

Organisation name: Middlesbrough Council

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1) Overview

Middlesbrough has some of the highest levels of deprivation in the country it also has high levels of drug related deaths, suicides and domestic homicides. In all three of these areas, the North East regional average is higher than the English national average, yet Middlesbrough's figures are significantly higher again.

Co-existing domestic abuse, substance misuse and mental ill-health, have been identified as indicators of increased risk of harm to individuals and families which also adversely impact on safeguarding children and young people, physical health, housing and financial situations. This results in increased risk for some of the most vulnerable people in our communities. There are an increasing number of individuals and families identified as experiencing multiple, complex needs in Middlesbrough.

Historically Middlesbrough Council has separately commissioned a range of homelessness, substance misuse and domestic abuse services, whilst these were of a good quality, delivering many successful outcomes for individuals it was recognised that there was a degree of cross over between these services, with many people having needs that meant that they needed to access more than one service.

Our vision is to improve the lives of people with a range of needs around homelessness, domestic abuse and substance misuse and to support the whole person to enable them to fulfil their potential.

2) Approach

Discuss your approach, drawing upon examples of practice which align to, or resonate with, the HLS framework.

Human - Recognising that we work with people, with different needs, aspirations and histories, these include not only our service users, but our providers and our own staff

The council's approach was to recognise that the people we work with often have multiple and complex needs and that they often have to tell their stories many times / have multiple assessments with info not shared and find access to services fragmented and confusing. This results in people falling through the gaps between services or disengaging as they move between services. These are issues we wanted to address.

We also recognise that we do not use staff skills or knowledge as effectively as we could. Often the best person to support the individual is the person they have a trusting relationship with regardless of that staff members specialism.

Approach developed based on the work undertaken in Plymouth looking at developing and supporting an integrated approach. We haven't been able to fully emulate this approach but we are trying to develop collaboration between providers and with the council as we recommission services. We hope that new contracts will support the development of fruitful alliances between providers for the future.

We recognised that in the past we have not looked holistically at the issues that affect individuals, nor recognised and built on their strengths. We wanted to provide a more seamless service where individuals can be supported to address multiple needs in a coordinated way and therefore set out a series of key principles which would guide development of a service model, these were:-

- Preventative; reducing the likelihood that support needs will escalate
- Efficient; reducing duplication
- Able to offer the right support at the right time; the system will be able to respond to people with one or more support needs, flexibly
- Collaborative; suppliers will be equally responsible for delivering a shared set of outcomes and making decisions based on what is best for the end user
- Consistent; irrespective of where service users choose to access the system they will receive the same high quality, comprehensive offer that supports the whole person, irrespective of how many times they have accessed services
- Sustainable; the system will be able to support people with enduring or longer term complex needs, instead of expecting people to 'recover'
- Trauma-informed, ensuring every part of the system recognises trauma and understands potential paths for recovery.

We wanted to learn from what we have done in the past – not throw the baby out with the bathwater, but to create a learning system, where we are not afraid to share our failures as well as our successes and help each other.

We currently have fruitful discussions and shared support and learning at forums and partnership meetings, however these tend to be client group specific and therefore do not address learning across the system, this is something we need to address.

Our vision is to create a real learning community across services where we listen better and learn from each other to continually improve services. We want to encourage innovation, build on strengths, both of staff and service users and develop a system that grows to better

meet the needs of all. Whilst we have tried to engineer initial system change we aspire to develop an evolving system.

3) Story of Change

Starting point/rationale/impetus for change

Progress

Our journey began by recognising that we commissioned services in isolation where individuals had multiple needs and accessed a range of services.

We undertook full needs assessments for homelessness and domestic abuse and utilised information and data from our substance misuse services. These assessments confirmed the cross overs between homelessness, substance misuse and domestic violence, providing evidence that we needed to better integrate these areas.

Different service areas were brought together to develop a single approach to supporting people experiencing any or all of homelessness, substance misuse and domestic violence.

Whilst we brought service areas together we recognise that we have not necessarily engaged with services and their users as well as we could. We carried out a consultation exercise, engaging, in particular with current service providers, key stakeholders and the public. The feedback from this exercise formed an important part of the overall planning process and has been utilised to inform the service design. However we acknowledge that as new contracts come into place we need to ensure that we work to develop ongoing collaboration between providers to encourage system learning and develop and deliver service improvements.

Recognition of the fragmented nature of services and the fact that individuals often had to repeat their story several times, along with the desire to have a shared set of outcomes led to the decision that we would develop an in house core team. Within the core team there will be case co-ordinators/key workers who help support service users by taking a relational approach and helping them to support and navigate the system. This level of support will be different according to the user, thus making the service bespoke.

This team would be able to provide the right support at the right time, identify where the system was failing individuals and work to institute new approaches, and link individuals through to specialist services where required.

In particular the reasons for moving to an in house core team include:

- It may enable a greater understanding of the system and therefore it will be easier to link the parts of the system together which in turn should be beneficial to service users as they receive a more joined-up service.

- Politically it may be easier to develop a Human Learning Systems Approach if the core team is in-house, enabling management to feed the approach both upwards and across services.
- Relationships and culture can be used to a more significant effect than having to continuously negotiate and develop relationships with external providers (although relationships with some providers are strong, this does not happen across all services).
- There is currently cross-over and possibly replication of floating support across the system.

The decision was also taken to purchase and develop one overall case management system across services. Initial assessments will be recorded onto a this system, meaning that whichever 'door' a user turns up at, they will be supported or signposted to appropriate services, and not have to keep relaying the same information to multiple services. Information will also be shared across services, where appropriate, and assessments built upon, which will hopefully enable more joined-up provision. The system will also be the mechanism for service providers to log their performance, supporting shared outcomes and allowing commissioners to understand performance across the system.

Executive approval was received to adopt this new approach to commissioning services for homelessness, domestic abuse and substance misuse, which will integrate services and support collaborative working, adopting a trauma informed approach across all services.

The council had been working to develop the core team with the aim of having this in place from September 2020 and had been in the process of tendering for a range of specialist services. However due to the COVID 19 pandemic both these processes have been paused and new services including the core team will now be in place from April 2021.

Challenges

Whilst we have tried to keep providers on board whilst moving through the processes required to develop the service model. We recognise that we have not necessarily succeeded in this and have engineered a change in model rather than developing through true collaboration. We want to ensure that we truly collaborate with providers and other partners to develop the system as we move forward and see this as a key challenge.

A further significant challenge for the future is to develop the voice of service users across the system, to really listen and implement changes based on coproduction. We hope that we can start to engage service users beyond the specific services they are part of and encourage participation of past service users, who have had the opportunity to reflect on their experiences. We are still exploring how we can do this effectively.

We recognise that we need to encourage innovation, whilst working with those most at risk we need to be risk aware, but not risk averse.

Ensuring that we develop open collaboration with providers, developing trusting relationships whilst managing contracts will be a challenge. With a further challenge being to understand the system as it evolves, its inputs, outputs and the unexpected outcomes.

What next

4) Conditions needed for change to happen

For example:

What permission was/will be needed Council Exec approval was required to progress commissioning model.

What is the capacity for change to happen?

This is the real challenge moving forward – there is a desire and an impetus for change, however we need to move beyond the initial engineered structural change to fully embrace a learning system approach.

By encouraging openness and developing trust we hope the system will grow and develop to meet changing need.

Changes within the elements of the system we have some control over will lead to other system elements changing and developing leading potentially to wider system change.

What resources are/will be needed?

Commitment, facilitation, wide understanding of HLS across providers.

Support as we move into developing the new approach to ensure it is an HLS approach would be really welcome.

5) What next and ideas for exploring further as a case study of HLS practice

Consider what you want to do next in terms of becoming a case study. In terms of resources we can offer at Northumbria University, Melissa is able to work with around 6 case studies at a time for approximately 10 days a year (roughly split into 5 days face to face and 5 days data analysis and write-up)

We would like to focus on all aspects as we need to develop system wide change, however we want there to be a real focus on human relationships and using these relationships to help us learn both from a learning from each other perspective, but also from the relationships, enabling openness, honesty and the ability to share getting things wrong – a reflective system.

As we commission services we want to ensure that we get the right balance between data gathering and person defined outcomes, working with providers and service users to develop these.

Providers working together and with the LA in an HLS way. Poss requires some independent support where the LA are equal with providers rather than commissioner.

Measurement of system outcomes – measuring what is important to the person and extrapolating this to determine how the system as a whole is performing and contracts are delivering with providers accountable to each other as well as to the commissioner

- *Is there an area of practice you want to change to explore what taking an HLS approach looks like?*
- *Is there a particular aspect of HLS practice you would like to focus on in greater depth?*
- *How would you go about changing, or developing your practice, and what support do you need?*

Appendix A: Summary of the Human Learning Systems Framework

Reference: http://wordpress.collaboratei.com/wp-content/uploads/Exploring-the-New-World-Report_MAIN.pdf

Human

- Variety – bespoke - relational
- Empathy – build relationships
- Strengths – asset based
- Trust – devolved power and decision making to workers – accept not in control – build relationships

Learning

- Iterative
- Exploratory
- Funding/commissioning learning not services
- Different forms of accountability – agreed principles – peer accountability – accountability to beneficiaries - is this what we intended – what does success look like from different perspectives

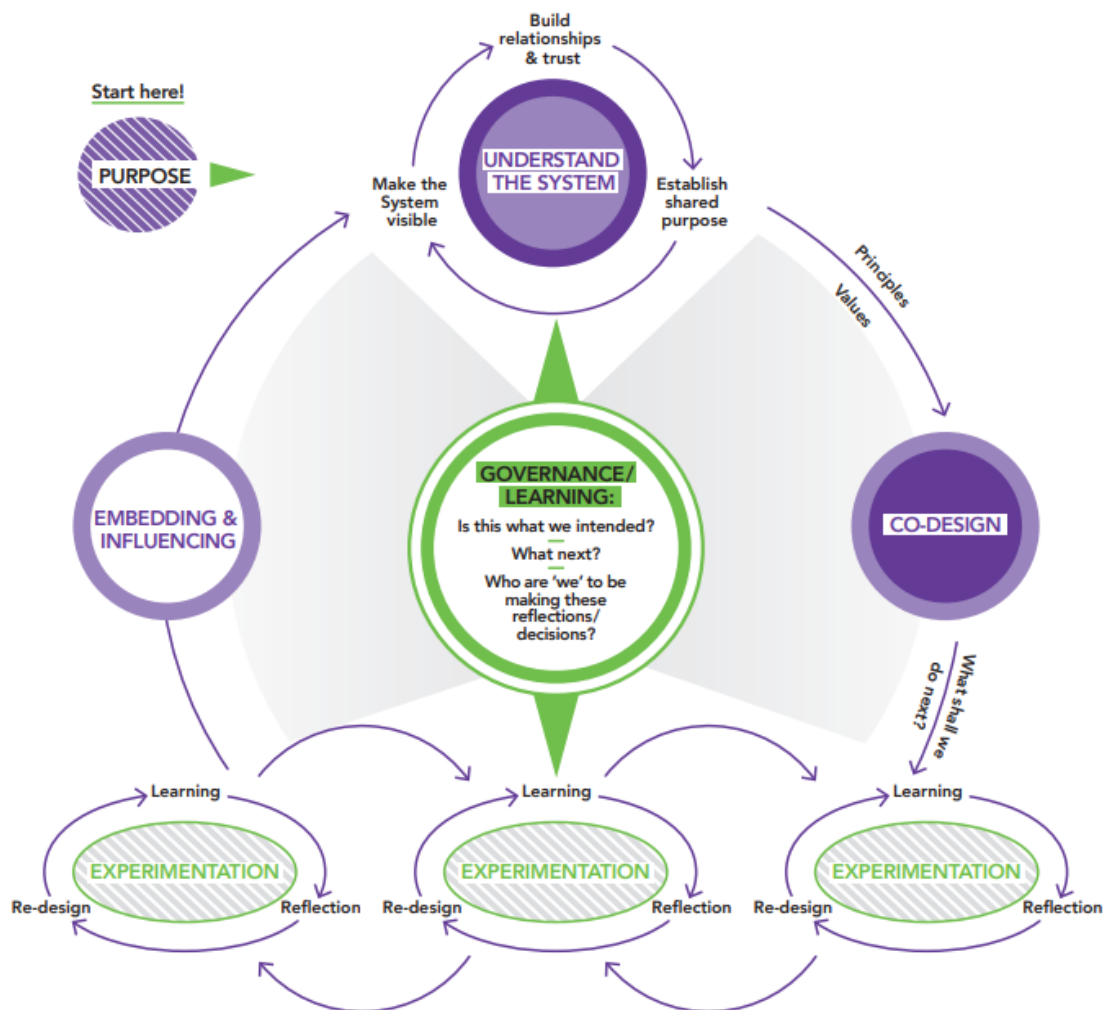
- Use data to learn – measure and learn – use of stories -
- Create learning culture – remove competition – honesty – positive error culture

System

- Perspective – interconnected whole – people viewed as having strengths – share vision
- Power – shared and equality of voice – decision making is devolved – accountability is mutual
- Participation – open trusting allow effective dialogue – leadership is collaborative and promoted at every level – feedback and collective learning used for improvement

Appendix B: The process of change

Reference: http://wordpress.collaboratei.com/wp-content/uploads/Exploring-the-New-World-Report_MAIN.pdf



Appendix C: Role of systems stewards

Reference: <https://lankellychase.org.uk/resources/publications/place-action-inquiry-our-learning-to-date/>

We have a greater understanding about what those who are actively working to promote systems change do. They:

- Make sense of the system

Helping those within the system to see what that system is: who the actors are, what the quality of relationships between those people/organisations are, how the system functions (or not).

- Nurture the health of the system

Helping to create a shared sense of purpose and building trust between actors. This involves making or deepening connections between actors, developing new narratives and mediating to improve poor or non-existent relationships.

- Shape behaviours within the system

Helping to promote desired system behaviours by modelling them – for example by actively promoting equality of voice within the system, or championing ‘whole system’ approaches.