

Meeting: Overview & Scrutiny Sub Board – Adult Social Care and Health **Date:** 09 October 2025

Wards affected: All Wards

Report Title: Multiple Complex Needs (MCN) Alliance Review

When does the decision need to be implemented? n/a

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1. Purpose of Report

- 1.1. The Multiple Complex Needs Alliance (MCNA) was commissioned under an Alliance Agreement to better respond to and meet the needs of those who experience homelessness, drug & alcohol problem, and domestic violence or abuse. Following a mobilisation year, the Alliance went live on 21 June 2022. It comprises Substance misuse treatment services (Torbay Recovery Initiatives); Homeless Hostel (Torbay Council); and Domestic Violence and Abuse Support Service (Sanctuary). This service is now named as Growth in Action (GiA).
- 1.2. At the Overview & Scrutiny Board on 14 November 2024, whilst there was recognition of benefit from GiA, the timeliness and scale were identified as not wholly being where they should ideally be. Particularly in reference to the transformational ambition of the Alliance Agreement.
- 1.3. At this meeting, an action was taken to provide future assurance to the Overview & Scrutiny Sub-Board: Adult Social Care and Health that the transformational opportunities afforded by the Alliance approach are observable and progressing towards realisation. This paper provides a progress to date position in accordance with this instruction.

2. Reason for Proposal and its benefits

- 2.1. The proposals in this report help us to deliver our vision of a healthy, happy, and prosperous Torbay by delivering a service that is seeking to bring about real sustainable change with many of those who experience greatest need and complexity in Torbay. Central to this is empowering those with lived experience of the issues as well as services by putting them at the heart of shaping the support offer to best meet their needs and aspirations through a coproduction approach.

- 2.2. The reasons for the proposal, and need for the decision are, that this initiative is a significant provision for delivering against the community and corporate plan and as such Overview & Scrutiny have sought an ongoing understanding of progress.

3. Recommendation(s) / Proposed Decision

- 3.1. To acknowledge and endorse those improvements made to date.
- 3.2. To recognise the variance in key process metrics across service in GiA, and the need for improvement where decline over time has been noted.
- 3.3. To seek assurance over the coming year that [1] GiA's implementation plans are realising the strategic aims and milestones as stated; [2] GiA has the necessary internal mechanisms, forums and capability to improve performance and quality of service.
- 3.4. For a progress update of GiA is presented to Overview & Scrutiny: Adult Social Care & Health Board again next financial year.

4. Appendices

Appendix 1: Essential Process Metrics over time for adult drug and alcohol treatment service

Appendix 2: Essential Process Metrics over time for domestic abuse support service.

Appendix 3: Essential Process Metrics over time for homeless hostel.

5. Background Documents

- Growth in Action strategy



Growth in Action
Strategy.pdf

Supporting Information

6. Introduction

Key Process Metrics

- 6.1. *Drug and alcohol treatment service*: overall performance against key process metrics has been fluctuating over recent months, but generally over a longer period of time (two years) performance has declined across most metrics (comparing Q1 in 2023/24 to Q1 2025/26, see table in Appendix 1).
- 6.1.1. Numbers in treatment have overall declined with marked decreases in opiate users and alcohol. This has been offset to a degree by increases in non-opiate and alcohol and non-opiate cohorts.

6.1.2. People remaining in treatment over 12 weeks (an indicator of likelihood of success) has declined, as have waiting times over three weeks for opiate, non-opiate and alcohol client groups.

6.1.3. Leaving treatment successfully has improved for opiate; alcohol and alcohol & non-opiate cohorts, with declining performance for non-opiate.

6.1.4. The number of people re-entering treatment within 6 months of leaving, have been increasing over the longer term (lower is better). In the last year that has been increasing for most groups; the opiate cohort being the exception with an improving rate.

6.2. *Domestic abuse support service:* overall performance against key process metrics has been fluctuating over recent months, but generally over a longer period of time (two years) performance has declined across most metrics (comparing Q4 in 2022/23 to Q4 2024/25 or Q1 data when Q4 was not historically available, see table in Appendix 2).

6.2.1. Monthly fluctuations in numbers in service are evident but overall, there has been a reduction. The majority of which is within the outreach element which holds the most significant volume. Waiting time length has remained unchanged.

6.2.2. Utilisation of the safe accommodation elements have been impacted by increasing times taken for vacated units to be turned around ready for next occupant. Length of stays in the accommodation have also become routinely lengthy due to problems with accessibility of move-on accommodation.

6.2.3. A significant observation between years is that percentages of unplanned exits from service have increased as well as re-presentations into the service.

6.3. *Homeless Hostel:* since the service was brought back in-house, there has been a marked and sustained improvement in overall performance. Following an initial uplift, performance has remained consistently strong. Over the longer term—specifically when comparing Q4 of 2022/23 with Q4 of 2024/25—there is clear evidence of progress across most performance indicators (refer to Appendix 3 for detailed metrics).

6.3.1. In 2024/25, there was a modest increase in the number of individuals accommodated at the Hostel, rising from 82 to 87 compared to the previous year. Early data from Q1 2025/26 indicates a further slight improvement. However, it is important to note that the number of unplanned exits has also increased. These exits are attributed to a range of factors, including hospital admissions, entry into custody, and abandonment of accommodation.

6.3.2. Waiting times for access to the Hostel have increased. Previously, the metric focused solely on individuals waiting more than 24 hours to be accommodated. From 2025/26 onwards, this has been expanded to include the average waiting time from referral to placement, providing a more comprehensive view of access delays.

6.3.3. This rise in waiting times reflects increased demand for the service, which is being impacted by broader pressures within the homelessness system. In particular, difficulties in securing suitable move-on accommodation have contributed to longer

stays and slower throughput. These challenges are indicative of wider societal issues affecting housing availability and support pathways.

- 6.3.4. Several additional support services have been introduced at the Hostel, including the deployment of Complex Needs Navigators specifically for female residents. This targeted intervention has led to a marked improvement in both engagement levels and individual outcomes, demonstrating the value of tailored, trauma-informed support within the accommodation setting.

Strategic transformation

- 6.4. GiA has a strategic document that articulates the end state position that is being worked to against several domains. These include the key features of the Alliance Agreement which means that there is a universal understanding of how the transformational agenda is being realised. The inclusion of milestones and timelines means there is transparency of the development processes for all parties. This strategy has been endorsed by all services and the Oversight Board.
- 6.5. The implementation plans for delivering the GiA strategy are being developed and delivered to ensure milestones are being achieved.
- 6.6. While the plans demonstrate a pathway to realising the transformational opportunities, observable benefits are yet to be seen.

Internal assurance

- 6.7. One of the strategic areas of focus is concerned with organisational development through learning that improves the outcomes of people supported by GiA. Inherent in this is the creation and embedding of a learning approach that gathers data and information; converts this into knowledge, which becomes actionable to drive learning.
- 6.8. The quality and performance improvement workstream is responsible for developing the model and processes to enable GiA to understand the depth and breadth of data for services individually as well as collectively to enable identification of issues and inform action to effectively respond. Performance-related metrics in addition to qualitative feedback being used.
- 6.9. This workstream is GiA's means of addressing the process metrics issues as identified above.

7. Options under consideration

- 7.1. Not applicable as this is a commissioned and established provision.

8. Financial Opportunities and Implications

- 8.1. Under the Alliance Agreement, all parties focus on people rather than organisational needs. Central to this is the enabling flexibility around resources, which include finances. It is in the gift of GiA to reallocate finances within the overarching financial envelope. There is representation in the Alliance of Torbay Council Officers with commissioning responsibilities.

- 8.2. For this financial year GiA has had additional central government grant funding for substance misuse treatment and domestic violence and abuse support.
- 8.3. The substance misuse Grant (DATRIG) is expected to continue into next year and may have a three-year settlement. No formal notification of central Government intent or financial amount has been provided.
- 8.4. The Domestic Abuse Safe Accommodation settlement announced in December 2024 saw a £100K uplift to £400K. This has been allocated into the base budget for the service.

9. Legal Implications

- 9.1. There are no legal implications for this report.

10. Engagement and Consultation

- 10.1. Coproduction is a central component of GiA. This is well embedded in the culture and practice of the MCNA but requires further iteration to be fully representative and impactful.
- 10.2. Further engagement with GiA stakeholders by the Alliance is required to ensure that its development is consistent with the needs and practices of its partners.

11. Procurement Implications

- 11.1. There are no direct or immediate procurement implications because of this report.
- 11.2. Social value has been incorporated into the Alliance Agreement bidding and award process.

12. Protecting our naturally inspiring Bay and tackling Climate Change

- 12.1. There are no direct environmental or climate change impacts as a result of this report.

13. Associated Risks

- 13.1. Additional capacity funded through central grants for substance misuse come to an end on 31 March 2026. There has been no formal notification from central government whether there will be an extension or mainstreaming of these grants. The planning assumption, from informal indications, however, is that there will be a longer-term settlement and potential mainstreaming (with ring-fenced expectations) for April 2026 onwards. Planning for no award has also been made with up to £315,000 notionally being allocated from public health ring fenced grant funds to the substance misuse treatment offer to continue key grant funded provisions and to prevent 'cliff edges' of funding. Additionally, notification of the cessation of grant funding is known and exit planning will commence in due course as necessary.
- 13.2. Additional capacity funded through central grants domestic violence comes to an end on 31 March 2026, although committed grants to help meet statutory obligations regarding provision of support within safe accommodation have been confirmed within base budget (see 8.4).

- 13.3. There is a significant risk that additionality benefits derived from central grants to date will not be maintained in their entirety.
- 13.4. For domestic abuse provision, irrespective of any reduction in grant funding and mitigation of impacts, there remains a statutory duty to provide support in designated safe accommodation. Pressure upon which may be expanded considering the Family First Partnerships expectations, which are currently unfunded. The capacities and workforce capabilities being additional to the service
- 13.5. Like domestic abuse support, it is expected that there will be increased responsibilities for drug and alcohol treatment services from the Family First Partnerships work that are currently unfunded. These additional duties will require additional capacity and capabilities to deliver. Clear details on the exact scope and requirements of the services have not currently been determined and therefore the model of delivery required.

14. Equality Impact Assessment

| Protected characteristics under the Equality Act and groups with increased vulnerability | Data and insight | Equality considerations (including any adverse impacts) | Mitigation activities | Responsible department and timeframe for implementing mitigation activities |
|--|---|---|-----------------------|---|
| Age | 18 per cent of Torbay residents are under 18 years old. 55 per cent of Torbay residents are aged between 18 to 64 years old. 27 per cent of Torbay residents are aged 65 and older. | GiA's delivery benefits directly some of the most vulnerable populations in Torbay. Family need is identified and responded to, not only adults. | n/a | n/a |
| Carers | At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care. | Recovery is integral to reducing the demands on carers significant others. Additionally supporting family members is integral to the service model. | n/a | n/a |
| Disability | In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by | All GiA support of inclusive, with many accessing support having physical and/or mental health difficulties. The service is open to all. | n/a | n/a |

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|--------------------------------|---|--|-----|-----|
| | a physical or mental health condition or illness. | | | |
| Gender reassignment | In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth. This proportion is similar to the Southwest and is lower than England. | The service is open and accessible to all. | n/a | n/a |
| Marriage and civil partnership | Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership. | The service is open and accessible to all. | n/a | n/a |
| Pregnancy and maternity | Over the period 2010 to 2021, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 63.7 per 1,000) than England (60.2) and the South West (58.4). There has been a notable fall in the numbers of live births since the middle of the last decade across all geographical areas. | The service is open and accessible to all. | n/a | n/a |
| Race | In the 2021 Census, 96.1% of Torbay residents described | The service is open and accessible to all. | n/a | n/a |

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|------------------------|---|---|------------|------------|
| | <p>their ethnicity as white. This is a higher proportion than the South West and England. Black, Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England.</p> | | | |
| Religion and belief | <p>64.8% of Torbay residents who stated that they have a religion in the 2021 census.</p> | <p>The service is open and accessible to all.</p> | <p>n/a</p> | <p>n/a</p> |
| Sex | <p>51.3% of Torbay's population are female and 48.7% are male</p> | <p>The service is open and accessible to all.</p> | <p>n/a</p> | <p>n/a</p> |
| Sexual orientation | <p>In the 2021 Census, 3.4% of those in Torbay aged over 16 identified their sexuality as either Lesbian, Gay, Bisexual or, used another term to describe their sexual orientation.</p> | <p>The service is open and accessible to all.</p> | <p>n/a</p> | <p>n/a</p> |
| Armed Forces Community | <p>In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay, 5.9 per cent of the population have previously served in the UK armed forces.</p> | <p>The service is open and accessible to all.</p> | <p>n/a</p> | <p>n/a</p> |

| Additional considerations | | | | |
|---|---|---|-----|-----|
| Socio-economic impacts (Including impacts on child poverty and deprivation) | | The service is open and accessible to all. There is a focus on more deprived populations and recovery mitigates child poverty | n/a | n/a |
| Public Health impacts (Including impacts on the general health of the population of Torbay) | | The service is a public health provision. | n/a | n/a |
| Human Rights impacts | | Human rights are respected and promoted by GiA. | n/a | n/a |
| Child Friendly | Torbay Council is a Child Friendly Council, and all staff and Councillors are Corporate Parents and have a responsibility towards cared for and care experienced children and young people. | GiA supports and protects some of the most vulnerable children and young people in Torbay directly or indirectly. | n/a | n/a |

15. Cumulative Council Impact

- 15.1. GiA improves lives and outcomes for vulnerable communities in Torbay. This has current and future benefits for adult social care, children's social care, community and environmental services as well as reducing financial demands on the council.

16. Cumulative Community Impacts

- 16.1. The cumulative benefit is derived by the service model that recognises service delivery being built around the person in an integrated way.
- 16.2. Additionally, there is cumulative benefit at community, family and individual levels by addressing the underlying causes to trauma, distress to self and others.

Appendix 1: Essential Process Metrics over time for adult drug and alcohol treatment service

| | | | |
|--|-------------|--|---------|
| | Improvement | | Decline |
|--|-------------|--|---------|

Drug and alcohol performance summary

| Numbers in treatment (taken from 1.2 on DOMES) | Q1 2023/24 | Q1 2025/26 | Difference |
|--|------------|------------|------------|
| Opiate | 576 | 494 | -82 |
| Non-opiate | 156 | 158 | +2 |
| Alcohol | 441 | 375 | -66 |
| Alcohol & Non-opiate | 188 | 220 | +32 |

| Retention over 12 weeks | Q1 2023/24 | Q1 2025/26 | Difference |
|-------------------------|------------|------------|------------|
| Opiate | 97.4% | 93.5% | -3.9% |
| Non-opiate | 90.8% | 72.8% | -18% |
| Alcohol & Non-opiate | 93.8% | 78.8% | -15% |

| Waiting times | Q1 2023/24 | Q1 2025/26 | Difference |
|----------------------|------------|------------|------------|
| Opiate | 0% | 5.1% | +5.1% |
| Non-opiate | 0% | 7.4% | +7.4% |
| Alcohol | 4.6% | 4.8% | +0.2% |
| Alcohol & Non-opiate | 0% | 0% | -0% |

| Successful completions | Q1 2023/24 | Q1 2025/26 | Difference |
|------------------------|------------|------------|------------|
| Opiate | 5.9% | 6.9% | +1% |
| Non-opiate | 30.1% | 28.5% | -1.6% |
| Alcohol | 36.3% | 38.1% | +1.8% |
| Alcohol & Non-opiate | 28.7% | 30.5% | +1.8% |

| Re-presentations | Q1 2023/24 | Q1 2025/26 | Difference |
|----------------------|------------|------------|------------|
| Opiate | 11.8% | 10.5% | -1.3% |
| Non-opiate | 0% | 10.3% | +10.3% |
| Alcohol | 9.4% | 10.1% | +0.7% |
| Alcohol & Non-opiate | 4.8% | 8.6% | +3.8% |

Appendix 2: Essential Process Metrics over time for domestic abuse support service.

| | | | |
|--|-------------|--|---------|
| | Improvement | | Decline |
|--|-------------|--|---------|

Domestic abuse performance summary

| Numbers in domestic abuse support | Q1 2023/24 | Q1 2025/26 | Difference |
|--|------------|------------|------------|
| Independent Domestic Violence Advocate Service | 31 | 54 | +23 |
| Outreach Service | 201 | 141 | -60 |
| Safe Accommodation | 27 | 14 | -13 |
| Total | 259 | 209 | -50 |

| Retention over 12 weeks | Q1 2023/24 | Q1 2025/26 | Difference |
|--|------------|------------|------------|
| Independent Domestic Violence Advocate Service | 91% | 85% | -6% |
| Outreach Service | 0% | 30% | +30% |
| Safe Accommodation | 92% | 58% | -34% |

| Waiting times | Q1 2023/24 | Q1 2025/26 | Difference |
|--|------------|------------|------------|
| Independent Domestic Violence Advocate Service | 100% | 100% | 0% |
| Outreach Service | 0% | 0% | 0% |

| Successful completions | Q1 2023/24 | Q1 2025/26 | Difference |
|------------------------|------------|------------|------------|
| Outreach Service | 97.7% | 60.7% | -37% |
| Safe Accommodation | 85.7% | 59.1% | -26.6% |

| Re-presentations | Q1 2023/24 | Q1 2025/26 | Difference |
|------------------|------------|------------|------------|
| Across service | 19.5% | 39.1% | +19.6% |

Appendix 3: Essential Process Metrics over time for homeless hostel.

| | | | |
|--|-------------|--|---------|
| | Improvement | | Decline |
|--|-------------|--|---------|

Hostel performance summary

| Numbers in hostel | 2023/24 | 2024/25 | Difference |
|--|---------|---------|------------|
| Numbers accommodated in hostel in a year | 82 | 87 | +5 |

| Retention over 12 weeks | Q1 2023/24 | Q1 2025/26 | Difference |
|---------------------------------|------------|------------|------------|
| Unplanned exits within 12 weeks | 9% | 29% | +20% |

| Waiting times | Q4 2023/24 | Q4 2024/25 | Difference |
|--|------------|------------|------------|
| Waiting over 24 hours to access the hostel | 45% | 92% | +47% |

| Successful completions | Q1 2023/24 | Q1 2025/26 | Difference |
|-----------------------------|------------|------------|------------|
| Successfully leaving hostel | 8.7% | 18% | +9.3% |

| Re-presentations | Q1 2023/24 | Q1 2025/26 | Difference |
|--|------------|------------|------------|
| Re-presentations within 6 months of leaving hostel | 2 | 0 | -2 |