

**Minutes from the meeting of the APPG for People with Complex Needs and Dual
Diagnosis
Thursday 9 December 2010**

The discussion topic for this meeting was the cost benefit of integrated services, which bring together different teams, disciplines and funding streams, offer one solution to the increasing pressure on public services to deliver more for less while meeting individual need.

Our Co-Chairs would like to thank everyone who managed to attend despite the snow and student protests outside. Hopefully our next meeting will happen on a less eventful day.

Co-Chairs: Lord Victor Adebawale CBE
David Burrowes MP

Speakers: Oliver Hilbery, Project Director, [Making Every Adult Matter](#)
Diane Docherty, Homelessness Service Development Manager, Cambridge County Council
Dominic Williamson, Chief Executive, [Revolving Doors Agency](#)

David Burrowes MP opened the meeting by welcoming everyone and giving apologies for Liz Kendall MP who had been due to speak. DB introduced the issue of integration as central to current health policy amidst changes to the NHS and specifically commissioning.

David Burrowes introduced our first speakers Oliver and Diane (presentation slides available on the APPG website)

Oliver Hilbery:

- Introduced MEAM – particularly the focus on individuals and efforts to change policy and practices
- Oliver demonstrated actions that can be done in local areas (Cambridgeshire and Derbyshire are the pilots he discussed). Idea is to do things differently using existing services
- Oliver outlined the 4 key elements in services are: co-ordination (linking individuals to services), flexibility (from mainstream services), consistency (working with those most excluded) and measurement (the economic case and outcomes)

Diane Docherty:

- Talked about the pilot in Cambridge
- Wanted to prevent deaths, improve health and provide long-term solutions
- Diane recognised that jointly commissioned services help those with complex needs
- The New Directions Team Assessment introduced in Cambridge found 40 clients who would benefit from co-ordinated approach, due to being a drain on multi-agency budgets
- Got high-level strategic buy-in from agencies such as the police and NHS
- Provided the case-study of 'Jon' who had too many case workers until this new scheme

Oliver Hilbery:

- 'Jon' used many emergency interventions prior to being properly supported. Just the recent ones listed in the presentation amount to at least £140,000.
- The economic evaluation of the pilots will strengthen the data available. It will measure savings by looking at clients use of services before and after the pilot intervention
- Government can encourage coordinated services by creating a policy environment that is more conducive to these being put in place locally
- There is cross-party agreement that we need to act

David Burrowes introduced our second presentation by Dominic Williamson, Chief Executive of Revolving Doors. (Presentation slides available on the website)

Dominic Williamson:

- There are lots of policies coming out, important to relate work we do to emerging policy lines
- Revolving Doors aim to identify and respond to individuals in need (those with multiple needs and who have been excluded), work in partnership with agencies such as police and prisons, link those with needs to services, work on policy with formal parliamentary links
- Many people have a mix of problems and have repeat contact with police, accident and emergency, prisons. Yet they are often excluded from existing services as they do not show up as being in a vulnerable group. This is a clear failure of our society and public services
- Lots of money is being wasted as there are frequent costs to services without getting proper help.
- Revolving Door's financial analysis model is under construction. It shows savings to government departments and the build up over months as people get stuck in the system (see slides for more details)
- Preliminary results (based on conservative figures):
 - In three years there has been £12bn spent on intervention.
 - Revolving Doors recommend £33m p/a to be invested, which would reduce spending by £3bn over three years.
- The savings can be applied at different levels, i.e. civil servants, government departments, local community, service providers.
- Need funding for services as this cuts problems
- Have forward looking ideas, but there is a difficult situation on the ground
- There is risk of a backlash on the policy – need greater political understanding on integration
- Vital to go to the local level and show integration can work. Put service users at the centre

David Burrowes:

- We need to demonstrate how we can integrate services to save money now as well as medium to long-term.
- Believes there is uncertainty about where commissioners sit, with fear about having so many changes at once
- Oliver Letwin MP is interested in and receptive to this topic. We will be looking to see if Mr Letwin may be able to join us for a future meeting.

Victor Adebowale:

- It seems like local government is acting like the cuts are already in place – there is a real risk of slash and burn rather than consideration of different options, including integration.
- Victor opened discussion to the floor

Comments/Questions from the floor

Peter Cockersell (Director of Health and Recovery, St Mungo's):

- Cambridgeshire is unique in how it informs its JSNA which includes homelessness. It importantly took 'community of need' not just 'category of need'. The problems of homelessness mean that this approach works so much better for them
- Local authorities need to reconfigure how services are constructed and how they work with clients

Graham Munn (Hertfordshire Joint Commissioning Manager):

- Must move quickly

- The cost benefit work is very important – useful for LAs to be given the monetary values of services/cuts
 - Victor suggested that local authorities will need to consider doing their own cost benefit work rather than relying on providers to always do this.
- Is it possible to show which department is making savings? It is often the case, especially for people with complex needs, that spending in one area will save in others
 - Oliver agreed that this is a big issue. Costs can go up for one department, with savings coming down for the others – Departments aren't necessarily on board with this.
 - Dominic: Yes, some departments costs will rise, getting to the local level is difficult. Total Place starts this approach but there is more that needs to be done.

Tara O'Neill (Dual Diagnosis Coordinator, Camden and Islington)

- When tackling complex social problems, the importance of childhood trauma should not be ignored and, on the whole, psychology is underplayed.

Gary Lashko (Director of Supported Living, Sanctuary Carr-Gomm):

- With the policy of personalisation, it seems this is being used to reduce spend. What is the future of it as being aimed to give people the services they need?
 - Victor: There is mixed evidence of popularity of personal budgets
 - Local authorities will use them to cut services

Alison Rose-Quirie (MD Mental Health, Care UK):

- Systems are not in place to move people along when they need to
- Some commissioners bury their heads in the sand and some clinical care is suffering.
 - Victor agrees and set out his view of three types of local authorities -only one recognises the change needed and deal with it through innovation and integration.

General:

- Victor introduced Turning Point's cost-benefit analysis of the Rightsteps model which indicates the savings that early intervention can make.
- There is a challenge to Oliver Letwin to make integration work locally
- There is uncertainty around funding and where commissioning is due to sit – lots of changes being made at once and a lack of incentives to innovate

Victor closed the meeting by drawing people's attention to our new website and email address listed below along with future meeting dates.

Website: www.turning-point.co.uk/whoarewe/appg

Email address for any APPG correspondence, ideas, suggestions or views: appg@turning-point.co.uk

Future meetings:

- Tuesday 15 February 11.30 – 13.30
- Wednesday 11 May 14.00 – 16.00