



**Healthy London
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Integrating peer and lived experience roles into a Multidisciplinary team

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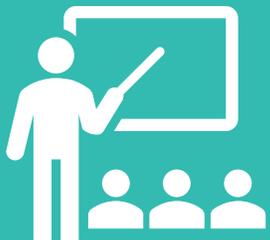
Community Mental health Framework – context and background



Implementing the Community Mental Health Framework involves building skills across the health and care workforce, developing new ways of working and creating new roles that complement the work of existing clinical teams.



It's important to note that the community transformation is being rolled out at a time when there is significant shortages in mental health workforce- particularly around clinical roles such as mental health nurses.



This means that thinking about how to make best use of the available workforce is an essential part of implementing the framework and relies on mental health specialists and others embracing new ways of working. Community Transformation early implementor sites have noted that they have spent a significant proportion of time working with people to help them appreciate the behavioural and cultural shifts that clinical staff would need to make.

What is multidisciplinary team working?



Multidisciplinary and multiagency working involves appropriately utilising knowledge, skills and best practice from multiple disciplines and across service provider boundaries to redefine, re-scope and reframe health and social care delivery issues, and to reach solutions based on an improved collective understanding of complex patient need(s) (NHS England 2015).



Multidisciplinary teams (MDTs) are **teams of professionals from different disciplines who work together to plan a patient's care** for example, primary, community, social care and mental-health services (Sheffield CCG 2018).

The NHS Five Year Forward View (NHSE 2014) highlights that the NHS will need to dissolve the traditional boundaries between primary care, community services and hospitals. This is understood as essential if the NHS is to provide the personalised, integrated and coordinated health services that people need. MDTs are considered to be an inevitable part of this change (NHSE 2015).



The content presented in this slide has been taken from a [published report](#) – for more information click on this link >>>



Integrating peer and lived experience roles into a MDT

Peer workers can help bring the client voice into a multidisciplinary team conversation



Giving authority and credibility to this role will be key to ensure that the client voice is heard and acted upon to aid a person-centred approach. These roles can bridge the gap between service users and clinical teams. They in a sense perform the roles of translators for the service users, because of that shared experience and understanding and this helps greatly to amplify the service user voice.

Good planning & working together with teams in the early stages of transformation is key



Good planning before a peer worker starts in their role and throughout will help the team consider the challenges that may arise. Having spaces for peer workers and clinical staff to come together to plan how a peer role fits into the team way of working will benefit future working.

Creating shared spaces to come together and better understand how peer roles will support MDT working



Creating spaces for peer workers and clinical roles to discuss how they contribute to a multidisciplinary team will help develop a better understanding of the peer role in community MH transformation.

VCSE joint working is key- understanding different roles & responsibilities will be key to success



Coming together to jointly develop the community offer will help strengthen a shared goal and patient outcomes however this requires a deeper understanding of the different offers and roles and responsibilities of statutory and non-statutory organisations.



Peer workers can help bring the client voice into a multidisciplinary team conversation



How can Peer workers support a wider MDT?

- ✓ The patient and Peer workers / LXP relationship is very different from that of a health care professional. LXP's are in a very unique position as they have these hybrid roles that has the potential to create a bridge between the patient and the clinician especially in MDT teams. They can help alleviate any feelings of mistrust and allow a person to open up through a shared understanding.
- ✓ Provide background information on clients to help the team to think differently about what it might mean for a person/ client to support them best
- ✓ Working as an MDT to have a shared understanding of supporting a person- "thinking about what's strong rather than what's wrong"
- ✓ Help change the dynamic between the service and the service user considering the language used, promoting recovery and having a person-centred approach



I am a part to the MDT Team which consist of Consultant Psychiatrists, of MH Nurses, of Occupational Therapists. My role, I work alongside them, and we deliver groups together and I feel that I am an equal member of that MDT Team, I also attend all the meetings, I provide background and information on the clients who come to us, and maybe offer a slightly different perspective than maybe other clinicians, but that's part of helping the person holistically

– Marie-France Mutti,- Lived Experience Practitioner, Oxleas



Key challenge

Some peer workers are not included into the wider MDT conversation by some clinical staff. This may be due to a misunderstanding of how the role can add value (see next slide for more information)



Enablers

- ✓ **Giving authority and credibility to this role will be key to ensure that the client voice is heard and acted upon**
- ✓ **Utilising the knowledge, skills and experience of lived experience and peer workers**
- ✓ **Ensuring that the PSW/ LXP is an equal member with other MDT colleagues for example being an integral part of conversations, attending the same meetings as the rest of the team, delivering groups together and being asked to provide information and background to support a service user**



Good planning & working together with teams in the early stages of transformation is key



Key challenge

Integrating peer roles is inconsistent in some areas or across London and can at times work in silo from the rest of the team.



Enablers

- ✓ **Good planning before a peer worker starts in their role and throughout will help the team consider the challenges that may arise.**
- ✓ **Team sessions and meetings to come together to consider the peer role and how it will integrate as part of the MDT will help to consider what the role is and how it work in a specific team.**
- ✓ **Having a space for peer workers to come together to share experiences and hear each others stories will support a peer worker in their role.**
- ✓ **Having a space where non clinical roles (such as peer workers) and clinical roles can listen to each other and value each others opinions can help continuity of information e.g so the patient does not have to repeat themselves.**



We meet straight away with the MDT that will be welcoming the new peer role and thinking what the roles is, how distinct it is from other roles to ensure that it maintains its uniqueness but also how it can really integrate within the working practices of that team....

We do these team preparation sessions which really looks about what the role is and how it can work in that specific team.

In terms of the recruitment, we work jointly with line managers from the start, we think about what the questions are that we are going to do at interview, we look at the shortlisting of applicants all together and work with them in terms of creating a job description that is also reflective of the needs of that team

– Francesca Lepori, Deputy Peer Support Lead, CNWL



Creating shared spaces to come together and better understand how peer roles will support MDT working



Key challenge

Misunderstanding of a peer role can exacerbate a feeling of undervalue in the role and how they can effectively support the community transformation work



Enablers

- ✓ **Setting up forums and meetings for both the peer workers to share their stories can help support the network of peer workers in the delivery of their role.**
- ✓ **Setting up forums and meetings for peer workers and clinical staff to come together to discuss and shape the role of the peer worker can strengthen the MDT.**
- ✓ **Local and regional networks can strengthen peer working in London. Regional networks can help share good practice across areas as well as create a sense of ‘family’.**



I think that there is a lot of misunderstanding about that and also working in with Multidisciplinary teams and the expectations to say for instance just using the photocopier or just doing menial tasks because the perception is of mental health that people who have been through that experience can't do much else

– Daniella Harnett, Peer Support Professional Lead, ELFT



We have a Thursday lunchtime meeting where we all get together and there is various information passed out, checking with the team lead, we have been allotted a 10 min slot so that each LXP has a turn to share their own history and what their skills, what they feel they can bring to the role

– Ray Lovell, Lived Experience Practitioner, Oxleas





VCSE joint working is key- understanding the different roles & responsibilities will be key to success



Key challenge

Different offers are being made between statutory and non statutory organisations. A better understanding of the roles and responsibilities is required to ensure that seamless care is provided and different expertise are utilised.



Enablers

- ✓ Good communication is needed for meaningful co-creation.
- ✓ Co-creation with VCSE is enhanced when NHS and VCSE organisations work together to develop the offer. For example CNWL have developed the **'Community Resilience Network'** have several joint VCSE initiatives including the peer mentoring service (VoiceAbility). The aim of the network is to support people to achieve resilience outcomes by making better use of VCSE services.
- ✓ VCSE involvement can support a person into community, moving away from NHS support towards recovery focused care in which a person is able to thrive.
- ✓ Alliance contracting arrangements that are flexible can help focus on the quality of care and help smaller third sector organisations operate on a more sustainable basis.



We have done several initiatives that have worked across voluntary sector and statutory sector boundaries and I think some of the challenges are around what are the responsibilities of the different workers involved, so if you are for instance stepping somebody down into more voluntary services and providing support for that journey, how easy is it to have statutory services, pick up some of the specialist support that might be needed and how you can communicate well across those differences so that in a way we can dip into the expertise that is available

– Cerdic Hall, , Manager of the Choice and Control Peer Coaching Service, C&I



We want to work incredibly closely, hand in glove with our VCSE colleagues, but we also acknowledge that there is often a very different offer being made one of the challenges is the important distinction and difference between what our Voluntary sector colleagues have to offer versus what in house or NHS statutory provider peer support has to offer

– Mel Ball, Trustwide Lived Experience Practitioner & Peer Support Lead, CNWL

