

LWoH Multiple & Complex Needs Community of Practice Event & Frontline Workers Discussion Sessions - Jan 2018:

Background:

LCVS acts as a critical friend bringing together local groups to share good practice, and build a collective voice to challenge decisions and effect change, and ensure that the sector is a key part of delivering services locally. The Sector, local partners and wider groups play a key role in providing Multiple & Complex Needs (MCN) services in Liverpool and are committed to responding to the changing needs of the community in a positive way.

In response to changes and issues raised locally regarding the LWoH programme and within wider service provision in this area, LCVS is facilitating the MCN Community of Practice group and discussion sessions to gather information from front line workers and people with lived experience. All the sessions provide a safe place for information to be exchanged, relationships built, issues raised and collective solutions sought. This is the second series of events LCVS has facilitated.

These sessions have developed into a well received, safe forum for local stakeholders, enabling them to come together to exchange views, help identify positive approaches and partnership working which can support local systemic change. The idea is that that working this way will lead to better pathways and outcomes for people requiring services and more meaningful involvement with service users, as well as strengthening strategic leadership, and creating more effective joined up, multi-agency services across the city.

Community of Practice Events:

Community of Practice Session - Tues 15th Jan 2018

Discussion Group North - Tues 22nd Jan 2018

Discussion Group South - Thurs 25th Jan 2018

Discussion Group Central - Tues 30th Jan 2018

All of the discussion groups were extremely emotive, reflecting the passions related to this area of work and complexity of the challenges faced by front line workers and people with lived experience in this area, including the complications and barriers within systems impacting on this area of work. This paper attempts to capture the strength of feeling and constructive feedback regarding critical issues which are impacting on progress. It will also capture some examples of positive approaches and suggestions for improving systems within the delivery of MCN services across the city.

The aim is to recognise and value the parts of the system and services which are providing effective support whilst identifying some of the systems that need to be challenged and/or overcome. This includes national agendas which are impacting locally, including: welfare reforms and transformation plans which create particular problems for vulnerable people, and joined-up, cross agency working, incorporating **effective** service user involvement.

Front line workers are aware of the enormity of the challenges they face, and need co-ordinated local support to help prepare for these national and local transformations in order to meet the changing needs of their clients. These challenges are impacting heavily on front line workers and their ability to support clients effectively. One comment from a front line worker was; 'the challenge is to help more people less or less people more, and actually we're helping the same numbers less'. Further questioning elicited the view that staff were being 'squeezed' and morale was being eroded, as workers were being judged inadequate when struggling to respond to the changes within the Waves of Hope programme.

With the significant complexities and challenges within this area of work it is important to recognise the critical role of the front line workers and the available resources from clients with lived experience.

This paper has collated information and facts from within the C of P sessions and grouped them in order to help build momentum and inform wider discussions. The feedback covers 4 key system areas:

- **Service user involvement/ Valuing Lived Experience**
- **Leadership**
- **Workforce Development**
- **Joined up / Co-located Services**

We have also picked out some of the good practice and positive approaches that were shared within the events including:

- Neuro-triage project operating from Walton Hospital, targeting homeless people who present at A &E and have experienced a brain injury.
- Local Solutions service user engagement programme has strong links with psychiatrist and clinical psychologist.
- Mainstay accommodation system - multi-agency working with extensive assessment data for partners to access, ensuring service users are not repeating info.
- Richmond Fellowship has Service User Steering group shaping the Timebank scheme.
- Outreach Street Team - Multi Agency outreach service working directly with people on the streets.
- Housing 1st Model – prioritising accommodation and providing wrap-around support, however needs full involvement and co-operation of RSL's & private landlords
- Waves of Hope, Workforce Development Plan – though thought to provide a thorough and comprehensive framework for robust MCN services across the city, there was only 1 or 2 people who had been part of the consultation process. A comment at this point was; 'Workforce Development needs to be wider than training, it needs to be part of a robust framework for workers in this area'.
- Multi-agency working and co-located services within Early Help Hubs has been particularly successful; a lot could be learned from this programme in terms of process & protocols for collaborative working.
- YMCA Crew has an app to measure progress of clients, including feelings, wellbeing and confidence.
- Local Solutions shared information regarding their processes including:
 - Developing frontline worker skill set, designing roles for flexibility and sustainability

- Building strong relationships between front line workers and managers
- Relationships work based on respect between worker and client/ manager and worker

We have, where appropriate, highlighted issues where we feel action needs to be taken to move things on within Waves and wider service delivery areas.

Service User Involvement/ Valuing Lived Experience

Recognising people with lived experience as a valuable resource, and involving people in co-production, design, delivery and decision making processes, and creating 'humanised' services is vital. At the moment there is a feeling that people with lived experience roles are being pitted against front line staff and the involvement of people with lived experience and 'service user voice' appears to be inconsistent.

People with lived experience should be a critical factor in transforming the systems that underpin the services, and need to be involved at every level. However, people also believe that 'involvement should lead somewhere – preferably to some kind of employment opportunity'. This is one option but other choices should to be available within skills development as not everyone within this client group has employment as a realistic goal.

The Hub seems to be an underused resource; one comment was 'not sure what goes on there'. The Hub has potential to become an important resource, offering a unique setting for supporting and training people with lived experience within an Academy environment, monitoring and developing MCN services programmes and re-shaping the systems around them. Suggestions included more ILM opportunities, and Grow Trainee apprenticeship opportunities

People with lived experience want to be recognised for more than just their problems. It is widely accepted that, when people are equipped and supported to engage in commissioning, designing, and wider service provision, those services improve and the people involved gain in skills and confidence.

It is important to recognise that challenge from service users is a positive and should be seen as a marker of progress, building knowledge & skills to help clients challenge systems in a constructive way, and building skills for life. The issue for managers and staff is the re-negotiation of power to enable this to happen in a productive manner.

However it is important to recognise that service user aspirations may change; what they once thought achievable or desirable may be reviewed to reflect or deal with wider issues or historic barriers to moving on, and this needs to be recognised sensitively and supported within progress pathways.

The Lottery recognises the importance of co-production and lived experience and has 'intervened' in Waves to strengthen co-production involved in the plans to take the service forward. There was also a strong feeling that the front line worker voice needs to be louder within these processes.

We welcome the setting up of the new Lived Experience Team (LET) and hope that this provides a focus for more meaningful involvement.

Following the most recent ELL meeting, Dyane Aspinall, Head of Adult Social Care at LCC, invited a task group made up of people with lived experience to go into adult social care to look at how the system works. The Chair of the ELL is to attend the next Senior Management Team meeting at LCC to set this up.

Leadership

Feedback from across the events highlighted a need to transform the way in which services are managed, joined-up, and delivered for people with MCN. There was a need to recognise at a higher level the social inequalities that underpin MCN; people have been failed and are victims of disadvantage, health & social inequality, and neglect. Robust leadership, with a focus on equality, workforce development, co-production and a willingness to reflect and learn has the potential to transform MCN services in the city. Creating strong Leadership within MCN services and promoting engagement within and across teams, organisations and across the systems to drive improvement and outcomes within MCN services was seen as a key to meeting the needs of clients, and in developing robust management systems which will drive quality multi-agency health and social care services in this area.

Other discussions indicated the need for strong leadership to help merge and share agendas, including linking the city council's early help and family work with existing MCN programmes; wrapping services around the client. This would also strengthen collaborative commissioning across health and social care, which is required to meet the needs of this group, and influence opportunities for local commissioning within a national footprint. Within a diverse and complex client group this would help create a clearer picture of what 'success' looks like for this client group, and potentially move away from creating a competitive market place where organisations are competing against each other instead of working in partnership. There was a view that recording may be 'forced'; due to inflexible commissioning requirements, this emphasizes the stress on workers to meet targets and the difficulty defining measures of success for this client group. Particular comments included: 'the way the service was commissioned is to blame for much of the current dysfunction', and 'Waves is only approx 5% of the organisations' income, so why would managers care about it?'

Another worker commented: 'senior and middle management are 'pushing' without duty of care for frontline workers' and 'front line staff are feeling squeezed'. When questioned further they added that 'services are only working because of front line workers, not the systems behind or above them.'

There is a need for leaders to better understand the wider issues faced by staff in all areas of work and the mis-match responding to clients' needs whilst fulfilling contractual requirements.

Workforce Development

Success in this area of work lies within creating a framework which is robust but flexible and services which are based on human connections, with staff who are skilled and experienced and able to respond effectively to the clients' changing needs. They need to be supported by local managers within multi-agency systems which are flexible and accountable. One worker said that within their organisation 'the skills of team members have not been utilised in the whole of the 3 years, apart from to pick each other up'. 'Skill sets of workers are very important,

but flexibility of approach is key; paperwork can always wait if a client needs support', adding that there are instances of disrespectful attitudes from staff to people with lived experience. Another comment was that managers are inexperienced, and too many changes (often weekly) are being made to services – this is demoralising for staff and confusing for service users, adding that 'no account has been taken of what front line workers asked for', 'you can't be supervised by someone who doesn't know how to supervise' and 'there was no clinical supervision at all (in my organisation) for the first 2 years'.

All of this needs to be addressed; skilled staff need to feel valued and poor practice needs eradicating. Another comment was: 'Experienced staff have been demoralised by Waves. I have brought more to Waves than it has given me' and 'staff are being sent out to deal with unacceptably high risk cases'. It was clear from these comments that such a situation is highly stressful, and can have a significant impact on the health of frontline staff.

It was recognised that staff need to respect clients, provide the right environment and ensure that they themselves committed and reliable. It was felt that expectations on clients can sometimes be greater than on staff, and clients can often be let down by staff changing or missing appointments, sometimes for avoidable reasons.

The need for strong relationships between managers and frontline workers was discussed. Staff will stay in post if they're treated well and supported adequately by management, and this is crucial for continuity with MCN Clients.

It was also felt that there is a Monday-Friday, 9-5 philosophy within services, with no follow up support, leaving clients vulnerable and at risk of returning to the same environment. Strong leadership is needed to standardise good practice across this area of work, ensuring people are not falling through the gaps.

CAT training is expensive but has benefits; rather than rolling this out, it would be better to pick out the most relevant aspects and embed them in the organisational culture and wider service provision in this area.

Organisations need to recognise that staff also need support to help build resilience. The reasons why staff are feeling burnt out, stressed, disheartened and are moving on need to be explored. Clinical supervision is important but should be at an appropriate level, otherwise the costs outweigh the benefits. There is also a need to recognise some staff with lived experience, who have moved into paid roles will require additional support as they can be particularly vulnerable.

There needs to be strategic recruitment of people into this area of work; the right people with the right temperament and attitude to work.

There is a need to develop a city wide framework, with comprehensive guidelines and robust support and training for staff including on-line forums, groups sessions, training and development. Embedding good practice across, statutory, voluntary and business for multiple & complex needs services, as well as strengthening joined up working.

Bringing service delivery partners together to develop recruitment guidelines would enable front line workers to be involved, and organisational expertise to be pooled.

Joined up, Co-located services

What characterises the extremity of MCN cases is not always the severity of the individual needs, but the recurring nature of them. The combination of overlapping needs compound each other, creating additional challenges in overcoming issues within the traditional single-need service structures and results in a revolving door cycle and a pattern of re-engagement in services. A comment received stated that people fail when pushed through rigid systems, and when this happens it isn't their fault.

MCN services need to be co-ordinated, joined up and flexible so that they don't exclude people, ultimately changing the way services are organised and delivered so that people do not fall through the gaps. Co-location was cited as a positive to enable clients to access services and for organisations to work collaboratively to wrap around the client, sharing information and referring on. The MEAM approach provides a framework which could be explored locally as a suitable future model, and could create a cultural shift by recognising, the size and scope of the sector in this area of work and providing strategic co-ordination for involving the sector

Front line workers are telling us that they need access to current information and a forum for sharing information about wider agendas, developments and approaches to support and strengthen cross-agency working. A front line worker commented that if the front line workers forum had existed from the start of the Waves programme, many of the issues particular to front line staff could have been avoided.

When developing multi-agency joined up work it would be useful to clarify existing partnership arrangements and develop strategic new ones. It might also be appropriate to engage with discussions and developments around social prescribing models which would enable better choices for people who want to move on with their life.

Discussions were varied but indicated the lack of joined up working and information sharing, not only between LWOH and the wider system, but also within wider service provisions locally; a comment here from the police indicated that they have experienced particular problems and mistrust from organisations when dealing with MCN clients. Police & PSOs want to work collaboratively to provide support for vulnerable clients and work as part of a robust team around the person to support them on their pathway.

Within the discussion groups there was only a limited understanding of the Waves Programmes and Services. Groups were unsure who meets criteria /assessment and access process. Recent changes have not been communicated. Basically there is still a feeling that wider organisations are picking up the work here.

We recognise the development of The Labre Centre; creating the foundations for a more strategic, joined up approach to supporting people, providing a night shelter and access to support to help people link into services. As a city Hub the centre could become the front door for people who have fallen through gaps in services and would benefit from a clear steer from a 'city wide lead' to help ensure this approach continues to develop to meet city needs.

Some of the System Issues discussed:

System issues within DWP in relation to M&CN include;

- Staff & systems not recognising clients with M&CN
- Clients not disclosing M&CN issues (for various reasons)
- When disclosed, system not designed to support clients with M&CN issues

Examples of DWP staff;

- Sending clients with M&CN to CAB for advice and IT support
- Staff not understanding or giving out correct info in relation to UC FS & ESA, locally and through the national 'helplines'
- Not supporting clients who had been sanctioned to get access to housing benefit
- Not providing interpreters / translating facilities
- SU involvement can be seen as work ready and impact on benefits
- Complexities of DWP systems exclude people and compound issues; how do we challenge these?

Example of this; Lady signed off work due to depression and a suicide attempt; signed on for ESA as sick pay had ended and was told she couldn't claim housing benefit, compounding anxiety and stress levels.

System issues within Property Pool include;

- Excludes people with rent arrears and/or *convictions
- Blockages within Approved Premises re Property Pool exclusions (*above)
- When people have been granted Refugee status they only have 28 days to get onto Property pool (this isn't always made clear, especially when there is a language barrier)
- People having to recount the horrific background to their circumstances
- Mainstay gateway to accommodation based services but people need any decisions in writing if they want to appeal decisions

From a strategic standpoint, the Cabinet lead for Homelessness should be contacted so that we can ensure that messages and issues are getting through and, in addition, we are able to influence policy in this area.

Other system issues include;

Duplication re service provision i.e. VETS services being provided by a range of service providers incl Shelter & SLH as well as other local organisations – consider more joint bids and/or protocols for collaborative working.

An example of possible alienation was from schools when people with M&CN may have had a bad experience and can be particularly vulnerable

Literacy levels need to be recognised within this client group as this can be a barrier to engagement and moving on

Joining Health & Social Care will create cultural changes to encourage more multi-agency working

Increasing numbers of women on the streets because they won't go to sit-ups because of feeling threatened by men.

Other comments & feedback:

Homeless Link:

Provide DWP forum with work coaches to address issues encountered by homeless people claiming benefits

Facilitate CoP for Homelessness involving YMCA, Whitechapel, Homeless Teams, Crisis, Police, Street Teams, to respond locally to wider agendas including Homeless Reduction Act (note – the recent Mayoral Report into Rough Sleeping recommended the setting up of a Community Of Practice and LCVS are following this up with the Cabinet Member for Housing)

- First contact is vital and often determines whether a client will engage/stay with the service.
- Strengths based assessments are a good thing.
- There was a feeling that the outcomes star isn't working
- Silo working is still a problem. Commissioning process at the start of Waves reinforced rather than reduced this, with bigger orgs behaving in a protectionist way, e.g. YMCA.
- Experience of poor attitudes towards clients, within this area of work from wider organisations including Health professionals, Probation & DWP staff.
- Hostels are broken and referred to as 'hostiles', 'Whitechapel Centre is not fit for purpose'.
- 'Signature Living facility is shocking, people are dealing on the street outside'/ Facility thought to be seasonal; scheduled to close end of Feb, however there were concerns that it could be repeated annually(?) / This facility should be brought into line otherwise there's a potentially dangerous situation looming. LCVS is meeting with Cabinet Lead to raise this.
- General recognition of the importance of measuring and monitoring to quality assure and provide transparency, however this can distort how services are delivered and create unnecessary stress on staff (as stated earlier in paper); case studies are a better way of measuring therapeutic impact
- Pressure to meet targets and /or unachievable and unrealistic outcomes; outcomes should recognise smaller progress / success i.e. improvements in emotions, capacity, resilience
- Intensive support needs to be holistic
- Increased demand and reduced resources will make an 'organic' approach impossible.