

Directly supporting adults experiencing Multiple Disadvantage

Policy & Strategic Background

In Greater Manchester there are an estimated 120,000 people experiencing Multiple Disadvantage. This is defined as a combination of homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system.

As part of Greater Manchester's Live Well commitment to provide everyday support in every community, we are building on existing programmes of work (Changing Futures, Housing First, Co-occurring Conditions and Focused Care), to ensure an enhanced live well offer is available for people experiencing multiple disadvantage.

This is a systems change programme which should have an impact at an individual level, service level and system level.

- Individual Level- A better coordinated approach helps stabilise and then improve outcomes for adults experiencing multiple disadvantage.
- Service Level- Improved integration and collaboration across different services, through lasting partnerships and shared learning
- System Level- Identify and address system barriers which prevent us from responding effectively to those experiencing Multiple Disadvantage.

Through our integrated, community-based, person-centred delivery model, Live Well, we aim to show what this shift can achieve and create a blueprint for other authorities across the country. Three boroughs in Greater Manchester will be taking our enhanced Live Well offer further by accelerating local delivery, helping to show how embedding prevention within mainstream local delivery can improve outcomes for residents and generate savings.

Greater Manchester has been named a national 'Prevention Demonstrator' and at the same time will also receive additional resources from MHCLG to accelerate delivery of our Enhanced Live Well offer in at least 3 areas (noting all GM areas will be developing at different stages). These opportunities mean that we will be able to do two things:

- Significantly mature and broaden our delivery model for those experiencing multiple disadvantage to incorporate a wider and more comprehensive offer across statutory and VSFE provision
- Accelerate integration of the offer into a wider public service delivery model as part of Live Well and the Prevention Demonstrator building a significant evidence base through robust evaluation.

Target Population

Multiple disadvantage can be defined as adults experiencing three or more of the following five: homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system. This programme should be designed to be accessible and inclusive for

anyone facing multiple disadvantage. This accessibility can be achieved by co-designing the service with a diverse range of people with lived experience of multiple disadvantage.

However, one initial key cohort of people facing Multiple Disadvantage that has been identified as a focus for support, is those who initially access substance misuse treatment but leave treatment early and fall through the net of support. Retaining people in treatment is critical to achieving recovery and reducing drug-related deaths. In 2024/25, around a quarter of GM opiate users (24% - 1,693/9,257) left treatment as a result of an 'unsuccessful completion'. Of these, 66% occurred within a year of entering treatment with 53% of these happening within three months.

Programme Model

Individual Level

A **team of dedicated frontline workers** supporting people experiencing Multiple Disadvantage in line with the principles of an enhanced live well offer

- A core team of key worker
- diverse team that reflects the community
- Low caseloads
- A permanent multidisciplinary team
- Regular MDT case reviews
- Tools to measure person-centred outcomes
- Co-location wherever possible
- Established systems for info sharing
- Clear shared policies
- A shared process for referral review
- Governance rooted in a shared approach
- Strong relationships

Service Level

The programme should be delivered by some combination of VCSE and statutory services, with approximately **50% of the funding going directly to VCFSE organisations and 50% supporting core public service transformation and delivery.**

Previous delivery of this work has evidenced the **importance of Adult Social Care as a key strategic and operational partner**. Therefore, effective delivery of the programme should be done in a way which strengthens this connection. This may come from the team sitting within Adult Social care, key embedded roles within Adult Social Care, or connection via the local governance process.

There is also recognition that this programme is not the only model of support for people facing Multiple Disadvantage. Our intention is to move away from a patchwork of support, to a consistent, connected offer. Prevention demonstrator sites will be leading this through **connection with other Multiple Disadvantage support programmes**, moving towards integrated teams. This will include connection to co-occurring conditions workers as part of the inclusion health service and a GP-led Multiple Disadvantage support programme, which GMCA will be commissioning centrally across the Prevention demonstrator sites.

System Level

As a leading area, it is essential that we are able to capture evidence to show how a prevention-first integrated model of public services can deliver better outcomes. We will work with all areas to adopt new methods to understand the impact of support on individuals and the systems, e.g. through a co-produced outcome star and systems change log.

For prevention demonstrator sites, a proportion of the additional funding should be committed to **dedicated evaluation and data capacity embedded at a local level**. This resource should be at least 0.6 FTE, with the recommendation that this is concentrated in a single role with protected time for this work. This resource is expected to:

- Build capacity to do specific work evidencing the medium- and long-term impact- e.g. cost benefit analysis and impact on service demand
- Engage in work to explore 'missingness', who the service is failing to engage and feedback loops to address system and service redesign.
- GMCA will support this additional requirement, through building partnership and connection with GMCA colleagues, wider academic and learning partnerships, and GM spaces. We'd welcome conversations about how this will be best supported within your area.

As with previous iterations of this funding, co-production and lived experience involvement are a core. A proportion of this funding should be used to **facilitate local lived experience involvement**

- Support and engage people with lived experience of multiple disadvantage to be part of co-production work
- Work with us to create more opportunities for people with lived experience to have their voices heard
- Ensure people with lived experience are involved in this programme's decision-making processes
- Connect to GM Multiple Disadvantage coproduction spaces

Outcomes

As outlined above we will seek to build a strong evidence base about

- Who we engage with
- The impact of support on individuals and the systems, e.g. through a co-produced outcome star and systems change log
- Exploring the medium- and long-term impact- e.g. cost benefit analysis or impact on service demand
- Exploring 'missingness', who the service is failing to engage, and feedback loops to address system and service redesign.