a range of services and link people into support wherever they come into contact. This should be linked to more systematic efforts to collect data on the numbers of those facing multiple needs to inform the commissioning of services in London.
- **Improved information sharing** so that information follows clients between services, and identification does not rely on the individual telling their story over and over again.
- **Pathway mapping to identify key transition points and gaps in support:** taking a ‘whole system’ view from the service user perspective to identify key transition points and gaps where there are opportunities to target enhanced support and intervene earlier to prevent problems from escalating.

Barking and Dagenham – a signposting tool for those facing multiple and complex needs¹¹⁴

In Barking and Dagenham, Community Connect has recently launched a new online signposting tool for those facing multiple and complex needs to help practitioners navigate access to support. Acknowledging that people in this situation often fall through gaps in support, and that practitioners may struggle to find the right support in a complex service landscape, the Band Together Routemaster tool helps to identify need through a series of questions and then provides up to date signposting to available support across service sectors. It aims to achieve:

- Better signposting, through the integration of welfare, housing and work information into a single place
- A reduction in costs: delivering information using an online platform
- More accurate information resulting in fewer and better targeted referrals to statutory services

“ We call for every local area in London to identify those facing the most complex needs, and invest in providing intensive, targeted, and co-ordinated support for people in this situation. ”

3.2b: Greater access to targeted and intensive support across London for those facing the most complex needs

We know that an intensive, personalised, and holistic approach which co-ordinates access to a range of support services can be effective in helping those facing multiple and complex needs to achieve greater stability, and build a platform to turn their life around (see 1.3 above). However, while there are examples of promising practice in London, targeted services providing this kind of support are not available in every area, and there is significant scope to build the availability and capacity of such services across the capital.

¹¹⁴ The tool is available here: www.bandtogether.co.uk

We call for every local area in London to identify those facing the most complex needs, and invest in providing intensive, targeted, and co-ordinated support for people in this situation. Given the widespread of costs that people in this situation generate across public services, this approach should have backing from a range of local and regional partners at a strategic level. It should include:

- **A flexible approach**, able to work in a person-centred way with a range of clients facing multiple and complex needs, taking referrals from across the system to co-ordinate support and with scope for local areas to identify priority groups.
- **A gender-specific focus for women facing multiple and complex needs**, including regional and local partners working together to build a network of women's centres across the capital that can work holistically with vulnerable women (including female offenders). A priority should be placed on plugging the current gap in domestic abuse support and refuge provision for women facing the most complex needs (see 2.2h).
- **Pooling funds and joint-commissioning**: given the cross-cutting nature of multiple and complex needs, a range of partners should be involved in funding an improved approach, with savings to be made from taking a 'whole system' view and pooling resources to address this shared challenge.
- **A regional effort to map the availability of provision for multiple and complex needs across London**, ensuring that targeted and co-ordinated support is available in every borough, with regional leaders working together to support local areas and to commission additional support where this may be more appropriately commissioned at a regional level.
- **Sharing learning and practice across London**: bringing local areas together on this agenda to learn from areas of innovative practice across London.

3.2c: Co-ordinated rehabilitation for offenders facing multiple needs

The most excluded Londoners are disproportionately likely to be in contact with the criminal justice system, and there are high levels of multiple and complex needs among those caught in a cycle of repeat offending. **Improving criminal justice responses for people in this situation must be a key part of any attempt to improve outcomes for the most excluded Londoners.**

There has been a promising focus on more integrated responses for certain groups of offenders, including women, young adults (18-25), and prolific offenders, from the Mayor's Office for Policing and Crime and key strategic partners (see 2.2g). Furthermore, proposals to include greater justice powers within London's devolution settlement may hold the potential to pursue greater integration and more innovative approaches.¹¹⁵ However, significant challenges and high re-offending rates remain, with particular blockages around access to appropriate housing for offenders reported by members of our London Service User Panel.



“
they [the police]
know the faces of
the regulars, people
they see a lot. But
they don't know
where to send them
”

“
At the hostel, I'd be surrounded
by drug addicts and be back
in the same boat. Surrounded
by alcoholics and drug
addicts, so they just take you
out of the shallow end and
put you in the deep end.
”

Key London partners should focus on:

- **Effective diversion into targeted support where appropriate** – linking with Liaison and Diversion services to ensure effective pathways into support are available for those facing multiple and complex needs, where appropriate.
- **Greater availability and use of intensive alternatives to custody for those facing multiple and complex needs**, linking into effective and co-ordinated support in the community and reducing a current overreliance on short prison sentences.
- **Building on integrated offender management (IOM) approaches**, promoting wider involvement from a range of services such as housing, health, and mental health at both a strategic and operational level, and supporting effective IOM approaches in every borough.
- **An immediate review of housing resettlement pathways for homeless ex-offenders in London**, in the context of a wider housing crisis a lack of links into appropriate housing for offenders on release is a major contributor to re-offending. The next Mayor should commence an immediate review of this challenging issue, with clear recommendations for improvement.

3.2d Improved health and wellbeing for the most excluded adults

People facing multiple and complex needs experience significant health inequalities and can struggle

to access mainstream health services, with low levels of GP registration and difficulties accessing mental health support due to dual diagnosis or not meeting thresholds for secondary care. However, those with lived experience tell us that improving health and wellbeing is a key stepping stone to recovery and helping people to move on with their lives.¹¹⁶

As noted above (2.2c), the London Health Commission's *Better Care for London* report included an important focus on better healthcare for socially excluded groups. **Key health partners across London should build on this agenda, aiming to provide targeted models of healthcare for those facing multiple and complex needs, and helping to develop an integrated service offer with local partners for those facing the most complex needs.** This focus should include:

- **Improving access to primary care** by extending specific primary care models for those facing the most complex needs across London.
- **Links into support from A&E and hospital discharge**, learning from models to improve support for homeless people to develop approaches for others facing multiple and complex needs.
- **Extending access to counselling and mental healthcare for the most excluded groups**, championing greater investment in assertive outreach models and ensuring mental healthcare reaches out and is linked in with a range of community services.



¹¹⁶ Terry, L. (2015) *A Good Life Exploring what matters to people facing multiple and complex needs* London: Revolving Doors Agency

- **Monitoring health inequalities faced by the most excluded groups at strategic level**, and developing targeted models to reduce the health inequalities experienced by key socially excluded populations, including offenders in the community.

3.2e Creating a system that supports long-term recovery

For people facing multiple and complex needs, recovery is a journey that often includes multiple setbacks and relapses. It is also about much more than the often narrow outcomes set for traditional needs-focused services. In recent research, people with lived experience of multiple needs highlighted the importance of: achieving a greater sense of stability in their lives; creating a new positive identity by focusing on their strengths and interests; building new relationships and informal networks to overcome social isolation as a key to sustaining long-term recovery (see below).¹¹⁷ This fits well with the research into recovery and desistance across sectors.¹¹⁸

Currently, aspects within the service environment tend to hinder rather than support this recovery process. Members of our London Service User Panel report challenges around services pulling away support too quickly, or pushing them towards single outcomes such as employment too fast without taking account of their other problems. While employment was seen as an important goal for some, many stressed that standard welfare to work support simply did not work for them. Some people have also reported problems with the increased use of welfare sanctions leading them back to crime:

“Basically, my money got stopped for 14 months. No excuses; no money, no hardship payment so I went out there robbing food.”

Policymakers and commissioners in London should work together across different sectors to ensure that the wider support system helps rather than hinders long-term recovery for those facing multiple and complex needs. Areas for London leaders to focus on include:

- **Ensuring outcomes and funding mechanisms encourage long-term recovery:** A trend towards linking payment to outcomes can lead to services chasing short-term targets rather than long-term outcomes that are meaningful to clients. Local and regional leaders should involve service users to define outcomes that are meaningful to them, ensuring that they prioritise long-term recovery over short-term wins.¹¹⁹
- **Taking a stepped approach to recovery, and investing in building resilience** – including supporting ‘stepdown’ services that work flexibly with clients after a period of more intensive support, and links to peer support and befriending groups in the community.
- **Reviewing the impact of welfare changes and sanctions for vulnerable people across London, including a focus on the availability and accessibility of local welfare provision** such as crisis loans.¹²⁰

“
to me it’s even better
if they’ve got through it
themselves...to see someone
that has been through it, got
through it, and got above it.
If I come somewhere and
see someone like that that
would really help me.
”

¹¹⁷ Ibid.

¹¹⁸ Terry, L (2015) *Understanding the whole person: What are the common concepts for recovery and desistance across the fields of mental health, substance misuse, and criminology?* London: Revolving Doors Agency.

¹¹⁹ See Britton, S (2015) *Adding Value? Reflections on payment by results for people with multiple and complex needs* London: Revolving Doors Agency

¹²⁰ See London Councils (2014) *Local Welfare Provision - one year on.*

- **More tailored employment support for those facing multiple and complex needs**, that links with other support in place, takes a gradual “stepped approach”, and recognises progress such as volunteering.¹²¹

A Good Life: Exploring what matters to people facing multiple and complex needs

Recent research by Revolving Doors Agency explored the priorities and goals of a group of individuals with direct experience of multiple needs, using creative research methods and asking what a ‘good life’ looked like to them. Reflections from this research that should be considered when developing outcomes frameworks for services and programmes working with those facing multiple and complex needs. Key findings include:

- **The importance of achieving stability.** The desire for stability and security was the strongest theme of the research. This was often linked to a desire for stable accommodation, but also to greater consistency in experience with support services more broadly, and also a greater sense of mental wellbeing.
- **Quality of service is important**, with a particular focus placed on relationships with staff members. When working with a difficult to engage group, user satisfaction measures should therefore be considered as an important.
- **Understanding the journey.** Participants stressed that recovery from multiple and complex needs is a journey, which inevitably involves a series of setbacks and difficulties. It may require a long period of engagement to achieve the kind of final ‘results’ such as employment or abstinence from substance misuse, and as such distance-travelled outcomes are important as signifiers of progress and greater stability.

The report is available here: <http://www.revolving-doors.org.uk/documents/good-life/>

3.2f Greater user involvement in the design and delivery of services

Meaningful user involvement can help to improve services, inform strategy and commissioning, and benefits users themselves – helping them to build confidence and skills that support their recovery journey. While there is growing awareness of the importance of user involvement across service sectors in London, members of our Service User Panel stressed the importance of ensuring this is more than a ‘box-ticking exercise’, and called for people with lived experience of multiple needs to be involved at all levels - from setting outcomes and priorities and designing services at a strategic level, through to frontline delivery and peer-support.

The Mayor and other local and regional leaders across service sectors should champion greater user involvement in services across London, ensuring that people with lived experience of multiple needs are meaningfully involved in co-producing services and informing key strategies and the commissioning process. This should include:

- **Ensuring local plans to co-ordinate services for multiple and complex needs are co-produced with those with lived experience**, and they are involved in setting outcomes and goals for local and regional strategies.

¹²¹ See also Revolving Doors Agency’s response to the Independent Review into the impact on employment outcomes of drug or alcohol addiction and obesity call for evidence, available here: <http://www.revolving-doors.org.uk/documents/review-into-employment-outcomes-response/>

- **Commissioners across all sectors requiring all providers to demonstrate how they will involve service users in the ongoing development of their service**, including a focus on specific models to ensure the most excluded adults are involved in a meaningful way.
- **Involving service users in the commissioning process**, expanding on peer-research models to help identify priorities and needs, and building on other approaches to support individuals with lived experience to contribute at a strategic level.
- **Seeking to boost access to peer-support models of delivery**, so that all services involve those with lived experience in supporting the most excluded Londoners.

The Commissioning Together project

Revolving Doors Agency's *Commissioning Together* project is pioneering a new model of involving the most excluded adults in the commissioning process in two London boroughs: Wandsworth and Barking and Dagenham. Participants in the project have experience of multiple and complex needs and contact with the criminal justice system.

The project builds on a peer-research approach to bring together commissioners from health, housing, social care and criminal justice sectors with people with lived experience in order to evaluate existing services, analyse need, and co-produce interventions that better respond to this need. So far, participants have helped to inform the recommissioning of women's integrated offender management service in Wandsworth and substance misuse treatment for offenders in Barking and Dagenham.

For further information, see: <http://www.revolving-doors.org.uk/service-user-involvement/commissioning-together/>

Conclusion

The next Mayoral term represents a significant opportunity to improve the lives of thousands of the most excluded Londoners. Despite a challenging context for London's public services, there is a growing focus on improving co-ordination of services for those facing multiple and complex needs at a policy level, and a number of examples of promising practice emerging from different service sectors and different areas of London.

However, there is a strong case for stronger leadership on this agenda and a more co-ordinated approach across London so that everyone facing multiple and complex needs in the capital has access to timely and effective support, and is able to tackle their problems, reach their potential, and contribute to their communities. With falling expenditure across public services, we cannot afford to avoid this challenge – the financial, social, and above all, human cost of failure is too great.

A new approach for those facing the most complex needs in London should be locally-led, with London boroughs and partners across policing, health, criminal justice, housing, and the voluntary sector working together to pool resources, integrate services, and co-ordinate a more effective approach that makes the most of local assets and navigates a complex local environment. London's proposed devolution deal could create an important spur and opportunity to achieve this.

However, regional partners also have an important role to play. We call on the next London Mayor to commit to improving outcomes for the most excluded adults across London. They should provide regional leadership on this agenda, and work with key regional partners to support local delivery through a London-wide partnership strategy to transform services for individuals facing multiple and complex needs, drawing on six strategic priorities recommended in this report:

1. Earlier identification of people's problems, and links into support;
2. Greater access to targeted and intensive support for those facing the most complex needs across London;
3. Co-ordinated rehabilitation in the criminal justice system;
4. Improved health and wellbeing outcomes for individuals facing multiple and complex needs;
5. A system that supports long-term recovery;
6. Greater user involvement and co-production in services.

Over the next two years, Revolving Doors Agency will continue to work with a range of key decision makers across London to raise awareness on multiple and complex needs, and help to inform policy solutions that will help to achieve these overarching goals.

Appendix: Estimated costs and a breakdown of overlapping need by borough.

Local authority estimates

The most comprehensive mapping of prevalence of overlapping need to date is provided in Lankelly Chase Foundation's report *Hard Edges: Mapping severe and multiple disadvantage*, which mapped across substance misuse, offending, and homelessness databases. Appendix J of the report provides data down to a local authority level, and this forms the basis of some of the estimates used in this report. The table below draws out some of the relevant data by London borough.¹²²

As highlighted in the report, it should be noted that this underestimates the level of multiple needs by only focusing on those in contact with particular services, and is also likely to exclude particular groups. The figures below are included as a guide, and to provide a sense of the distribution of overlapping needs across London. It should also be noted that for clarity the main body of our report uses rounded figures, while this table is based on the original data from the *Hard Edges* research.

Estimating costs

The cost estimates of £160 million per year for the 7,000 individuals facing all three needs (substance misuse; offending and homelessness) and a combined cost of £760 million for those facing 2+ needs are based on national estimates for Lankelly Chase's *Hard Edges* report. This suggests national costs of £4.3 billion per year for 222,000 individuals identified facing 2+ needs, with an estimated average individual cost to services of £22,700 per year for those facing all three needs and £19,000 for the wider cohort.¹²³

As noted in the report, this figure is significantly lower than the individual costs identified in a number of smaller-scale studies with those facing multiple and complex needs, which while acknowledging significant variation between cases tend to average at between £30,000 - £50,000 in costs to local services per year. While these may tend to focus on a smaller group facing the most complex needs, it is still likely that these headline figures drawn from *Hard Edges* are likely to underestimate the true cost to services of multiple and complex needs in London.

¹²² Further detail is available in *Hard Edges* appendices, available here: http://lankellychase.org.uk/wp-content/uploads/2015/01/Hard_Edges_Appendices_FINAL.pdf

¹²³ See Fitzpatrick, S; Bramley, G et al (2015) *Hard Edges: Mapping severe and multiple disadvantage – England*, p. 41-42

Table 1. Estimated number with overlapping substance misuse, offending, & homelessness need by borough

Borough	All 3 needs ¹²⁴	2 needs only	Total
Barking and Dagenham	120	760	880
Barnet	190	740	930
Bexley	65	480	545
Brent	325	1160	1485
Bromley	130	760	890
Camden	385	1270	1655
Croydon	285	1340	1625
Ealing	305	1350	1655
Enfield	210	800	1010
Greenwich	185	1120	1305
Hackney	320	1490	1810
Hammersmith and Fulham	310	1010	1320
Haringey	295	1250	1545
Harrow	60	410	470
Havering	65	530	595
Hillingdon	110	860	970
Hounslow	135	790	925
Islington	280	1460	1740
Kensington and Chelsea	100	580	680
Kingston upon Thames	130	350	480
Lambeth	395	1890	2285
Lewisham	310	1490	1800
Merton	70	520	590
Newham	235	1450	1685
Redbridge	135	670	805
Richmond upon Thames	55	370	425
Southwark	385	1690	2075
Sutton	100	480	580
Tower Hamlets	415	1540	1955
Waltham Forest	155	830	985
Wandsworth	285	1010	1295
Westminster	395	1370	1765
City of London	0	30	30
LONDON TOTAL	6940	31850	38790

¹²⁴ This figure is an average of two different estimates based on different datasets. The total for London boroughs from offending database OASyS was 7850, while the total based on Supporting People records was 6030.

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