

onenortherndevon

Mission Statement for collaborative working to support people with multiple, complex needs & MDT Design Principles

Created from Health & Justice Workshop #3 & OND Collaborative Working Survey Dec 25-Feb 26

Mission Statement

Our mission is to work together as a coordinated multi-agency team around people on probation in Ilfracombe, and others with multiple complex needs across Northern Devon, providing timely, whole-person support that joins up health, justice and the wider determinants of wellbeing. Through shared responsibility, named relationships, better information flow and practical joint action, we aim to reduce fragmentation, improve access and outcomes, and help people feel safe, valued, understood and better able to realise their potential.

Design Principles

1. Design around the person, not organisational boundaries

Support should be organised around the person's whole set of needs, priorities and circumstances, rather than the remits of separate services. The system should feel understandable and coherent from the person's point of view.

2. Make support relational, respectful and trauma-informed

People should feel safe, valued and understood. Support should reduce stigma, respect privacy, and reflect the person's priorities and preferences.

3. Create clear named ownership and shared responsibility

People should know who is involved and why. Professionals should have named points of contact, clear routes for advice and escalation, and shared ownership of follow-up and risk.

4. Make information travel with the person

People should not have to repeat their story multiple times. The model should support timely, consent-based information sharing, with a shared plan or shared record wherever possible.

5. Replace sequential referrals with coordinated action

The model should enable parallel working, joint problem-solving and coordinated appointments where possible, rather than passing people from one service to another in sequence.

6. Make access simple, timely and practical

Support should be available when needed and be as easy as possible to use. Where possible, access should be simplified through one-stop or coordinated appointments, with "same day, same place" used as a design ambition where feasible.

7. Match support intensity to need

The model should be flexible enough to provide different levels of support depending on the person's circumstances and level of empowerment — including "do for", "do with" and "enable" approaches — with the ability to step support up and down over time.

8. Clarify roles, thresholds and what happens when someone does not meet criteria

The model should make clear what each agency can offer, where thresholds sit, and how the system will respond when someone falls below statutory criteria, including those in the "middle layer" who are at risk of deterioration without coordinated support.

9. Build collaboration into routine practice

Collaboration should be supported through regular, action-focused multi-agency meetings, direct communication between named staff, and practical ways to track actions and outcomes across agencies.

10. Measure what matters to learn & adapt

Success should be assessed using a combination of:

- **outcome measures** for people
- **process measures** showing whether coordination is working
- **balancing measures** showing the effect on staff capacity and operational pressure

The MDT should be treated as a learning model, with regular review of what is working, what is not, and what needs to change.