

## **The Access Point / Edinburgh Access Practice Stakeholder event**

**6 May 2015, City Chambers**

### **Event report**

The Council's Chief Social Work Officer, Michelle Miller welcomed a wide range of staff across agencies and sectors to the event. Both the Access Point and the Edinburgh Access Practice can celebrate success in providing services to some of the most disadvantaged people in the city. The purpose of the event was to address some of the challenges agencies still face when supporting people with complex needs, such as disconnects between different services and people falling through gaps and not getting a service that makes a positive difference to their life. The review of the Access Point / Edinburgh Access Practice takes place in the context of the [Inclusive Edinburgh review](#) in which many of the stakeholders invited to this event are already participating. Drivers for the review relate to the need to achieve better outcomes for people, but in part include practical considerations, such as the Edinburgh Access Practice having to move by the end of the year. The event was arranged to engage with staff on how this could be done. The integration of health and social care should be grasped as an opportunity to improve the way agencies work together. It should not be seen as limited to services provided by the Council's Health and Social Care and NHS Lothian, but should be used as an opportunity to improve integrated working with voluntary sector organisations and other Council service areas, which have a major role to play in supporting people with complex needs across the city.

Input by Pathways Manager Inclusive Edinburgh Alan Laughland (see ppt):

Alan outlined some of the more significant policy and practical drivers for change, including;

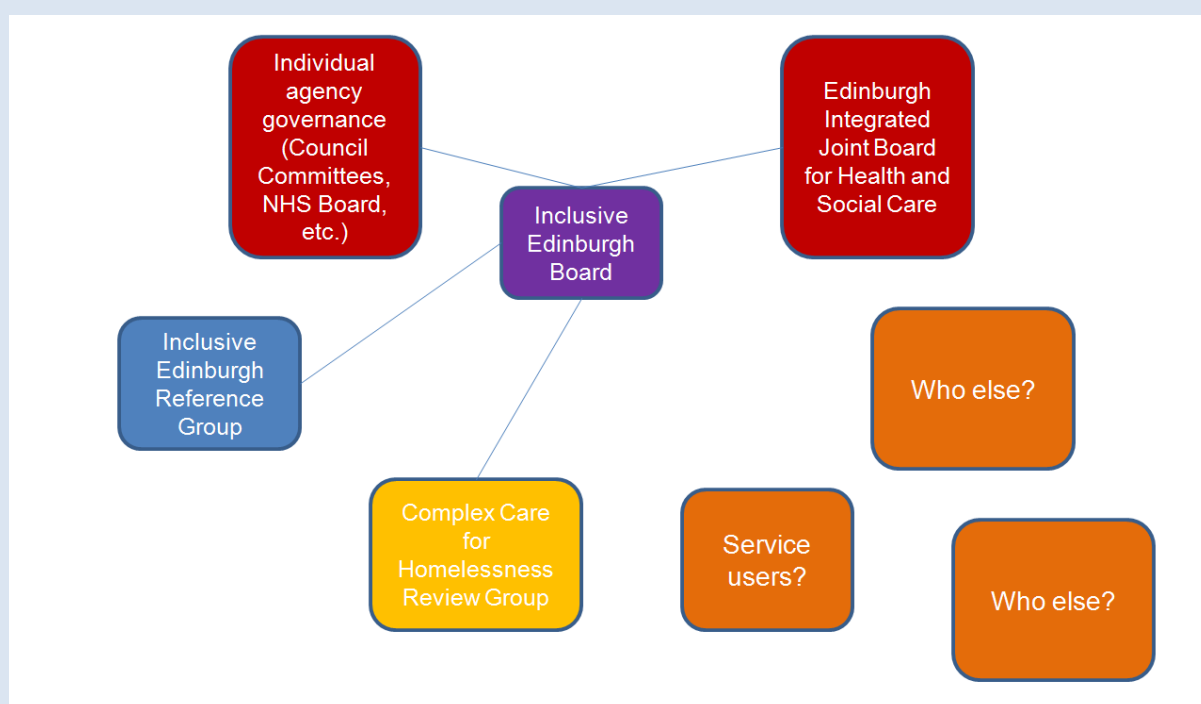
- Christie Commission Report (2011): Improved outcomes through partnership working and closer integration
- A Sense of Belonging (2011-2016): People with co-occurring problems should have integrated care
- Organise to Deliver: Principles for Change (2014): Time wasted in referring on to other services
- Inclusive Edinburgh: the need for workers to be able to form effective relationships
- Standards for commissioners and service providers: The Faculty for Homeless and Inclusion Health September 2013 which stresses the importance of integrated care
- Health and Social Care Integration
- Psychologically informed services
- Challenging stigma and discrimination against homeless people

Assessment, Homelessness and Support Manager Susan Bruce highlighted the need to change the way services are being provided. The length of open homelessness cases is increasing. This is presenting a challenge to the Council's housing services. Around 400 people, representing 10% of the overall number of presentations, present as homeless repeatedly, a number that remains static. Providing support to people so they can sustain tenancies is a major aspiration of the review of the Edinburgh Access Practice / the Access Point.

The key questions for the review of the Edinburgh Access Practice / the Access Point were highlighted:

- Do we want to establish an overall manager? There are some excellent examples of single agency managers responsible for services across agencies. For services to be effective, it may be helpful to have a joint management structure to avoid the risk of staff retreating to single agency management structures. There are legitimate concerns among staff about moving to a joint management structure, which need to be addressed through open dialogue and debate.
- How can we design a more integrated model? Whichever model is chosen, it needs to be capable of addressing the needs of disadvantaged/vulnerable people.
- How can we establish closer working with other stakeholders, including those not co-located? How can we design a model with permeable boundaries that is open to other stakeholders? We have to be aware of the risk that integration of some services does not lead to the disintegration of other services, and mitigate the risk as best we can.
- How can we build on current strengths? The review of the Edinburgh Access Practice / Access Point needs to look at those elements of service provision that work well for people, and strengthen them, and focus on barriers to achieving positive outcomes for people, and taking these down.

The governance arrangements will need to be discussed further. A draft is outlined below.



A number of options will need to be discussed with all stakeholders to ensure that a model is created jointly. These include:

- Status quo versus something different
- City centre location versus locality based working
- Co-location versus a dispersed workforce

- Overall management versus separate management
- Integration of all stakeholders versus 'silo' working

Silo working refers to services being focused internally and on what they can provide. This can lead to labelling people as 'not my problem', if they present with issues not directly within the remit of the service. Current systems of, for example, different eligibility criteria and assessments, can drive services and staff towards working in silos, rather than supporting staff to seek joint solutions across agency boundaries to ensure people receive the service they may need or choose.

The future model for services currently provided by the Access Point / Edinburgh Access Practice will need to keep evolving to take account of a number of ongoing processes, such as welfare reform, and will not be an 'end' model.

Participants were invited to discuss the following questions in groups:

- What do we want to change?
- What do we want to keep?
- What other options are there?

The key points from the group discussions included:

- we need further discussion on all of these issues
- the idea of the overall manager is supported with an integrated structure beneath
- single shared assessment and joint access criteria would allow us to work more efficiently
- we want to move to co-location and the voluntary sector needs to be on site
- building long-term relationships with people is key (named person approach)
- we need to strip out duplication
- we need to share information/IT systems more effectively
- the Access Point is a success and not an isolated service
- we need to appreciate and understand behaviours of service users
- if silos still exist, we need to address these
- we want to identify common goals
- can we have a centralised budget, bespoke to people's needs
- we need to challenge some assumptions around what services think people's needs are
- the views of people/service users need to inform the review to a greater extent
- there is a shortage of suitable housing for this client group, which needs to be addressed urgently

Alan thanked all participants for their time and input. The next steps for the review of the Access Point / Edinburgh Access Practice will include:

- setting up the 'Complex Care for Homelessness Review Group' to be chaired by Alan Laughland
- all those who are not yet members of the Inclusive Edinburgh Reference Group and would like to be involved to contact Alan
- further engagement events will be arranged as the review develops

- feedback / ideas / concerns / suggestions are welcome any time – please contact Alan Laughland at [alan.laughland@edinburgh.gov.uk](mailto:alan.laughland@edinburgh.gov.uk)

Appendix 1: Notes from group discussions

## Appendix 1: Notes from group discussions

Table 1 Facilitator: David White	Table 2 Facilitator: Susan Bruce	Table 3 Facilitator: Colin Beck	Table 4 Facilitator: Alan Laughland
<p><b>Keep:</b></p> <ul style="list-style-type: none"> <li>• culture / ethos</li> <li>• co-location ++</li> <li>• city centre – properly resourced services</li> <li>• transfer people from sectors to the Access Point</li> </ul> <p><b>Change:</b></p> <ul style="list-style-type: none"> <li>• improved environment (building)</li> <li>• co-location with third sector</li> <li>• develop resettlement</li> <li>• outreach services – reinstate third sector provision</li> <li>• integrate IT systems</li> <li>• make performance measures relevant</li> <li>• have more supported accommodation and alternatives to tenancies</li> </ul>	<p><b>What do we want to change?</b></p> <ul style="list-style-type: none"> <li>• greater understanding between services of what each service does: (especially non-routine aspects) and keeping this up to date</li> <li>• improve accommodation, co-location of key homeless services and integration</li> <li>• clearer partnership arrangements that cross one another's thresholds to enable access and streamlined information sharing</li> <li>• shared assessments (e.g. Willow Service - one document)</li> <li>• Introduction of a core screen/triage at the door to get the user to the most appropriate service</li> <li>• complex multiple needs and need specialist hub 10% versus homeless persons who can access generic services</li> <li>• based on person's own perception of need</li> <li>• more access to support workers on a same day basis e.g. via third sector</li> <li>• increased access to housing for those with complex needs</li> </ul>	<ul style="list-style-type: none"> <li>• mixed group with different knowledge and experiences of the Edinburgh Access Practice and the Access Point</li> <li>• build on what we have and improve it</li> <li>• it is central resource that is needed</li> <li>• visiting support – impressed with Access Practice working cohesively</li> <li>• important that Access Practice is having to move</li> <li>• good strong personal relationships but structural differences e.g. paperwork can be more cohesive and streamlined</li> <li>• one manager driving this further – to make things more cohesive</li> <li>• why is there a separate Access Practice and Access Point?</li> <li>• different groups: Service for Communities, access practice etc.</li> <li>• what is core business of access practice: people with complex needs, health and social care, social work, housing support tasks</li> <li>• where can people with complex needs move on to? Leith Street</li> </ul>	<ul style="list-style-type: none"> <li>• physical proximity</li> <li>• one roof ('One Stop Shop') – including third sector</li> <li>• one manager idea attractive</li> <li>• new name/label: i.e. Health and Wellbeing Centre (to reduce stigma)</li> <li>• integrated model helps getting to know pockets of good work</li> <li>• keep outreach element</li> <li>• improve access to each others' databases</li> <li>• one roof will help with effective information sharing, will be easier for service users, will allow staff to have informal conversations and will be more cost effective</li> <li>• Edinburgh Access Practice accommodation issue is an opportunity to review what we are doing and how we can improve it</li> <li>• we need to be careful about assuming we will have a lot more capacity when we are under one roof</li> <li>• the non clinical elements have vanished (i.e. providing clothes) but we need them on site</li> <li>• we need to treat people as people</li> <li>• we need to include people at</li> </ul>

	<ul style="list-style-type: none"> <li>• improved access for third sector users to hub services</li> <li>• those with most complex health and social needs end up with police / criminal justice</li> <li>• key performance indicators that are appropriate for those with more complex needs (services, service users)</li> <li>• low threshold accommodation</li> <li>• single management structure</li> </ul> <p><b>What do we want to keep?</b></p> <ul style="list-style-type: none"> <li>• the caring relationship</li> <li>• Thorntree Street supported accommodation</li> </ul> <p><b>Co-location</b></p> <ul style="list-style-type: none"> <li>• pro: easily identifiable hub for service users (housing/health/social work)</li> <li>• con: open plan: hard to get work done and hot desking – distractions</li> <li>• pro: increased access to partners: e.g. housing and welfare support workers in times of under staffing (social work)</li> <li>• pro: ease of shared assessment</li> <li>• pro: ease of access to hub by third sector services</li> </ul> <p><b>Management:</b> Options: 1 manager. Full integration. No interdisciplinary meetings. Strong leadership, responsible for all the resources Leadership (disciplinary) towards</p>	<p>as permanent solution ~ is this preventative spend</p> <ul style="list-style-type: none"> <li>• why the focus on moving people with complex needs on rather than working with where people are?</li> <li>• greater focus on outcomes is detrimental</li> <li>• person moving on b&amp;b but its working</li> <li>• we need to have services around individuals not a single group</li> <li>• life expectancy – 45 years</li> <li>• comprehensive treatment</li> <li>• important role of support workers in helping people to attend appointments</li> <li>• what failings around access practice: managerial egos get in the way</li> <li>• difference between housing support and community support</li> <li>• <u>what are the other options?</u></li> <li>• housing consortiums – what are the limits on this?</li> <li>• a city wide homelessness budget – with generic support workers</li> <li>• example of Oscar and Cyrenians</li> <li>• working with the person on what they want to do</li> <li>• assumptions about substance misuse</li> </ul>	<p>risk of homelessness not only those who are homeless</p> <ul style="list-style-type: none"> <li>• it is our responsibility to stay with people (after care element)</li> <li>• different organisational cultures, different IT systems and a competitive 'contract culture' stop us from delivering better services to people</li> <li>• alliance contracting may help to change some of this</li> </ul>
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	shared <u>key</u> outcomes	<ul style="list-style-type: none"> <li>• keep: build on good strong relationships with frontline practitioners</li> <li>• change availability criteria which contradict the needs of clients</li> <li>• Option: centralised bespoke budget, different skills and disciplines in one homelessness hub/central location</li> <li>• key to challenge assumptions about what we think people's needs are</li> </ul>	
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<b>Table 5</b> Facilitator: Alisdair Bennett	<b>Table 6</b> Facilitator: Tracey Connor	<b>Table 7</b> Facilitator: Gavin Snape	<b>Table 8</b> Facilitator: Steve Whitton
<ul style="list-style-type: none"> <li>• our service: Clients, staff</li> <li>• primary task: public service, people we work alongside</li> </ul> <p><b>What do we want to keep?</b></p> <p>Indeed need to keep?</p> <ul style="list-style-type: none"> <li>• is our collective (inter-agency +) experience that our partnerships are robust? (rather than personal)</li> <li>• client commitment is not in question</li> <li>• co-location sustains above</li> </ul> <p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>• Health/CPN + teams</li> <li>• housing and social work teams responsive</li> <li>• third sector links robust</li> <li>• basically multi-disciplinary</li> <li>• culture: accessibility and</li> </ul>	<ul style="list-style-type: none"> <li>• support workers, need for support workers for accompanying to appointments</li> <li>• “chumming” not signposting</li> <li>• keep: multidisciplinary, open accessibility</li> <li>• mental health peer movement</li> <li>• peer workers: need to be supported and trained</li> <li>• SVQ: “peer learning network</li> <li>• funds - control - budget</li> <li>• support workers done properly not “on the cheap”</li> <li>• chaotic: appointments and letters</li> <li>• Flexible</li> <li>• single point of contact (SPOC)</li> </ul>	<p><b>1</b> further discussion required</p> <p><b>2</b> change: Yes to a single manager (facilitator, coordinator) of service, but must be on site</p> <p><b>3</b> change: Single shared assessment? What kind?</p> <p><b>4</b> keep: City Centre based – it is a locality</p> <p><b>5</b> change: Have appropriate voluntary sector services present</p> <p><b>6</b> keep: open access to service</p> <p><b>7</b> what are the variables that maintain disintegration (discussion)</p> <p><b>8</b> have a 360C/Kaizan type event</p>	<ul style="list-style-type: none"> <li>• retain city centre location</li> <li>• third sector partners on site (support/housing providers)</li> </ul> <p><b>Management structure:</b></p> <ul style="list-style-type: none"> <li>• single manager</li> <li>• financial responsibility</li> <li>• lines of governance</li> <li>• mission statement</li> </ul> <p>Shared assessment (comprehensive)</p> <ul style="list-style-type: none"> <li>• a consistent service in localities</li> <li>• single location important for nurturing partnership working</li> <li>• critical mass: too many services in one location can be problematic</li> <li>• shortage of suitable housing needs to be addressed</li> </ul>



<p>thoughtfulness  <b>Central based</b>  What do we want to change?  • information sharing obstacles at legislation level and at local/individual practitioner level, shared protocols are not robust, need shared agreements on: primary task, priorities, definitions (homelessness, need), responsibilities and procedures  <b>Management style:</b>  dominant/submissive management cultures need thought about, pre-single role manager (supportive/companionable) authority – leadership – responsibility – followership  Design integrated service model  • one door  • team leaders to include in meetings – third sector/social enterprises and others  • recognise tensions / independent power to act as against corporate financial limitations  • clear guidance/including legal (e.g. no recourse, habitual residency +)  • managed local budget/devolved to front line  • • consider an arms length organisation</p>	<ul style="list-style-type: none"> <li>• coordinated and long term</li> <li>• courts, prisons, hospitals</li> <li>• people moving around - central point</li> <li>• build long term relationships is key</li> <li>• locality? Inclusion</li> <li>• Both city centre (bus and rail stations central) and localities (scattered)</li> <li>• trust in one person</li> </ul> <p><b>Change:</b></p> <ul style="list-style-type: none"> <li>• the pathways are not clear: between centre and localities</li> <li>• need for a better skill mix</li> <li>• shared database/IT</li> <li>• secure doors feel safe</li> <li>• scrap B&amp;Bs (false economy), need more supported accommodation, housing stock</li> <li>• more continuity, less fragmentation</li> <li>• long term continuity of care (one person) even if people move <ul style="list-style-type: none"> <li>less duplication</li> <li>shared reception, IT and phones</li> </ul> </li> <li>• <b>Contracts:</b> alliance/consortium of voluntary organisations/third sector (EVOC) <ul style="list-style-type: none"> <li>○ collaborative working, alliance and collaboratives</li> </ul> </li> </ul>		<p><b>Options:</b> Mini-TAPS in localities</p>
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	<ul style="list-style-type: none"> <li>○ single L.T. case coordinate and case manage</li> <li>○ B&amp;Bs: some are atrocious e.g. – bed bugs</li> </ul>		
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