

Multiple Complex Needs Programme in Coventry - Evaluation

Report for Coventry Council

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Clair was engaged by Professor Jane Coad, Professor Anne Coufopoulos and Professor Guy Daly at Coventry University, to complete this report for Coventry City Council.

Contributors

Coventry City Council	Head of Planning and Regulation MCN Programme Co-ordinator Community Safety Officer Planning & Housing Policy Assistant Director Public Health and Wellbeing Head of Environmental Services Insight Development Manager (Place and Public Sector Transformation) Director of Adult Services General Manager MH
Coventry Citizens Advice	Research & Campaigns Co-ordinator
West Midlands Combined Authority & West Midlands Fire Service	Watch Commander / WMCA MCN Officer
WhiteFriars	Assistant Director of specialist housing
West Midlands Police	Chief Superintendent
Salvation Army	(Interim) Service Manager
Midlandheart	Team Leader
SWMCRC	Housing & Welfare Officer
Ayriss Recovery Centre (ARC)	Directors
Hope Coventry	Project Coordinator, Coventry Winter Night Shelter
Probation Services / Community Rehabilitation Company	Performance Development Manager
EBE	Experts By Experience

Acronyms

ACEs	Adverse Childhood Experiences
BAU	Business As Usual
CCC	Coventry City Council
DV	Domestic Violence
DWP	Department of Work & Pensions
EBE	Experts By Experience
HARP	Harm and Abuse Reduction Partnership
HWB	Health & Wellbeing Board
Ignite	Ignite – Central England Law Centre & Grapevine Programme
JSNA	Joint Strategic Needs Assessment
MAPPA	Multi-agency Public Protection Arrangements
MCN	Multiple Complex Needs
MEAM	Make Every Adult Matter
PU	Public Health
PHE	Public Health England
SMD	Severe Multiple Disadvantage
VP	Vulnerable Persons
WMCA	West Midlands Combined Authority

Context

Multiple complex needs (MCN) are defined by Coventry City Council's Health & Wellbeing strategy 2016-19 as people experiencing at least two of the following: substance misuse, mental ill health, physical ill health and domestic abuse. Individuals facing MCN often rotate through various welfare and justice systems and can find it hard to engage with mainstream support services. They cycle deepens, with costs to the individuals and wider society, leaving them on the margins of society. The Lankelly Chase research found that quality of life for these vulnerable groups featured experiences of social isolation, trauma, exclusion and poverty in childhood and adulthood. Of those engaged with criminal justice, drug and alcohol treatment and homelessness services, 55% also have a diagnosed mental health issue.

Coventry City Council's Health & Wellbeing strategy 2016-19 reported an estimated 60,000 people in England are facing multiple/complex needs. Similarly, Making Every Adult Matter also estimate the number of people in England with 'multiple needs and exclusions' at 56,000 in the prison and homeless populations alone. Lankelly Chase Foundation's research indicated that 58,000 people have contact with homelessness, substance misuse and criminal justice services annually, and a further 164,000 people are in contact with two of these services. Within the West Midlands, it is estimated that there are nearly 13,000 people who suffer from at least two issues (e.g. homelessness, offending and substance misuse); 4,000 people who suffer from all three issues and a further 1,800 people who require contact with relevant agencies.

As well the moral case for improving outcomes for people with MCN, the Lankelly Chase work highlights a financial case. As more people find themselves on the margins of society facing these challenges, the cost to public services increases: recent research indicates that £19,000 per person per year is spent on individuals with a combination of problems, at a total estimated annual cost of £4.3 billion. This spending is focused on expensive crisis care, rather than co-ordinated and preventative support. It has been estimated that better coordinated interventions from statutory and voluntary agencies can reduce the cost of wider service use for people with MCN by up to 26%, which is the rationale for reform.

A West Midlands Combined Authority (WMCA) consultation with individuals with MCN concluded:

- Current systems are too complicated and need to be made simpler for all to understand
- Services are often focused on a single problem and can't provide multi-faceted help needed
- Information is often not shared resulting in the need to 'tell your story' several times
- The best approaches are those which empower individuals and enable them to build their confidence and self-esteem

The WMCA pledged to improve the lives of the most excluded people with the most complex needs by:

- Enabling people with multiple and complex needs to manage their lives better through access to services that are more person-centred and co-ordinated. Services will be built on the strengths of individuals - presuming that people can improve their own circumstances and life chances with the right support
- Tailoring and better connecting services and empowering users to take part fully in effective service design. Services will take a whole person approach and address the combination of factors that affect the individual in a way that is simple and straightforward for individuals to navigate
- Working together to deliver and commission services for groups of people with complex needs across the city. Better co-ordination of service provision between those delivering and commissioning services
- Facilitating and promoting interagency collaboration to bring together the best levels of expertise, knowledge and resources

- Encouraging individuals with multiple complex needs to share their experiences so that future processes can be designed and delivered sustainably, and learning can be shared amongst service providers

The stated focus was:

- mental ill health;
- substance misuse;
- violence and sexual abuse; and
- reducing the risk of people developing complex multiple needs (focus on adverse childhood experiences).

The rationale is to help individuals who face substantial challenges and have MCN live healthier lives, free from addiction, substance dependency and fear of harm. It will help enable individuals with MCN to retain a sense of independence, self-worth and self-esteem, so that everyone in Coventry is able to take personal responsibility for their future and make a positive contribution to their community. Improving the health and wellbeing of individuals with MCN will also lead to a reduction in offending, anti-social behaviour and demand for services. Through managing demand, delivering better co-ordinated services and empowering and enabling individuals to maximise control over their lives, this work can deliver financial savings for public services as well as improved outcomes for the most vulnerable individuals in Coventry.

The Project Initiation Document for Multiple/Complex Needs (undated) identified the following context to this Evaluation:

The Lankelly Chase 2015 report Hard Edges found that Coventry had a higher than average prevalence of adults at Severe and Multiple Disadvantage (SMD), given the relative levels of poverty seen in the city. Coventry's rate per 1,000 population is 28.9 compared to an England average of 17.4. Coventry has the 19th highest rate out of all upper tier local authorities. People with SMD are mainly male and most age groups have some people experiencing SMD, although numbers are very low in the over 65 age category. Within Coventry, SMD is most prevalent amongst 25-44 year olds. The research also demonstrates that quality of life for those individuals with complex needs tends to be much poorer than that reported by other low income and vulnerable groups. Coventry's Health and Well-being Board identified as one of its key priorities as 'improving health and well-being of individuals with multiple complex needs'. The Board recognises the significant challenges that this vulnerable group of the city's population faces and is keen to stimulate thought and action on whether single issue systems and services are any longer the most effective response, and to shift the focus of policies and plans from organisations to places.

An individual with MCN

For the purpose of this evaluation, an individual with MCN is likely to be experiencing two of more factors such as, but not exclusively:

- homelessness
- offending behaviour
- mental ill health
- substance misuse
- worklessness

Methodology

There were two data sources analysed in this evaluation: a) a survey conducted using the online platform SurveyMonkey and b) face to face interviews

Survey

The survey was conducted using the Survey Monkey platform, with a range of stakeholders invited, including those listed on Page 4 as Contributors and Experts by Experience (EBE). These are summarized in the table below and can be grouped by i) practical questions. The survey was undertaken during November 2018.

Which category, if any, does your organisation offer specialist support in? (Please tick all that apply)	Homelessness
	Substance misuse
	Offending behavior
	Mental ill-health
	Worklessness
	Universal provision
	Other (please specify)
I am / have been involved in the following parts / stages of the MCN programme. (Please tick all that apply)	MCN Board (Phase I) - determining current needs and service provision
	MCN Board (Phase II) - adopting the Making Every Adult Matter (MEAM) approach (Phase II)
	MCN Operational Group
	MCN Co-production Meeting
	Steps for Change
	Vulnerable Persons Forum
Why did your organisation choose to become involved in the MCN programme? (Please tick all that apply)	Seeking improved co-ordination
	To encourage better partnership working
	To improve outcomes for MCN cohorts
	As a way to share limited resources
	Because it is a priority in the Coventry Health and Wellbeing Strategy
	To adopt the MEAM approach
	We were asked to participate
Other (please specify)	
In your opinion, what were the challenges that people facing multiple complex needs experienced prior to the MCN programme's existence? (Please tick all that apply)	Services were not designed around individuals with complex needs
	Clients failed to engage with services
	Services were designed to be focused on a single issue so complex needs fall between the gaps
	Strategic decisions were not always informed by what was happening in practice
	Other (please specify)
To what extent do you agree / disagree with the following statement? (Strongly agree, agree, neutral, disagree, strongly disagree, I don't know)	<i>"I think the MCN programme's effective working relationships have improved service co-ordination."</i>
	<i>"We now work better with MCN cohorts because the vulnerable persons forum and MCN operational group case-manage and discuss vulnerable individuals."</i>
	<i>"The city centre Steps for Change shop has improved working relationships between organisations."</i>
	<i>"The city centre Steps for Change shop has led to better outcomes for people facing multiple complex needs."</i>
	<i>"Being part of the MCN programme has influenced the way my organisation works with people facing multiple complex needs."</i>

	<i>"The MCN programme has started to influence the way other organisations in Coventry work with people facing multiple complex needs."</i>
	<i>"Bringing experts by experience and professionals together has led to better working relationships."</i>
	<i>"Bringing experts by experience and professionals together has led to better outcomes for people facing multiple complex needs."</i>
	<i>"The MCN Board's involvement of experts by experience has begun to transform strategic thinking around multiple complex needs in Coventry."</i>
	<i>"The MCN operational group's involvement of experts by experience has begun to transform the way we work with people facing multiple complex needs in Coventry."</i>

iii) questions on the Making Every Adult Matter (MEAM) initiative:

Does your organisation use the MEAM approach?	Yes
	No
	I don't know
How can we develop the role of MEAM? (Including any suggestions on the way we can embed the MEAM approach throughout partner organisations)	Free text

iv) personal view questions

Overall, how would you rate the current MCN programme?	Low quality
	2
	3
	4
	High quality
To what extent do you agree / disagree with the following statement? (Strongly agree, agree, neutral, disagree, strongly disagree, I don't know - option to explain your answer)	"I feel that my opinion has been respected throughout my time working on the programme."
	"I feel like I am making a difference to people facing multiple complex needs."
Do you understand your role as part of the MCN programme?	Yes
	No
	I don't know
	Please explain your answer (optional)
What did you, as an individual, hope to achieve by taking part in the MCN programme?	Free text

v) outcomes

What are the biggest challenges and / or weaknesses associated with the MCN programme?	Free text
What are the biggest successes and / or benefits of the MCN programme?	Free text

vi) future developments

Do you know any other organisations that should be a part of the MCN programme?	Free text
How can we improve the way we work with experts by experience in the design and / or delivery of services?	Free text

There was also an option to provide any further comments

Would you like to add any further comments or elaborate on your answer to a previous question?	Free text
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Interviews

All members of the MCN Board and Operational Groups were invited, via email, to participate in a focused interview, which expanded on the results of the survey. Following initial responses to the email, members of these groups who had not responded were then approached and asked to contribute to ensure that we interviewed representatives from the Board and Operational Groups, as well as from statutory services, the voluntary sector and frontline volunteers. Those who were interviewed had been involved in MCN for varying lengths of time. The interviews were undertaken on a 1 to 1 basis, or a 1 to 2 basis when there was an interviewer and a scribe present. Three members of the ARC CIC were interviewed together. Interviews took during December 2018 and January 2019. The Contributors are listed on Page 4.

The interviews were structured with the same questions asked of each individual. The questions had been selected following survey responses, with the reasons identified in the questions asked to help provide context for the individual(s) being interviewed.

The interview comprised the following questions:

Question theme	What was asked
1. What worked well	<p><i>Questionnaire respondents suggest that the most positive outcomes from the MCN programme were the STEPS for Change one-stop shop, and engaging with Experts by Experience.</i></p> <ul style="list-style-type: none"> • <i>Do you share this view?</i> • <i>How can we build on this work and continue to develop STEPS and EBE?</i>
2. What didn't work so well	<p><i>Results from the questionnaire suggest that the biggest struggles were around improving outcomes for individuals with MCN. The questionnaire responses identify lack of resources, in terms of dedicated resource and a MCN fund to support the work, suitable accommodation as well as engagement from key partners for this.</i></p> <ul style="list-style-type: none"> • <i>What is the biggest missed opportunity in your view?</i> • <i>Are there other barriers you have identified regarding improved outcomes for MCN clients?</i> • <i>How could we build on what we've achieved and do things differently in future to achieve better outcomes for individuals?</i>

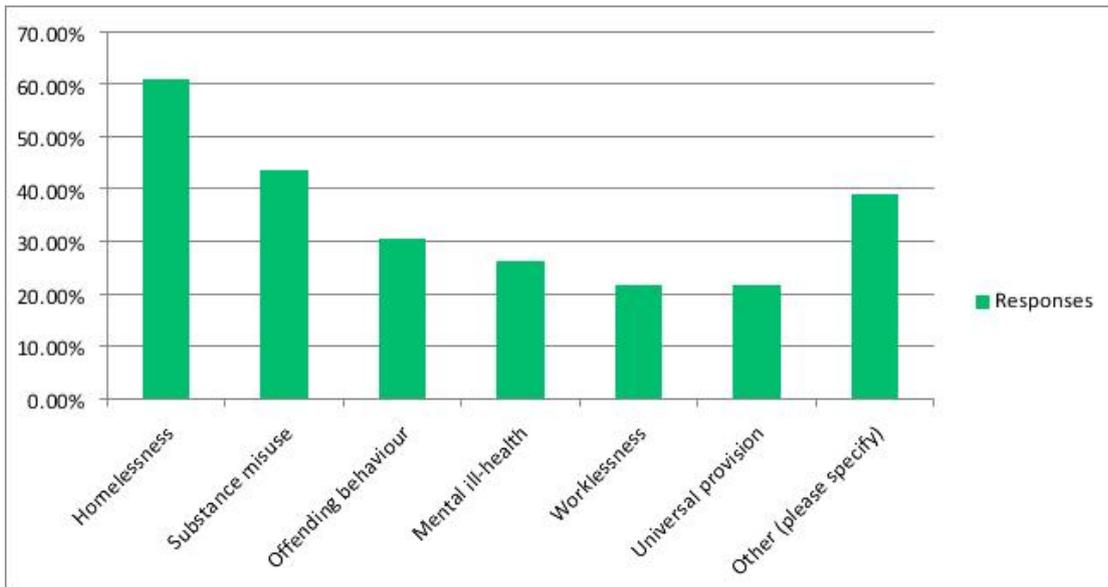
3. Strategic future	<p><i>The MCN programme wanted to not just improve outcomes for individuals with MCN, but look at having a more strategic, systems approach to helping people by bringing people from different disciplines together.</i></p> <p><i>To what extent has the programme helped transform strategic thinking around improving outcomes for people with MCN? What should we be doing to engage different organisations / teams / services / managers to think beyond the priorities of your organisation, to enact systems change?</i></p>
4. MEAM	<p><i>Respondents to the questionnaire suggested mixed responses to being a Making Every Adult Matter (MEAM) approach area.</i></p> <ul style="list-style-type: none"> <i>• To what extent do you feel the Coventry system understands what we have signed up to? Is MEAM still the right opportunity for the city? Can we enable system change and flex without being a MEAM approach area?</i>
5. The future	<p><i>Where do you see Multiple Complex Needs work in the future?</i></p>

Analysis

Survey

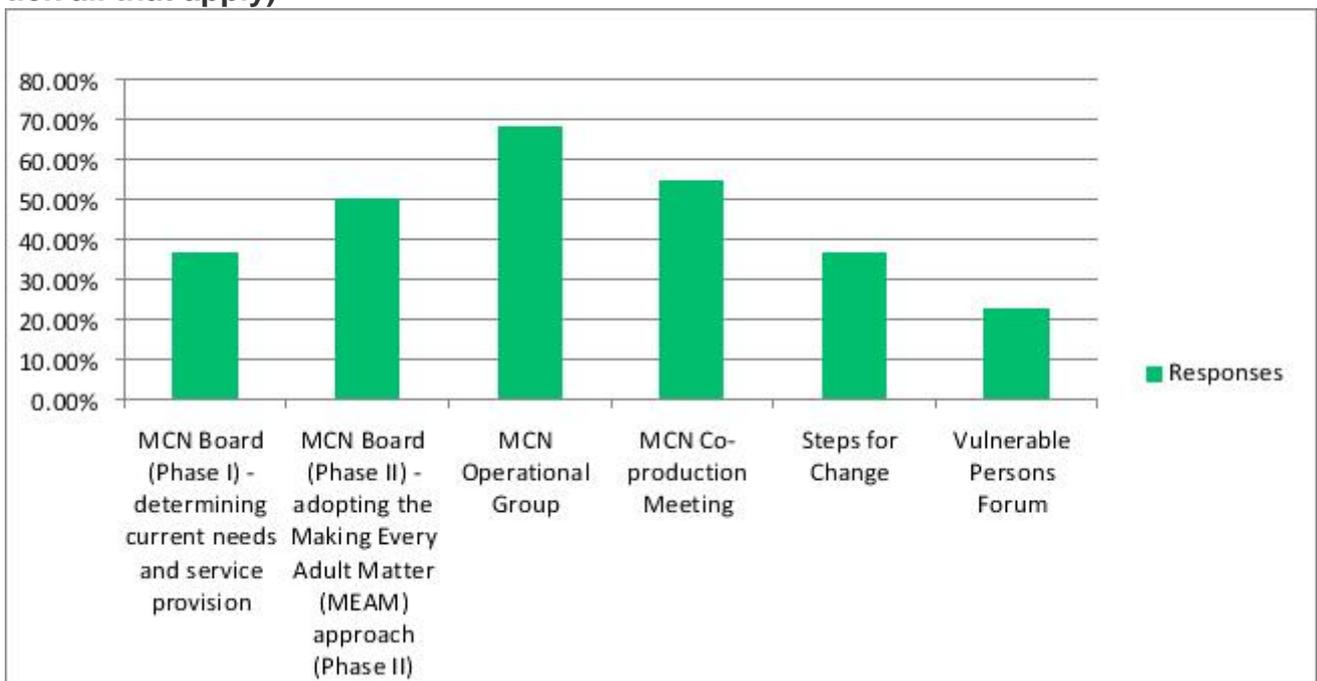
Practical questions

Which category (Homelessness, Substance misuse, Offending behaviour, Mental ill-health, Worklessness, Universal provision or Other) does your organisation offer specialist support in? (Please tick all that apply)



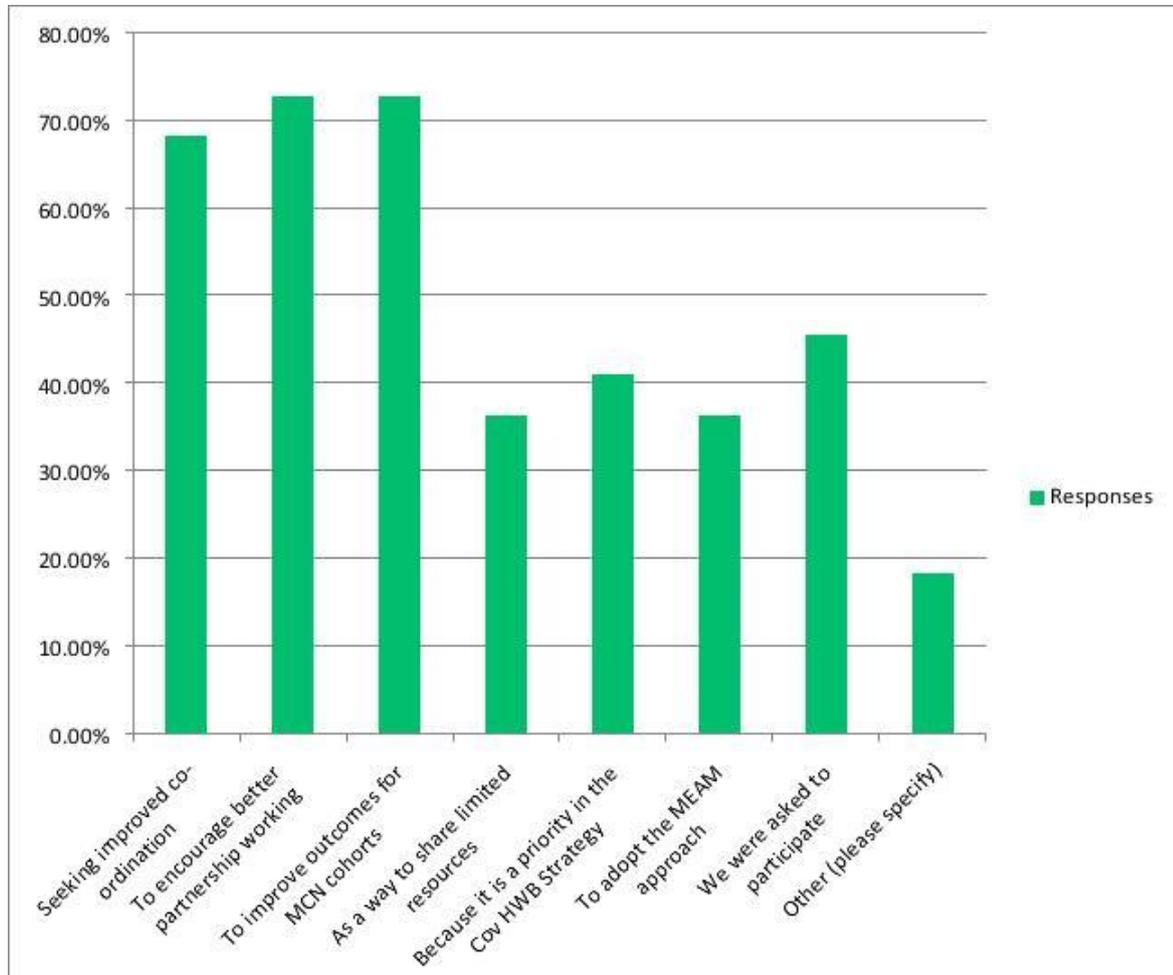
Where specified, the majority of responses indicated homelessness was the main category in which specialist support was offered by organisations, followed by substance misuse and offending behavior.

I am / have been involved in the following parts / stages of the MCN programme. (Please tick all that apply)



Where specified, the majority of responses indicated the MCN Operational group was the main stage in which responders were involved in, followed by the MCN co-production meeting and phase II of the MCN Board.

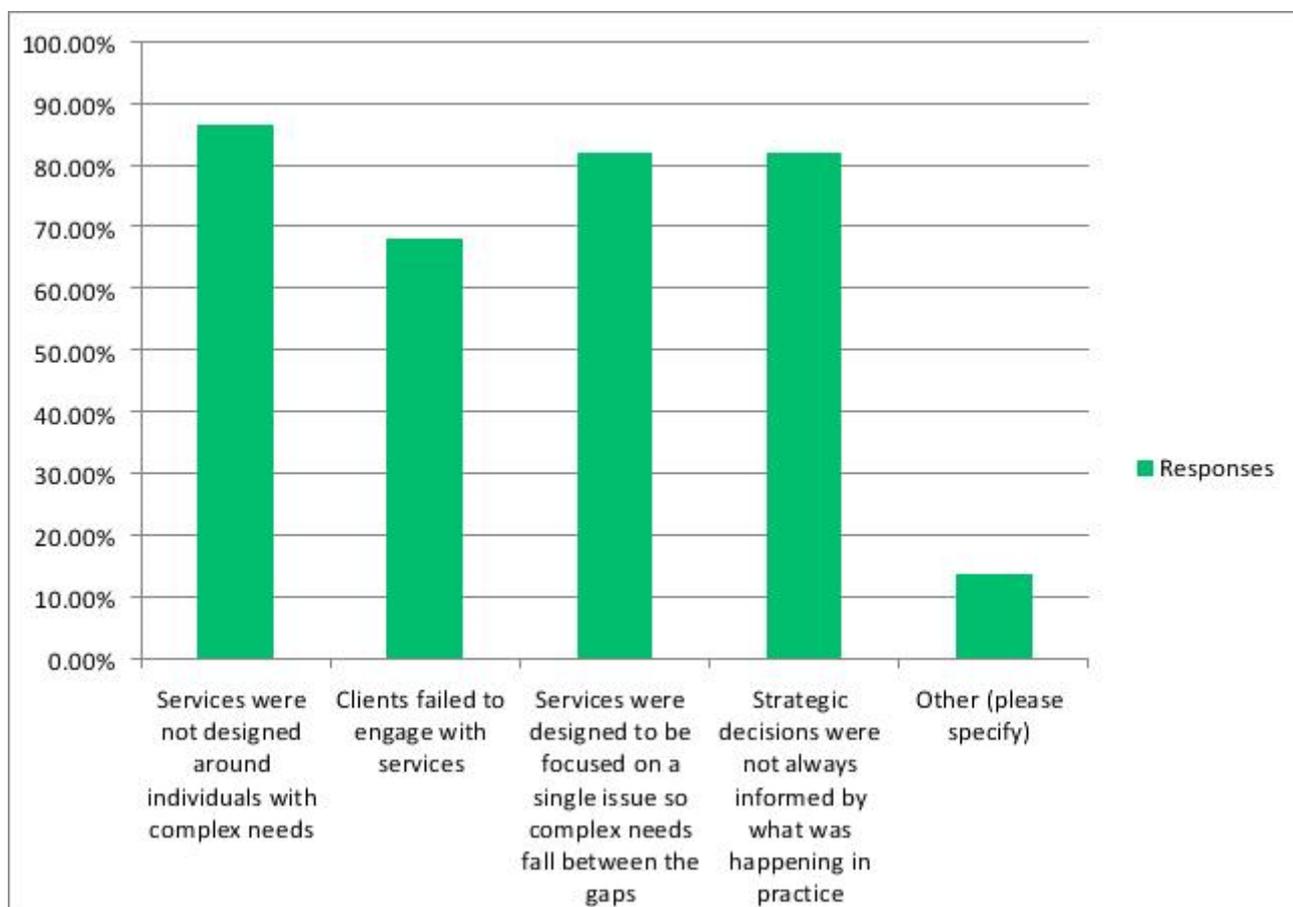
Why did your organisation choose to become involved in the MCN programme? (Please tick all that apply)



Where specified, the main reason for an organization wanting to become involved in the MCN programme was to encourage better partnership working and to improve outcomes for MCN cohorts, closely followed by seeking improved coordination.

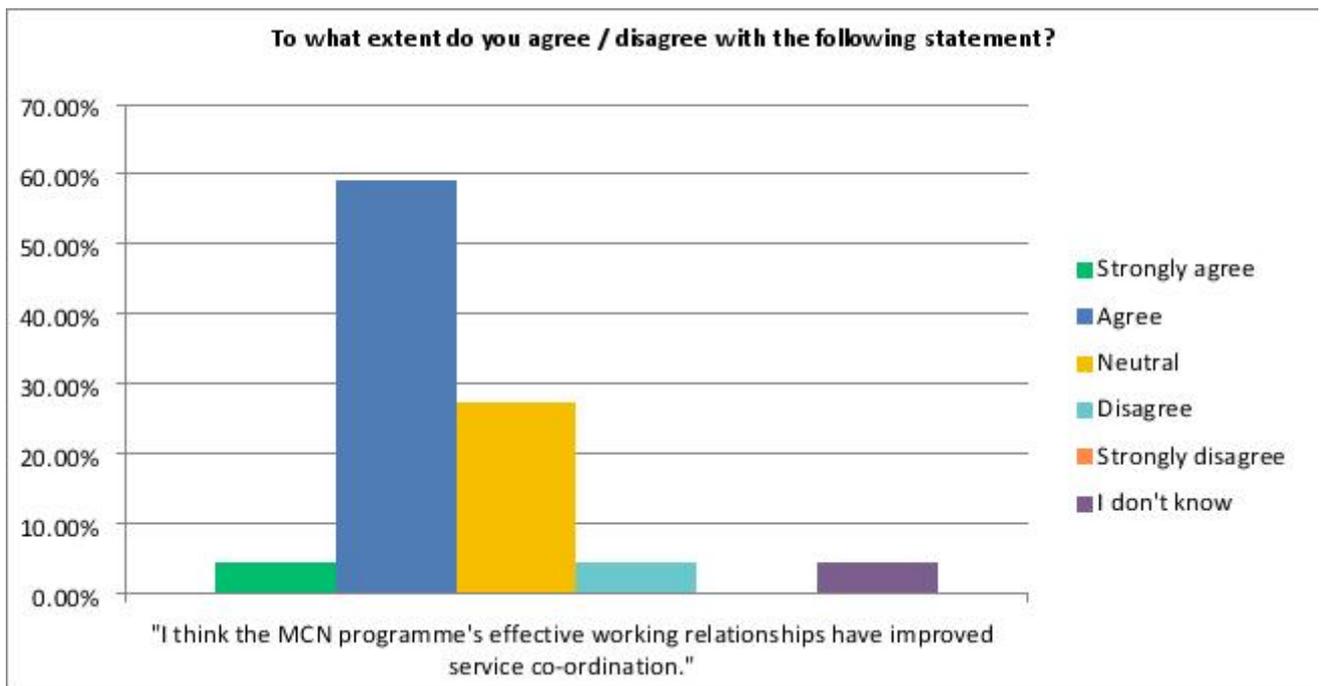
Opinion questions

In your opinion, what were the challenges that people facing multiple complex needs experienced prior to the MCN programme's existence? (Please tick all that apply)



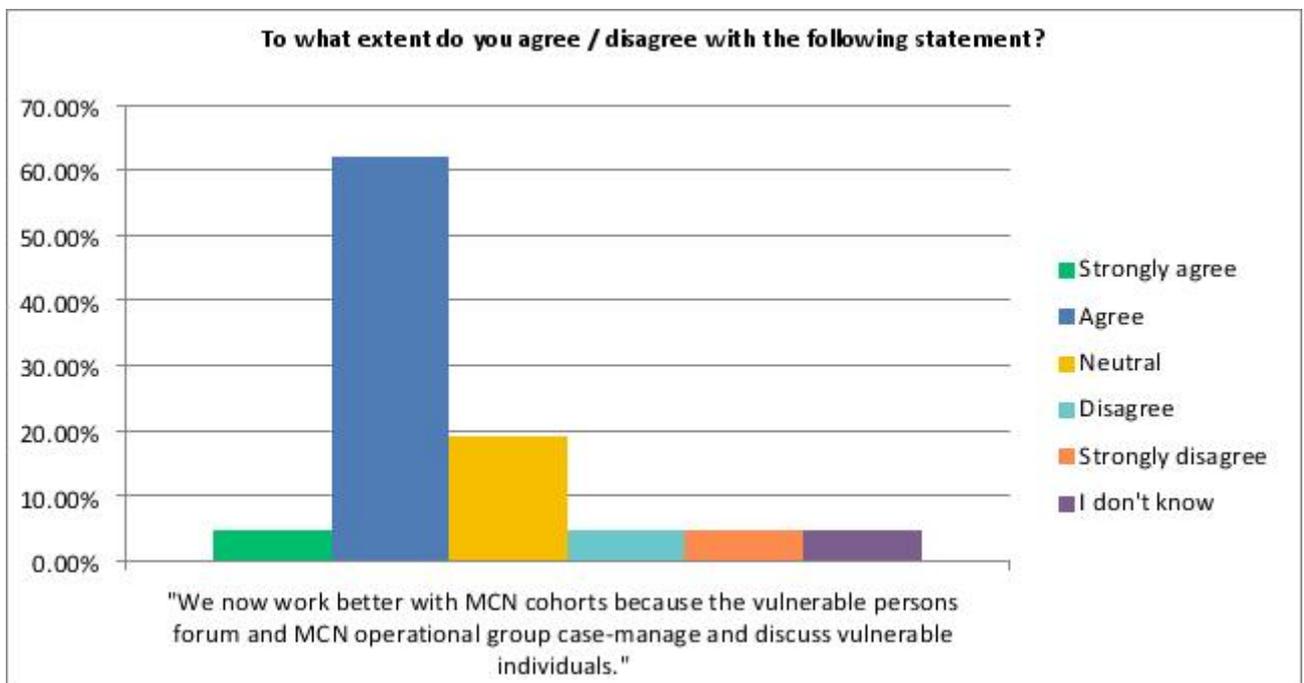
The majority of responders reported key challenges faced by people with multiple complex needs included services not designed around individuals, services focused on a single issue and strategic decisions not always informed by what was happening in practice, with clients failing to engage with services also identified as a challenge.

“I think the MCN programme’s effective working relationships have improved service co-ordination”



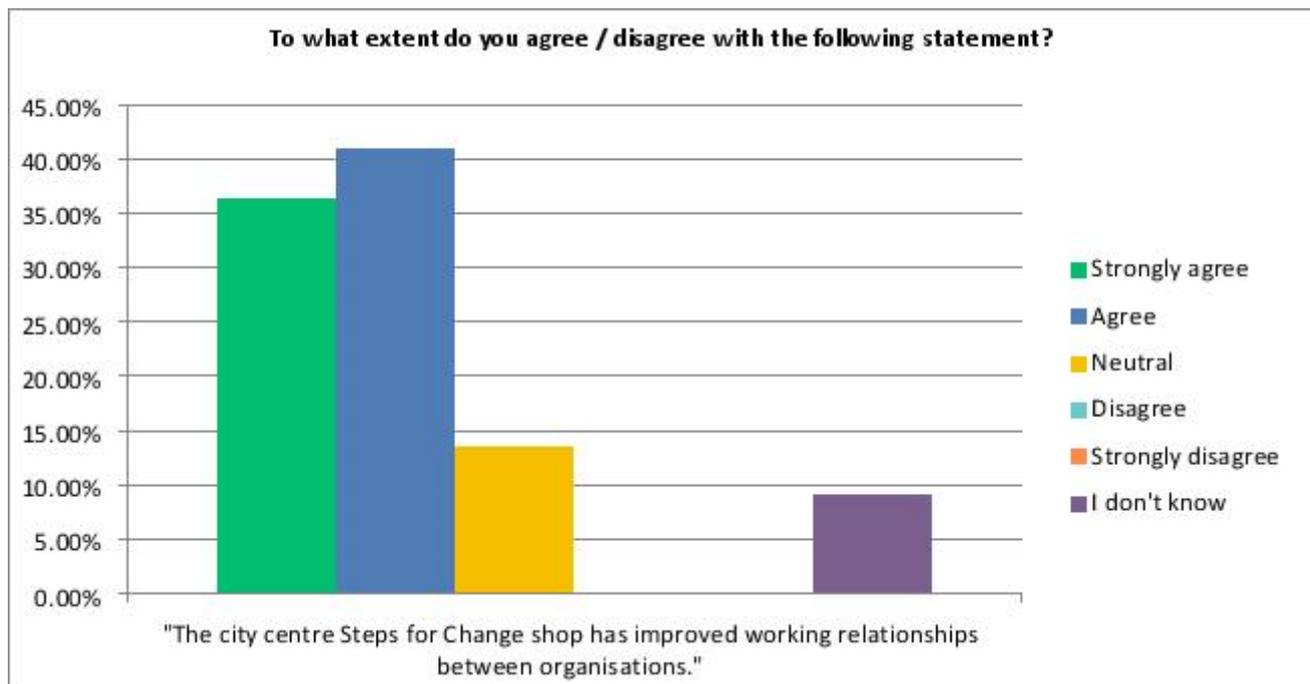
64% of respondents agree or strongly agree the MCN programme’s effective working relationships have improved service co-ordination, with 27% neutral.

“We now work better with MCN cohorts because the vulnerable persons forum and MCN operational group case-manage and discuss vulnerable groups”



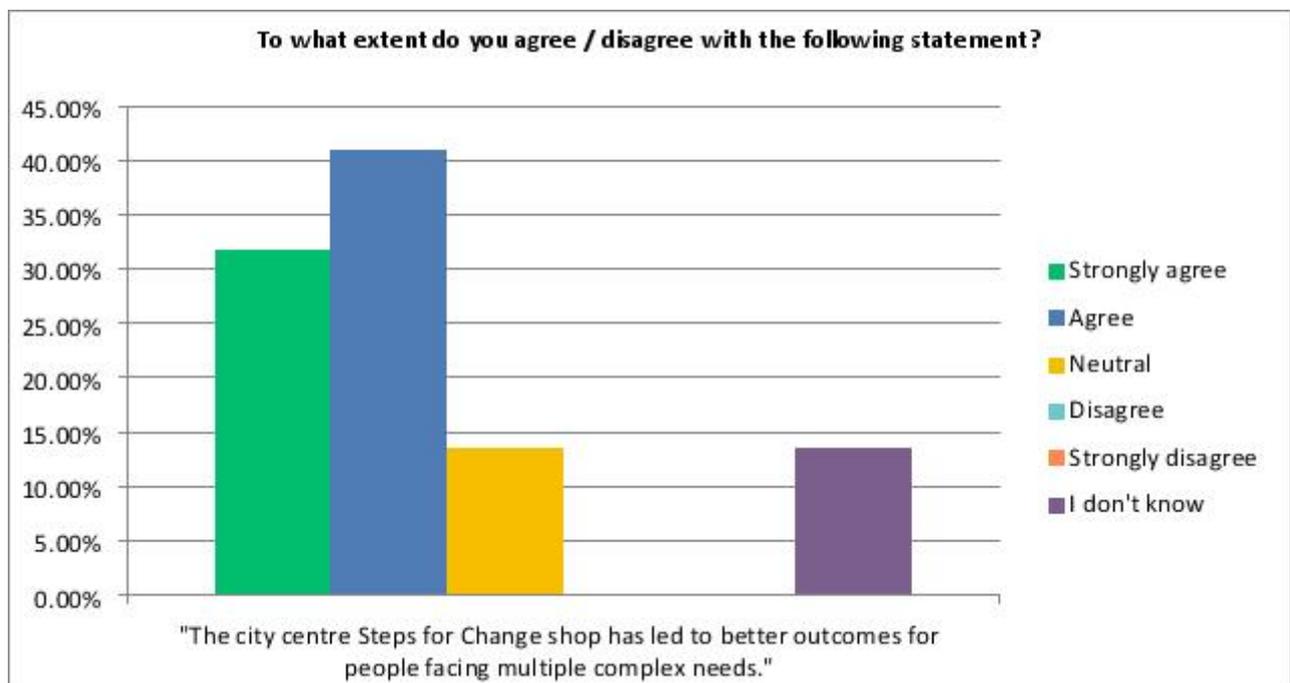
67% of respondents agree or strongly agree they now work better with MCN cohorts because of the case management by the vulnerable persons forum and MCN operational group, with 19% neutral.

“The city centre Steps for Change shop has improved working relationships between organisations”



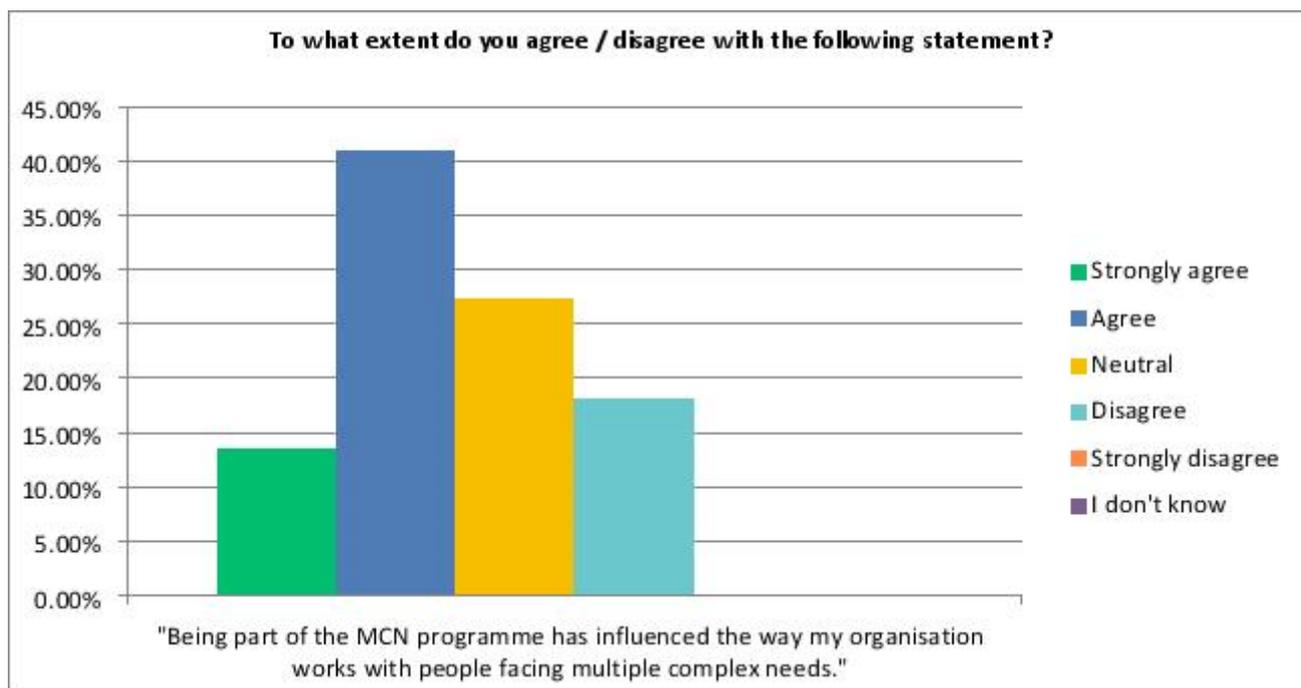
77% of respondents agree or strongly agree the Steps for Change shop has improved working relationships between organisations, with 14% neutral.

“The city centre Steps for Change shop has led to better outcomes for people facing multiple complex needs”



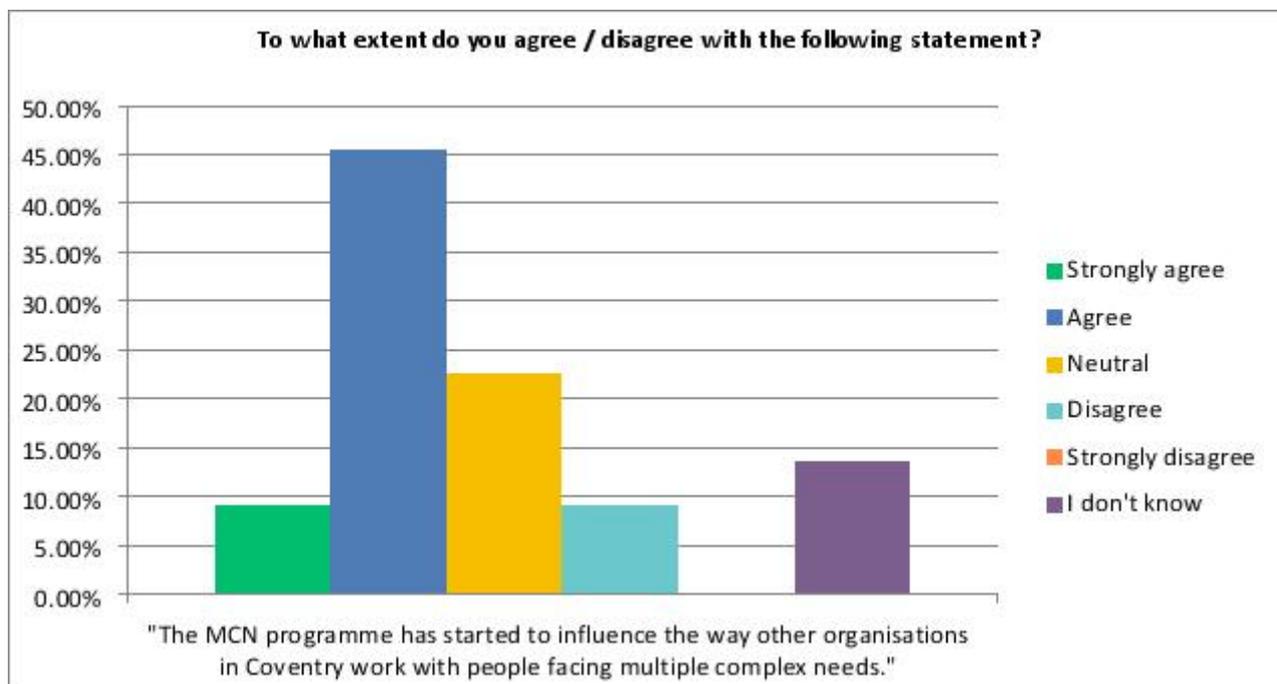
73% of respondents agree or strongly agree the Steps for Change shop has led to better outcomes for people facing multiple complex needs, with 14% neutral.

“Being part of the MCN programme has influenced the way my organisation works with people facing multiple complex needs”



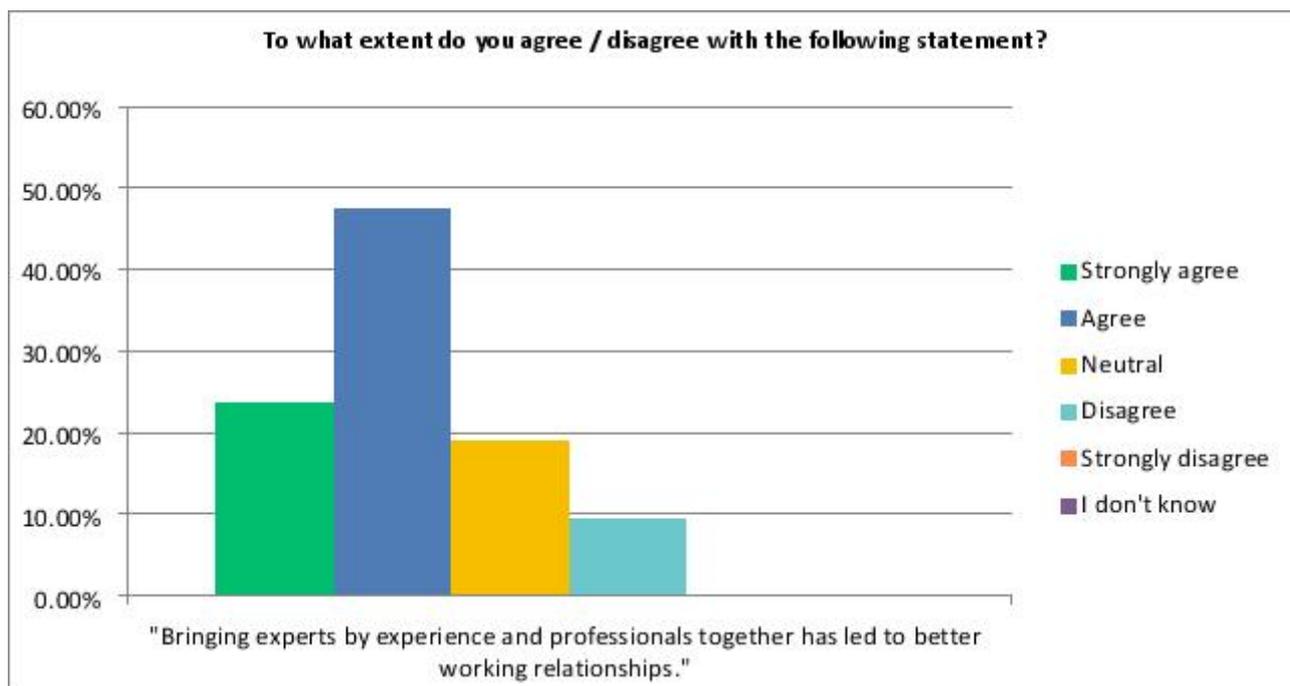
55% of respondents agree or strongly agree being part of the MCN programme has influenced the way their organization works with people facing multiple complex needs, with 27% neutral.

“The MCN programme has started to influence the way other organisations in Coventry work with people facing multiple complex needs”



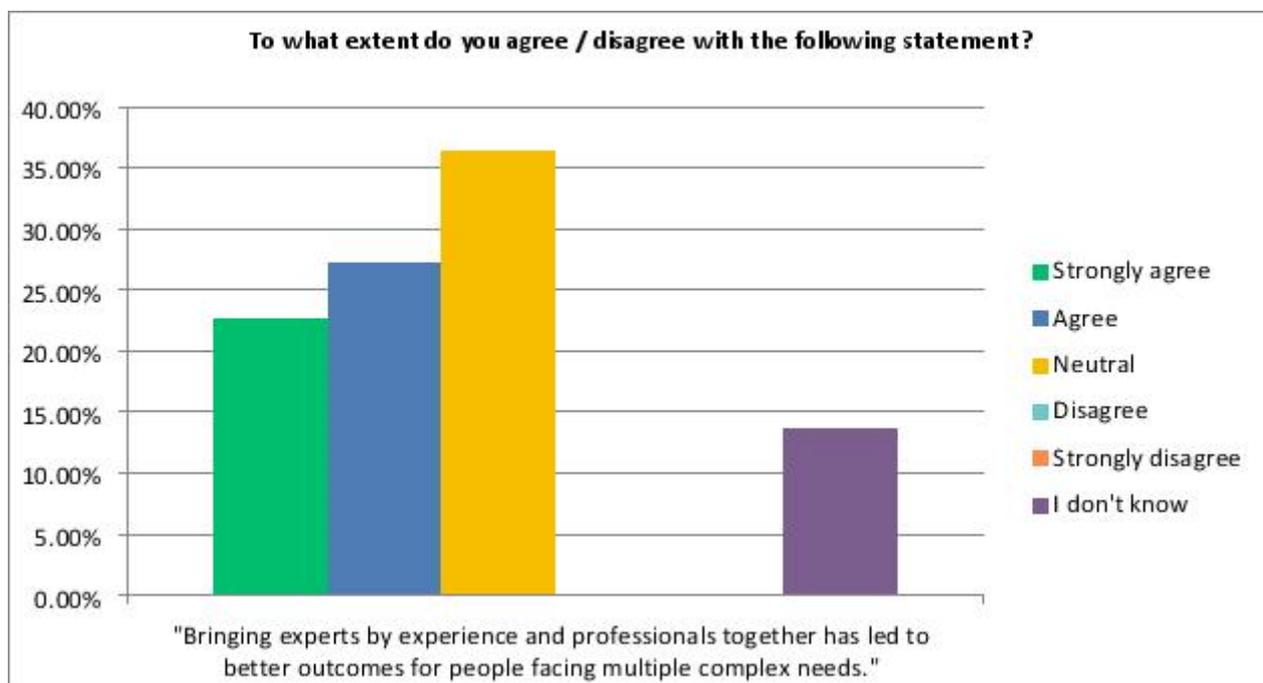
55% of respondents agree or strongly agree the MCN programme has started to influence the way other organisations in Coventry work with people facing multiple complex needs, with 23% neutral.

“Bringing experts by experience and professionals together has led to better working relationships”



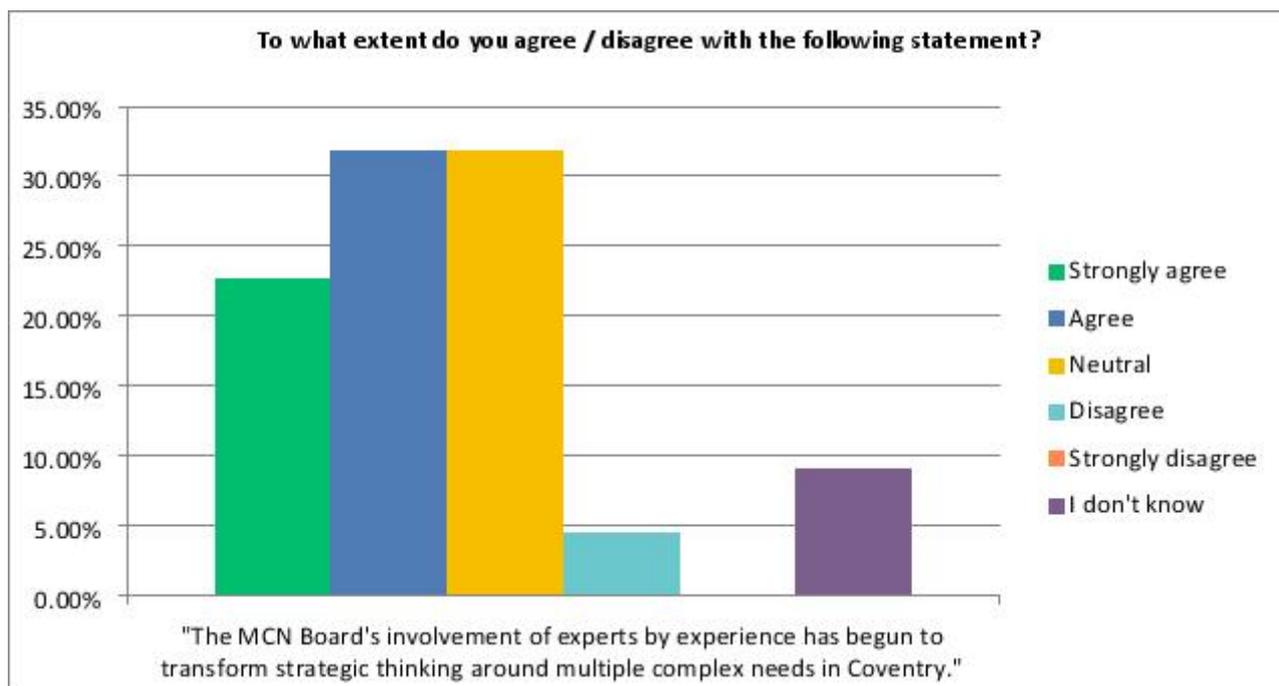
71% of respondents agree or strongly agree bringing experts by experience and professionals together has led to better working relationships, with 19% neutral.

“Bringing experts by experience and professionals together has led to better outcomes for people facing multiple complex needs”



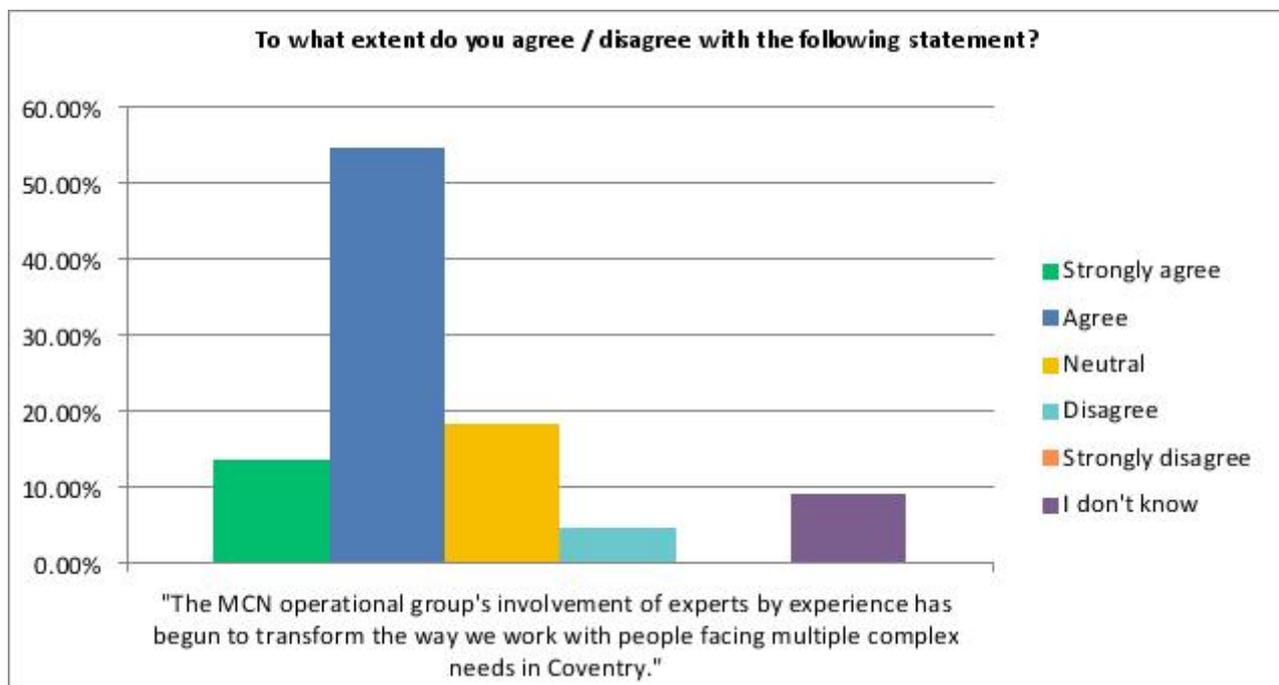
50% of respondents agree or strongly agree bringing experts by experience and professionals together has led to better outcomes for people facing multiple complex needs, with 36% neutral.

“The MCN Board’s involvement of experts by experience had begun to transform strategic thinking around multiple complex needs in Coventry”



55% of respondents agree or strongly agree the MCN Board’s involvement of experts by experience has begun to transform strategic thinking around multiple complex needs in Coventry, with 32% neutral.

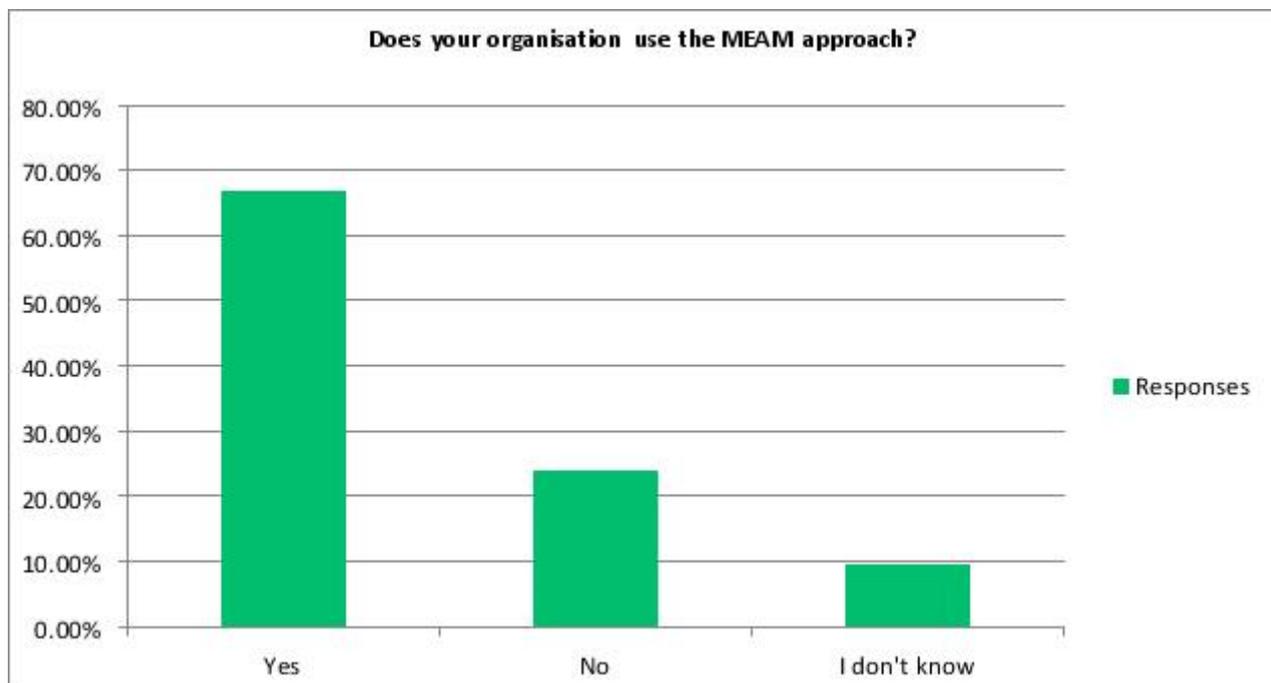
"The MCN operational group's involvement of experts by experience has begun to transform the way we work with people facing multiple complex needs in Coventry."



68% of respondents agree or strongly agree the MCN operational group’s involvement of experts by experience has begun to transform the way we work with people facing multiple complex needs in Coventry, with 18% neutral.

MEAM questions

Does your organisation use the MEAM approach?



The majority of responding organisations used the MEAM approach (67%).

How can we develop the role of MEAM? (Including any suggestions on the way we can embed the MEAM approach throughout partner organisations)

Commission/employ/appoint a local MEAM Champion/co-ordinator

Develop jointly held system change priorities; obtain senior managers support

Embed MEAM as a requirement in all Council and partner agencies' contracts with suppliers

Increase understanding of opportunities MEAM offers; MEAM awareness strategy to voluntary groups

Importance of Housing and Mental Health Services as Key partners at the table

Better funding and recognition for STEPS for Change

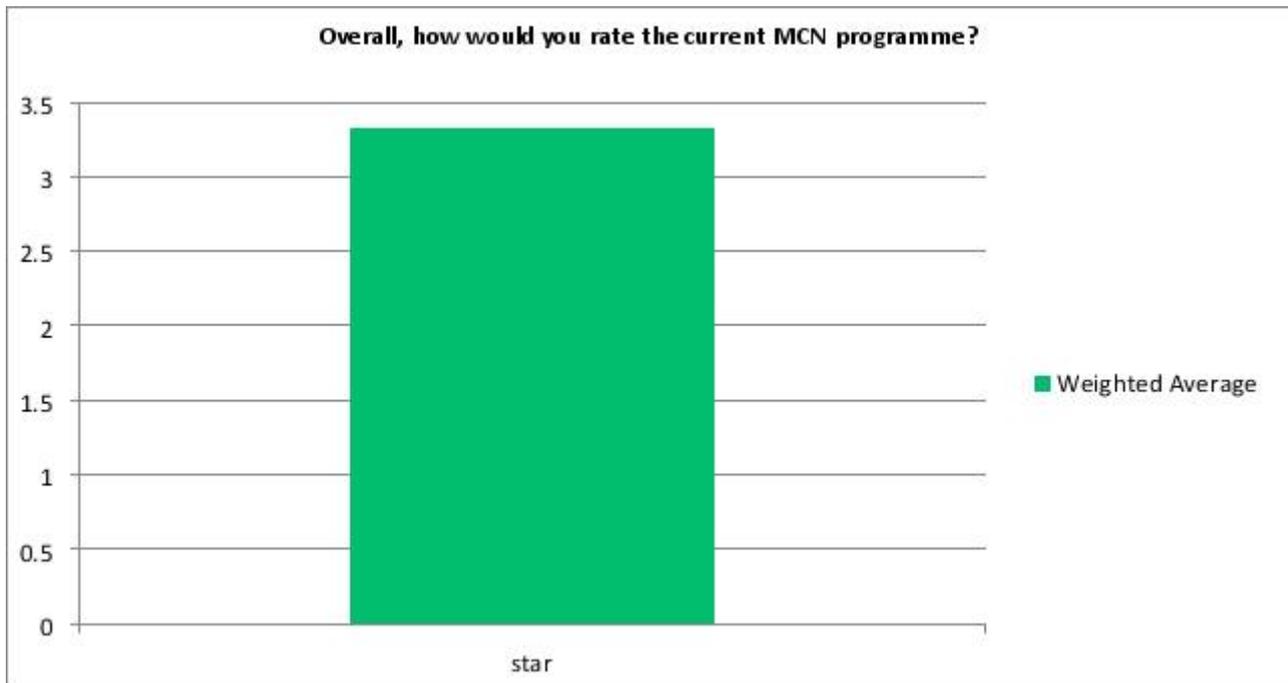
Co-ordination with other forums (e.g. MAPPA, DV, Vulnerable victims)

Awareness that capacity issues impact using MEAM approach

Sign up more organisations to the MEAM approach

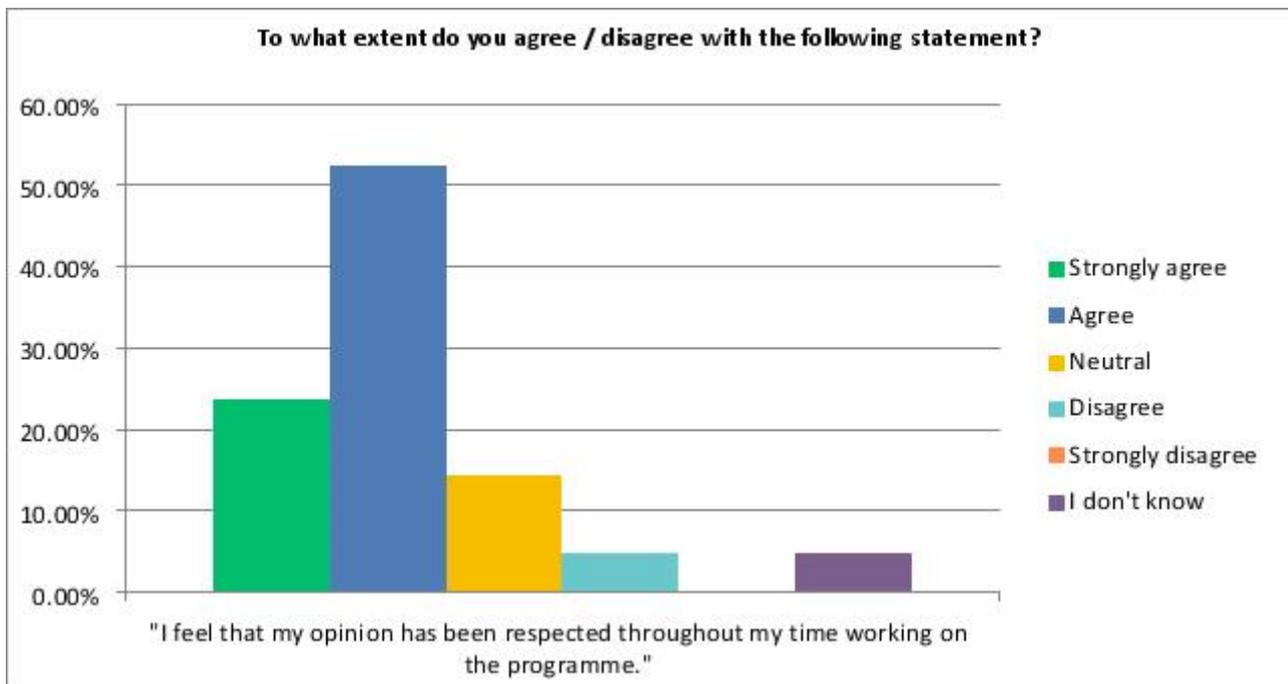
Personal view questions:

Overall, how would you rate the current MCN programme?



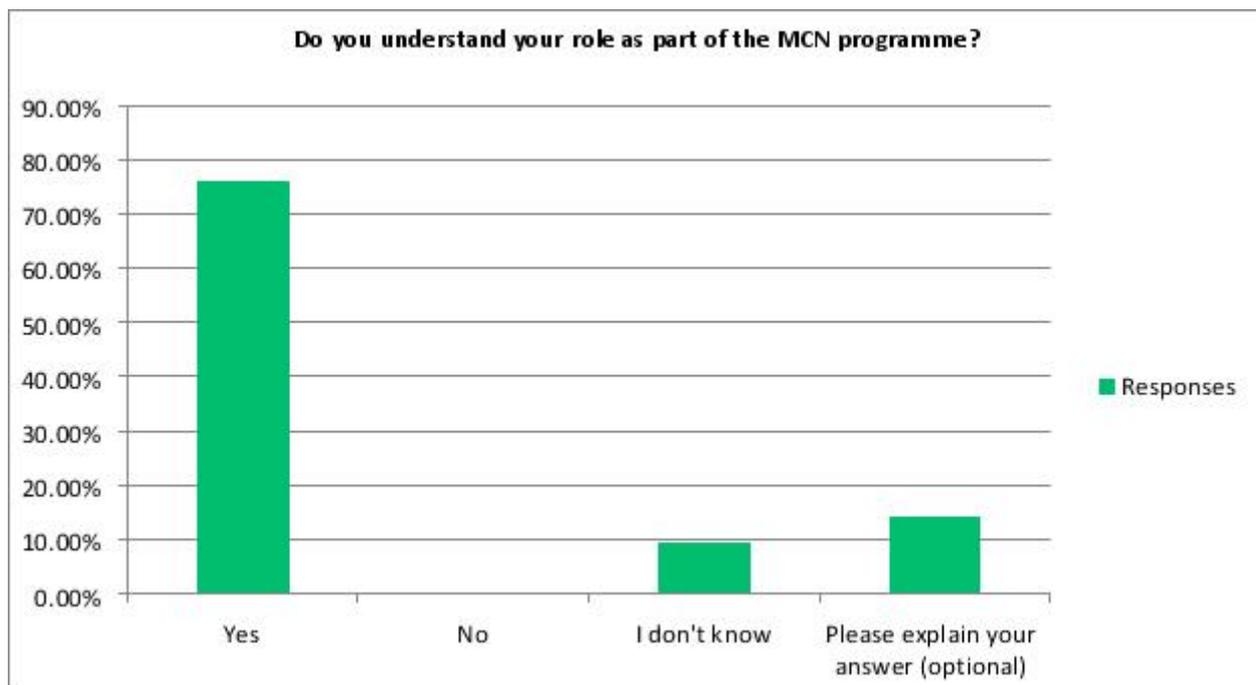
From a scale of 1 (low quality) to 5 (high quality), the current MCN programme was rated on average 3.3.

"I feel that my opinion has been respected throughout my time working on the programme."



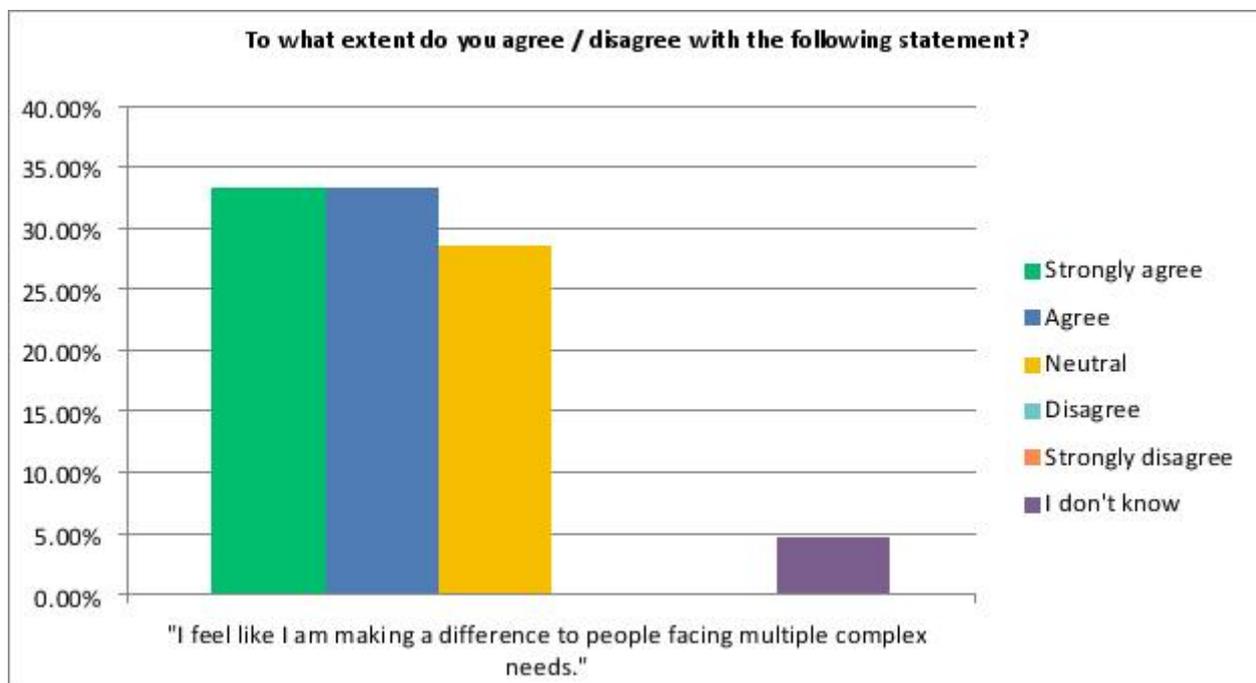
76% of respondents agree or strongly agree their opinion has been respected through their time working on the programme, with 14% neutral.

Do you understand your role as part of the MCN programme?



76% of respondents reported they understand their role as part of the MCN programme.

"I feel like I am making a difference to people facing multiple complex needs."



66% of respondents agree or strongly agree they are making a difference to people facing multiple complex needs, with 29% neutral.

What did you, as an individual, hope to achieve by taking part in the MCN programme?

Service Development (System) - support Coventry to design and deliver better coordinated services for people; opportunity to improve the system; to share wider learning and bring about system change within the locality for people with MCN; contribute to trialling systems change and reflective learning to improve outcomes for people; join up services, reduce vulnerability and reduce demand; for all agencies to work together.

Shape an approach, and influence working practices that help to unlock issues that people have consistently failed to address, through the inability of existing services to acknowledge the set of circumstances a person is experiencing and work differently. That said, there are also some societal norms and expectations that it is reasonable for the wider community to expect people to adhere to and that needs to be acknowledged.

Being in a strategic role it is important to understand the barriers and issues experienced by people with MCN and the organisations that work with them so we can start to change things at a strategic level and remove some of these barriers.

The solutions for [people with MCN] are complex, but I hope that the Board and its membership have the answers to the problems that we need to solve. Not solving them is inhumane, takes increased levels of resource and is consequently more expensive.

I had [personal experience in services] and saw how much deprivation and problems there were with rough sleeping in the city... so I joined the MCN programme to better understand what the problems were, and how we can solve them.

Learn from EBE to improve the service we provide. Work to enhance the options for our most vulnerable group in order to make a difference for them and offer opportunities.

Better relationships with partnership organisations working with the same client group; better services that are more person centred and fit for purpose within Coventry; to reach more homeless people and improve my own knowledge of what services are around.

To show that partnership working can work on an unprecedented scale.

Housing and stabilizing vulnerable offenders in supported accommodation to reduce risk of reoffending and harm to selves and public.

What are the biggest challenges and / or weaknesses associated with the MCN programme?

Lack of a MEAM co-ordinator.

Capacity, resources (cash) and suitable accommodation.

Lack of strategic oversight by Board (few meetings; lack of guidance to Operational group).

Key organisations not attending the meetings leading to a sense that they are not necessarily committed to programme; some members not buying into the programme; requires better co-operation from some services.

Longer timescale.

Lack of investment by CCC.

Complexity and absence of existing frameworks.

Difficulty engaging the right people; getting other services involved; ensuring coproduction with other agencies.

Duplication of effort.

Unrealistic expectations

What are the biggest successes and / or benefits of the MCN programme?

EBE influencing policy (EBEs described as 'incredible').

Laying foundations for work growing around the city; creating conversations between organisations, EBEs and professionals, and creating system flex for the benefit of people with MCN; bringing on MEAM and various partners to co-design an approach; being able to influence and shape the City-wide approach to poverty and homelessness

STEPS for change real impact in city and street community; 'massive success'. It fostered relationships and trust with many people who previously failed to engage. Steps for Change; Ops Group & Vulnerability Forum as a success.

Some individuals who have been outside of the system for a long time are starting to engage as changes are made to remove barriers (e.g. rough sleeper with dog now accommodated in hostel).

Now need to make sure that this type of flexibility is embedded and ensure it is not just a one off. Partners talking and sharing the problem, information and knowledge; we just need to turn it into something more concrete.

Raising profile of EBE, Steps for change and Crisis work; attention to the issues and complexities associated with the cohort of people.

Getting some professionals to work well with EBEs.

Better communication, collaboration between services, forward thinking, collective responsibility and systems change.

Reduction in re-offending and harm, stabilisation of offenders and appropriate support in place to address specific needs.

Do you know any other organisations that should be a part of the MCN programme?

Womens' services.

Strengthen the programme with great engagement from Adult Social Care and Mental Health.

Engaging the CCG would provide the programme to shape how services for MCN are commissioned and delivered in future.

Mental Health and Drugs/Alcohol treatment providers need to get more involved. The MEAM approach promotes innovative thinking whereas because of the demands on these services already they do not appear to feel in a position to do so, which is ironic as by unlocking these issues will relieve demand on their services.

The relevant ones are invited, the important thing now is to increase regular attendance/commitment; they just need to attend!

DWP and Probation.

Mental health and Adult Social Care.

Housing Associations (e.g. Midlandheart and Stonewater)

NHS; CWPT partnership reps

3rd party sector

How can we improve the way we work with experts by experience (EBEs) in the design and / or delivery of services?

Continue to develop transformational activity group of experts and professionals.

Consultation at all stages, involvement, invest, evaluate and structure

Need to ensure we find opportunities to engage professionals and EBEs which are timely, to enable the EBE views to have maximum impact.

Need to be careful to not put too much faith in a limited number of EBEs, their views may be personal to them and not indicative of a range of people's experiences; look for EBEs to demonstrate that the advice they are offering is on behalf of a wider cohort rather than it being their own opinion; a range of people who are EBE.

Links need to be made with commissioners of services to ensure that EBEs can feed into that process. Senior management (through the MCN Board and Health & Wellbeing Board?) need to ensure that it is a priority for service areas to engage with EBEs when reviewing or setting up services (including the time and resources to do so).

Start to place a value on them and not to take their input for granted; a lot do this for free - how can we in turn value them and help them?

Continue to test service user experience to highlight blockages in the system and then ensure this is escalated and the system can be improved.

[Regarding rough sleeping] we know we have the expertise, but the resources needed to tackle this issue are not there. We are all relying on the good will of Steps for Change, but we really need to get behind this organisation of partners. It has the potential to provide the foundation of solving this problem.

It would help to have a brief form online that can be used to fill in examples of good or bad practice and comments.

Briefings / news sheets / higher profile?

Provide a clear resource focus and understand that compromises between ideals and realities of resources need to be made.

Don't over-estimate what can be done. Be realistic. Respect for what has been tried before.....don't single out agency's due to over expectation.

Include EBEs with meetings with decision makers.

Would you like to add any further comments or elaborate on your answer to a previous question?

I agree that good things are happening, but there is potential for it to be much more powerful/effective if more services/organisations were committed to long term systems change.

Thanks to a number of dedicated officers from different organisations who have gone the extra mile to help this work progress.

[Regarding question on future Service Improvement]: sometimes I encounter situations and people that I'm not sure how to help, or see what is wrong but cannot do anything about it. In those instances, writing quickly a form with basic details of the situation and suggested improvement can be helpful.

Analysis

Interviews

Interview data and free-text survey material were subject to a thematic analysis, identifying emerging themes.

Questionnaire respondents suggest that the most positive outcomes from the MCN programme were the STEPS for Change one-stop shop and engaging with Experts by Experience.

a) *Do you share this view?*

- A general consensus of agreement is noted, with support for its structure within the HWB and supported by the police and housing, and the broader collaboration across services.
- Although some felt positive outcomes were due to individuals (a PC and the crisis team at ARC) and strongly endorsed STEPS for change.
- It was noted that the challenge is one of public health relating to addiction and mental health.
- Also, understanding the community and raising the profile of the community and the level of need and building partnerships, collaborative working within the council.
- EBE are excellent and essential in keeping this process working. MCN adopted the STEPs for change project on a short term and kept on longer term because it's working well. This was under a different police lead.
- Calls for closer links with mental health.

b) *How can we build on this work and continue to develop STEPS and EBE?*

- Appreciating the multiplicity of vulnerabilities and complexity of needs.
- Dovetailing with council's homelessness strategy - secure housing for the homeless, possibly with Housing First.
- More EBE on the strategic Board and developing a bottom up rather than top down approach to embed the culture. Sustainability and engagement to ensure EBE feel they can make a real difference to statutory services.
- Acknowledge the success of getting the right people around the table, and having EBE challenge every step of process and professionals willing to listen to EBE. The next development being from consultation to co-production.
- We need representatives from all organisations and a greater response from each of the services is needed. Linking also to more grass-roots services.
- Some duplication in forums starting to be corrected.
- Advertising and promoting services more, suggested via Hub meetings and bite-size sessions.
- The developing of EBEs roles as more come onboard, and upskilling EBEs to a cycle of giving back into the organisation for wider benefit.

Results from the questionnaire suggest that the biggest struggles were around improving outcomes for individuals with MCN. The questionnaire responses identify lack of resources, in terms of dedicated resource and a MCN fund to support the work, suitable accommodation as well as engagement from key partners for this.

a) What is the biggest missed opportunity in your view?

- Several comments about the absence of a budget attached to this project. There was never any resource attached to it and we have no sustainable resources for MCN. The vision was right but we needed commitment to resources, which was naïve. Related to this not having an operational co-ordinator to bring it together and oversee the work or being able to provide intensive recovery package (funding needed to get a CPA). Acknowledgement that the resourcing issue is wider than not having a MEAM coordinator, it's the impact of reduced public sector funding too. Also noted mismatch between the Board and the OPS group, the latter who have been steering the Board, as opposed to vice versa.
- Also comments about no flex within contracts or at operational level, and taking so long for the housing colleagues to come on board, and then losing key personnel at pivotal points, and absence of meetings in a 6 month period. Passion is lost as well as the accountability. The need also to have someone who can communicate with politicians.
- Comment that the outcomes have been only small improvements to individuals' lives, even in a 3 year programme which is attributed to not providing funding for the programme, which would have made a difference
- We could have made more use of the MEAM network resource to provide the external challenge needed as a system.
- The Customer journey hasn't been sufficiently explored enough and to understand what the challenges are for EBE when we speak to them
- Although 3rd sector organisations do get involved, there is no presence statutory organisations e.g. community mental health teams and because of the sheer level of need in the MCN cohort, these statutory orgs are needed (e.g. crisis, community mental health teams) and a need for mental health capacity assessments. Mention of social work input would be helpful.
- Aftercare is lacking, it needs more money, e.g. bus passes for hospital appointments – Arc provide these unlike other orgs. They need mobile phones, ones that are not worth anything if they were to try and sell them (e.g. £10).
- Awareness that if you ban a group of homeless people from the city centre, others will replace them.
- Awareness that students in the city are very generous and offer money (to homeless).

b) *Are there other barriers you have identified regarding improved outcomes for MCN clients?*

- Inconsistency in leadership across senior and sense of some taking a back seat on it (e.g. police and programme officers).
- MCN is a challenge and if it were easily solved, we would copy others' techniques, but we are getting traction and moving in the right direction.
- Systems-wise housing pathways seems to be the biggest barrier in Coventry and the pathways into accommodation are still quite rigid, requiring going through a hostel.
- On a daily level, there is the challenge of engaging new people with MCN.

c) How could we build on what we've achieved and do things differently in future to achieve better outcomes for individuals?

- There needs to be a cultural change, and the timing has come together (Housing First and Board together is a good thing; political investment is now high).
- STEPS for change must be sustained.
- MCN needs a structured budget and a Housing First member.
- We should develop an action plan and embed it into bigger structures. The big money is in Housing First (HF), and it feels like MCN is being side-lined.
- With Ops group police changes came the aim to get some outcomes and this came about through discussing individual cases.
- Note there was some going round in circles in summer 2017, trying to define MCN and identify which cohort to help, eventually just went out and helped someone.
- Sense that MCN is not a waste of time and there's nothing else like it in Coventry, what else could it be? Now the right people are round the table to come up with the solution (housing and homelessness presence).
- The operational work has come a long way in 18 months and identified the key partners and starting to see outcomes. Need is to embed MCN thinking across more forums, so they become more MCN friendly in their thinking.
- On a practical level, storage space is needed and each individual should have a personal fund to buy small things (e.g. pyjamas).

The MCN programme wanted to not just improve outcomes for individuals with MCN, but look at having a more strategic, systems approach to helping people by bringing people from different disciplines together.

a) To what extent has the programme helped transform strategic thinking around improving outcomes for people with MCN?

- Views ranging from optimistic that it has been an uphill struggle, but we're on the cusp of changes to a sense of there being no one prepared to financially support it and no political will.
- Others felt that Housing First, having come on board now, is focussed on MCN nationally, but questioning the support provided to them.
- Strategic leaders buy in on paper, but there is disconnect between strategic and operations. There has been buy in operationally. Where's the strategic steer to say MCN is the priority, so housing should flex, for example?
- General note by most members about the lack of financial support and two suggestions of using Housing First money. With only a budget of £1,200 to support the engagement work – if this is the priority - where's the resource for it? It hasn't been sufficiently high profile across key agencies, it is the less well known priority for the health and wellbeing board.
- Part of the programme is to have a task force (which is what STEPS for change, is) but in order to work, STEPS should be operating more than one day a week
- Everyone in the room has it on their agenda and not just when they come to an MCN meeting – hopefully they're now making decisions in their organisations with MCN in mind and

embedding it in their own organisations – although not sure how you would measure that. It's about the timing being right to shape Housing First too, several noted.

- Description of MCN as a Trojan Mouse – starting to slowly influence the system from the bottom up (opposite of breaking down the door with a Trojan Horse).
- Suggestion to do more to bring customer experience to life for the perspective of the relevant agency, through training, CPD.
- There's a mismatch between the strategic buy in and operational staff feeling empowered to flex the system. It need more communications that they are empowered, as the strategic buy in is there. If the buy in is there at strategic level, the operational results should come more easily.
- Suggestion of launch events every quarter, setting up group exercises and encouraging communication and importance of core groups' presence.

b) What should we be doing to engage different organisations / teams / services / managers to think beyond the priorities of your organisation, to enact systems change?

- Rough sleepers are visible in the city centre and there are now concerns that they might affect external investors from plugging money into city. Caring communities are ineffective because MCN cohorts are dysfunctional, they can't just live in neighbourhoods straight from being homeless.
- Links to law centre would be beneficial and migrant centre, CGL, Midlands Heart but since they are pulling out of the MCN housing, we should work with whoever will replace them. The Vulnerable Persons team doesn't come frequently enough, only quarterly.
- The focus is on the type of approach where you identify particular people is a good approach - if there was a smaller group/panel made up of social care to case-manage, for individual needs assessments, this would be better than having too many people in groups, which is the case now. The huge cost of not case managing, is noted.
- It is missing the clinical input and police, community reps from mental health, crisis should be brought together to become a much smaller panel.
- We need to change the focus of the board and re-launch, we are coming to the end of the 3 year programme and there's still stuff to build on which links to the housing and homelessness strategy; keep EBE and STEPS for change but build on it.

Respondents to the questionnaire suggested mixed responses to being a Making Every Adult Matter (MEAM) approach area.

a) To what extent do you feel the Coventry system understands what we have signed up to?

- Some frustrations expressed by several members who felt Coventry hadn't understood, or helped shape what is delivered, and comment that officers who initially signed up to it are no longer part of the authority, set up without co-ordinator and we still don't have a co-ordinator.
- There is value in being part of a national coalition. Perhaps more work is needed to help Coventry find what the right version of MEAM is for the City.
- Comment about conflicts between parties at the table – e.g. police think public health should be doing more, PH think police are making violence a PH issue. Perception of animosity between organisations also mentioned.
- A comment that 'Make Every Child Matter' and 'Make Every Contact Count' are more well-known compared to MEAM.
- A suggestion received that there should be a day when you invite everyone in to show what MEAM really is.

b) Is MEAM still the right opportunity for the city?

- Comments about the lack of funding for MEAM. Statement that it's a great concept but not right for Coventry, due to the absence of a funded co-ordinator. Another felt that Coventry is taking a hybrid approach, without a co-ordinator, so there may be limited benefit.
- MEAM is keen to have a west midlands site.
- Much more awareness-raising needs to be done for MEAM.
- Some felt it is the right option for the city: necessary for the people who are disengaged and who have fell through the gaps for years, and a call for better understanding of the criteria for what makes a person suitable for MEAM. Some qualified their support of MEAM that it needs the right political will and senior leadership.
- Also pride expressed in the collaborative working achieved.
- MEAM is good branding because of its strapline – there may be a place for it but it's not necessary. What is necessary is to pull services together to work in a meaningful way.
- There was a common sense of needing to raise the profile of MEAM still further.

c) Can we enable system change and flex without being a MEAM approach area?

- There was a sense that MEAM is just spreadsheets, and the important thing was to just get out and work with people who need help, and a suggestion to get a cohort of 15-20 and get them onto Housing First. Another suggestion of hostels with shooting up services, so they can't do it on the street. Hostels where we can wrap services around them, but acknowledging the issue with this is if people die there, and the organisation had endorsed it, there would be blame.
- There was a comment that MEAM provides helpful external challenge and external scrutiny. There is an issue though on the impact and perception of others going through the system, that there is preferential treatment. The aim is that flex should be offered to everyone as it

saves money, implication that this is more costly to some organisations but cheaper to system.

- Ultimately, MCN has been ignored by the system and statement that One Coventry reluctantly became involved. A MEAM awareness strategy for voluntary groups to strengthen knowledge, is suggested.
- Some felt that the MEAM approach could bring in assistance and there is an example of another city that adopted a MEAM approach, and were able to employ a district nurse who acts as a MEAM coordinator. They are trusted, know who to call and can get resources to people when they need it and when they want to change.
- A further example of Cambridge is cited, and this area has been doing MEAM for a while but have their own brand, Counting Every Adult, which adopts the MEAM principles.

Where do you see Multiple Complex Needs work in the future?

- Comments about integrating into mainstream BAU homelessness, drug and alcohol strategy
- Support for EBE as a really valuable model and strong appreciation for those engaged in the strategy and comment that the Board have worked well with them.
- Comments to engage sexual health and other services; refresh vulnerable persons group, importance of housing and need for hotels to meet certain criteria.
- Suggestion to link into structures under police and crime board rather than health and wellbeing board. The Link with Housing first makes sense as that is where the funding sits and provides WMCA scrutiny.
- Suggestion that case management needs to go to Vulnerable Persons forum with right people around the table. Perhaps it should be a multiple disadvantage forum instead of VP and established under HARP. Current Operational group has no adult social care, or mental health, on it, which should be introduced.
- Suggestion it should dovetail into housing, in case it is no longer a Health and Wellbeing Priority – that's down to the JSNA. Relaunching it through the housing and homelessness work to get MCN the support and funding it needs.
- Comments to house rough sleepers, and deal with repeat causes, listening to VPs groups and make sure it happens as there is a problem around housing: when housing MCN cohorts in neighbourhoods, the area and people already living there are affected and VPs mixed with other VPs can cause issues. Suggestion that this can be managed through purpose built accommodation. Everyone in the homeless community knows one another (they owe each other money, sleep with one another etc.) so there needs to be a collection of hostels including female-only hostels. Suggests a sufficient choice of hostels, and a MEAM coordinator (in ARC), not necessarily a health professional - just someone who is trusted by the cohort.
- MCN can't sit in any one place, it needs to be held by the system, whether that is by the Health and Wellbeing Board, a Police and Crime Board or another partnership board. It cannot be just held by the Council and it needs statutory and particularly voluntary sector partners, to engage as they do most of the contact with MCN individuals.

- The MCN programme is necessary, and is voluntary sector heavy, so needs more presence from the health and community mental health team, who could use their computers to discuss the individuals during the board meetings.
- Suggestion that MCN clients are lost to follow up when they disengage which might reflect a lack of understanding, because addiction is not a choice. Housing needs to have certain criteria and the care needs to be there. Example of making sure of a whole service such as if an individual needs prescription medication, but they don't have access to a 7 day chemist, their needs aren't met.

Discussion and conclusions

The Interview and free text of the Survey thematic analyses have been combined to identify the following key themes:

1. Who is involved

The majority of individuals questioned as part of the evaluation were part of organisations offering specialist support for homeless individuals and were involved in the Ops group and the co-production meeting. Frequent statements were made about the requirement to include other services which have a role in MCN (as noted by the main research by Lankelly Chase). This included mental health, drug/alcohol services, some housing associations and adult social care – these were all highlighted as areas of absence in the current programme of work, and ripe for future development.

2. Operational structure and governance

Ops group and Board

A range of reasons for being part of the MCN project were provided, with the strongest motivations being wanting to raise the profile of and meet the strategic aims of improving outcomes for people living with MCN.

Challenges in getting the right people around the table initially were noted, and also the lack of a model of which service should lead. There was reference to models in other cities but a general need expressed for more co-ordinated services for Coventry's MCN population.

There was also a disconnect reported between the strategic and the ops group, with a lack of operational flex and no statutory organizational presence meaning only small outcome improvements were made. While the vulnerable persons forum has taken on the case management, it is felt it does not meet frequently enough and often needs clinical and mental health input. It was felt that review of the format was needed and it might benefit from a smaller more focused panel, with duplication of panels across the system noted.

STEPS for Change and Experts by Experience

Many comments were shared valuing the contributions of the Experts By Experience who had participated in shaping the MCN agenda, commenting they were transforming strategic thinking and ways of working through appreciation of multiple vulnerabilities. There was a strong keenness to maintain and develop this engagement further, as a wider base and an ongoing role in the work. Similarly, the work from STEPS for Change was commented on very positively and consistently, with agreement that STEPs has improved working relationships and lead to better outcomes.

Areas for improvement for development of Experts by Experience included finding timely opportunities for their involvement and potential to consult at all stages, with a need to ensure their contribution is a priority for service areas. This includes considering their views at a strategic level and ideally moving from consultation to co-production. Also mentioned were having appropriate EBE (through widening representation), continuing to develop them and collecting examples of good practice.

3. MEAM

The majority of individuals reported their organisations using the MEAM approach. However, the most frequently occurring comment was regarding the lack of financial investment for MCN and a MEAM co-ordinator role, reflecting some level of frustration. It was felt that it provided helpful external challenge, though there was a concern it could result in preferential treatment for individuals on the MEAM cohort. Suggestions aside from this for further developing approaches included embedding the principles in contracts, coordination with other forums, signing up more organisations to the MEAM approach and increasing understanding of the opportunities it offers, for example through an awareness strategy to voluntary groups. More awareness and clear criteria of eligibility are needed. Furthermore, it was recommended that if there is to be no co-ordinator in Coventry, there needs to be a review of other ways to approach it.

4. Objectives

Successes

Generally, respondents were in agreement that the MCN programme has influenced the way organisations work, with the bringing together of experts and professionals leading to better working relationships and outcomes. The original challenges noted were that services were not designed around individuals with a focus on single issues. The work done by the MCN programme was reported to result in improved service coordination and better working because of the case management.

Aside from the previously mentioned successes of STEPS and Experts by Experience working with professionals, other areas of success included attention to complexity, engaging people outside of the system, creating conversations to flex the system and a reported reduction in reoffending.

Challenges

It was noted the difficulties of improving outcomes through available resources and engagement of individuals. The challenge of available capacity (referencing both the coordinator and funding) meant there was a reliance on individuals going the extra mile reported. Additional barriers included inconsistent leadership, systems wide housing barriers and engaging new individuals with MCN.

5. Future direction

Whilst the MCN project was largely positively reported on, concerns for the future direction were expressed, particularly in regards to the complexity of needs, and specifically maintaining the involvement of all parties required to meet the needs of those with MCN. Explicit consideration of housing was mentioned, with comments made on the importance of expanding housing options and continuing to engage with the existing and developing providers.

Future points identified to consider included:

- Other organisations
 - Engage sexual health
 - Link to police and crime structures
 - Dovetail into housing
 - Expand out from voluntary sector to include involvement from mental health and social care
- Exploration of the customer journey
- Sustaining STEPs

- Developing an Action Plan
- Not sidelining the work of multiple complex needs with the implementation of Housing First
- Embedding multiple complex needs thinking in more panels
- Integrating the work into mainstream Council strategies (e.g. homelessness, drugs and alcohol)
- Refresh the vulnerable persons forum (e.g. multiple disadvantage forum and case management)

6. How these findings fit with the current context

The work done for this report was towards the end of 2018 and beginning of 2019. Since then (as of June 2019), there have been a number of strategic and operational changes that have taken place in the council which will go some way to address some of the points raised in this evaluation. This includes a review of the vulnerable persons forum and additional funding secured to support the homeless, including a rough sleeper co-ordinator and navigator. Work has been done to get representation from services outside of the voluntary sector and to dovetail into Housing. The Strategic Housing Board has been established and is chaired by the Chief Executive, where Housing and Homelessness is considered from a City Council perspective and the strategy is set and supported by the Housing and Homelessness Operational Group. Delivery of Housing First is now being overseen by the Housing Commissioner and Head of Housing, with support as required provided by Public Health and reporting into the Strategic Housing Board.

References

- ACEs: <https://www.aces.me.uk/in-england/>

- Coventry Health & Wellbeing Strategy

http://www.coventry.gov.uk/info/190/health_and_wellbeing/2864/coventry_health_and_wellbeing_strategy/4

- Hard Edges: Mapping Severe and Multiple Disadvantage in England (2015) Bramley, G; Fitzpatrick, S; Edwards, J; Ford, D.; Johnsen, S; Sosenko, F & Watkins, D.

- Multiple Disadvantage: Understanding the Whole Family

<https://lankellychase.org.uk/multiple-disadvantage-understanding-the-whole-family/>

- One Coventry

http://www.coventry.gov.uk/info/10/performance/2089/council_plan

- West Midlands Combined Authority

<https://www.wmca.org.uk/what-we-do/public-service-reform/radical-prevention/>

<https://www.wmca.org.uk/media/1419/uob-mental-health-in-the-wmca-report.pdf>