

AGENDA ITEM

**REPORT TO HEALTH
AND WELLBEING
BOARD**

22ND FEBRUARY 2023

**REPORT OF
DIRECTOR OF
PUBLIC HEALTH**

MULTIPLE COMPLEX NEEDS – PEER ADVOCACY PILOT

SUMMARY

This paper provides an overview of the pilot work to support people in the borough with multiple complex needs, using a peer advocacy and support model and funded through the ICS health inequalities monies devolved to each local authority area.

RECOMMENDATIONS

Board is asked to:

1. Consider the update and support the approach set out.
2. Receive next steps at the planned future update to Board.

DETAIL

Context

1. A previous paper was brought to Board proposing specific work to support people living in the borough who experience multiple complex needs. These individuals often have significant social, physical and mental health needs, experience poor outcomes and are significant users of health and care support. They also often experience significant barriers (social, cultural, economic, logistic, literacy, mental ill health) to accessing the support they require.
2. Across the borough, there is a range of support in place to improve the health and wellbeing of our communities, particularly those who are more vulnerable. These include support for mental wellbeing, drug and alcohol misuse, sexual health, sexual exploitation, housing, community safety, clinical issues such as ulcers and wound care, benefits support, social care, safeguarding and others. These services support many of our communities every day with many good outcomes. At the same time, some of the most vulnerable in our community continue to experience poor outcomes or barriers to support.
3. As part of our work to address health inequalities and embed a community assets-based approach in our work, public health is piloting an approach to look at how we can work with these communities in a different way, to improve

experience and outcomes. This work was proposed to the Board at a previous meeting and is being progressed.

4. Since the last report to Board, the NENC ICB has made some funding available to support local authority areas (local places) in their work to address health inequalities over 3 years. The funding is to be spent on improving access to health and care support for people with multiple complex needs. Together with ICB colleagues, we have secured this funding to support the multiple complex needs pilot in Stockton-on-Tees. Regional ICS colleagues will be updated on progress of the work.
5. There is a growing evidence-base for person-led, peer mentor support, where consistent and persistent contact is provided (Making Every Adult Matter; learning from *Changing Futures* work in other areas) and outcomes for people experiencing multiple disadvantage are improved. Key elements are building rapport between client and peer mentor; listening rather than intervening; guiding rather than leading. Evidence is suggesting that in combination, these approaches are effective means of engaging people and supporting them to change. The 'Team Around the Individual' (TATI) process and projects such as Troubled Families have highlighted that often numerous individuals from several different organisations are involved in a person's life. Safeguarding systems for both adults and children and young people have highlighted the importance of joined up approaches so that individuals and communities experience a coordinated support offer. This also fits with taking a trauma-informed approach.

Approach

6. Rather than a focus on approaching support from a 'service' or 'organisation' perspective, the pilot will take a community-based approach, working alongside the individuals needing support and the grassroots groups that understand and have a relationship with them. The focus will be on building trust and relationships with individuals and families and seeking to understand and address their immediate needs, recognising the priorities of individuals may differ from that of professionals and may include such issues as access to food, a warm home, or a safe home environment. Interventions and support will be co-produced through working alongside the individuals concerned, rather than being predetermined at this stage of the work.
7. Peer advocates will be recruited from within the community / grassroots organisations. They will be recruited and employed by the VCSE. Though they will be provided with some basic training e.g. safeguarding, they will not be expected to operate as professionals and their value will come from their interpersonal skills and ability to build rapport / have an understanding of the communities they work within.
8. It is proposed that peer advocates work with people experiencing a combination of substance misuse, homelessness and mental ill health. These adults are likely to have experienced trauma and / or adverse childhood experiences in their lives; may well be known to services and / or have to been able to engage with services in the more routine sense e.g. they may not have attended appointments for support for a number of reasons.

9. Individuals will be identified through the TATI process and referred to a peer advocate. The peer advocate approach will take a person-centred approach, building rapport and acting as a single point for services involved with the individual - reducing the number of professionals that the individual is expected to engage with and tell their story to. The aim is for the peer advocate to be a source of continuity and a trusted person who will navigate systems to access health care and provide support to meet the needs of the individual. The peer advocates will each have a small case load and provide intensive one-to-one support, understanding what matters to the individual and working with them to agree a step-by-step approach to accessing specialist support to meet their holistic health needs e.g. debt management, health screening, physical health care and treatment (e.g. primary care, lung health check, dentist, chiropody), medication review, specialist wound care and respiratory care. First steps are likely to include building a relationship with the individual based on their interests, assets and 'what matters' to them.
10. The peer advocates will be overseen, coordinated and supported by a Team Leader, who will develop links with services where there are interdependencies and / or opportunities for clients to be further supported by them. Examples include Wound Care Outreach service, Individual Placement Support and Social Prescribing Link Workers. The pilot will support previous work to address dual diagnosis (co-existence of mental ill health and substance misuse issues).
11. The pilot will consider sustainability from its early stages, to inform next steps should the approach yield good outcomes. The aim will be to consider how the approach can be broadened / rolled out to consider other cohorts, communities or risk-groups based on the emerging learning.
12. Specific work is being undertaken to identify the outcomes of the pilot. It will be particularly important to define 'success' in a meaningful way for this work. For example, a good outcome could be building trust with some of our most vulnerable individuals / families. Improving uptake of health and care support, and the health outcomes that would ideally follow from that (e.g. drug misuse being effectively managed, individuals being engaged in employment) may be longer term outcomes that are not demonstrated within the first half of the pilot (or even potentially during the life of the pilot). It may be that 'success' is defined at individual level, recognising the level of complexity built in over an extended period of time for these individuals and the length of time it will realistically take to address these. The evidence points to the importance of 'sticking power' in working alongside those with multiple needs and vulnerabilities.

Progress and next steps

13. A steering group has been established to take the pilot work forward, comprising public health, adult safeguarding, the homelessness team and the *A Fairer Stockton* team, also liaising closely with A Way Out. The group is developing the pilot based on a range of public health background work and context including:
 - A comprehensive health needs assessment for drugs was undertaken as part of the reprourement of service in 2020.

- A comprehensive health needs assessment for domestic abuse was undertaken in preparation for reprocurement of service 2022/23
- Liaison with homelessness / supported accommodation service providers
- Contract monitoring and service improvement for people with substance misuse (drugs and alcohol)
- Learning from drug-related death reviews
- Learning from targeted work with hostels during the Covid pandemic
- Stakeholder engagement in planning activities and interventions funded through the national drug strategy monies
- Observation and learning from Team Around the Individual (TATI) meetings (adult safeguarding).

14. The group has established a referral route for the individuals and families who will be identified through the adult safeguarding process. There are several different potential ways of identifying a cohort of focus for the work. Due to the existing work to further develop the 'Team Around the Individual' (TATI) process as part of the borough's safeguarding work, the work is being commenced with those individuals currently part of the TATI process. A 'test and learn' approach is being used, so that learning can be incorporated as the pilot develops. It is envisaged that should the work be successful, the approach can be used for our work with different cohorts and communities, being adapted as needed. Discussions are currently underway on building in evaluation from early in the work.
15. Next steps for the group are to develop eligibility criteria for the peer advocacy pilot; develop a job outline for the peer advocate; and seek expressions of interest from the VCSE sector.
16. The pilot will run alongside other innovative approaches in development, with the opportunity for them to inform each other. This includes the development of a change house which provides intensive individual and group-based support from substance misuse treatment services into existing housing provision to enable those with complex housing and substance misuse needs to stabilise their lives and engage with treatment.

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Background Papers:
Ward(s) and Ward Councillors:
Property Implications: