MANCHESTER JOINT STRATEGIC NEEDS ASSESSMENT

ADULTS AND OLDER PEOPLE

CHAPTER: Key Groups

TOPIC: Adults with Complex Lives

WHY IS THIS TOPIC IMPORTANT?

Adults with complex lives are people who have a combination of needs and will experience more than one issue at the same time, such as mental health issues, social isolation, poor housing, being out of work, involvement with criminal justice system and drug or alcohol problems.

Particularly vulnerable groups, some of whom may have already experienced traumatic events that may make them more at risk, include:

- Formerly looked after children or adults who had involvement with social services when they were children e.g. been on a Child Protection Plan
- Ex-servicemen/women
- People who are begging
- People who are leaving prison
- Refugees and migrants
- Sex-workers

Alongside this, there may be traumatic life events that can become trigger points leading to an escalation in complexity for an individual. These can include, but are not limited to:

- The removal of a child
- When a main carer is absent (e.g. through going to prison or hospital)
- Experience of transition into adult services (e.g. in social services, mental health, physical health, Learning Disability etc.)
- Experience of bereavement
- Relationship breakdown
- Experience of redundancy or unemployment
- Being a victim of a crime

The interconnectedness of these issues means that root causes can be difficult to separate from symptoms. Individuals are more likely to suffer from stigma and marginalisation, resulting in a negative impact on overall wellbeing and quality of life. It can also be hard for this group to access support from services and they are at risk of having poor outcomes in the long-term. Stigmatisation, difficulties with accessibility of services and inconsistent access across services can all be barriers for adults with complex lifestyles accessing the right support.

According to national data, people in this group are predominantly white men, aged 25-44, with long-term histories of economic and social marginalisation and, in most cases, childhood trauma of various kinds (Making Every Adult Matter, Evaluation of the MEAM Pilots, 2012). Yet there are hidden groups within this cohort which tend to be under-reported. For example, the number of women experiencing homelessness is often under-reported because they may be sofa-surfing, rather than rough sleeping, which is

much harder to measure. The scale of the population can be hidden from services as people can fall through the gaps due to thresholds for services looking at individual issues, rather than the whole person. Particularly in cases of dual diagnosis who may not receive an offer of mental health support due to their drug misuse and vice versa. Adults with complex lifestyles may therefore present at a number of different services without receiving the appropriate support.

It is possible that a number of the problems faced by adults living complex lives may be attributable to their having been affected by one or more Adverse Childhood Experiences (ACEs).

UK studies estimate that 9%-12% of the population (equivalent of between 47,000 - 65,000 people living in Manchester) will have experienced four or more of the ten ACE criteria measured.[1] The ten ACEs are:

- sexual abuse
- emotional abuse
- physical abuse
- physical neglect or emotional neglect from a parent or care giver
- parent/caregiver addicted to alcohol/other drugs
- witnessed abuse in the household
- family member in prison
- family member with mental illness
- parent/caregiver disappeared through abandoning family or divorce

There is a dose-response relationship between ACEs and health outcomes - the higher your ACE score, the worse your health outcomes.[2]

Without early access to appropriate services, adults living complex lives are at increased risk of meeting thresholds for high-cost, reactive services at some point in the future. In the context of increasing demand and funding constraints, there is a need to develop a more preventative approach for working with this group and so reduce future demand. The Making Every Adult Matter Programme estimates that 600 000 people in England have multiple needs at any one point. While relatively small in number, they present a disproportionate cost to public services and to society.

Helping people to cope better with these different issues can act as protective factors for reducing the likelihood of a person developing complex needs, for example, having a positive, stable living environment can improve someone's mental wellbeing. Meanwhile, experience of trauma can have a negative effect, leading to an escalation in complexity.

[1] Bellis, M.A., Lowey, H., Leckenby, N., Hughes, K. and Harrison, D. (2013). Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. *Journal of Public Health*, *36*(1), pp.81-91. https://academic.oup.com/jpubhealth/article/37/3/445/2362598?searchresult=1

[2] The **dose–response relationship** in this instance describes the change in effect on someone, caused by differing levels of exposure to, or 'doses' of, any number of the ten ACEs.

THE MANCHESTER PICTURE

The Manchester picture: Data

Not one data set exists where the exact number of Adults with Complex Lives is recorded; instead proxy measures provide an indication of the size of the population. The figures below are from different data sources, however, they have been grouped into themes and show the potential relationship between issues that a person may experience:

Health and Wellbeing

- 200,427 adults (18+) with long term needs, Health and Social Care Integration analysis data 2016. Includes figures for adults with a long-term condition as well as adults who require higher intensity interventions (used as an indicator of those at rising risk).
- 56 965 adults (18+) have a long term condition, Health and Social Care Integration analysis data. Includes all adults registered as having a long-term condition who have given their consent for their data to be shared.
- 1,496 adults with complex lifestyles, Health and Social Care Integration Analysis data. This includes all adults aged 19 years and over who fit at least one of the three categories in the last 12 months: admission for alcohol abuse; admission for drug abuse or homelessness.
- 68,000 or, 17% of adults (18+) have a common mental health problem, State of the City Report 2016.
- 15-18.7% of adults report moderate or severe anxiety or depression in Manchester, compared to 12% nationally, Mental Health and Work Paper 2015.
- 5.7% of adults (16+) report low life-satisfaction in Manchester compared to 4.8% in England, *Annual Population Survey 2014/15*. Referenced in *Manchester Compendium of Statistics*.
- 1 in 25 adults are in contact with mental health services *Manchester JSNA 2014*, referenced *Mental Health Minimum Data Set, NHS Digital*.
- 8,843 or 2% of adults (16-64) have diagnosed learning difficulties, *Manchester JSNA 2014*.
- 12.97 per 1,000 population estimated number of crack or opiate users, *Manchester JSNA 2011/12*.

Education or Work Life:

- 44,370 Manchester Residents claim out of work benefits (Department for Work and Pensions (DWP), May 2016)
- Of those, 31,250 were claiming Incapacity Benefit (IB) or Employment Support Allowance, the two main sickness related out of work benefits. (Department for Work and Pensions (DWP), May 2016)
- Over 50% of those claiming sickness-related benefits have mental and behavioural disorders as the primary health condition. High numbers have musculoskeletal disorders or substance misuse issues. (Department for Work and Pensions (DWP), May 2016)

Home, Social or Community life:

- 822 people living in temporary accommodation in January 2017

- 78 people counted as rough sleeping in the 2016 annual head count

Potential indications for the overlap across different areas indicate that:

- 31.8% of individuals who entered treatment at a specialist drug misuse service were also in receipt of treatment from mental health services for a reason other than substance misuse in 2015/16
- 35.9% of individuals who entered treatment at a specialist alcohol misuse service were also in receipt of treatment from mental health services for a reason other than substance misuse in 2015/16
- Over 4,000 people are dependent on alcohol and have a mental health problem, *State of the City Report 2016*.
- Over 3,000 people have a learning disability and have a mental health problem *State of the City Report 2016*.
- 78% of people using secondary mental health services in 2015/16 were not in paid employment.
- 1.7% of people receiving services for Learning Disability in 2015/16 were in paid employment.

The Manchester picture: lived experience

Residents experiences, gathered during interviews who are part of this cohort highlighted the need for **a more consistence approach** across the system:

> 'I'd been trying to get some sort of counselling for about three years prior to that but I was just getting bounced from pillar to post because the normal doctors thought it'd be quicker to get the criminal justice people to do it but they said that no we think that this one would be better so it was constantly wait six months then this one bounced me back then wait six months and this one bounced me back. Yeah over three years- I did get a referral to somewhere but then they couldn't take me on because of resources so then I got sent somewhere else.'

From the service users perspective the current system is complex, services are **not communicating** with each other have **different thresholds** and there is a **lack of low level mental health support**. Residents also raised issues with the barriers to accessing services due to **restrictive opening hours** and the **physical location of services**:

> 'The drugs services are in the scary parts of the city.'

Positive experiences of the current system included **peer led approaches** which incorporate someone with lived experience into the service. This provides a sense of validity to the intervention or service -

> 'I've done a few programmes and its different here. If they [the facilitator] have no life experience it's not as good, I won't take someone challenging me in the same way'.

- and to **person-centred** services that made people feel listened to, rather than stigmatised. Residents reported this having a positive effect on building up their confidence and self-belief:

> 'You're not judged or anything like that – I think that's what I like about it.'

> 'I think a lot's to do with the sort of supportive staff and opportunities [has] helped me to get back into a state where I thought things would get better again because after three years, as much as I was still going, and still trying, it just didn't feel like I was getting anywhere. So when I came here and started to rebuild confidence in myself yeah things can get better, things are moving forward, and you're taking a step, and it's going to start to help you by doing these exercises.

Good mental health and wellbeing is an important protective factor for reducing the likelihood of a person developing multiple complexities. However, poor mental health and wellbeing is often a facet of someone's complexity. Either as an underlying factor that contributes to other aspects of a person's life, or, it is brought about as a consequence of their social circumstances and other complex issues. For example developing depression through being out of work and accruing debt.

WHAT WOULD WE LIKE TO ACHIEVE?

We want to reduce the number of people in Manchester who develop, or who are already living, complex lives through changing services to better respond to this group. Longer term, this will reduce the number of people who may be at risk of requiring high-cost, specialist services in the future, and thus increasing positive outcomes and resilience for individuals and at population level.

To achieve this change, the objectives to improve in the current system are:

Objective 1: Move from a fragmented to a holistic system

- **Passed between services:** Often people fall between gaps or get passed from service to service. This is a particular problem for people with dual diagnosis.
- **High costs associated with people receiving support from number of services:** We do not routinely share information or cross reference cases so we do not necessarily know when someone is in contact with multiple services at the same time. This means that the extent of costs can be hidden from services.
- **Support commissioned in silos, not holistic way:** We tend to commission support in clusters e.g. for domestic violence victims or for substance abuse. Yet while there may be elements of specialism, the models of support are often

similar and can benefit a wider group. For example, peer support or assertive outreach might benefit people with a range of presenting needs.

- **Work and skills often seen as distinct from health and social care side:** There is a perceived disconnect between work and skills and health and social care support. This means that we might miss opportunities to connect people to work or learning opportunities which can provide routine, connections to social networks and a sense of purpose.
- **Limited awareness of the range of provision:** Sometimes both professionals and service users have a limited awareness of the range of support available. For professionals, their knowledge is often limited to their specialist area e.g. support targeted specifically at domestic violence victims. This limited awareness may be compounded by the complexity of the system as it can be difficult to have an overview of the totality of support available.

Objective 2: Establish more preventative approaches as the current system can be reactive

- **The thresholds or criteria for specialist and statutory services are high**. Support is often given to an individual only **when they reach crisis point**. This limits the potential to have an impact on outcomes and the possibility to take a preventative approach. There are hidden costs attached when underlying issues fail to be addressed and individuals are in receipt of a number of services having presented at different parts of the system.
- The **transition between Children's Services and Adults Social Care** is a key point in time in terms of enabling independence and providing stability for young people. Failing to make this transition work effectively may mean that young people suddenly stop receiving support at a time when they are dealing with the additional pressures of becoming an independent adult.
- **Marginalised groups are often further disadvantaged by service-imposed conditions or restrictions**: For example a lone adult or individual with a history of offending is likely to receive 'lower priority' for housing compared to a family. Another example might be an individual using illegal or new psychoactive substances which might mean they cannot get accepted into temporary accommodation.
- **Inappropriate and/ or frequent presentations suggest an unmet need** in existing service provision. Sometimes people might present at services and receive no further action or no further treatment. When this happens repeatedly, it suggests that there is an unmet need which is not being dealt with.
- **We have reactive services focusing on practical solutions to support people rather than tackling the underlying causes.** There are many adults who have experienced Adverse Childhood Experiences (ACEs) which are affecting their lives as adults. If these ACEs are not addressed then adults may continue to struggle to address issues and intense, ongoing support from services will be needed.

Objective 3: Increase low level mental health and wellbeing support

- **Identifying mental ill-health:** The stigma attached to mental ill-health means that it can difficult for people to recognise or acknowledge it. Furthermore, it can be difficult for professionals to identify particularly if they only have brief contact with a person.

- **Difficulty of accessing mental health support:** The level of demand for mental health support is particularly high, with long waiting lists for services such as Improving Access to Psychological Therapies. This means that while people are waiting for a service their mental health issues can deteriorate and impact negatively on other aspects of their life. In response to this, some voluntary and community sector organisations have provided or commissioned additional mental health support. Inspiring Change Manchester, for example, has commissioned additional mental health support to compensate for the lack of timely provision from the existing system.
- **Access issues exacerbated by mental ill-health:** The nature of some mental health issues can make it more difficult for people to access support from services. For example, people with anxiety might find travelling to an appointment and sitting in a waiting-room overwhelming. In addition, a common symptom of depression is social withdrawal which might deter someone from talking to others about how they are feeling, particularly with people they do not know well.
- **Lack of social solutions:** The current system is set up to provide clinical interventions while in some cases a social intervention might result in improved wellbeing. For example, giving someone debt advice might have a positive impact on their depression.

Objective 4: Embed more person centred approaches, rather than service led approaches

- **Opening hours limiting access:** Traditional appointment based systems can make it difficult for people to access support, particularly if they struggle with organisation skills or are anxious in social settings. Opening hours are often limited and this means people cannot necessarily access support at times when it is most needed. Where people miss an appointment or even in some cases wait outside the building, they risk losing their place in 'the queue' for a service. For example, if someone misses a mental health appointment, they might risk being referred back to their GP. This can result in people's needs escalating.
- **Risk of marginalising people within a 'universal' service environment:** A universal service environment can be difficult to access for certain groups. For example, women who have been victims of domestic abuse might find it problematic to attend group settings where there are men who have a history of domestic violence or sexual offences.
- **Mistrust of authorities or statutory services:** Adults with complex lives are more likely to have a mistrust of authority given that they have had poor experiences in the past. People have told us that they sometimes feel judged by services. When this is internalised, it can damage the confidence of the individual making them less likely to access services or feel empowered to change their life.
- **Difficulties navigating system:** If a person is not confident, lacks communication skills or has an undiagnosed learning difficulty they may not receive the support they are entitled to due to difficulties in navigating a complex system. The average reading age across Manchester is 9, yet letters that we have sent out to adults who are believed to have a learning difficulty have a reading age between 12-14 years old.
- **Targets focused on service delivery:** Sometimes targets can drive a narrow focus on service delivery e.g. getting volumes of people through the system rather than a focus on outcomes for individuals.
- **Provision out of area:** Sometimes high demand for services results in people receiving support out of area. This is particularly a problem in mental health

services and with housing allocation. Such placements can cut people off from their support networks and lead to an escalation in their needs

If we achieve the objectives above, the future system would respond differently to adults with complex lives. At the point of:

i. **Initial contact:** A more preventative approach would be taken, asking broader questions about wellbeing, implementing upstream interventions to prevent issues escalating to statutory, high cost service provision.
ii. **Assessment:** A more holistic approach would be taken, assessing what matters to a person and including their strengths in this assessment. An ACE-aware workforce will support individuals to be aware of what happened to them as children and using trauma informed care to work through this as a way of moving forward, supported by resilience techniques. Empowering individuals by acknowledging their assets and the wider context of a person's wellbeing.
i. **Implementing interventions:** A more person centred approach would be taken with flexibility in service delivery that is sensitive to accessibility. Connecting people to external support e.g. informal and community support, peer support and with input and links with broad range of partners e.g. homelessness, drugs/alcohol, mental health
ii. **Step down:** Planning for discharge would have a stronger focus on mental wellbeing, being considered as an overarching outcome across service areas with step down into the community.

Evidence of effective approaches
Making Every Adult Matter (MEAM) is a national coalition that aims to improve policy and services for people facing complex needs. The MEAM Impact Report 2015-16 includes good examples of where different approaches have been successful with this group.

How this fits with local strategies
Working differently with Adults with Complex Lives also links to the **key benefit drivers** identified in supporting the Local Care Organisation (LCO). These include:

- Promotion of wellbeing and improving health outcomes
- Reduction in the number of A&E presentations and admissions
- Reducing GP levels of activity where other, more appropriate, support could be provided.
- Reduction in the number of inappropriate referrals
- Reduction in the duplication and the number of avoidable contacts with individuals
- Promotion of independence and self-care

In addition, working differently with this group also **links to the twelve integrated Health and Social Care neighbourhood teams**, demonstrating:

- Better identification of current and future needs
- Care management which promotes individual resilience
- Better use of community resources for prevention
- Better use of community resources to support and respond to need

WHAT DO WE NEED TO DO TO ACHIEVE THIS?

The **Adults with Complex Lives Review** (Sept-Nov 2016) undertook interviews a wide range of stakeholders, observations of front line delivery, analysis of Manchester data and learning from other authorities to understand the current picture of services for adults who may be at risk of becoming, or, who already have complex lives. Research has identified recommendations for how we can improve outcomes for individuals in order to reduce the demand on specialist services in the long term. The recommendations are, to:

- Use **strength based approaches** that focus on empowering individuals, rather than focusing on deficits and needs which can limit the potential of individuals to achieve positive outcomes.
- Take **person centred approaches** towards the delivery of services.
- Take a more **holistic approach** around potentially pivotal and traumatic life events that public services are aware of (eg at the removal of a child or a bereavement) and linking together services in anticipation of these events.
- Increased **proactive and preventative approaches.** The current thresholds for specialist and statutory services are very high, particularly compared to children's services. This results in a reactive system and limits the possibility of taking a preventative approach and the potential for having an impact on an individual's outcomes.
- Increase access to **low level proactive mental health support**. The current system is set up to provide clinical interventions while in some cases a social intervention might result in improved wellbeing. Good mental wellbeing is a key bolster to resilience.

The recommendations have been presented to both the Confident and Achieving Manchester Group and the Manchester Provider Board. The Early Help and the Health and Social Care Integration Programmes both have a long-term vision to include provision for adults. Opportunities to use these recommendations across both reform programmes have been identified by stakeholders to ensure they are embedded throughout integration across the city.

Health and Social Care Integration

1. The development and implementation of Local Care Organisations (LCOs): Of the cohorts identified within the Health and Social Care Integration analysis, 'Adults with Complex Lifestyles' and 'Adults with Long Term Needs' have been identified as key, high risk and rising risk cohorts. The LCOs will provide a greater focus on earlier intervention and prevention, achieved through new and different approaches in social care and public health. There are opportunities to innovate at scale, maximising non-clinical support and interventions, such as social prescribing and third sector support for these cohorts. The implementation of the care models has been phased, with the adults with complex lifestyles cohort due to be implemented in 2018/19.

2. Promoting the recommendations through the new Integrated Commissioning function provides the opportunity to influence the commissioning of future services for this cohort. This can shape future commissioning around proactive, person centred approaches that recognise an individual's strengths.

Early Help
Early Help is a reform programme that has so far developed relating to families. The purpose of the programme was to establish a preventative response in the city that would work with families earlier to prevent escalations into children's social care and also provide the 'step down' support from children's social care. There is now the opportunity for this programme to be expanded to include Adults without children. Developing the expansion of this preventative approach to include single adults therefore provides an opportunity to achieve the objectives outlined above.

Integrated Neighbourhood Management
Integrated Neighbourhood Management is another preventative reform programme focused on bringing services together in a locality to best respond to the needs of that place. Developing and expanding this approach across the city provides the opportunity to integrate services to better respond to local demands. This would reduce some of the fragmentation of the system.

NICE guidelines for 'Adults with complex needs (including learning disabilities) and mental health needs' are currently under development.

WHAT ARE WE CURRENTLY DOING?

Confident and Achieving Manchester Group
The multi-agency Confident and Achieving Manchester (CAM) Working Group has responsibility across the three reform programmes (Early Help, Integrated Neighbourhood Management and Health and Social Care Integration) to oversee the design of reform across each programme and to develop proposals for implementation. It was identified that younger adults without families do not fall under the current remit of the existing reform programmes and so represent a potential gap in unmet need. The **Adults with Complex Lives Review, Sep-Nov 2016**, was undertaken due to this reason and the recommendations from it, included above, will be used to support the development of each of the programmes relating to single adults. To ensure there is no longer a gap adults with complex lives remains one of the key priority areas for the CAM Group.

The review highlighted there are good examples of services working with adults with complex lives in the city, but that these could be strengthened to ensure consistency across the system. Key recommendations were:

Expanding a strength based approach
There are many examples of services and initiatives that take a strengths based approach and focus on empowering individuals. Early Help Assessments and the What's Working Well Wheel are both strength based tools used with families. However, this is not consistent across the system and historically discussions have concentrated on an individual's **deficits**, i.e. their needs and negative aspects of their life, rather than their assets and aspects of their wellbeing.

- Altering the **language** we use, which can serve to define people in negative ways e.g. a person is labelled as an offender. Such an approach fails to recognize that a person's circumstances might change and improve. This can impact negatively on a

person's confidence and sometimes they might internalise this negative view of their potential.

Development is currently underway of a single assessment for Health and Social Care as part of the Health and Social Care Integration. This provides an opportunity to focus on what a person can do and to build on this rather, than on just what they cannot do.

Embedding a person centred approach
The Homelessness Charter demonstrates how services can be shaped and built around people, through their thematic Action Groups. The Charter has been co-created by people who are or have been homeless, and organisations which provide support to people who are homeless. The Action groups include people who have experienced homelessness to shape and design future approaches taken. The Charter has been influential to the Housing Options Pilot, which is trialling a new preventative approach towards homelessness assessments. To embed this across the system, more involvement of people with lived experience in the designing and planning of services could help to reduce the unintentional barriers that the Review uncovered in the city.

OPPORTUNITIES FOR ACTION

The opportunities so far identified for action, including practical actions for commissioners to consider:

1. Embedding a strength based, rather than deficit focused, approach:
A strengths-based approach starts with an individual's assets and aspects of their wellbeing. Such an approach empowers individuals to improve their confidence and independence. An example of how this works in practice for a service would be:

- As part of case planning encouraging people to set **smaller, achievable goals** as steps on the way to a more challenging outcome.
- Practitioners having conversations with individuals that **focus on what they are good at, or what they used to enjoy** to provide something positive to build on. It is important that people can set their own goals depending on what is important to them not just what we decide is important. The **Outcomes Star** is a tool that enables an individual to set their own goals and measure progress. A number of organisations already using this across the city report positive results.
- **Valuing local networks and community assets** through proactively connecting people into these support networks. These provide valuable opportunities to socialise, work through common issues and allow people to develop their resilience and mental wellbeing.

Commissioners can support this through commissioning services that deliver a strength-based, or asset-based approach.

2. Shift from a focus on service delivery to a person centred approach:
Taking a person centred approach ensures that services are built around what works best for the individual and acknowledges that services may need to adjust in order to be more flexible and engage with people in a meaningful way. Delivering this aligns with the Our Manchester approach as it means listening to what people say and responding to this.

Examples of how this works in practice for a service are:

- **Ensuring communication is accessible and flexible**: Use of a communication screening tools as part of assessments to understand someone's preferred communication method. Checking the reading age of assessments, letters and communications, ensuring they use a dyslexia friendly font
- **Understand what the barriers are to accessing services** rather than assuming a person is 'not engaging' or 'hard-to-reach.' This might involve calling someone after they have not attended an appointment to find out why. Furthermore, it is important that we understand the challenges specific groups may have with access and how we can change the way we provide services to make them more accessible.
- **Providing drop-in services or services in person's home/their environment** Offering more flexible drop-in sessions, rather than fixed appointments or restrictive opening hours, to support people when then need it. Assertive outreach is another model which ensures people are supported in their homes or an environment in which they are comfortable.
- **Giving practitioner's time to build relationships:** This is key to ensuring people feel inspired and confident to make improvements in their life.

Commissioners can support this through:

- Taking a **collaborative approach** to defining a specification by working with people who have relevant lived experiences. There are different networks that commissioners can engage with, in order to talk to people who have relevant lived experiences to help design a service or specification. An example would be the Homelessness Charter Group which has multiple action groups looking at different aspects of homelessness. Through collaborating and co-designing services with people who have experience, a service will be better designed to respond to what people want.
- Commissioning services that are peer led, or involve people with relevant lived experience in the delivery of a service. **Peer led support** can create a positive, supportive relationship, in which people feel they can trust a person who has been through a similar experience.

3. Moving from a fragmented system to a holistic system

This can apply both in terms of thinking about a person's life course and reducing the potential for difficult transition into another services and in terms of commissioning services in a locality to best respond to the needs of a place. As a key facet of the Health and Social Care integration which will result in one commissioning function across health and social care.

Examples of how this might work in practice:

- **Holistic assessment at all front doors:** Use of a holistic assessment that might focus on a particular specialism e.g. homelessness, but looking at this within the wider context of a person's overarching wellbeing.
- **Not letting people fall through gaps:** Ensuring that we link people into services even if we do not provide the service.
- **Sharing information:** Where possible, sharing information on service users to ensure we have a holistic view of their circumstances. A good example is m-think which is used by a number of voluntary and community sector organisations to ensure joined-up planning and support.

- **Commissioning to look across the totality of people's lives:** Commissioning needs to be joined up and recognise that people might be in contact with services for a range of presenting needs.
- **Key worker or co-ordinator role:** Having key-workers or coordinators can help people through a complex system. Professionals from a number of different backgrounds can take on this role**.**

Commissioners can support this through:

- **Thoroughly understanding a place or locality**, its demands and strengths in order to best complement its strengths and community networks and best provide support where the gaps are.
- Commission services based on the knowledge of this place complimenting the strengths and supporting the demands of the place.

4. From a reactive to preventative approach:
Ensuring that the right kind of support is provided early and reducing the transition points between services decreases the potential likelihood that someone's needs may escalate.

Commissioners can support this through:

- Commissioning services that address issues of transition from Children's into Adults Services and other key transition points
- Implementing the ACEs Place Based pilot work in Harpurhey to train the workforce and provide trauma informed care to people living in Harpurhey

5. Shifting from insufficient mental health support to mental wellbeing
Positive mental wellbeing is an important protective factor which can prevent underlying risk factors from escalating as well as having a positive impact on other people's aspects of person life.

Commissioners can support this through:

- **Supporting wellbeing as a protective factor:** Positive wellbeing could be considered as an on overarching outcome across service areas and commissioned services. Commissioning services that increase awareness of coping strategies both among professionals and the general population.
- **Offering social support as well as clinical support:** Often there are social interventions which can have a positive impact on a person's mental wellbeing. For example, this might involve connecting a person to social networks and support groups or providing practical advice and support on issues like managing budgets, literacy and numeracy skills. Existing touchpoints with services present opportunities to have a conversation about these wider social issues. Commissioners could commission services that support wellbeing, such as using motivational interviewing techniques as well as more clinical approaches like cognitive behaviour therapy.
- **Supporting use of coping strategies:** Professionals should have a knowledge of coping strategies which they can share with service-users to help them deal with setbacks e.g. learning mindfulness techniques.

REFERENCES AND LINKS

Key documents and guidance

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Data

Adults with Complex Lives MOSAIC profile
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Citizens Advice, Working with a Health Condition or Disability
https://www.citizensadvice.org.uk/about-us/policy/policy-research-topics/work-policy-research-surveys-and-consultation-responses/work-policy-research/working-with-a-health-condition-or-disability/

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State of the City, 2016
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OTHER RELATED JSNA TOPICS

- Fuel Poverty
- Work and Health
- Early Help
- Homelessness & Health

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It is hoped that you have found this topic paper useful. If you have any comments, suggestions or have found the contents particularly helpful in your work, it would be great to hear from you.

Responses can be sent to jsna@manchester.gov.uk