



VULNERABLE PEOPLE STRATEGY

2020-2023

[Abstract](#)

A collaborative, coordinated and flexible support system in Blackburn with darwen that works for people whatever you're going through, whoever you are and however you present

Walmsley Dawn₀

Contents Page

Vulnerable People Strategy Overview	
1. Introduction <ul style="list-style-type: none">• Vision• What is a Vulnerable Person• Aim	1
2. Vulnerable People Statistics and Overview <ul style="list-style-type: none">• Service User and Stakeholder Views	2
3. System and Change processes	5
4. Vulnerable People Compact – Objectives <ul style="list-style-type: none">• Accountability and Oversight• Coordination and Integration• Spaces• Partnership Compact Support and Development	6
5. Appendix A. Vulnerable People Review Overarching Recommendations	11

Vulnerable People Strategy Overview

Challenges	Objectives	Outcomes
Forms part of a whole system designed for 'single issue' users	Accountability and Oversight <ul style="list-style-type: none"> Agree within existing systems and structures of accountability and oversight where this agenda will sit Agree the appropriate reporting and strategic leadership that will drive it forward A coordinated integrated commissioning approach Develop outcome measures that align with KPI frameworks and consideration of a save/cost benefit model as part of evaluation process 	Whole System Approach agreed
Significant number of stakeholders makes for a complex delivery infrastructure.		Good Governance with wide and consistent engagement of partners
Has to be delivered within existing resources and be sustainable.		Improved offer from within existing resources – using what we have differently
Delivery landscape needs simplifying for service users	Coordination and Integration <ul style="list-style-type: none"> Develop processes for a multi-agency complex case conference for those with the most complex issues Integration and coordination of all services to deliver the best, most sustainable outcomes for services users Improved pathways for accessing, sharing and updating records to discuss support and agreement of risk domains 	Engagement with services to develop individual plans & reduce revolving door presentations
Needs of service users are bespoke requiring flexible response.		Improved pathways to support those most at risk
Referral to support by professionals lacks consistency		Consistent offer for all persons requiring support.
Services are geographically diverse making access harder	Spaces <ul style="list-style-type: none"> Explore the potential for more formal and extensive work through Enhances Service Hubs Recognition of the complexities of service users and the need for more than one service Work with those with lived experience to develop support and training packages 	Advances in integration and collaboration around needs.
Support requires multiple appointments and lacks		Fewer appointments with better engagement
Commitment from service users to change		Making the most of first contact
No one lead agency or department	Partnership Engagement <ul style="list-style-type: none"> Working together to develop an integrated offer for vulnerable people Implement a person centre Trauma Informed Approach across the integrated offer Work collaboratively with those with live experience to inform and shape service development 	Practitioner and volunteers better supported
Service users difficult to engage and maintain engagement		Consistent approach to assessment service users
Skill set of partners and volunteers for this client group		Develop person centred solutions with service user and not for

1. Introduction

There is growing concern nationally for the number of adults who are escalating into crisis for multifarious reasons, and an acknowledgement of the lack of coordinated responses to their needs across the public, private and voluntary sectors exacerbated by challenges posed by austerity and government policy.

This Vulnerable People Strategy will set out a new approach built on the already positive work being undertaken across Blackburn with Darwen, redesigning our services and access points to achieve better outcomes for those who need it most.

Work undertaken by professionals from key stakeholders with service users led by the Making Every Adult Matter (MEAM) initiative and a Vulnerable People Review commissioned by the Local Safeguarding Adults Board (LSAB) will shape the relationship between demands and agency responses to need.

Blackburn with Darwen's Vulnerable People Vision:

'We will have a collaborative, co-ordinated and flexible support system in Blackburn with Darwen that works for people whatever you're going through, whoever you are and however you present'

We are committed to ensuring that;

- Our accommodation and housing options are safe, supportive and there is choice for people that meets their individual needs
- Our services are person centred and trauma informed across Blackburn with darwen
- People will feel empowered, motivated, and have a sense of purpose. Everyone should have opportunities to develop their strengths, interests and feel connected.
- People's voices and experiences are heard, listened to and acted upon, influencing policy at both local and national level
- Our commissioning focuses on building a joined up support system that works for people who are falling through the gaps or trapped in 'revolving doors'

Definition of a Vulnerable Person

There is no agreed national definition of vulnerability but for the purposes of this strategy, a vulnerable person is defined as a resident who finds themselves in extremely difficult circumstances that requires additional help and support to enable them to deal with their situation and live independently without the need for statutory services. Also due to their complexity of need it currently makes it difficult for any 'one' service with a particular specialism to support the person to make significant and lasting change. This will encompass mainly (but is not limited to):

- Those who are homeless or at risk of homelessness;
- People affected by broader issues relating to social exclusion and homelessness;
- Those who have mental health and substance misuse issues in addition to the above;
- Those at risk of anti-social behaviour as a result of their vulnerability; and,
- Those who have risk factors (such as those identified above) and live in poverty, or are unable to find/keep employment, have debt or financial management difficulties or are socially and digitally isolated.

Aim

Blackburn with Darwen Borough Council aims to have the right services, in the right place, at the right time so that those who need it can feel safe, be part of, and positively contribute to the community. They will have access to services and support that they need to have and, agencies who can meet those needs, will be identified to provide that support.

2. Vulnerable People Statistics and Overview

One of the challenges of planning services to meet the needs of this group is that it is difficult to get a clear picture of demand within a fragmented service landscape. In other words, the nature of services in Blackburn with Darwen means that individuals are required to access multiple services, have multiple assessments and this leads to the risk of double counting.

Indicative assessment suggests approximately 750 individuals within Central Blackburn have high levels of complexity with 67% identified with a number of health and social issues that place them at risk of developing complex needs, 27% are already considered to have complex needs and the remaining 7% are highly complex having many additional needs¹.

Many of those who have complex needs are not considered/assessed to have 'care and support needs' as outlined in the Care Act 2014, they do not meet safeguarding criteria and rarely will be assessed as lacking capacity. That said their needs can be and often are significant therefore we need to respond to them more effectively.

Both the Vulnerable People Review and LSAB Homelessness and Complexity Audit identified that service users with complex needs present across the spectrum of mental health issues, from anxiety and depression that may be the result of their current situation, or an effect of complex trauma, to personality disorder and more challenging conditions, both diagnosed and undiagnosed. This is challenging for both specialist mental health staff and non-specialist services.

One of the key challenges facing those at most risk is the co-presentation of mental health and substance misuse alongside homelessness and this has been seen as a barrier to them being able to access services effectively or for professionals to unpick whether they are in a state of crisis or chaos. Even where service users do manage to access services it is reported they will engage well for a period then miss appointments and in order to be able to continue treatment require re-referrals (and assessments). This leads to self-medication via licit or illicit substances over using their money to pay for housing.

Many people with complexities do access primary care services such as GPs, treatment centres and pharmacies but there remains a challenge for secondary health services as individuals present with a combination of physical ill health, substance misuse, mental ill health including self-harm and overdose and become intensive users of the hospital's Emergency Department.

The difficulties resulting from welfare reform and changes to the benefit system have exacerbated vulnerability. The Universal Credit (UC) system is only available online and is a multi-layered process, which is far from straightforward. This means many vulnerable people can fall through (fail to access benefits or complete their claim), have delayed benefits or due to the 'loan' system end up in debt.

¹ Vulnerable People Review 2019, Dr Teresa Young

Blackburn with Darwen has one of the highest rates of death amongst the homeless amongst English authorities and whilst there are short term housing solutions for the homeless with complex needs there are few long-term solutions. In Blackburn with Darwen many homeless individuals who are single and claiming benefits simply cannot afford social housing plus there are few one bedroom apartments that they can afford within the private rented sector and many are being described as 'substandard terraced housing'. This has led to an increase in the availability of bedsits with Blackburn having a high proportion of private Homes of Multiple Occupation (HMOs). There are currently regulatory powers in respect of the physical conditions of property but no regulatory powers to enable public authorities to address the actual welfare and health and wellbeing of individuals in HMOs.

Vulnerable people have been found to be reported as both involved with and the subject of criminal activity. However, the largest number of adult reports from the police are for those whereby there has been particular concern for the individual's welfare and those living in HMOs were the highest number reported.

Service User and Stakeholder View

- *'No person should be waking up each morning and looking to anaesthetising themselves from society'*
- *'How can I get an appointment when I don't have an address or credit for my phone?'*
- *'They're not very good at organising themselves or responding to official organisation. People have fallen off ESA and onto Universal Credit and then they struggle to make a claim. They also don't ask (for help) so end up with nothing and then they go into crisis'*
- *'Universal Credit is so bloody complicated'*
- *'It's easy to misjudge people who decline all the help they are offered...the fact is the support or help offered may not be right support or at the wrong time. We have to get it right first time to help them move on'*
- *'There's no point giving me food that I have to cook as I don't have anything to cook it on'*

3. System and Change Processes

The strategy will deliver on its vision and commitment by using mainly existing service provision where possible. This will be undertaken using information from the Vulnerable People Review and the agreed actions necessary as reported by MEAM. It is planned that these will be undertaken between 2020 and 2023.

Future development will:

- Build on an asset based community development approach where those in receipt of services or who have lived experiences of services are fully involved in the development process
- Be underpinned by clear organisational commitment partnership arrangements and strategic scrutiny.

To support this, the remainder of this document will focus to support the development of how the strategy will be implemented. This is a commitment to a system that will be co-produced by a partnership of commissioners, agencies and those with lived experience. These partners will take forward the thematic recommendations that emerged from both the Vulnerable People Review and MEAM workshops and will do so via Person Centred Trauma Informed Approaches.

Developing Trauma Informed Approaches to service development and delivery is a key recommendation of this strategy and it should run through all decision making and whilst Blackburn with Darwen has strong foundations through ACE (Adverse Childhood Experiences), Embrace, MEAM and the Complex Case Hub, to mainstream this will need further commitment and championing.

For a Trauma Informed Approach to be integrated across provision; commissioners, managers and practitioners need to think about how service development will impact on the most vulnerable or complex, taking something akin to a Vulnerable People Impact Assessment approach. Those with lived experience will be ideally placed to inform the development of that assessment.

A Development Group to take this forward is proposed and this should include those in a position to enable change at strategic level as well as practitioners and those with lived experience who can inform what that change should look like. Developments in this area should also be cognisant of and co-ordinate with Pan-Lancashire developments within Lancashire Constabulary and the Public Service Board etc.

4. A New Vulnerable People Compact – Overview

The Compact was the name given in the Vulnerable People Review. Whilst the core element of this work will depend on partnership working, the aim was not to suggest another formal partnership with a hierarchy of members, but a broader approach which can be flexible and responsive and that will at times overlap and draw on and support existing developments and processes. This isn't about developing something 'new' but about how what is already in place can be flexed to meet the more complex needs of vulnerable groups locally.

Developments, processes and tools will build on the existing infrastructure as we develop a more integrated system. This is based on the belief that a move toward greater integration could ensure the most appropriate response at the right time and can be sustained beyond crisis presentation.

Building on existing infrastructure would also allow for a phased implementation of ideas proposed, accounting for varying amounts of work needed to agree and implement new practices and amend existing commissioning arrangements over time.

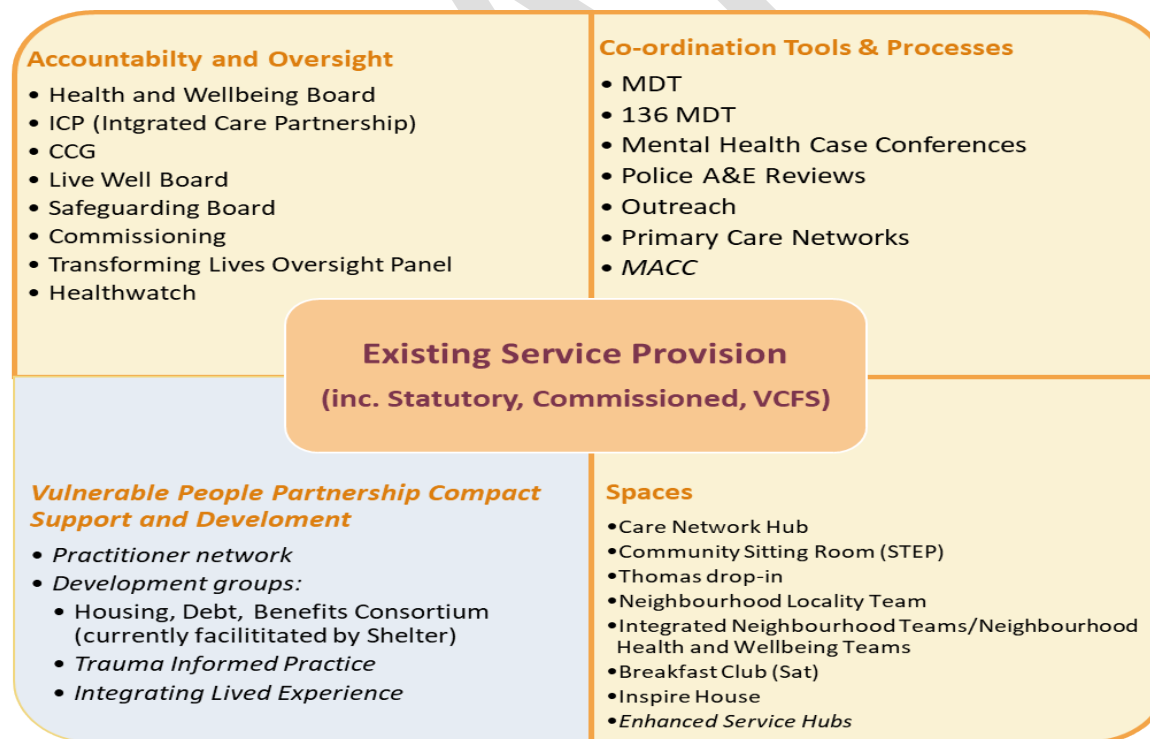
The areas proposed within the compact are:

1. Accountability and Oversight
2. Coordination and Integration
3. Spaces (including Enhanced Service Hubs)
4. Partnership Compact Support and Development

In the following diagram: The central orange and three yellow shaded segments show existing provision and approaches: **only the elements *italicised* are new.**

The grey/blue segment contains the new elements of the compact (again *italicised*) and the existing Housing, Debt, Benefits Consortium, currently facilitated by Shelter, is also brought under this heading.

Existing service provision is at the centre of this model reflecting the belief that there are a lot of services out there and they need to work together better. It's not simply about what you have or do, but how you do it. That said, how this is commissioned and monitored may change or be focused to more directly or explicitly address the needs of complex/vulnerable individuals. Commissions and services should be able to address the needs of the complex and vulnerable not just the straightforward. Similarly, they should be organised and delivered in a way that does not by 'default' exclude the vulnerable.



Accountability and Oversight

Systems of accountability for this agenda already exist however, to take integration forward effectively accountability will need to sit across all elements of the system. It will need to be built into each step and extend beyond KPI frameworks to carry the vision and keep pushing forward to achieve better outcomes. Accountability needs to be built into an integrated system at all levels as does leadership.

Co-ordination and Integration

The ultimate aim would be to engage individuals with services and to develop, with them, a plan that would then be taken forward through a Multi-Disciplinary Team (MDT). This approach is already used widely across services as noted above. If such a process is already in place, e.g. through specialist mental health provision, this would not be duplicated although consideration may be given as to whether the scope should widen to co-ordinate interventions more effectively, and how step down might happen when specialist interventions stops.

Again the aim is not to duplicate or replace any of these processes but to ensure that they are integrated and co-ordinated to deliver the best, most sustainable outcomes for the clients involved to reduce the revolving door of re-presentation

Spaces (including Enhanced Service Hubs)

This is not exhaustive but can include some of the existing spaces in the community which vulnerable individuals do, or can access, where 'community' type collective activity or groups can be, or are held. However, the one additional element that does not already exist is the Enhanced Service Hubs, a response to the fragmented nature of service delivery and a core element of building multi-disciplinary support around individuals.

Partnership Compact Support and Development

This is the partnership approach to integrated service development and delivery recommendations. It should reflect a shared commitment to:

- Working together to develop an integrated offer for vulnerable people;
- Working differently, implementing a person centred Trauma Informed approach across that integrated offer; and
- Working collaboratively with those with lived experience to inform and shape service development.

DRAFT

Appendix A; Recommendations

The below presents the thematic recommendations as advised by Dr Young in the Vulnerable People Review.

Individual actions, delivery mechanism/lead, focus of oversight or timeframe has not been pre-determined at this stage but should be completed once initial partnership arrangements are agreed. Actions generated by partners maybe delegated to other groups or partnership arrangements which have overarching responsibility for delivery against wider objectives. Where this is the case, a reporting and oversight process should be agreed.

Recommendation 1: Mental Health (p.17)

- Examine potential for developing programme for Vulnerable Adults aimed at preventing escalation, supporting individuals to manage their emotions, anxiety and stress and recognise triggers and develop greater treatment readiness. Involvement of those with lived experience should also be considered during the programme development phase and, if available, as peer mentors for those participating.

Recommendation 2: Health (p.19)

- Support CCG and other health providers (A&E, mental health, pharmacies) in their discussions as to how to join up the health offer to better address the needs of vulnerable adults within the wider community offer, via Primary Care Networks etc.

Recommendation 3: Financial exploitation (p.27)

- Work with those with lived experience, DWP (including fraud officers) and Police and Local Authority to examine potential responses and scope to act regarding financial exploitation and fraudulent activity. Such scope should be systemic rather than simply moving vulnerable adults out of 'harm's way', (although capacity for this may also be required) and not increase the vulnerability of informants. Work with these organisations to lever in support from their national leads with responsibility in this area to inform local responses and action.

Recommendation 4: Intermediate Labour Markets (p.29)

- Work with the DWP to explore the scope for the development of intermediate labour markets. Consideration of preventive work in Higher Education as well as inclusive of training for future employment

Recommendation 5: Volunteering (p.29)

- Work with the DWP to formalise recognition of volunteering by those with lived experience and/or in recovery as an appropriate part of the Claimant Commitment.

Recommendation 6: Housing p
.36

- Explore potential mechanisms for reducing supply of hostels e.g. Blackpool

Recommendation 7: Housing
p.36

- Work with other housing agencies operating locally, e.g. Shelter and Housing Link to lobby for change to the regulatory regime for hostels and for greater powers and safeguards to protect vulnerable adults in HMOs, including as a result of the implementation of Universal Credit.

Recommendation 8: Housing
p.36

- Consider potential for working with innovative housing providers to explore options and develop from their expertise.

Recommendation 9: Housing
p.36

- Explore possibilities through the Community Housing Fund and Housing Infrastructure Fund to improve access to appropriate housing for this Vulnerable People. This could be as a small element of a wider more ambitious bid.

Recommendation 10: Housing
p.38

- The outcomes from Housing First models should be examined to identify learning to inform local implementation.

Recommendation 11: Housing
p.38

- Further development of a Housing First model or approach may be strengthened by the involvement of rehab organisations and support from service staff and volunteers/peer mentors themselves with lived experience.

Recommendation 12: Voluntary Food Provision
p.39

- Consider how to work with voluntary food provision to maximise contact with individuals and pathways to service

Recommendation 13: Foodbank for the homeless
p.39

- Foodbank for Homeless option – work with those with lived experience re: best way of filling this gap.

Recommendation 14: Neighbourhood Provision
p.40

- Consider how the Neighbourhood Offer could contribute to meeting the needs of Vulnerable Adults through supported activity and whether existing offer is accessible.

Recommendation 15: Commissioning
p.56

- The development of a Vulnerable People Strategy should consider how partner commissioning processes can be mobilised to support integration.

Recommendation 16: Governance p.
57

- Review Governance and Information Sharing arrangements to ensure they are adequate for and changes in working practices.

Recommendation 17: Monitoring Transitions
p.71

- Monitor the transition to the CAB contract for the impact on vulnerable adults of changing liaison and support arrangements with CAB.

Recommendation 18: Out of Hours Provision
p.74

- Consider out of hours and community based support for vulnerable people, to maximise impact and reduce vulnerability.