

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

### **1. The rationale for the approach – the scale and nature of our challenge**

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

To provide a sense of the scale and dynamics involved:

- During the winter of 2017/18 including the so called ‘Beast from the East’ cold spell we were dealing with a cohort of over 30 rough sleepers in very challenging conditions. A very small number (5) could not be persuaded to take up offers of accommodation and support and chose to stay out all winter.
- During the exceptionally warm weather in the summer of 2018, rough sleeper numbers spiked to around 67. This led to some unwanted media attention about Doncaster as a particularly challenged area for rough sleeping and use of Spice, though reports were positive about our multi-agency response, featured here.
- This situation began to place unplanned and complex demands on a range of services, including the NHS where we identified concerns for demand at A&E, hospital discharge and lack of connection to primary care services.
- We recognised a specific prevention related challenge connected to the fact that Doncaster has four HM Prisons within its boundary. This left us particularly susceptible to prisoners being released with no fixed abode (NFA) or without adequate wrap around housing, health and care planning. To illustrate, there were 216 releases from Doncaster Prisons to Doncaster between April and August 2018, 51 of which were to NFA.
- A deep dive we conducted into the impact on public services of a relatively small cohort of 57 people with complex needs indicated a conservative estimated annual cost to the public purse of £1m. When scaled to the estimated total cohort of 4,200 people experiencing multiple disadvantage in Doncaster<sup>1</sup> this totalled almost £50m p.a. of mostly reactive costs to the system.

### **2. The design of a new cross public service operating model – locally driven, informed by lived experience**

In autumn of 2016, DMBC and the Team Doncaster Strategic Partnership identified the issue as a priority for the development of a new, whole system operating model,

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

## Appendix 7- Complex Lives Briefing

reflecting the complexity of the challenge and the need for an integrated response across all public services and working with community, voluntary and faith sectors.

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

The case studies, alongside the deep engagement with local stakeholders ensured a bottom up design process, which looked across the whole system for issues and solutions. This is also established a core commitment to ensuring a user centred approach to the design and development of the model, which is still a key feature.



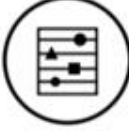
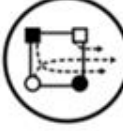

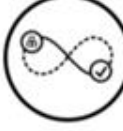


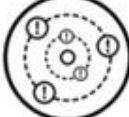
Section 9 of this report provides an illustration of the engaging ethnographic case studies, more detailed information can be provided if required.

### **3. The Complex Lives Alliance delivery model - a 'whole system' Accountable Care Partnership approach in action**

The product of this bottom-up design work was a system specification to guide the build and mobilisation of a new approach - the Doncaster Complex Lives Alliance. This model is now fully mobilised and operational, playing a crucial role in supporting some of the most disadvantaged and vulnerable people in Doncaster.

The model incorporates in practice services from Doncaster Council, RDaSH (NHS Community Foundation Trust), DBTH (Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust), Primary Care Doncaster, St Leger Homes (Doncaster's Arms-length Housing Management Company) other Supported Housing Providers, Community Rehabilitation Company, NACRO, National Probation Service, South Yorkshire Police, DWP, and also works with other community and voluntary sector partners.

The whole system model comprises a set of key operational and enabling features which provide a new integrated system for agencies to work within. These are the 'moving parts' of the model that together represent the whole system approach required to meet the scale and nature of the challenge. The key moving parts are illustrated in this extract from the system specification:-

	OPERATIONAL FEATURES	SUPPORT/ENABLING FEATURES	
	Complex Lives Team - case management capacity	Case Management model - process and ICT system	
	Complex Lives Asset Menu - support services	Outcome Framework and Performance Management	
	Doncaster Housing Plus Pathway - accommodation options	Developmental Evaluation and Learning model	
	Doncaster Changing Lives Fund - to remove barriers	Alliance Governance - to support collaboration	
	Prevention & Demand Management		

At the core of the operational model is a Complex Lives integrated delivery team which includes a Team Manager, Senior Caseworker, 5 Making Every Adult Matter (MEAM) specialist caseworkers, 6 Navigators, the Housing Options Single Point of Access staff, a Housing Options Officer, a dedicated drug and alcohol worker, a housing benefits officer, 2 Assertive Outreach Workers, a Housing Benefits Officer, a NACRO worker, a dedicated Mental Health Nurse, DWP Work Coach and a Trauma Worker. Joining the team later in 2020 will be a Church of England funded Positive Pathways worker which is a specially designed role in collaboration with Doncaster Minster to assist with volunteering, training and employment and coordinate faith based activity. The diversity of skills in this team illustrates the partnership commitment and the very integrated response that we are applying to the work.

Our recent award of Rough Sleepers Initiative funding is enabling us to build upon our robust and innovative partnership approach. We have added three Navigators and 1 MEAM Specialist Caseworker to the team and expanded the St Leger Lettings Agency by two local lettings officers to enable a focus on delivering impacts and outcomes for rough sleepers and six full time equivalent tenancy sustainment workers to provide preventive support for vulnerable and at risk people.

The ongoing development of the model is supported by a joint commissioning approach that is now tackling homelessness and rough sleeping as a shared priority across commissioners in Doncaster Council Adult Services, Public Health and the Clinical Commissioning Group. This will develop further in the coming year.

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

### Core Integrated Team

- Team Manager & Senior Caseworker
- Intensive Support Workers (MEAM)
- Navigators
- Assertive Street Outreach Team
- St Leger Homes Single Point of Access
- Specialist Mental Health Nurse (Community NHS Trust)
- Specialist Drug & Alcohol Worker
- NACRO Worker (prisons)
- National Probation Service Worker
- CRC worker
- IAPT Counsellor (NHS)
- Housing Benefits Officer
- St Leger Housing Options Officer
- Trauma Worker (Doncaster Rape & Sexual Assault Service)
- Amber Outreach Workers (sex worker support)
- CRISIS Skylight Support Workers
- DWP Work Coach
- Positive Pathways Worker (Doncaster Minster)

### Working closely with:

- Housing Support /Hostel Providers
- South Yorkshire Police
- Town Centre Officers
- Doncaster & Bassetlaw Foundation Hospital Trust
- Primary Care Doncaster(e.g. clinical rooms for GP access)



South Yorkshire  
Community  
Rehabilitation  
Company



### 4. Impact, outcomes and real life successes achieved

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

The team is working to support 122 clients with complex needs, all previously rough sleeping.

100 of these are now settled and stabilised in accommodation settings, being supported by key workers and wrap around support plans, making progress on initial stabilisation and with improvements relating to drug and alcohol misuse, physical health, offending behaviours. This is tracked using the Homelessness Outcomes Star<sup>2</sup>, which plots baselines and progress across ten domains. Some highlights are:-

- 80% have shown improvement in offending behaviour since receiving support from complex lives
- 70% have reported their substance use was less problematic with 6 clients stating they no longer had an issue
- 38 clients report that their lives had improved in all ten domains – including improved social networks, physical and emotion wellbeing, managing finances and maintaining tenancy

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

- We discharged 20 clients who no longer need intensive support from Complex Lives but are still in support from partner agencies.

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

### The results so far in numbers...and our outstanding challenge

*We have made a big impact – responding to major challenges...*

**122** People are case managed by the team, all were originally rough sleeping.....

**100** Now in settled accommodation and receiving support for the CL Team and Alliance partners (others in Hostels, Prison, sofa surfing)

**67** The peak of a worrying summer spike in rough sleepers – a major challenge in and for the Town Centre

**9** The current number of Town Centre rough sleepers – due to very proactive joint efforts – and still working at it – our goal is 0

*This is not 'task and finish' work - we have to stem the flow of demand*

**4** Average number of new rough sleepers per week – prison releases, evictions, newcomers

**54** Known to be at risk of rough sleeping (sofa surfers, unstable housing situations, hospital, planned evictions)



The team has achieved transformational success with some of the most entrenched rough sleepers in Doncaster with highly complex health and support needs. This includes some testing of the Housing First approach, working with South Yorkshire Housing Association, target Housing and Changing Lives. One case study is summarised in section 10 (below).

#### 5. NHS Long Term plan and Complex Lives

The policy direction set out in the NHS Long Term Plan acknowledges the importance of a focus on homelessness and issues related to supporting people with Complex Lives.

Specifically these are:-

- The focus on **health inequalities** specifically relating to Homelessness (2.32) and the commitment to improve access to specialist homelessness NHS mental health support, integrated with existing outreach services
- The focus on **severe mental health problems** (3.94) and commitment to a new community-based offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use
- The focus on **Health and the Justice System (appendix)** and the priority to improve continuity of care and growth of Community Service Treatment as an alternative to custody

- The focus on **alcohol dependence (2.2)** and commitment to the growth of Alcohol Care Teams to reduce alcohol dependence-related admissions.

These commitments and the overall direction of the Long Term Plan should provide a backdrop of policy support and investment to enable us to go further with integration and increasingly preventive approaches.

Our experience has shown that in the case of supporting people with Complex Lives, this must reach beyond the NHS landscape and draw together the worlds of the NHS, Local Authorities, Housing and Criminal Justice services alongside local community, voluntary and faith sector organisations.

## 6. Conclusion

As this note illustrates, partners in Doncaster have taken forward a bold reform that has been designed to respond to a very real and live challenge – supporting some of Doncaster’s most vulnerable people and serious societal challenges. The foundations created in the Doncaster Complex Lives Alliance provide a very secure backdrop and helpful learning to inform how we take Integrated Health and Social Care forward in Doncaster.

## 7. illustrations from ethnographic research – the lived experience

**“I should be dead...I’ve lost a lot of friends on the streets...I know I’m lucky to be alive.”**

David has spent the last 20 years on the streets and on drugs, and in prison and rehab.

He was abused by his father and is beginning to confront his deep-rooted mental health troubles. His self-esteem and self-worth is fragile.

He barely knows himself outside of life on the streets and drugs. Now he is finally in housing, he is uncertain of his surroundings and the life now open to him.

He values his family greatly, and wants his mother to see she does not have to worry about his health, and is determined to be there for his son.

photo credit: streetkitchen.co.uk

### David’s Story

David was physically abused in childhood by his father.

In 1995, he lost custody of his son, and his father passed away from cancer.

He declined into alcohol, tablets, heroin, crack and cocaine.

David spent 20 years knowing little else but the streets, drugs, shoplifting, rehab and prison.

In Tent City he was ‘found’ by services rather than reaching out.

He was sofa surfing, then out on the streets.

He moved to London’s streets for 7 years, partly to avoid causing his family shame.

David hit ‘Rock bottom’ in 2016 when he was violently attacked and hospitalised.

Today he has applied to stay on in his accommodation, and has a mental health worker helping him through his past and future. He is off drugs and now keen to kick methadone.

20 years

## David's Experiences

and how specific stages in the outreach journey connect with his story



<p><b>A Hidden Spiral (0 to 1)</b></p> <p>David's father abused him when he was a child. Only in his adult life did he come to realise that his treatment was not normal. This has deeply affected his mental wellbeing and is a source of much of his years' addiction and distress.</p> <p><i>"When I was a child my dad beat me really badly once in front of my mam. He hit me so hard the blood went up the wall and on the ceiling. That light shade had blood on it for years."</i></p>	<p><b>Staying out of Reach (0 to 3)</b></p> <p>David's self-esteem and years on the streets meant that he only sought services to get by, and wasn't often aware of services available to help him into a more safe and stable life.</p> <p><i>"I'd been on the streets so long that I don't seek help... The services I used were rehab, jail, detox, the streets themselves."</i></p>	<p><b>Outreach Services (2 to 3)</b></p> <p>David found more services for homeless people when living in London, and advocates more outreach services in Doncaster.</p> <p><i>"Until tent city I'd never seen any real homeless provision (in Doncaster) - nothing like the homeless beds in London."</i></p> <p><i>"We need services going out to the streets - mental health, medical, drugs and rehab, counselling and recruitment, and drop-ins for doctors and dentists."</i></p>
<p><b>Turning Point &amp; Service Awareness (1 to 4)</b></p> <p>David's nature is not to seek help. He joined in with tent city because it was an accessible, relatively safe version of the life on the streets he had been living. It was only on the last day, when unbeknownst to him the site was being cleared that Pat from the Communities team approached him and asked why he hadn't packed up. At that point, Pat was able to direct him to temporary housing.</p> <p><i>"Nobody had talked to me until the last day. I had no idea of the help or support that was available up to that point."</i></p>	<p><b>Adjusting to Housing (3 to 5)</b></p> <p>David's experiences and the length of time he spent homeless means he is taking more time than most people to adjust to a stable housing situation. He doesn't feel a sense of ownership of the place.</p> <p><i>"I'd been on the streets that long, that when I moved in I couldn't sleep. I couldn't sleep in a bed, it felt weird, I slept on the floor the first week."</i></p>	<p><b>Housing &amp; Security (4 to 6)</b></p> <p>David's Family are a key motivator to him stabilising in his housing, and he feels his duty as a son and father to host his mother and son. Reaching this moment may be a turning point in his life. But his self-esteem and long time on the streets means he struggles to visualise this and settle, and trust that his house will not be taken away from him.</p> <p><i>"I've been looking at the place I'm in and thinking I want to decorate it."</i></p> <p><i>"David didn't feel secure in his housing."</i></p>
<p><b>Old Habits &amp; New Surroundings (6 to 9)</b></p> <p>David stays away from old threats and contacts to bad habits, but a lack of knowledge of his local area and connections to people and places may mean that if the new time and space in his life isn't filled, he may fall back on bad habits.</p> <p><i>"It's far away from the town centre and trouble...I have learnt not to take anybody into my flat...oh no."</i></p>	<p><b>Mental Health Services (9 to 11)</b></p> <p>David's mental health problems are severe and he will take a long time to improve. The shameful identity of homelessness shadows him, affects his self-esteem, his vision for the future and his sense of self-worth. Being allocated a mental health worker should have a significant impact.</p> <p><i>"My mental health is worse now I'm off drugs in some ways...drugs numbed it and now I have to release what's on my mind."</i></p>	<p><b>Finding Purpose (9 to 11)</b></p> <p>David is just beginning what is hopefully a new life off the streets. But he has little idea of what he can offer or how he can be of help. Finding this may be crucial to building his self-esteem and avoiding a relapse. Dave is keen to help others who are going through similar struggles. He also acknowledges his knowledge of the streets as an asset.</p> <p><i>"If I can give anything back, I will."</i></p>

## 8. Complex Lives Alliance Case Study:

### Raymond...Multiple health issues, Rough sleeping for nearly 7 years

#### Then....

- Begging daily in the town centre to pay for his heavy alcohol and substance misuse - costing over £100 a day
- Significant health concerns including deteriorating mental health, weakened immune system, blood borne virus, reduced mobility and would not engage in treatment
- Stayed on streets through all seasons
- Exploited by his peers to beg and commit crime.

#### Now.....

- In a secure tenancy he can call home, no longer chaotic. Attends all drug and alcohol service appointments and is on methadone treatment and reducing the level of medication. Engages with his key worker
- Drug free from all substances. Taking medication for mental health and successfully treated for blood borne virus
- Re-kindled a relationship with his family. Maintaining his own personal hygiene, eating well and has engaged with cooking for himself
- Regained some trust in Services from previously being let down. Has adapted to his new life in his safe and warm home.

Produced by Integrated Complex Lives Team workers directly supporting Raymond