

Appendix 2 – HAART Steering Group Lessons Learned

HAART Recovery and Moving Forward

The Humanitarian Assistance Angus Response Team (HAART) is a team of people from Angus Council, Voluntary Action Angus, Angus Health and Social Care Partnership, Angus Alive, food banks, NHS Tayside, Community Planning and other partners who are ready to respond to requests for assistance from people in need during Covid-19 to meet needs including the need for food, fuel, social and emotional support, collection of medication/prescriptions, support for other family members and transport.

The team has actively encouraged people to access help and support at an early stage to ensure people are given the opportunity to feel listened to and supported and to access the community, volunteer and professional support that they need. The new team leads on efforts locally and coordinates the work that is required to help our most isolated and vulnerable residents. This includes a new website and phone number to help any isolated and vulnerable Angus residents get the support they need during the COVID-19 (Coronavirus) pandemic.

This humanitarian response team builds on existing partnership working across the county that is developing an 'Angus that actively cares' approach to support our most isolated and vulnerable people. In developing this model the intended outcomes have been to provide:

- A person centred approach which is responsive to need.
- Quicker responses to those in greatest need.
- A whole family approach to meeting need.
- A holistic approach and improved co-ordination of service responses.
- Enhanced partnership working.
- Engagement with and benefiting from increased volunteering.
- Increased awareness of each other's business.
- New positive working relationships.

We need to consider the future of the HAART and opportunities to develop and utilise the model during and beyond the recovery phase. There is the opportunity to do things differently and ensure a coordinated approach moving forward that retains the enhanced partnership working that HAART has encouraged.

In order to inform the way forward we would appreciate your views by answering the questions below.

Consider your own role and that of your service in design, implementation and delivery of HAART.

1. What difference have we made?

- Responded to people in need/crisis using a one route in approach. Alleviating initial concerns/issues as far as possible. Reduced stress and provided support. People feel valued and supported rather than alone and anxious.

- Shielding - System in place to identify people who are shielding, check their details against NHS and Local Authority, Third Sector agencies and ensure they are contacted by a person that knows them (if possible) or a staff member who is empathetic, solution focussed and prepared to offer direct assistance. The difference is that people have been encouraged and supported to access support; they have felt listened to and cared for and there has been a real effort to remove stigma from asking for support.
- Access to food and coordinated support – the multi-agency nature of the team has supported a focus on need and not on service boundaries and criteria. The collaboration between agencies due to co-location, regular and routine meetings which has enabled relationships to develop and acting in pursuit of a shared outcome has enabled staff to deliver the support needed. Access to volunteers on hand to deliver what is needed without a process of completing an application form, sending it off, waiting on a response has been invaluable. The actual delivery of the assessed need by volunteers and/or the staff has enabled people to eat, get medication, company etc quickly. The message has been personal and clear (the video gave a very positive message) and well promoted.
- Partnership working has been enhanced. It has seemed more seamless with everyone working together towards a common goal. This has made a difference to the people of Angus as they have experienced quicker responses to meet need and improved governance arrangements have enhanced protection and reduced risk. Decision making has been quicker than normal and procedural rules flexed or new processes devised to ensure governance and safety are still paramount but quicker decision making and action has been possible. Relationships with partners have been enhanced, a triaging system has meant a slicker approach to meeting need and a whole family approach has meant that this has felt less fragmented and more joined up than it sometimes does. Awareness of what we all do has increased through closer partnership working.
- From a standing start and with very little information initially we have developed the HAART in Angus which is supporting vulnerable people who are shielding and others who, for any reason, require support to get food, medicine, befriending, transport and a variety of other support arrangements. This is helping to ensure that people are protected from the virus, can isolate when required and have their basic needs met.
- The partnership approach has been a critical success factor as no one agency could have provided the level of support required for people in terms of accessing services, assessment of need, delivery of support, safe volunteering and reporting arrangements.
- Established new service to meet needs (demand) of our most vulnerable in communities, including those Shielding
- Established new cross service way of working to join up aspects of work focussed on a common purpose
- Co-ordinated our activity across partners to focus efforts on those identified as being in need

- Connected data sets that previously sat in isolation to identify focus for action.
- The ability for people to have a conversation with someone, not about a single issue or due to meeting a service-created criteria, but due to being in need. That need could have been as simple as wanting to talk and have reassurance to very complex need which covers a wide range of services and would normally require contact with numerous services to repeat the same information over and over, and which usually involved a waiting list rather than immediate access to having a conversation and reassurance that something would happen.

2. How do you know we have made a difference? What is the evidence?

- Outcomes – recording outcomes and successful conclusions with the crisis being met by appropriate actions. Some positive feedback from users.
- Shielding - Data for shielding shows numbers; feedback received from people making calls (not all captured) – informal feedback from those calling note overwhelmingly people are grateful for contact, where they need help they take up the offer to connect to HAART.
- Staff feedback – informal feedback from some staff that internal comms has been very good; compared to other areas in Tayside it is reported as being very thorough, informative and relevant.
- Access to food and coordinated support – there is some data to report but feedback from people who use it and the staff and volunteers gives the best information. Lack of stigma (this is not a foodbank or a SW referral) and a view of everyone in this together may help. The skill of the staff and volunteers in working together has been exceptional. Shared leadership between Communities, VAA and Justice has worked really well and has functioned as an equal partnership.
- System is in place for online and phone referral – whilst there has been changes and some access issues, these have been resolved quickly with high level of commitment from people.
- The evidence is anecdotal but feedback from many of the citizens of Angus that we have contacted has been very positive and people have told us how much they appreciate it. Feedback from partners has also been very positive with many providers and organisations verbalising what a supportive environment it has been to work in. We also have data that tells us how successful we have been in reaching out to those in need and the help they have accessed because of this.
- The now weekly returns to SG evidence the needs being met for the shielding group. An integrated partnership system is nearing completion and will provide fuller evidence of who is being supported.
- Thank you letters and posts are evident across the partnership from people who are being supported.

- Clear messaging about contact details through dedicated website.
- Evaluative survey to be completed by volunteers.
- HAART service is being relied on to respond to new service demands on Council. Refer to minutes of BRONZE, SILVER and GOLD meetings.
- Weekly/ monthly performance indicator returns to Scottish Government.
- Council dashboard information.
- New connections between staff/ partners that have never before interacted on regular basis.
- The feedback from the majority of people is that they welcome the ability to speak to a person and be listened to, rather than following a process or criteria route.

3. Thinking about 'even better if...' What would have improved our design, implementation and delivery of HAART

- Having more time to dedicate to the design and implementation – for e.g. not having to do the day job too for a short period (obviously wasn't possible but would have been ideal).
- Systems issues have been complex; I think the group worked better when we established working sub groups to take specific pieces of work; early on the Steering Group was large and it was difficult to get through some of the complexities
- Having short and regular meetings assisted group relationships and to get to a point of shared focus;
- Clearer and more consistent guidance nationally would have saved time.
- Perhaps an earlier identification of 'what needs to happen', 'what does this look like' and 'who needs to do what'. I feel it took us all a couple of weeks to get really clear on that and, once we were, things moved on quickly – with some great work happening at speed. Some greater clarity and co-ordination at the start on roles and expectations would have helped that, although I realise we were all trying to work that out and national guidance was slow to come out to begin with.
- Earlier receipt of data for those in the shielding group with confirmed contact details. A one system approach across the partnership to share information about vulnerable people and record actions. A clearer understanding of the need for process and the need for human contact. I think we didn't value each other enough collectively at the outset. On reflection I would not have supported trying to get the phonenumber set up through The Cross, we wasted a bit of time and energy on this.
- I do have to recognise the amazing work undertaken by everyone involved. This has resulted in an excellent service and provision for the people of Angus.
- Challenges about system development without interactive workshop.
- Even greater user input to system design.

- Clearer information at an earlier stage from Scottish Government.
- Avoidance of scope creep in HAART service development.
- More services and partners involved.
- I am aware there is some thought that there has been a reduction in “red tape” however this has not been my experience and there are numerous “authorisation” channels which remain and some which have been created.
- The lack of clarity of guidance and the emerging number of versions of guidance from Scottish Government, as well as “data collection” has contributed to this.

4. What (if anything) should we keep from the HAART as we return to ‘normal business?’

- Joint/partnership working. Person centred holistic approach to assisting people in crisis with one route into all services and partners.
- Model of co-location and/or close working across agencies and third sector works in this instance; we need to keep at the front that relationships between people, services and communities delivers change. The system and processes are important to support the practice (these principles are core to the Getting It Right approach for children).
- Access to volunteers/coordinated services to meet need in community – barriers to access have been removed with this new model; there are enough volunteers to meet need; deployment has been fast and well-co-ordinated. In usual circumstances, the needs of some of the people would not neatly fit into a ‘remit’ or ‘criteria’ of a service and therefore it may be de-prioritised, take time to be assessed or referred onwards etc (passed through and around the systems). The success is in being able to consider all unmet need and deploy support early to prevent escalation. This has required a specific and dedicated resource to do so (redirection of resource from communities, Justice etc. and a considerable commitment and resource from VAA to ensure recruitment, training, checking and appropriate deployment of volunteers). Beyond Covid, there remain similar unmet need in communities for food, medication, befriending, wellbeing checks etc. but this would require a resource input or re-direction of existing resource. Could we extend the model as a centre for triage and access to early help and support to connect in with wider third sector, VAA volunteers etc.
- Definitely that wider, partnership working approach and whole family approach. Pulling together the resources we have from partners to maximise resource and effect.
- The partnership approach is a critical success factor.
- The multidisciplinary approach has helped us to deliver using a range of skills, knowledge and experience.
- The new integrated system will be key.
- The person centred and whole family approach has been particularly successful, reaching out with personal contact to thousands of Angus residents.

- The preventative approach has helped save lives and support vulnerable people. Can this type of basic intervention and support be sustained and help reduce service demand in future?
- Last, but definitely not least, the HUGE volunteer effort.
- New cross partner structure of working. Operational based.
- Collaboration across all partners focussed on common purpose (that may shift from original HAART purpose), plus more partners.
- Data analytics across all services and partners to use data to understand needs in much greater depth... evidence base to inform new service design.
- Moving away from “digital as default” to “conversation as default” - conversation rather than automation. Richer data and information can be collected during conversation.

5. What key actions need to happen to support your answer to 4 above?

- Buy in from all services to adopt the approach.
- Rethink of service delivery to ensure inclusive/holistic approach maintained.
- Recognition of additional time required in addition to day job.
- Commitment to the model of early help and support delivered across voluntary and other partnerships.
- Commitment of resources to support.
- A regular forum that supports this approach – a commitment and sign up from all partners at the correct level – involvement of wider key stakeholders – to ensure this doesn’t get lost when moving forward into business as normal.
- A different role for ACPD both strategically and locally and integrated locality or place partnership arrangements between all partners.
- A review of how teams can collaborate better at the locality level.
- Agreement on how the integrated system can be enhanced over time to support the work of teams.
- Resources to support coordination locally being committed by partners.
- Link to the demand management approach being developed by Angus Council. How to shift resources to the approach being the day job.
- Support in kind and financially to 3rd sector to maintain and develop volunteering.
- Identify and invest in having a sustainable resource.
- Strong and simple governance with focussed purpose.
- Shape future HAART and re-shape existing services to synergise into a better more focussed way of working.
- Combine existing groups with broadly similar locus so that deployment of resources is joined up (links to strong and simple governance).
- Ensuring that strategic groups have a standard/principles against which decisions are measured e.g. does this decision allow better access to people in Angus?

6. What (if any) barriers or challenges do you anticipate might make achieving your answer to 4 more difficult

- Resource issues and competing priorities.
- Services are under significant pressure already and this is likely to increase for many services in recovery; raising rates of unemployment, children neglect and abuse disclosure, substance use, poor mental health and wellbeing and ongoing health vulnerabilities for people until a vaccine is in place.
- Clarity about the role of the different partners going forward. Decisions need to be made about the purpose of the HAART going forward and how much resource will be committed to this. Some HAART members are currently dealing with things that are not normally their core business or a legislative requirement and decisions need to be made about what resource can be committed for what by whom – particularly in relation to the statutory services and their capacity when returning to care business as usual.
- Availability of resources to sustain the current model.
- Assessed need for current model, as we unlock more people will be able to return to work and have less need in some instances.
- Increased poverty more generally.
- Reduction in community participation or sustaining community participation.
- Existing structures and reverting to BAU demands get in the way.
- Existing and new resources not released to support.
- System for data sharing not engaged in by everyone.
- ‘My budget’ approach.
- The extent to which the council have already moved to “digital as default”

7. Any other comments/ideas/innovations?

- This has been a very positive and proactive approach resulting in some great partnership working and some really positive outcomes for the people in Angus.
- I think that there is an opportunity to improve our partnership approach to support the communities of Angus, but there need to be a transformation in thinking about the way we deliver services currently to support this shift.
- Review the Council approach to sharing resource. We still operate mainly in sections and cross team working with much greater flexibility is proving to be highly beneficial via HAART. We should try and harness that and promote new ways of working that have more flexibility at its core.
- I think this time has also evidenced how little people within the council and wider partners understand what services are delivered to people in Angus and what services “do”, and also how people in receipt of services experience that service delivery.