

Burnt Bridges?

Safeguarding Adult Board response to, and executive summary of the Thematic Review into the lives of five men who lived Street Based Lives.

Foreword

We would like to take this opportunity to express our sincere condolences to the families, friends and loved ones of those who died on the streets of Calderdale during the winter of 2018-2019.

It is a tragedy that these men lost their lives in such circumstances. The ages of these men at death were between 36 and 51.

The Burnt Bridges report has provided the impetus for change for supporting people with multiple complex needs, who have had multiple disadvantages, and who have suffered significant trauma through their lives. Part of Calderdale Vision 2024 is 'Kindness and Resilience': The recommendations in this review are provided as areas of challenge for leaders in Calderdale who can make the changes needed to systems and culture throughout the borough.

The report highlights how a personal, trauma informed, and individualised approach is needed. Through the process of this review, we understand more about how agencies can work more flexibly, more creatively and together in partnership to safeguard and promote the welfare of men and women who need our support. It is with sadness though, that we must recognise that there will still be people who suffer trauma, both in childhood and as an adult, and issues such as drug abuse, alcohol misuse and mental ill health will continue to be of concern.

There have already been many changes made to services, systems, policies and staffing because of this review. The author, together with service leads have not waited for the report to be finalised before acting. Having been involved in numerous Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews in this and other authorities; this review has already had more impact and in our opinion will continue to change systems and culture, substantially more than any other we've experienced.

The review period commenced in Spring 2019 and concluded in Spring 2021. The author of the report, Niamh Cullen, a Public Health Manager, responded to the front line demands of COVID from March 2020 to March 2021 as did many of the leaders and practitioners involved in this review. The SAB did not wait for the report to be published and the review was an action review. This Board Response details how much work has already been undertaken to embed changes, improve services and change outcomes for people living street-based lives.

We would like to thank all contributors for their time, energy, skills, and expertise in producing this report, the learning briefing, and the subsequent action plan. This includes, but is not limited to Niamh Cullen, Luke Turnbull, Secretariat staff members, Panel members, experts by experience and the many practitioners, managers and organisational leads from statutory, voluntary and private sector organisations.

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Introduction

1.1 Thematic Review

The Calderdale Safeguarding Adult Board (SAB) considered the deaths of five men who lived street-based lives in Calderdale, four of whom died in one week. The unanimous decision to undertake a Thematic Review was made following consideration of the cases and being satisfied that there was learning for Calderdale systems, professionals, and how interventions are accessed.

A thematic review is where cases can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults. The purpose of a review is to promote learning and improve practice, not to apportion blame. The objectives include establishing:

- lessons that can be learnt from how professionals and their agencies work together
- how effective the safeguarding procedures and processes are
- good practice
- how to improve inter-agency practice
- service improvement or development needs for one or more service or agency

It was recognised that there are similar reviews being undertaken by SABs and Community Safety Partnerships across England; Calderdale SAB will learn from each of these as they are published.

1.2 Life stories

The individual stories of the men who featured in this review are described in the report. These descriptions aim to provide the reader with the complexity of their lived experience and the support needed to improve their daily life. While the view of the professionals and senior leaders is important to understand processes, systems, and frameworks – it is through these case studies that we learn the most about tragedy, trauma, and adversity.

1.3 Methodology

The timeline for the period under review was identified as the six months prior to their deaths. The methodology undertaken was:

- a) Compilation and analysis of a multi-agency composite chronology with analysis.
- b) Learning Events: Practitioners and Managers participate in Review Input Events to establish the local context to inform the Review.
- c) Expert by Experience: Engagement with service users and friends of the deceased men to establish the user's view.
- d) SAB Scrutiny: A Multi-agency panel made up of senior leaders from organisations whose staff had worked with the men.
- e) Independent Scrutiny: From commissioned expert in the field – a GP who has specialised in working with multiple complex needs and who is not affiliated to Calderdale agencies.
- f) Multi-agency learning: Themes and recommendations for organisations, policies, procedures, guidance, and systems identified.
- g) Single Agency learning: Recommendations as to what actions individual agencies need to undertake to improve practice.

2.0 Learning

2.1 Recommendations

Four areas of learning were identified in the review:

1. Multiple and Complex Needs
2. Access to Healthcare and other services
3. Access to suitable accommodation
4. Prevention

The analysis, learning and recommendations for each of these areas are described in detail in the full report. The SAB Safeguarding Adult Review Subgroup have developed and are monitoring the action planning process.

Remarkably, this review process has already resulted in fundamental strategic and operational changes which are described in the Action Review section below.

2.2 Strategy for implementation of recommendations

The Board and its partners have a number of mechanisms to ensure satisfactory dissemination of learning. Across the safeguarding partnership we have a culture of continuous learning and improvement. This must be sustained, and we will test this through regular monitoring and review. These are some examples of how the learning from this review will be promoted and embedded in practice:

- Training and briefings to professionals
- Newsletters, briefing papers and guides for front line practitioners
- Quality assurance through audit
- Performance management of indicators which outline practice improvements
- Publication on website
- Challenge events to ensure the learning has been embedded and is having positive impact

3.0 Action review

The following section highlights what has already been done, in response to the tragic deaths of these individuals in Calderdale. The report will then continue to describe what else needs to be understood in order that best practice and positive outcomes can be achieved for safeguarding adults living street-based lives.

3.1 Making Every Adult Matter (MEAM)

Since April 2020 Calderdale organisations have been part of the MEAM coalition, where we are being supported to design and deliver better coordinated services for adults with multiple and complex needs specifically in the four main HARM areas that are Homelessness, Addiction, Reoffending and Mental health. Membership of the MEAM strategic group is:

- Adult Health & Social care
- Calderdale Recovery Steps
- Horton Housing
- Local Authority Housing & Homelessness Services
- Calderdale Clinical Commissioning Group
- Department for Work and Pension (DWP)
- Calderdale and Huddersfield Foundation Trust: Community nursing & high intensity users' group
- The Basement Recovery project
- Together Housing
- The Safeguarding Board
- Calderdale in recovery (People with Lived Experience)
- The Probation Service
- South West Yorkshire Partnership Foundation Trust have been invited and plan to attend

This work is currently focused upon developing pathways for adults with multiple and complex needs into Adult Social Care, Mental Health and Safeguarding services where appropriate to improve our system response.

3.2 West Yorkshire multiple needs consortium

Calderdale are active members of West Yorkshire Multiple needs consortium who prepared a West Yorkshire wide bid to the Ministry of Housing, Communities and Local Government (MHCLG) Changing futures programme, whilst unsuccessful in the bid the group has secured funding (£30k) from the West Yorkshire and Harrogate Integrated Care System (ICS) to further develop system scoping and modelling for this group, with the aims of:

- a) Ensure West Yorkshire is a Trauma informed and Responsive System by 2030.
- b) A whole system approach to tackling multiple disadvantages.

This will support a future bid for funding from central government.

3.3 The Covid Shelter

In March 2020 when faced with the challenge of bringing those who are homeless or rough sleeping off the streets as we faced national lockdown the council worked with Christian's Together to request that they extended the winter shelter beyond the end of March 2020 to provide an enhanced Covid Shelter response for this group of vulnerable people.

The shelter was commissioned by housing services as a crisis response in partnership with numerous local stakeholders' agencies, from local services and enforcement agencies. Whilst there is still much work to do there have been cultural shifts that we will be able to build on going forward.

- Primary Care – all residents are encouraged to register with a GP which has been facilitated by Central Primary Care Network who have a subgroup on multiple disadvantage and homeless
- Calderdale Recovery Steps our local adult drug and alcohol treatment provider has provided onsite clinics and rapid access to treatment.
- Key relationships are being developed with the local Mental health team, resulting in navigation support for workers accessing that system
- Close working amongst local homeless service providers (Horton, Smart move and Christian together) has been developed to support individuals in a flexible way meaning services working outside and above their service specifications.
- Peer support has been provided by The Basement recovery project on site by local people in recovery from substance misuse
- Access to virtual mutual aid and support groups has been made available via Kindle's
- To ability to offer a housing response to early unplanned prison release's that were a result of the pandemic.

This group have often faced trauma in their lives, and we have to be able to provide a service, where they are supported with a roof over their heads, food and company whilst they seek help and remain Covid free. Some have successfully detoxed from drugs or alcohol, some successfully rehoused, some have engaged in mental health and substance misuse treatment, most have been able to register with a GP, and for many it has been the opportunity to experience kindness and friendship for the first time in many years.

The Shelter will close on May 3rd 2021, it is planned to reopen as a Winter Shelter in October 2021, during the summer months it is planned to improve the project by transforming the communal dormitories into 8 individual sleeping units to improve both the offer to individuals and Covid security. The Winter Shelter will also again benefit from the wider partnership input developed over this last year.

3.4 Craven mount

In May 2021 Calderdale opened a multiple and complex need supported housing project in partnership with Horton Housing. The project is based within central Halifax with 8 individual units and will not exclude those who continue to use substances. Craven mount plans to build upon the partnership approach tested in the Covid Shelter, where housing support staff are supported by other agencies. With support from MEAM Craven Mount has taken a trauma informed and co-production approach and will endeavour to support the residents to make the lifestyle changes necessary to enable them to sustain tenancies and break cycles of eviction. MHCLG have been supportive providing interim funding and have identified funding streams to maintain the project going forward. A Full Time Equivalent Drug & Alcohol worker from Calderdale Recovery Steps will work with the project. Recovery and social capital building activities will be delivered by The Basement Recovery project by workers with lived experience.

3.5 Next Steps

Through MHCLGs NEXT STEPs programme Calderdale have secured 10 Dispersed one bedroom properties in Calderdale and long term funding- for 1 ½ Full Time Equivalent support workers to enable residents to maintain their tenancies, these properties will also be managed by Horton Housing and work closely with Craven Mount.

3.6 New Partnerships

The review found that available private properties tend to be clustered in deprived areas of the borough, are often in poor repair or are in areas of known drug use and are therefore known to drug dealers. Initiated by housing and homelessness services a multi-agency group involving a private landlord with 70 properties, the Police, Calderdale Recovery steps, Environmental Health and the Basement Project have come together with the aim of working together to improve a prolific 'hot spot' in Calderdale.

3.7 Drug and alcohol service improvements

Calderdale Recovery Steps in April 2021 will launch a new onsite dispensing service within the Basement recovery project, to replace Pharmacy based supervised consumption for those service users with multiple and complex needs, the service will:

- Ensure that we see those we are most concerned about every day
- Expose service users to visible recovery
- Plans are to develop services into a one stop shop with additional clinical support for mental and physical health available on site during dispensing clinics, at the time of writing we have secured twice weekly clinics from the community nursing team to include wound care, sexual health and podiatry; and one day a fortnight input from a Senior Mental health practitioner from the mental health service, SWYPFT.
- In April 2021 Calderdale received some additional funding from PHE this has afforded them the ability to recruit additional posts to support the improvement of services for those with complex needs with a focus on harm reduction:
 - 1.5 Multiple Complex Needs workers (with a focus on Craven Mount)
 - 0.5 Peer Naloxone Project worker
 - 1 Hospital liaison /Complex Needs Nurse
 - 1 Peer social capital and activity builder to work with Craven Mount

3.8 PCN Health input

Central Primary Care Network (PCN) has started a workstream focused upon improving access for homeless and other disadvantaged groups in Calderdale. This has already resulted in:

- Registration of shelter residents with a GP Practice, which will continue with Craven Mount
- Two sessions a week of Community nursing on site at the shelter, which again will be continued at both the Craven Mount and/or the Basement project.
- The development of a directory of services for primary care clinicians.
- The Covid vaccination being made available to both shelter residents and those living street-based lifestyles that Outreach teams were able to contact - 45 people were vaccinated in this cohort.

3.9 Calderdale Clinical Commissioning Group Developments

- Established an internal CCG steering group to coordinate Calderdale CCG's response to these recommendations facilitated and chaired by the Designated Nurse Safeguarding Adults. The first task of this group is to agree what the actions of the CCG will be in response to addressing the learning, breaking down the overarching actions into measurable outcomes and agreeing leads.
- Primary care group established focusing on improving access to services for this client group led by the CCG Clinical lead for Community and Population Health Management
- Mental Health Programme Manager (Service Improvement) is approaching SWYFT about mental health input to Gathering Place / Craven Mount

- Senior Mental Health Practitioner from SWYFT will provide input on a fortnightly basis into Recovery Steps drug treatment service for client discussions with mental health concerns and to undertake mental health assessments where required
- CCG commissioned providers are including the learning from the report into future safeguarding training
- CCG representation has been established on various multi-agency forums across Calderdale and West Yorkshire including Calderdale MEAM Strategic Steering Group, WY Multiple Disadvantage Consortium with the goal of ensuring that as commissioners of health the CCG are involved and sighted on the work of these groups
- Contributed to the Calderdale Homeless and Rough Sleeping strategies being led by CMBC

3.10 Groundswell Research

The national organisation Groundswell have developed peer led research methodology to understand and raise awareness of health needs and local barriers to accessing care for people who are homeless in Wakefield, Kirklees, and Calderdale.

The research will be undertaken with local stakeholders and those living in temporary and emergency accommodation. People with current or previous experience of homelessness will be involved in the process from the initial planning of the research through to its analysis and dissemination. This research will be undertaken in Calderdale, commencing in May 2021, and will be used to inform service developments and improvements.

4.0 Independent Scrutiny

Dr Nat Wright, Clinical Research Director at Spectrum Community Health CIC was commissioned by the SAB to undertake independent scrutiny of the final report; Burnt Bridges. This peer review suggested strengths, limitations, and recommendations for further editing.

Niamh Cullen, Lead Reviewer, Julia Caldwell SAB Manager and Luke Turnbull, Designated Nurse analysed this independent scrutiny. The conclusions from the report included:

- The depth of research undertaken in presenting the chronologies summarizing the relevant events pertaining to each of the five individuals. The reader is provided with a real sense of the traumatic lives each of the five individuals experienced and of the significant challenges any system faces in seeking to prevent such deaths.
- An excellent overview of the positive impact of the WY-FI is presented and the critique is supported by robust data.
- Key challenges in preventing such deaths are presented and include:
 - i. individual behaviours of rough sleepers
 - ii. funding restrictions exacerbated by the non-recurrent nature of many grants
 - iii. stretched health, social care and housing systems that inevitably struggle to provide an integrated response to rough sleeping

In Dr Wright's opinion, the limitations of the report were summarised as follows. The writing in bold is the considered response from the Calderdale SAB:

- A. If implemented, the report recommendations, whilst extensive, would still not prevent a death caused by the typical risk factors experienced by rough sleepers e.g. evicted from a tenancy for antisocial behaviour pertaining to substance misuse, injects drugs in the street and sleeps rough in subzero temperatures whilst under the influence of drugs thus significantly increasing risk of death from hypothermia.

The SAB and other Strategic Groups need to understand and note that even if all recommendations are acted on, completed and embedded, there will still be people who have experienced trauma, and deaths may still occur in Calderdale. The Action Plan will describe how the tension between 'empowerment' and 'intensive support models' be addressed.

- B. Proposed solutions (recommendations) are largely opinion based and not grounded in the international evidence base. If the evidence base pertaining to vulnerable groups living alone was rapidly reviewed it would reveal emerging innovative models that make use of technology that could have applicability to monitoring of street homeless populations.

This is place based report and therefore we did not commission a literature review. We will consider whether we need a literature review, or whether we can learn from literature reviews undertaken locally or nationally in the SAR Sub Group and in the MEAM Strategic Group.

- C. The rough sleeper service user voice is absent from the report and their views should be elicited regarding acceptability of proposed innovations outlined in the bullet point above.

We will add this to the Challenge Events to ask people in the community and service users of Craven Mount whether our actions have made a difference or what else could be considered. In the Groundswell project, research around accessing Health, and Peer to Peer support is being considered.

- D. The report largely fails to articulate legitimate reasons for existing policies and is quick to label them as restrictive (e.g. the "lost prescription policy" in drug treatment services that is a necessary prerequisite for safe, effective drug treatment provision; or the necessary final sanction of "eviction" that protects social landlords).

It is recognised that policies are developed to provide guidance, consistency, and clarity how organisations operate. The thematic review has provided an opportunity to review those policies highlighted and consider how the learning may be incorporated without creating a negative impact.

- E. Not all highlighted potential failings/gaps (be it housing, health care, social care, policy development, or policy implementation) are causal/contributory in the deaths of the five individuals and therefore the report could be criticized for exploring beyond the remit of the report.

Writing this report was a real challenge because it could have looked at even broader issues such as the prevention of traumatic events, but we decided as a sub group to include all of the content of the report, in order to address the culture change needed in Calderdale.

- F. The relationship of the report to the Coroner's inquest process is not clearly articulated.

We need to check, considering this report, what happens with the reporting of or reviewing of deaths on the street. This is an action included in the Action Plan.

5.0 How we will ensure learning is acted upon and influences change?

5.1 Safeguarding Adult Board (SAB) Priorities

The SAB Business Plan for 2021-2022 shows the increased focus on reducing health inequalities and how people who have multiple complex needs or significant disadvantage are safeguarded. The SAB links with the Anti-Poverty Strategy Group in Calderdale and is working with the Calderdale Safeguarding Children Partnership to explore links between poverty, and abuse and neglect.

The SAB recognise that a lot of the actions are systemic and preventative and therefore fall outside the remit of the Safeguarding Board. The wider issues will be raised at the appropriate strategic groups and bodies for inclusion in their work streams.

5.2 Action Plan reporting

The SAB SAR Group manages the action plan. Each agency is held to account to provide updates and evidence for each of their assigned action. The action plan is RAG rated and any exceptions are reported to the SAB Members.

5.3 Challenge Events

Front line practitioners, line managers and organisational leads will be involved in challenge events which will directly ask how the learning from this review has been acted on, and the impact it has made on practice, culture, and change.

At the same time, experts by experience who have, or have had multiple complex needs and who may be at risk of living street-based lives will be consulted as to their experience of services. This will be triangulated with the feedback from professionals and associated performance management data and audit findings to provide assurance to the SAB that this review has made the intended difference and that improvements have been made.

At challenge and progress events, discussions can stimulate further learning to improve joined up working or single agency interventions.



To access the full report, please see [Safeguarding Adults Reviews](#).

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