

	<b><u>Agenda Item: 12</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>30 July 2019</b>
<b>TITLE:</b>	<b>MAKING EVERY ADULT MATTER (MEAM) APPROACH</b>
<b>Organisation</b>	<b>Birmingham City Council</b>
<b>Presenting Officer</b>	<b>Dr Justin Varney</b>

<b>Report Type:</b>	<b>Discussion</b>
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<b>1. Purpose:</b>
1.1 The purpose of this report is to outline the benefits of the Making Every Adult Matter (MEAM) Approach and how it can enable a system change, strengthen the health and wellbeing partnership and help us develop a coordinated approach to tackling multiple disadvantage in Birmingham.
1.2 The Health and Wellbeing Board is requested to encourage this approach and support the partnership in its delivery.

2. Implications:		
BHWP Strategy Priorities	Health Inequalities	✓
	Childhood Obesity	
Joint Strategic Needs Assessment		✓
Joint Commissioning and Service Integration		✓
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		✓

Prevention	✓
Homelessness	✓

### 3. Recommendations

- 3.1 The Health and Wellbeing Board is requested to **encourage the MEAM Approach** and:
- 3.1.1 Consider Multiple Complex Needs (MCN) in partner work programme to develop a shared understanding and ownership of the problems with the current system and a clear vision and action for change;
  - 3.1.2 Influence partner organisations and support the efforts to join up data and intelligence around those who have multiple complex needs;
  - 3.1.3 Promote a better coordination of services for those with multiple complex needs and influence partner organisations to ensure their commitment;
  - 3.1.4 Support a sustainable system and culture change that will enable a better coordination of services for those with multiple complex needs and create more opportunities for early intervention;
  - 3.1.5 Agree that this is an area for focus for the emerging Board's Forum focused on Health Inequalities.

### 4. Background

- 4.1 Despite the efforts to develop new and redesign existing services that provide support to individuals with complex needs and the homeless population, Birmingham remains one of the worst affected areas in the country with an unprecedented scale of homelessness. Throughout 2018 there were 91 rough sleepers and 928 of those registered with primary care service for the homeless and at risk of rough sleeping.
- 4.2 The prevalence data for Severe and Multiple Disadvantage from 2018 suggests that there are between 1,410 and 2,450 people in Birmingham in the homelessness, substance misuse and offending systems. The prevalence per 1,000 residents is significantly higher than the England average.

Severe Multiple Disadvantage Category	Rate per 1,000 Population		Estimated numbers of people	
	Birmingham	National average	Overall	With Mental Health problems
SMD1: Homeless only	5.3	1.9	3,640	480
SMD1: Offender only	5.8	3.4	3,950	960
SMD1: Substance Misuse only	6	5.4	4,070	2,350
SMD2: Offender + substance misuse	4.8	3	3,290	1,440
SMD2: Homeless + substance misuse	2.8	1.4	1,880	590
SMD2: Homeless + offender	1.4	0.8	960	340
SMD 3 (SP)	3.6	1.7	2,450	1,150
SMD 3 (OA)	2.1	1.4	1,410	750
SMD 1-3	29	17.4	19,720	7,110

- 4.3 Serious steps have already been taken to address these issues. A report on MCN which promoted the Changing Futures Programme that was considered by the Health and Wellbeing Board in February 2018 highlighted the need for the system change. Our Homelessness Prevention Strategy and Domestic Abuse Prevention Strategy were launched in 2018 and a number of partnership groups were established to take the delivery of these strategies forward. However, due to the complexity of the partnership landscape, overlap between groups, it has not been easy to make a significant progress towards taking a whole system person-centred coordinated approach that would secure sustainable outcomes.

## 5. Discussion

- 5.1 There is awareness that populations experiencing homelessness, substance misuse, poor mental health and offending behaviours overlap considerably. And yet in Birmingham and across the country, people facing multiple disadvantage are falling through the gaps between services and systems. As a partnership we fail to understand their needs fully and provide the right support at the right time in a coherent and coordinated manner.
- 5.2 [The MEAM Approach](#) is a framework used by local partnerships across England to develop a coordinated approach to tackling multiple disadvantage in their local area. It focuses on creating long-term sustainable change to the way that complex problems and systems are approached and understood. There are 7 key components of MEAM:
- I. Partnership, coproduction and shared vision
  - II. Consistency in selecting a caseload (a consistent approach to caseload management)

- III. Coordination for clients and services (e.g. single point of contact & coordination, lean and easy customer journey)
- IV. Flexible responses from services (trauma and strength-based approach, shared ownership and strong lean leadership, approach embedded in commissioning)
- V. Service improvement and workforce development (based on evidence and understanding of gaps, new ways of integrated working)
- VI. Measurement of success (impact on individuals and services and systems, client involvement in evaluation)
- VII. Sustainability and systems change (partners' commitment to joint long term solutions).

5.3 The existing Big Lottery Fund's Changing Futures Together Programme, operating under the banner of the national initiative Fulfilling Lives is a serious attempt to take a MEAM Approach. We will be looking at this approach through the DPH report to consider how to draw on this learning to improve our support to citizens who face multiple and sustained challenges.

## **6. Future development**

- 6.1 Through the Director of Public Health Annual report 2019 we will plan to develop the understanding of adults facing multiple complex needs and provide opportunities for future action to improve support and outcomes for these citizens. This will be underpinned by:
- Consolidation of relevant data and intelligence to be incorporated into the JSNA;
  - Mapping of all initiatives that support the delivery of the MEAM Approach to explore best value for money and sustainable provision to address MCN effectively.
- 6.2 We recommend that the Health and Wellbeing Board supports this effort and the Board's emerging Forum on Inequalities takes a lead on this work.

<b>7. Compliance Issues</b>
<b>7.1 Strategy Implications</b>
<p>Interdependencies with and contribution to the delivery of the following strategies and their delivery:</p> <ul style="list-style-type: none"> <li>- Public Health Priorities Green Paper</li> <li>- Homelessness Prevention Strategy</li> <li>- Domestic Abuse Prevention Strategy</li> </ul>
<b>7.2 Homelessness Implications:</b>
<p>The MEAM Approach is designed to develop a whole system coordinated response to tackling MCN, homelessness being one of them, therefore having a positive impact on the outcomes for those affected by homelessness.</p>
<b>7.3 Governance &amp; Delivery</b>
<p>See paragraph 6.2.</p>
<b>7.4 Management Responsibility</b>
<p>TBC</p>
<b>7.5 Diversity &amp; Inclusion</b>
<p>The MEAM Approach considers methodologies for identifying individuals facing multiple disadvantage and selecting caseloads that reflect equality and diversity issues.</p>