Healthy Lives, Healthy People: Our strategy for public health in England

Revolving Doors Agency response

31 March 2011

About Revolving Doors

Revolving Doors Agency is a charity working across England to change systems and improve services for people with multiple problems, including poor mental health, who are in repeat contact with the criminal justice system. We call them the revolving doors group.

Multiple needs or problems experienced by women and men in the revolving doors group often include drug and/or alcohol misuse, homelessness, learning difficulties, physical health problems, fractured relationships with family, poverty and debt. Drug and/or alcohol use are often used as coping mechanisms to deal with current problems or previous trauma, for example from childhood neglect or abuse.

Each problem feeds into and exacerbates the others. However, on their own, each need is usually not severe enough to meet the threshold for statutory services. So while poor mental health is a core or exacerbating factor, this is usually not considered severe enough to warrant care from secondary mental health services.

This all creates a downward spiral that brings people into contact with the criminal justice system. The police, courts and prisons see people in this group everyday yet they get little or no effective help from mainstream health and other services. We estimate this population to be approximately 60,000 at any one time, with further people at risk of entering it, or recovering.

Key recommendations

- The Government should recognise that people with multiple problems experience significant health inequalities and explicitly include them in public health approaches.

- The Government can help local areas understand and identify the needs of this group. It can also support and incentivise approaches that work: holistic personalised services that bring a range of public services around the individual. Our Financial Analysis Model demonstrates the potential savings that can be achieved through the development of these approaches.

- Public health reform provides a valuable opportunity to improve joined up approaches between mainstream services to identify people at risk, intervene early and prevent people falling between services.

- The Government should encourage and incentivise Health and Wellbeing Boards to include service user input.

- We recognise the benefits of locally based approaches but also emphasise the risks. Better joint working and partnerships are key to improving life chances, but the group's unpopularity and lack of voice in communities could result in local priority setting which fails to recognise their needs.

- People with multiple problems are disadvantaged but not all live in disadvantaged areas. We urge the Government to consider how the public health reforms can reach small numbers of deprived people in prosperous areas as well as whole areas that are deprived.

- The Government should bring together the public health and justice agendas by ensuring that Directors of Public Health and Police and Crime Commissioners work together and that the Joint Strategic Needs Assessments and local crime plans are linked.

- The Government should ensure that Joint Strategic Needs Assessments recognise people facing multiple problems who may be below the threshold for social care services or secondary health services. People in this group are likely to be in contact with emergency services such as the police and A&E as well as homelessness and voluntary sector services.

Introduction

Revolving Doors welcomes the Government's commitment to "improve the health of the poorest fastest" including "disadvantaged, vulnerable and excluded groups".

In the foreword to his *Fair Society, Healthy Lives* report (2010), Sir Michael Marmot concludes that "the more favoured people are, socially and economically, the better their health". We are pleased that the Government recognises that the converse is also true: that those who are most disadvantaged economically and socially suffer the worst health, life opportunities and mortality.

The Government should also take into account Marmot's vital finding (p.40) that "the distribution of health and well-being needs to be understood in relation to a range of factors that interact in complex ways." Further work is needed to elucidate the causal patterns between health and the different determinants of wellbeing. This will support development of interventions that promote recovery and help prevent or reverse the downward spiral that people facing multiple problems experience.

People facing multiple problems experience significant poverty and health inequalities. However, to date they have largely failed to benefit from improvements in health in the general population and access to services remains poor.

Moving responsibility for public health to local authorities provides opportunities for integrating health and wider support services. Local authorities are responsible for a wide range of services that impact on people's lives including housing, children's services and community safety. Incorporating public health into their remit has the potential to improve "whole person approaches", as outlined in the recent drugs and mental health strategies and the *Breaking the Cycle* green paper.

However, the way in which the proposals are implemented is vital in ensuring that public health does not become separated from the rest of the NHS, and fragmentation is not increased. Cooperation and coordination across health and other sectors will be essential.

In order to achieve this, there must be greater clarity in roles, responsibilities and accountabilities.

This response sets out some key considerations the Government must recognise in order to ensure reforms are truly inclusive and do not leave behind the most excluded.

1) Understanding the public health impact of multiple needs.

People with multiple needs typically experience significant health inequalities. In recent years these have been identified by key publications including the Corston Report (2007), the Bradley Report (2009) and *Inclusion* Health (Cabinet Office 2010). Our research (Pratt & Jones 2009) has also shown that they also live in poverty and experience significant financial exclusion.

Healthy Lives, Healthy People recognises this for example noting the increased likelihood of drug users to be involved in crime, be unemployed and lose contact with friends and family, the disproportionate impact of mental health on socially excluded groups and the large number of people with mental health problems alongside alcohol or drug problems (p.20).

However, we argue that while the paper demonstrates an initial understanding of the public health implications of multiple needs, it misses the opportunity to go further in considering how these can be addressed, and how this agenda links to reforms in other areas.

2) Multiple needs and community

We welcome the stated role of Public Health England to encourage and enable local areas to address the needs of excluded groups (p.52) and improve access to services (p.62). This role is vital considering the exclusion from communities and services that people with multiple needs often experience. However, our research has shown that this often group fall below the radar of local commissioning and planning for a number of reasons. (Anderson, 2011 forthcoming) Localism has the potential to help but, without adequate safeguards, could also lead to further exclusion and poorer health outcomes.

There are a number of factors that generate this risk. People facing multiple problems are often not registered with a GP (Cabinet Office 2010), meaning they find it difficult to access the health care services they require. We therefore welcome the paper's statement that "GP consortia will have responsibility for the whole population in their area ... including unregistered citizens." (p.62) Specific mechanisms will be required in every area to establish whether the health and social care needs of individuals who are not in contact with mainstream services are being identified and taken into account in local health and wellbeing plans and commissioning decisions.

People with multiple needs represent a small proportion of local communities. Lack of stable accommodation and frequent moves can also disconnect them from communities. They often lack any voice locally, with no one to advocate or support them. Simultaneously, their presence in the street, sometimes disruptive behaviour and offending often mean they are a highly visible and unpopular group with local communities. We are concerned that communities will not consider this group a priority when playing an enhanced role in priority setting and we fear this will counter the wider case for investment in support services for this group. In order to prevent this, the Government should work with local leaders to improve understanding of this group and share best practice in addressing their needs. Key motivations for investing in support services are reducing offending, antisocial behaviour and rough sleeping.

We welcome the paper's focus on tackling the health needs of the most deprived areas. However we are concerned that those experiencing multiple needs but living in more prosperous areas could be missed out. We urge the Government to consider how the public health reforms can reach small numbers of deprived people in prosperous areas as well as whole areas that are deprived.

Furthermore, we welcome the concept of universalism which is proportionate to the level of disadvantage (p.32), but recommend that this applies to targeted groups of individuals as well as area level.

3) The need for joint approaches to respond to need effectively

We strongly welcome the paper's focus on coherent, whole life, joint approaches and tailored support. In particular, we are pleased that the Department's "vision is of support delivered in partnership ... including wider support services" (p.24). For people with multiple problems, partnership working across a range of sectors is essential if their wide range of needs is to be effectively met. This has been consistently proven through our National Development Programme (Kenny & Kind 2010), other research (Anderson 2011 forthcoming) and pilots such as Adults Facing Chronic Exclusion programme.

The minimum membership of Health and Wellbeing Boards reflects a positive step towards joint working, but the fact that they will only be "encouraged" to work with other partners is concerning.

In the current climate of funding cuts, Boards may be more likely to focus solely on minimum requirements. We recommend that Boards have a duty to consult and work in partnership with the local Community Safety Partnerships.

We are pleased that the need for better relationships between health and the criminal justice system are recognised. (p.55) However, given the importance of this relationship for public health and other agendas, a stronger steer from government is required. For example, the role of Directors of Public Health to "collaborate with others" should include a specification to work with criminal justice agencies. The paper identifies the role of the Department of Health in encouraging coherent commissioning. This should specifically include a commitment to support joint commissioning between health and criminal justice agencies.

In order to "hardwire" this cooperation across sectors, we recommend that Directors of Public Health are required to work with Police and Crime Commissioners and vice versa. This is an opportunity to deliver national change for a group that has until now been regarded as a "problem for many but the responsibility of no one".

4) Incentivising joint working

We welcome the paper's recognition that joint approaches are essential in tackling health inequalities. There are real financial savings to be made from investing in this kind of approach. Early iterations of our Financial Analysis Model[1] have shown that investment of £33 million per year in these approaches could save different areas of Government £3 billion over three years.

We are pleased that the paper recognises that "many areas are developing their own locally agreed partnership arrangements, such as public service boards and Community Budgets, to support this kind of collaboration and agree shared outcomes that health, local government, the police and others will set out to achieve in partnership with local communities." (p.55)

In order to enable and incentivise partners to work together, we urge the Government to work closely with local areas to encourage and support the development of these approaches (for example through issuing guidance and disseminating best practice.) In particular, consideration should be given to ensuring that excluded groups benefit from these approaches. We would welcome the opportunity to work with the government on more detailed proposals on Community Budgets as they are developed, and how they will respond to people experiencing multiple problems.

Shared outcomes are essential in incentivising joint working at a local level, especially when drawing in non-health partners. Evidencing these outcomes is crucial. The paper states that Public Health England will support national and local public health efforts by promoting "information-led, knowledge-driven" interventions, and will draw evidence together to make it more easily accessible (p.68).

The Government should recognise that many small voluntary sector organisations play a vital role in improving public health but often struggle to prove their outcomes due to lack of access to salient information or funding for robust evaluation. Public Health England should help Directors of Public

[1] Revolving Doors Agency has developed a Financial Analysis Model with support from the Department of Health which assesses the potential savings of partnership projects providing holistic support to people with multiple needs at different points of the criminal justice system. The model aims to reflect real lives and demonstrate savings to the public purse by government department. See http://www.revolving-doors.org.uk/policy--research/policy-projects/economic-model/ for more detail.

Health to ensure that local communities and voluntary sector partners have access to information and are supported to demonstrate their contribution to changing lives and delivering the desired outcomes.

5) Joining up at national level

We strongly endorse the creation of the Cabinet Sub-Committee on Public Health, as this recognises the need to work across Government to address this issue. This positive development must be supported by close working with the Cabinet Committee of Social Justice, and close integration of health policy with other reforms in drug policy, criminal justice and mental health.

6) User involvement

While the case study of Altogether Better Community Health Champions (p.43) demonstrates an awareness of the benefits of user led approaches, we would have liked to see a much greater focus on service user involvement in the paper.

Service user involvement has the dual impact of promoting recovery among individuals directly involved and improving services' understanding of and relationship with its users. We are keen to emphasise the valuable contribution service users could make to Health and Wellbeing Boards, and urge the Government to consider how this can be encouraged and incentivise.

We endorse the Department's pledge to "take forward work in partnership with relevant organisations, seeing their help and expertise in developing proposals that work in practice." (p.79) Service user involvement will be crucial in this, and we would be happy to facilitate meetings between the Department and the Revolving Doors Service User Forum.

7) Transitions

As members of the Transition to Adulthood (T2A) Alliance (www.t2a.org.uk) we are pleased the paper recognises that "adolescence is a significant transition point for young people" (p.37). Research by the T2A Alliance (2009) has demonstrated that for young people facing multiple needs, the challenge of transition into adulthood extends into early adulthood. As young people do their best to deal with the transition from the family home or care into independence, issues around health and wellbeing can determine whether they succeed or fail. The price of lack of support through this transition can be adulthood blighted by poor health and disadvantage. We recommend that the Government's life course approach to public health includes recognition of these challenges.

We welcome the commitment to "align funding streams on drugs and alcohol treatment services across the community and in criminal justice settings" (p. 42) We urge the Government to ensure this includes an alignment which addressed the challenges posed by moving from prison to community settings.

8) Responsibility

Revolving Doors welcomes the consideration of different responses for different groups, and the recognition that "some individuals may need more support because they face particular barriers" (p.28) However we have major concerns that a focus on "treating capable, responsible and informed adults as adults" (p.28) will mean that those who are deemed not to be "capable, responsible and informed" will be denied appropriate services.

Our research has shown that when people face multiple problems, these issues negatively interact, challenging resilience and individual's and families' capacity to interact positively with the support services they need (Anderson 2011 forthcoming). For some this can generate a cycle of disengagement, challenging behaviour and exclusion from services. As this cycle develops, people are likely to appear less "capable, responsible and informed". Approaches that work alongside people to rebuild their self esteem, self-efficacy and involvement can be effective in turning around this negative spiral.

A greater understanding of this dynamic is required in order to identify barriers people with multiple problems face, and the support they need to address them.

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