

System P Complex Lives Household Analysis and Assets Workshop

10 November 2022



Summary Document

Introduction to the session:

An amazing 80 people joined the System P team on the 10th November to discuss the Complex Lives cohort, which follows previous data-led sessions and also the Co-production & Engagement Session in October.

Our objectives:

- Review the Cheshire & Merseyside example Household Analysis for Complex Lives. Work through the content of the document so that people can go away and interpret their own place analysis
- Explore how household utilisation opens up new opportunities for more integrated and family-based care
- Discuss issues that may affect the VCFSE sector which across our places including the contractual context
- Discuss an example of cross sector working by reviewing the social prescriber/ system navigator roles and how these differ across places
- Explore solutions to strengthen joint working across health, care and the VCFSE sector for the Complex Lives cohort
- **Maximise the funding opportunity we have via System P to strengthen the mechanisms for joint working with a £80k investment fund!**

- Great progress has been made in terms of the data sharing agreements (DSA) since those initial Hackathons – meaning coverage is far more extensive across all places now. This means the outputs are much more valuable for the ICS
- We are one of the only ICS' of this size who has this type of intelligence, which presents a real opportunity to work differently in the way we design and provide integrated care and support.
- Thanks to colleagues in Cheshire for making such big improvements in recent weeks

DSAs now cover 96.8% of the C&M population!

Let's make the most of this together!



A futures NHS Collaboration Platform is set up where all documents are stored – <https://future.nhs.uk/CMSystemP/groupHome>. Please contact Nicola if you need help getting access nicola.pilling1@nhs.net

This summary document aims to capture the most pertinent points of discussion and comments that were made in the chat and on the polls, on the day. It should be read alongside the Household Analysis and VCFSE presentation.

Chair of the session

Professor Rowan Pritchard-Jones was appointed as Medical Director to the Cheshire and Mersey ICS in July 2022. He is a plastic reconstructive surgeon and University academic with a special interest in skin cancer and reconstruction.

He is committed to system wide improvements for our patients and determined to break down the silos of working that have been a barrier to truly joined up healthcare across social, primary, secondary, and tertiary care.

He is a committed collaborator with a passion for innovative solutions in a post-pandemic NHS, as such we were very fortunate to have him as chair of the session.



Background

System P is a Cheshire & Merseyside ICS funded programme, which commenced in September 2021. This initial phase will run through to the end of March 2023.

Background information on the System P programme can be found below, along with an additional video on the Complex Lives population segment:

- <https://www.strategy.unitwm.nhs.uk/system-p>
- <https://www.youtube.com/watch?v=N0tlKFpMliE>

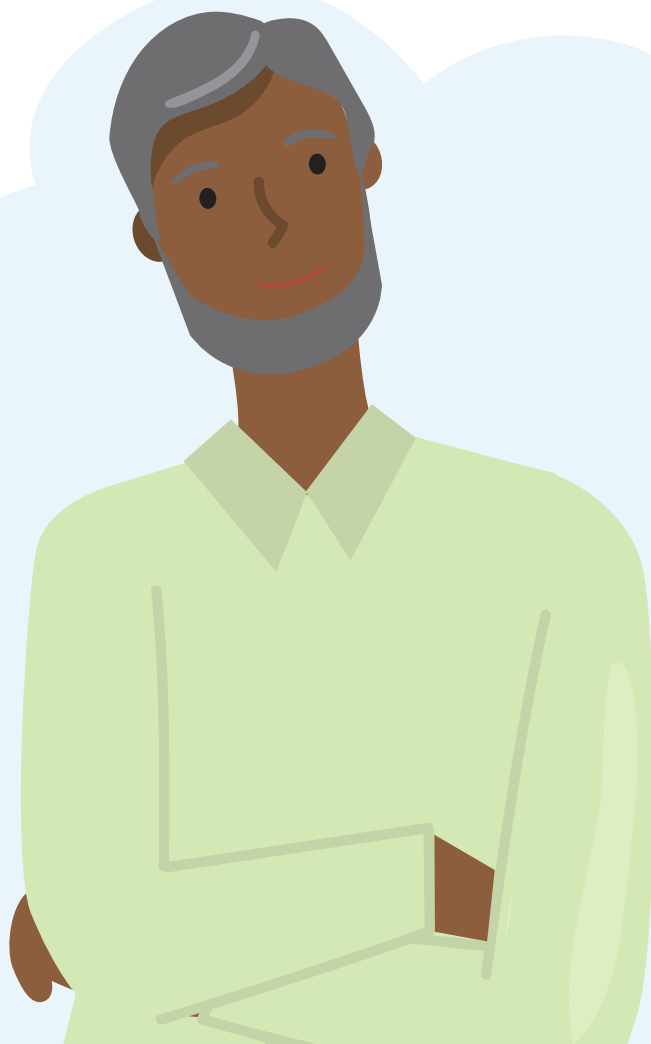
A quick reminder of what we mean by Complex Lives.

Those who may be living with mental health issues alongside physical health issues, substance misuse, high use of emergency care, care leavers, those who have experienced domestic abuse or the criminal justice system.

It includes children and adults individually, but it is important to consider the family context and life course approach too.

This cohort often has a distrust of public services and the standard service offer from health and care may fail to benefit them or address their needs effectively.

This is why we really need to think differently about what good looks like for this cohort, especially given the broader challenges in society and the issues facing health, care and the Voluntary Community Faith and Social Enterprise Sector (VCFSE) sector.



Part 1

Complex Household Analysis

In the first part of the agenda, Professor Ben Barr from the University of Liverpool talked us through the example Household Analysis for Cheshire & Merseyside.

Ben and his team are a key partner in System P and have a wealth of expertise on evaluating the health inequalities impact of local and national social, welfare, economic and health policies.

All Place Analysis for Complex Households is available on the System P NHS Futures – please access your own place, along with other areas you might be interested in viewing!



Live Poll

Would systems be interested in flowing in their children's social care data for this project?

98% - Yes

What do you see as the potential benefits of being able to link children's data routinely for this kind of work?

- Less duplication
- Opportunity for more precise identification of need and earlier intervention
- Ability to accurately predict future needs and requirements
- Understand unmet need and if any children are being missed by key services
- We need to break the cycle and hence intervening with children in a precise way is hugely valuable
- Opportunity to target a prevention interventions / programmes
- The relationship with neurodevelopmental and autism need / service use is something that I'm particularly interested to see.

Education

20%

Housing

30%

VCFSE Sector

27%

Other

23%

Which other data source would you like to see included within the scope of the Complex Household analysis as a priority?

Live Poll

- Domestic abuse data
- Dental care data (both primary and secondary care) Tooth extractions under general anaesthesia is the main reason for hospital admissions for children aged 6-10-year-olds.
- Children's social care data for me is the priority
- It would be beneficial to see complex data for household where there is a dementia diagnosis and other comorbidities for both the person with the diagnosis and the carer
- Children's social care, VCFSE, housing and education. First thing is children's social care for me
- All including children's social care and domestic violence.
- All including Domestic Abuse and Children's social care
- We need to work towards solutions alongside describing the problems. Also, would be great to have some insight from families and some co-design?

Live
Poll

Are you already doing work which responds to the multifactorial issues highlighted by this data? (e.g. parental mental health and poverty alleviation, targeted mental health support in teenage girls living with certain risk factors?)

59% - Yes
41% - No

Local examples of best practice and evidence shared during the meeting:

- Development of a targeted service to provide dental care for people experiencing homelessness. A different programme is targeted prevention and dental care for patients with diabetes, dementia, risk of osteonecrosis of the jaw, etc
- We spoke to over 1300 residents from Warrington regarding CYP Mental health and wellbeing during the pandemic, Young people, Parents, GPs and professionals: <https://www.healthwatchwarrington.co.uk/report/2022-08-30/cyp-mental-wellbeing-experiences-through-covid-pandemic-report>
- 'Building Bridges' programme in St Helens has the drugs and alcohol service working alongside children's social care to respond to whole families affected by alcohol and drugs. We also have a multi-agency Complex Lives weekly MDT
- The IAPT service is working with St Helens college to deliver a course to all students to help them with their emotional health and well-being and identify and offer a service to those who need additional support
- Knowsley Young minds has targeted young females due to the increased level attending A+E due to self-injurious behaviour. Root cause in this project has so far identified social media - low self-esteem and lack of self-worth as a major influence with young females comparing themselves with others with unrealistic expectations. Other factors contribute in addition, like drug misuse as coping mechanisms but from our evidence this is significant
- Lots of work in my local area with public health, schools, police etc around solutions. Pre covid, Edge Hill students were due to volunteer at the centre but sadly the pandemic prevented this happening
- Liverpool also doing lots of good partnership work around Resilient Families
- The Juno children's residential social care development and Housing First could for example provide a platform for fundamentally different ways of providing support to people and families with complex needs
- Better Minds Brighter future is a program for 5- to 10-year-olds that uses EMDR principles that teaches grounding techniques
- The NHS digital survey (which won't be affected by service access) finds almost one in four girls aged between 17 and 19 (25%) had a probable mental health condition in 2021, almost doubling from about one in seven (13%) in 2017. For boys in the same age group, there was no statistically significant change.

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england>

Our aspiration should be to identify a small number of key actions, informed by co-production, that respond to modifiable risk factors



How could this type of analysis be used to better target and join up support for households with complex needs?

- Co-ordination and continuity of care: Trusted professionals co-ordinating care, sharing information and avoiding 'gaps' at transition points, avoiding duplication and repetition
- Family based support is something to explore further or build upon where its already in practice
- Focus on better support for teenage girls - the environment/setting being something to consider doing differently
- To free up staff to be able to work directly with families and individuals rather than spend such a high proportion of their time servicing our systems

"A key question is how bold the whole system across Merseyside and Cheshire and individual LA's are prepared to be respond to this deepened understanding? Really radical thinking or just what is manageable in the bounds of organisational sovereignty?"

What current interventions and approaches targeting families with complex needs would it be useful to evaluate?

- What the role is of community assets and supporting these rather than more 'service offers' - were should our focus be/were should we spend our money?
- Looking at how we can map Mental Health Support Teams in schools in lowest quintile as deprivation is one thing to consider when making decisions regarding schools
- The Third Sector outcomes are not collated effectively and efficiently to show true representation within local communities
- Waiting lists for accessing Mental Health Services and getting an accurate diagnosis
- We need to triangulate this further with suicides as men will not ask for help or access the same kind of help as women do - would be helpful to compare
- Remain alert to tackling inequalities in access and outcome
- Housing First and Team Around Me models are a good place to start to explore solutions
- Local authority work related to Family Hubs work could also be used. lots of overlaps with those with complex lives
- GP access for under 16s due to practical barriers and issues around sharing personal information
- Most un-commissioned services have no pathway to deliver their outcomes which would be helpful, so a fuller picture could be captured on the complexities within communities.

Humanity and relationships

Placing humanity at the heart of services and prioritizing the building of trusting and supportive relationships through listening

Power

Lack of power for service users, having to fight for rights, feeling powerless in an inflexible system

Strength and assets

Celebrating talents and strengths (we are more than a label); services delivered with the individual at the centre

Change

We will need to change what we measure and by implication value if we are going to tackle this (get rid of the process data and focus on impact/improvement towards person-centred outcomes)



Part 2

Collaboration with the VCFSE Sector for Complex Households

We covered a lot of content at the last workshop, which highlighted the importance of up-stream and community-based support – non-medicalised, peer support, led by the communities that people in Complex Lives are part of. The second part of the agenda built upon that progress.

Alison Cullen has worked in Warrington's Voluntary and Community Sector for 24 years, of which the last 12 years have been at Warrington Voluntary Action as the Chief Executive Officer. Racheal Jones MBA has worked in the voluntary sector for 20 years leading One Knowsley (formerly Knowsley CVS) for 5 years as CEO, transforming the role of VCFSE within public sector partnerships within the locality.

Rachael leads this for the Liverpool City Region via the VS6 and Alison does this for Cheshire via the Cheshire & Warrington Infrastructure partnership.

Ruth Waldron Contracts Manager in the ICS also contributed to this part of the agenda, as she has a considerable expertise in health contracting with the VCFSE sector.

Through a secondment arrangement, Rachel and Alison both provide system leadership to ensure the role and contribution of VCFSE within the NHS transformation agenda.



Live
Poll

Do you have more than one role where you work within both the VCFSE sector and health or care? (e.g. you might be employed in health but volunteer for a charity or perhaps have paid employment in both sectors?)

39% - Yes
61% - No

- I am a trustee of a charity as well as working in NHS
- As well as being the medical director, myself and 8 friends bring music into communities supporting mental health in older men through community singing.

Great fun! Viral video of us singing in a small local pub with locals now watched 7 million times
- I started the centre as therapy for my depressive illness, best thing I ever did
- Apart from my day job as a project support officer for the ICB I do voluntary work for Diabetes UK with a big area of support associated with the MH impact of this long-term condition which is my experience people do not openly talk about
- I am a trustee for Cheshire Young Carers and work in the NHS
- I was a trustee for a heart screening charity doing heart screening for 15–35-year-olds at risk of sudden cardiac death. We delivered screening events across C&M. Early detection / reassurance for nothing identified.

VCFSE sector is also aligned to certain conditions or issues so lots of opportunity for more collaboration to support Complex Families



Reduction in funding is likely to affect the Complex Lives cohort more than other parts of our community

Have you been involved in testing new contractual / integrated provider models across health / care / VCFSE which could be a good source of learning?

26% - Yes
74% - No

Live Poll

Do you have a better understanding of the governance and how to tap in to these channels now?

64% - Yes
36% - No

- I think we need clear routes from pilot to evaluation to wider roll-out and commissioning. We're good at trying things with the VCFSE sector when we have pots of money, but we don't always turn it into sustainable action
- I did some work a few years ago to commission the Stroke Association as a fundamental part of the stroke pathway - but not collaboration at scale around a population segment.



Live Poll

Do you have an understanding of the issues, challenges and opportunities facing those VCFSE organisations who are most aligned to the Complex Lives cohort in your local area?

22% - Yes
57% - Somewhat
22% - No

Issues

- Changes in commissioning and ambiguity around the future of funding arrangements makes it difficult for VCFSE organisations, large and small, to plan where long-term services would be more beneficial both from a quality point of view and economically.

Looking forward to seeing everything becoming clearer as we move into the new year

- Smaller providers are almost ignored, it is a struggle despite the great services we provide.

Contracts are complicated for us.

- Are we talking about contracts or grants - they are or should be very different things with grants supporting the sectors own ambitions and services.

Many hospices are granted not contracted. If we do go for contracts need to be imaginative about what we contract for and not the usual NHS activity contracts, contract for learning/ impact/improvement/ and adding value to people's lives

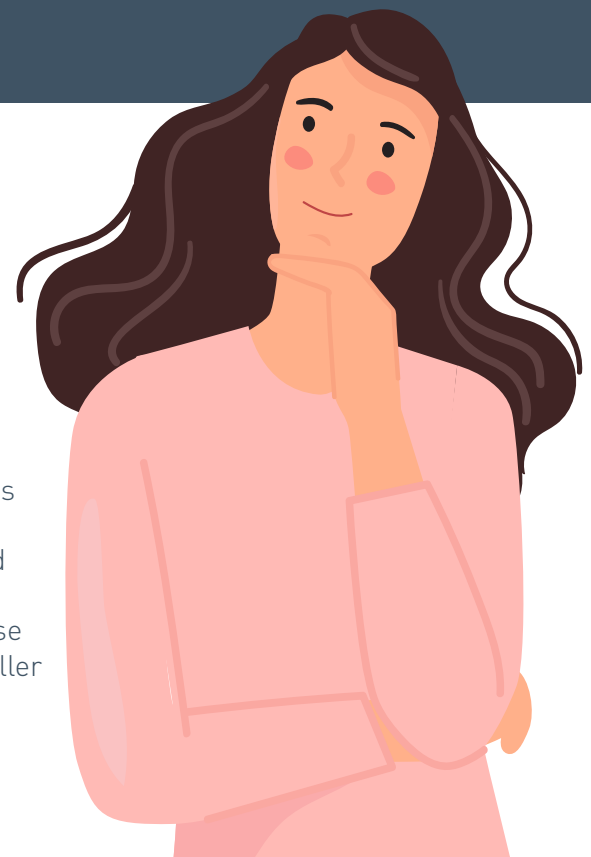
- I think there is the same issue with procurement - local small businesses probably need more support to be able to bid for work from the public sector
- We must be very careful contracting VCSFE organisations on a regional level as it can at times be at the detriment of smaller local organisations who can't deliver at the wider scale, but nonetheless know are trusted by their communities

Opportunities

- ICB Social Value Charter should be a key driver for integration and partnership working at scale
- Improve, where appropriate, for the VCFSE access to electronic health records / patient / persons information
- A fundamental question is whether we are talking about creating a bigger margin within which the VCSFE sector operate with greater scale, stability and value (all welcome), but where the juggernauts of mainstream

public services keep on trucking as they were, or something more radical than that?

- I agree that sharing things on wider footprints is great but some of our organisations are supporting people in one Ward or area in one town and we need to make sure we're supporting that local expertise and taking advantage of smaller providers who can be really nimble as circumstances change or crises occur.



Local examples of best practice and evidence shared during the meeting:

- In One Knowsley we work closely with the VCFSE orgs to facilitate the connection between VCFSE and Primary Care. Majority of people being referred to Social Prescribing meet criteria for complex household.

We gather intelligence on local need and encourage collaboration between NHS and VCFSE to develop new services locally. This is mostly via small grant work at present but needed on a larger more sustainable scale in order to have full impact

- We've been commissioned by the local Mental Health Trust to offer local Crisis Cafes - an out of hours, non-clinical alternative to attending A+E for people in mental health crisis - developing close links with local A+E departments - the cafes have achieved some fantastic outcomes for people
- Home-Start Knowsley have provided tailored home visiting support to families, emotional and practical support, hardship assistance, perinatal sessions, mindfulness sessions and counselling to both adults and children

- We are currently building a new practice in Wirral (Marine Lake) and as part of a process have donated space to Age UK Wirral as opposed to use for commercial purpose i.e. cafe with an aim to integrate the voluntary sector with community services and the GP practice.

Currently still in the building process of which we are doing and developing with Age UK and local schools and residents

Next steps

System P Collaboration with the VCSFE Sector

Up to £80k available across all C&M places to help address some of the issues and challenges we have raised today. The application/ideas development process is being supported by Alison and Rachael and will also be agreed by the System P team.

Please contact
Racheal.Jones@
OneKnowsley.org
or
alison@
warringtonva.org.uk

Aims of the investment fund:

1. To reduce fragmentation and duplication within the VCFSE market for Complex Lives and also with health and care service provision
2. To develop better intelligence which shows how services wrap around families – more visibility around provision
3. Create better insight and shared ownership of the issues facing the VCSE sector so that these can be better understood and owned by all partners



final thoughts

“Ben’s presentation was asking us to think about

a) what we do now, why we do it that way and whether it meets the challenge of the data and real lives behind it and I think

b) what would a whole system model look like that blended comfortable, safe, stable homes, physical and mental health support, family income and education/ skills for the families in or at risk of being in the complex lives cohort.

That’s thinkable and doable with a will.”