

THE VALUE AND IMPACT OF NOTTINGHAM'S WRAP AROUND MULTI DISCIPLINARY TEAM

SUMMARY

September 2023

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Funded by:



Department for Levelling Up,
Housing & Communities

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THE WRAP AROUND MDT IN NOTTINGHAM

The Nottingham City wrap around multi-disciplinary team (WAMDT) is a multi-agency forum set up to support people with a high level of unmet need who would benefit from a multi-agency approach. It consists of a fortnightly meeting which discusses a person's individual circumstances to provide an integrated, person-centred and interdisciplinary response. The following report is a summary of an extensive evaluation, involving interviews with participants of the WAMDT, those who chair and co-ordinate it, and people in strategic positions who are responsible for setting up and sustaining the WAMDT. The full, thorough evaluation report can be found [here](#).

CORE PARTICIPANTS AND ATTENDANCE

The WAMDT consists of a core group, regular participants, and occasional attendees who only attend when they have referred a case to the panel. The core participating agencies in 2023 were: specialist practitioners embedded by Changing Futures in Primary Care (Parliament Street GP practice), Nottingham Probation, Local Mental Health Teams (LMHT), Adult Social Care and Housing Aid. These five embedded practitioners are joined by representatives from Juno Women's Aid, Homeless Health Team, Homeless Mental Health Team, Emmanuel House, Street Outreach, The Rough Sleeper Drug and Alcohol Treatment Team, The Friary Drop in, and a Clinical Psychologist from Framework. The WAMDT meetings are chaired, facilitated and co-ordinated by members of Changing Futures Nottingham core service, making the total number of core participants in 2022-2023 fifteen. An additional eleven organisations attended at least 2 meetings in 2022.

WHO GETS REFERRED INTO THE WAMDT?

People can be referred into the WAMDT by any professional, or they can self-refer. In order to determine whether someone will be discussed at the WAMDT new referrals are triaged by identifying unmet needs which would justify a multi-agency response. The WAMDT will discuss people experiencing severe and multiple disadvantage (SMD) and those who experience acute needs in just a couple of specific areas.

ATTENDING WAMDT MEETINGS

To keep the meetings focused, the WAMDT team gathers information on the main areas of need for those referred ahead of time. In each WAMDT meeting, four to five cases are discussed. The chair calls on different people in the meeting whose responses help the team to develop the care plan, focusing on sticking points and the most pressing issues. Actions are developed which are communicated to the relevant services and tracked by the WAMDT Co-ordinator. For the most complex cases, conversations are followed up outside of the WAMDT meetings. There are usually about 15-17 cases open at any given time, most of them are being worked on behind the scenes.

SUSTAINING THE WAMDT

The WAMDT developed in its current form because services attending found it valuable. A large part of this is because it is “action-focused”. Actions are doable, smart, and there is collective accountability for actions to be completed. There is also a sense of ownership for participating agencies; they are involved in shaping the WAMDT through a partnership workstream. Some services have made the WAMDT part of their remit, which means that the time to attend the meeting is protected and that there are processes in place to make sure a representative can attend.

THE THREEFOLD IMPACT OF THE WRAP AROUND MDT

1. IMPACT ON SERVICES

The WAMDT has had positive impact on participating services on several levels:

LEARNING AND COMMUNICATION

Participants offer knowledge in their area of expertise, as well as learning from other professionals about their field of expertise. This communication between services allows for a more joined-up, flexible and creative approach to benefit the individual referred. This includes sharing of experiences and risks relating to the individual, creating a wider picture outside of someone’s engagement with a service, and encourages person-centred support.

INNOVATIVE WAYS OF WORKING

Participants of the WAMDT take a different approach to “business as usual” when creating plans of wrap around support for beneficiaries. By being person-centred the WAMDT offers more thoughtful response, considering the person’s perspective and what they want, which leads to better outcomes. In line with trauma-informed and person-centred approaches, different ways of working with somebody are tried, including giving people more time, finding creative solutions, and challenging certain decisions.

The WAMDT has also successfully encouraged flexibility within certain services, allowing for service provision to be done in a slightly unorthodox way based on someone having a specific need.

A NETWORK OF PROFESSIONALS

The WAMDT is essentially a network of professionals across voluntary and statutory sector organisations. This connectivity is highly valuable; increased communication and cooperation between services provides more effective support and prompt responses which often builds trust with people seeking help. Similarly, the ability to share information means that beneficiary’s needs are more efficiently picked up by appropriate services, reducing time and effort for the professionals involved. These networks are beneficial outside of the WAMDT; professionals are now liaising with each other directly about cases that are not referred to the WAMDT, to improve the care of others on their caseload.

2. IMPACT ON PEOPLE WHO USE SERVICES

The WAMDT has had an impact on the experience of people who access services in the following ways:

REDUCING BARRIERS AND FACILITATING ENGAGEMENT

The WAMDT has been successful in reducing specific barriers to support that some referrals experienced. This has been achieved through open communication, shared knowledge of an individual's values, needs and situation, and advocacy. Examples include establishing a referral's local connection and eligibility for a service, assessing an individual's mental health needs over a longer period of time to pass on to local mental health teams who had previously not found the individual eligible for support, and facilitating GPs going to meet people in the community to assess their physical health needs when attending the surgery is a problem for them.

FOSTERING SUSTAINABLE ENGAGEMENT

A person's journey is typically not linear; each small step is important in someone's recovery. Negative changes in their life cannot always be prevented, but consistent engagement with services can help people stabilise again. The WAMDT focuses on promoting a person's recovery and sustaining engagement by:

- Ensuring that people are not signed off, despite missed appointments.
- Reaching out and investigating why someone is not engaging.
- Carefully co-ordinating a timetable of care so not to overwhelm an individual and to give them the best chance of engaging.
- Coordinating and integrating support rather than putting people through multiple assessments.

ADDRESSING SYSTEMIC BARRIERS

The WAMDT is the best place to refer someone to if "the case is complex and lots of different things have been tried, and nobody's really getting anywhere". Through encouraging person-centred trauma informed care and flexing guidelines and service requirements, the WAMDT has been able to address some of the systemic barriers that were impeding individuals from accessing services.

3. IMPACT ON OTHER PARTNERSHIP FORUMS

It is important that the WAMDT works with other Nottingham City partnership forums such as MARAC, Rough Sleeper Task Group, Complex Persons Panel and SERAC, rather than in isolation. The WAMDT increased cooperation among different partnership forums in the city by creating links and establishing boundaries between similar multi-agency meetings. Open communication between the WAMDT and other partnership forums avoids duplication and ensures only the most appropriate partnership forums to respond to the people they are trying to support.

THE WAMDT AND SYSTEM-CHANGE

The WAMDT is part of a system-wide development in Nottingham. When change and commitment to partnership working is driven by individual people, it can be easily dropped off the agenda. The inclusion of SMD as one of four key priorities in Nottingham City's Place-Based Partnership's Joint Health and Wellbeing Strategy for Nottingham City (April 2022 – March 2025) meant that the WAMDT remained a firm part of strategic plans.

The joint ownership of the WAMDT by the SMD partnership (a group that developed out of the “everyone in” response to COVID-19 and who came together to develop the WAMDT following the positive results of wrap around multi-disciplinary care used) has enhanced accountability and willingness for system change. The exchange among members of the SMD partnership, and the learning generated from the WAMDT, has had an impact on how services across the city approach supporting people experiencing SMD. New initiatives have developed from the SMD partnership and alongside the WAMDT, such as respiratory clinics, dental drop-in services, and a homeless mental health team.

CHALLENGES THAT REMAIN

SYSTEMIC BARRIERS

Systemic barriers continue to impede the way the WAMDT or attending services can operate. Barriers identified included inflexible eligibility criteria, lack of funding and resources, inflexible budgets, few options for people with no recourse to public funding, limitations relating to immigration status, and inflexibility or lack of capacity within participating services for staff to act on actions set.

“We want entire teams, entire services to be running in a way that don't exclude people, that are trauma- informed, psychologically-informed, that are doing all of this good stuff, it needs to be across the board as opposed to little pockets of good practice”.

When people are unable to access the support that they need because of systemic barriers, the WAMDT currently responds by encouraging system flex or escalating cases to those at a senior or strategic level. The WAMDT team log issues that the WAMDT has not been able to directly resolve to identify reoccurring barriers for people experiencing multiple disadvantage in Nottingham City, and how they may be resolved in the future.

ATTENDANCE

The WAMDT is reliant on core participants consistently attending the meetings. However, some core services do not attend regularly. In 2022 eight out of fifteen (54%) core participants attended less than 50% of WAMDT meetings. Limited attendance makes it more difficult to share accurate and reliable information which can only be accessed by certain services, and coordinate a plan and actions from that. Staffing pressure and time constraints were identified as reasons

for low attendance from some participants. Lack of cover from services when the nominated person was unable to attend also caused a reduction in attendance.

REPRESENTATION

In order to be effective, it is important to have representatives from all relevant services attending the WAMDT meetings. Generally, participant interviewees felt like key services were represented in the WAMDT. Some participants would like more input from community substance misuse and homelessness organisations, services with more insights into the legal, immigration and justice systems, crisis teams, and mental health hospital inpatient teams. Others mentioned that they would like to see more services specialised in asylum seeking processes, more clinical people, and services that can facilitate neurodivergence assessments.

CONSENT

Some people are referred to the WAMDT without their consent, or they refuse the support that is offered. This is a challenge because the WAMDT is not a safeguarding forum, and the legal basis for sharing information is consent. Without consent, the WAMDT cannot offer any support to the individual if they have capacity to consent, despite them being in dire need of help. This is often difficult for referrers to understand, particularly when a multi-agency response to the person's need would be of great benefit to them, and when they see safeguarding forums discussing people without needing to gain consent.

FEEDBACK AND EFFICIENCY

Some interviewees mentioned limited awareness of outcomes and called for greater transparency in this regard. To overcome this, the WAMDT is currently working on setting up feedback loops to present outcomes and flag barriers and issues, which will be escalated to SMD Partnership meetings and the Changing Futures Nottingham board.

Some participants felt that the WAMDT meetings needed to be more efficient, whereas others reported that they would appreciate a slower pace and more time for reflection. Some also held the impression of a hierarchy of services, where some participants' opinions were more valued than others. This demonstrates the acute challenges of chairing a multi-agency meeting, and bringing together people from different backgrounds with different priorities and working styles. With the support of a clinical psychologist the WAMDT chair strives to foster a productive and inclusive space for all participants.

The introduction of the new navigator role in the WAMDT has improved the efficiency of the meetings and increased the capacity of the WAMDT team. For instance, the navigator can assess cases to determine whether they warrant the involvement of the WAMDT, which allows the team to focus only on cases that require multi-agency support. The navigator is also able to "bridge the gap" when there are actions that do not fit the remit of any of the participants.

AWARENESS OF THE WAMDT AND REFERRALS

There is still limited awareness of the WAMDT among services in Nottingham. To raise more awareness among frontline services, participants suggested creating promotional materials such as leaflets, mini brochures, or quarterly updates. These materials would provide information about the WAMDT, its purpose, and how to refer cases. An online presence and consistent branding would also be advantageous.

ESCALATING CASES AND IMPACT ON STRATEGIC LEVEL

The effectiveness of the WAMDT largely depends on active participation and follow-through of participating agencies. However, the reach of many of the WAMDT participants, which are often frontline and operational, is limited. While they can consult with and feedback to their managers, they may not have access to senior decision-makers who have the authority to implement more systemic changes. This is important when the WAMDT encounters a blockage to an individual's care that cannot be resolved.

There is a desire for a structured process to feed information from the WAMDT back to people in decision-making positions to drive systemic improvements. The WAMDT is developing an escalation route when cases are not progressing as they should. This would require having people at senior levels who can assess whether all possible interventions have been tried and push for more effective change in certain cases or services when needed.

CONCLUSION & WAY FORWARD

The Nottingham City Wrap Around MDT offers expert, coordinated wrap-around support that overcomes the complexity of service provision, and facilitates engagement across different voluntary and statutory services. The driving force behind the WAMDT's continued success is the motivation and commitment of its team members and core participants.

The impact of the WAMDT we observed can be summarised in three key areas:

1. The WAMDT actively works to reduce barriers that hinder engagement with housing, health, and social care services. It serves as a valuable platform for responding to complex cases that have not made progress through traditional service pathways. It helps connect individuals who have been excluded from various services, or face difficulties navigating them due to their multiple and complex needs, with the support they want and need.
2. The WAMDT supports its members to recognise barriers and blockages within the system. This includes breaking down siloed working practices and deepening knowledge and understanding, leading to more effective care. The WAMDT engages in reflective practice, reviewing complex cases and seeking creative solutions. Increased communication and information-sharing among services have contributed to prompt and safer engagement with people, ensuring a continuity of care.
3. The WAMDT impacted partnership working in Nottingham. Attending services and those who have been involved in developing and organisation the WAMDT hope that it moves

beyond a case conferencing tool for individuals. There have been several positive developments that have led to system-wide change and hence better outcomes and experience of services for people experiencing SMD.

In the context of a housing and cost of living crisis, as well as record numbers of people seeking homelessness support and rough sleepers, the complexity and number of cases referred to the WAMDT is increasing. While this heightened demand reflects increased awareness of the WAMDT and its utilisation, the WAMDT is stretched thin and will struggle to meet the rising demand. There is a need to expand and create additional capacity for the current WAMDT team.

Certain cases, particularly cases that are the most complex, are still met by systemic barriers and blockages. This emphasises the importance of the WAMDT's integration into key strategies and commissioning processes to expand its remit and empower it to address systematic barriers more effectively. In the future, the WAMDT needs to bring these barriers to the attention of people who are in decision making positions who can implement system-wide changes. One proposal is a learning and implementation group responsible for collecting case studies of systemic issues and barriers, showcasing how the WAMDT has helped to address them, and highlighting inefficiency and blockages in the system.

RECOMMENDATIONS FOR SUCCESSFUL MULTI-AGENCY PARTNERSHIPS TO FACILITATE SYSTEM CHANGE

1. **Collaborative working:** bringing together different services across sectors to gain a better understanding of each other's roles and responsibilities.
 - a. Foster open communication between services and professionals to engage constructively with each other and support integrated working.
 - b. Increase awareness of available services for people with SMD.
 - c. Seek guidance from the council and the Information Commissioner's Office to invoke 'public task' where there is a safeguarding concern, akin to other safeguarding forums.
 - d. Establish protocols for data sharing and information sharing in place to increase efficiency of resources and minimise duplication.
 - e. Explore different and creative avenues to support and what is needed for services to overcome barriers.
 - f. Provide clear and feasible action plans for services.
2. **Diversity**
 - a. Involve a broad range of agencies within multi-agency teams to ensure the inclusion of different dimensions and perspectives.
 - b. Ensure diverse representation of participants, including specialist services for women, different ethnic minority groups and people with disabilities.
3. **Incorporate learning and feedback** from different agencies to render services more accessible for people experiencing multiple disadvantage.

- a. Facilitate learning from previous attempts and known barriers to avoid repeating the same mistakes and reduce harm.
 - b. Improve communication to facilitate system-flex when supporting people experiencing or at risk of SMD, as well as understanding and working towards overcoming barriers to system-flex.
 - c. Expand the scope for preventive care approaches.

4. **Awareness raising and reflective practice:** share good practice and highlight systemic and operational barriers and blockages
 - a. Promote the development of holistic and personalised care while considering time constraints faced by agencies.
 - b. Acknowledge that people's engagement is not always linear and may be impacted by trauma, brain injury, disability, or other factors. Promote a trauma-informed approach about achieving "right" outcomes, while reflecting on and addressing stereotypes and biases.

5. **Creating a strategic plan to respond to SMD,** which involves people in senior and commissioning positions to create a supportive infrastructure. While MDTs often benefit from the drive of a few individuals, having people in strategic positions involved helps to overcome blockages in services and reduces systematic barriers.
 - a. Build capacity within services to engage, ensuring the continuity of the WAMDT.
 - b. Ensure the Local Authority's active participation.

6. **Persistence**
 - a. Acknowledge the importance of gradual and often small changes in overcoming rigid and siloed practices.
 - b. Be realistic, informed and transparent regarding the support services can offer
 - c. Learn from experience and prioritize actionable steps that can effect change, rather than fixating on systemic barriers that may be challenging to completely overcome, such as funding constraints.