

**CCIN Member Authority:** Plymouth City Council

**Name of CCIN Lead Member:** Cllr Chris Penberthy

**Name and Job Title:** Rachel Silcock, Strategic Commissioning Manager

## **PLYMOUTH ALLIANCE**

### **1. The proposal**

The Plymouth Complex Needs Alliance was formed over five years ago from a group of local service providers working in the fields of homelessness, substance misuse, offending and mental health who recognised that the provision of fragmented services by over 20 organisations was not the best way to support people with these needs. An intensive and wider ranging consultation process led to the formation of a Complex Needs Systems Optimisation Group in which the partners worked collectively to improve the Complex Needs system. The outcome was the procurement of an Alliance in which there is now one contract with the Local Authority instead of over 20. Commissioners sit on the Alliance as partners with providers.

We know that many people using our services have experienced adverse childhood experiences and trauma. We will offer a flexible and creative, person centred approach to address a wide range of presenting needs by building on the individual's strengths and assets to effectively address the fluid complexity of needs. We currently have approximately 150 staff working in the complex needs system. Our **workforce development programme** will ensure a consistency of knowledge, ability and systems. This, combined with flexible and equitable access across the city, will enable us to balance demand for planned support with emergency support. This proposal aims to investigate the establishment of an accredited worker scheme as a way of driving innovation and delivering high quality services.

### **Proposed outcomes**

These were the proposed outcomes from the original bid:

- Set up knowledge and skills progression groups.
- Agree quality assurance standards and processes. There should be flexibility at an organisational level for how competency areas are met (e-learning, through single agency training) but must meet agreed competency standards.
- Finalise knowledge and skills framework and develop workforce training plans that enable us to see gaps / priority areas.
- Draft an initial training plan using existing resources in the system.
- Consider whether completion of all key modules can form basis of an 'accredited worker scheme' for staff.
- Consider overlap with Early Help Hub Workforce Development plan and Health and Well-being Hubs to maximise opportunities for sharing resources, joint commissioning and 'passporting' for Plymouth workforce.

### **2. Progress**

During 2020 the Alliance set up a Workforce Development Group chaired by the Chief Executive of Shekinah (a charity which supports homeless people). A generic job description has been agreed so that staff will be able to provide consistent, holistic and personalised

support to people in the Complex Needs system regardless of where they enter the system. The aim is to get rid of the 'labels' that are applied to people simply because they access a drug and alcohol or homelessness service.

Work has been carried out to develop a full competency framework and the Alliance has now rolled out a mandatory training programme for all staff. This has been developed by a PGCE Clinical Educator in the following areas:

#### Motivational Interviewing and Supporting Change Work

A two day course exploring why we change, why we don't, and how to help someone tip into 'health seeking behaviour'. A skills based course that looks at how you can intervene, and offers time for reflection on issues around change that we often find frustrating, with an emphasis on lowering stress as a professional and increasing an acceptance of the complexities of change work.

#### Drugs and Alcohol. Addiction? Treatment? Recovery?

A two day course that looks firstly at drugs and their effects. The course then moves to some of the different models of addiction / dependence / substance misuse, and how these different models change how we see humans that take drugs, and how we 'treat' them. It looks at the role trauma and attachment play in the relationship we have with drugs, and how they affect help seeking behaviour. It also looks at how we respond to the challenges often presented by traumatised service users and how we may help our services become an 'oasis' for people who are in pain. The course also explores some of the important evidence around 'recovery' and 'treatment' and what that means for services and us as professionals.

#### Promoting Good Mental Health and Recovery

A one day course that gives an overview of how to support the common mental health problems that our service users (and professionals) have, with lots of practical advice and interventions that promote good mental health like sleep hygiene, diet, mindfulness etc. This day also has a section on our local mental health system and what is available to service users who have become acutely unwell.

### **3. Outcomes**

To date we have had between 45 – 50 staff attend sessions and expect to train in excess of 150 by the end of the sessions (including external partners). All courses are followed up with relevant training materials, PowerPoint presentations and links to further reading to embed learning.

Measurement of impact of training will be following Reaction / Learning / Behaviour theory, with reaction and learning measured immediately pre and post training – and with behaviour (whether knowledge transformed practice) measured at three month follow up via email questionnaire and stored on a central register.

#### Group/Peer supervision

There has also been an offer of Supervision training for the complex lives system. This training focuses on both reflective learning cycles and provides (following our Trauma-Informed approach) a psychologically safe space for learning to manage the vicarious trauma that many staff are exposed to through their work. Staff not having access to supervision that focuses on the challenges of working with complexity may undermine our attempts at

providing a more trauma-responsive service. This issue is created if we expect the staff across the system to work differently. They could work out ways to not evict/not discharge/or generally have more compassion for service users who display challenging behaviour. Suppose we don't increase the emotional resilience of our staff. In that case, staff will arguably cope with the increased demands of the service users by working in a more defended manner (triggering rejection/abandonment in clients).

#### Trauma Informed training

In addition, due to the ambition for Plymouth to be a Trauma Informed City, and with a backlog in staff able to access the training, sessions were booked from February 2021 to offer staff Trauma Informed training. These are virtual with pre-course essential reading provided. It is an introductory level workshop aimed at raising awareness of key concepts and how we are developing trauma informed practice at a local level. We recognise that many staff working with a remit to support people who have experienced trauma will require enhanced training. We will be looking for feedback from managers and attendees about levels of need for enhanced training and working with the Trauma Informed Plymouth Network and local strategic boards to look at how we might commission next level training for our Plymouth workforce.

#### **4. Conclusions**

We have successfully created a shared workforce development plan which includes one job description, mandatory shared training for all staff, including a trauma-informed approach (Plymouth is leading the way in terms of embedding this approach) and consistent and high quality supervision. This has started the Alliance well on the way in its journey to create a Complex Needs System where there is 'no wrong front door' for the client and equity and consistency of approach. This in turn enables us to stop labelling people as 'homeless' or with 'substance misuse' just because of the way they access support, but creates a truly person centred approach for individuals.

The next steps will be to investigate whether or not the training can be accredited and to look at the context of wider service provision, for example with the Wellbeing and Early Years' hubs to maximise the skills of the Plymouth workforce as a whole.