

Whole systems for whole people

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What am I talking about?



- We are NOT here to tell you Plymouth is great and we have all the answers
- I will tell you about co-operative approaches to commissioning in Plymouth
- We will tell you about some of our findings through co-production
- He will tell you about some of our struggles, learning and debates in the field of Complex Needs



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THE BIGGER PICTURE

Integrated Commissioning



Created ONE system:

- Integrated governance arrangements
- Four Strategies
- Commissioning of an integrated health and social care provider for the city

Creating ONE budget:

- Section 75 between NEW Devon CCG and PCC
- Integrated funds £638 million gross (£462 million)
- Risk share and financial framework

People and place:

- Relationships
- Trust
- Co-location in one building

Cradle to Grave Integrated Fund



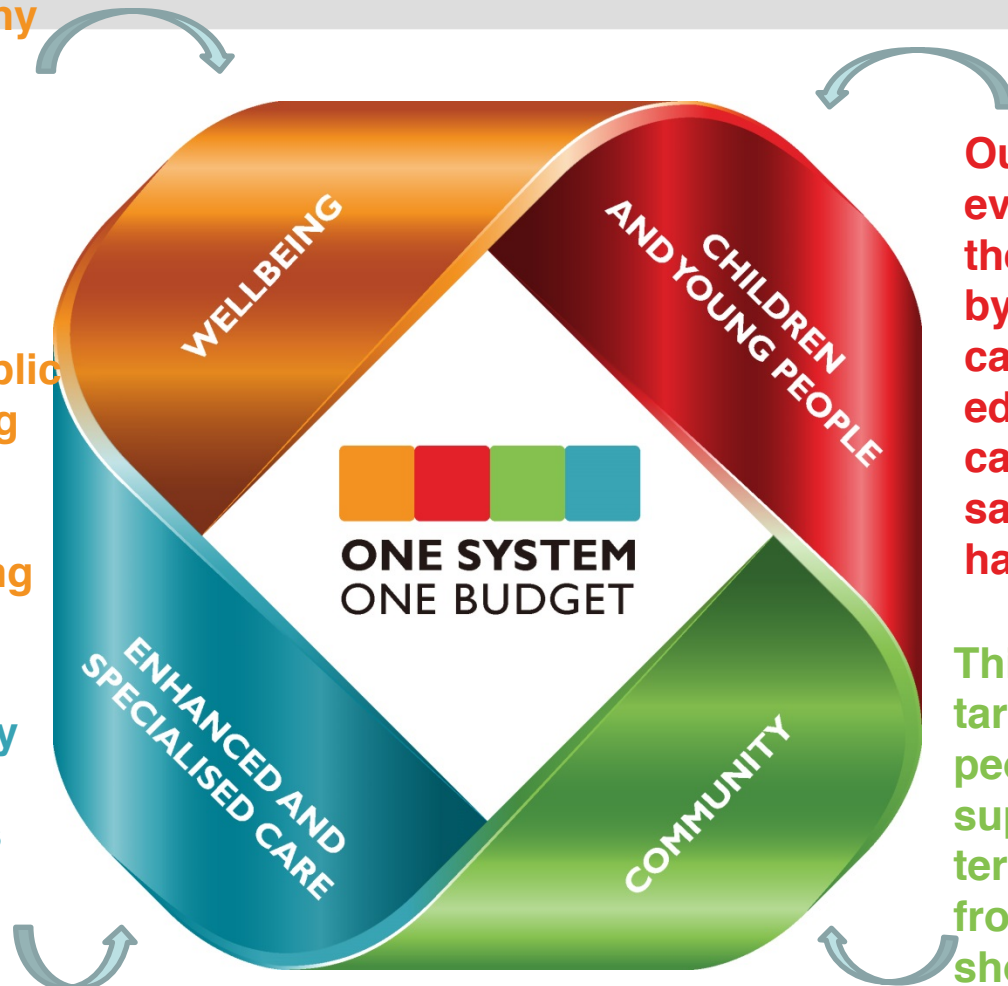
- Fund covers:
 - Public Health
 - Leisure Services
 - Housing Services
 - Children's Services (incl Schools Grant (DSG))
 - Adult Social Care
 - Primary Care (CCG and PCC) – co-commissioning to come
 - Community Health Services
 - Acute Provision
 - Running Costs

It's all in!

Four Strategies

Supporting healthy and happy communities by encouraging and utilising social networks, increasing investment in public health and putting health and wellbeing at the heart of everything we do.

A system that consists of quality specialist health and care services that promote choice, independence, dignity and respect.



Our ambition is for every child to have the best start to life by ensuring they can access education, health care and are safeguarded from harm.

This strategy targets services for people who need support in the short term to recover from a crisis or short term need.



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COMPLEX NEEDS

Complex Needs example



- Substance misuse, Mental Health, Homelessness, Offending, Domestic Abuse
- Process started 2012 with lottery bid – involved over 70 services, 400 people using services and their carers, elected reps, key decision makers
- Meetings, themed groups, market events, twitter, webpage, 1:1, published evidence.
- Produced a very rounded picture of the problems and a very comprehensive vision of the best way to overcome them
- Refreshed 2015 and 2016 - led by services and people using them

Findings



- There were uncomfortable truths for commissioners and for services
- Challenged commissioners and services to work together and in collaboration with people using services
- An iterative process checking back with stakeholders regularly through the commissioning process
- Prospect of a whole system of service designed around the needs of people, rather than a fragmented market built around the needs of commissioners and services

Commissioning – broad themes



- Seen as top-down, opaque, and disempowering process
- 'Master – servant' relationship rather than an inclusive, outcome-based partnership between commissioners, services and service-users, as well as their families and communities
- Commissioning carried out in silo's with little regard to what other 'silo's' are doing
- Commissioning for near horizons, rather than as part of a long term strategy
- Commissioning as a problem setter, rather than a problem solver

Service Provision



- Service users often feel 'done to', rather than 'worked with' and, as a result, they feel disempowered and marginalised
- There is a mismatch between what workers value about their work and what consumers value – specialisms and expertise vs authenticity, warmth, persistence
- Services were largely unaware of the detail of what other services provide
- VCS/Statutory sector engagement is crucial to delivery
- Co-operative Service Design and Delivery is essential for transformation

Some stuff we did together



- A year of systems leadership work
- Lots of appreciative enquiry
- Lots of different themed group activities where we explore things together – learning labs
- Lots of ‘sharing’ about motivation, ambition, aspiration
- Lots of working alongside each other ‘show and tell’
- Lots of playing together – with concepts, ideas, coloured pens and fuzzy felt
- **Set-up structures that support new culture**

System Optimisation Group



- Group of commissioners (CCG, PCC, PH) and all services in scope plus people using services
- Services represented at different levels managers, clinicians, practitioners
- People using services not just represented tokenistically – process of checking and re-checking
- Open discussion, shared chair, shared agenda
- It is about facilitating whole system approaches to delivery
- Its about 'making our culture' together

Values/beliefs for success



- Trust – hard to build, easy to destroy
- Leadership and Followership
- Good ideas are not an artefact of hierarchy
- Decisions should be ‘best for person, best for system’
- Systems thinking, not service thinking
- Transparency
- Avoid dogmatic application of methods – pick the method appropriate to the task
- Share successes learn from failures – blame is not productive

Thresholds and labels



- Thresholds have become barriers
- Labels – diagnostic, behavioural etc – determine what services people get rather than the persons actual presentation
- They drive worker identity – ‘specialist X’ rather than describing the actual work
- We want to make thresholds permeable, fuzzy and responsive to presenting picture (always a combination of problems and assets)
- **We set up a structure to lead and support these culture changes**

The View From Here



Personal stuff – my learning



- Putting the system first is difficult – we usually focus on our organisation
- REALLY putting people that use services first often conflicts with organisational focus
- The transformational power of language – ‘technical’ language obscures meaning, the language of conflict – what is the impact? the language of competition – markets, marketing, USP’s etc
- Now it is ‘us’ and ‘we’ not ‘them’ and ‘I’
- Is the relationship with commissioners weird?

Organisational stuff



- The process of learning made us stop and think
- Revisit purpose and values
- Revisit strategy
- Reflect an alliance approach, not a service approach
- Reflect a richer understanding of partners, of problems, of the system
- Cultural shift needed – commissioning pitted service against service – mutual suspicion to mutual trust and understanding

Some necessary stuff



- Time and space – prioritising the work, finding the time and intellectual ‘space’ to reframe, to think differently
- Independent assistance
- Facilitating, sustained, open, mutually supportive challenge – our arguments are hard!
- Process of building trust and understanding makes really challenging discussion and criticism possible – not personal its about culture and issues
- Ignoring hierarchy (but don’t forget trustees, volunteers)

From the superficial to the transformational



- Moving from polite superficial engagement to meaningful and genuine engagement feels mysterious
- Actually, it is a product of shared learning, shared playing, shared experiences and relentless persistence
- It is hard work, much harder than before eg cuts
- Trust takes time, it does not happen overnight
- Do not see the process as an addition to your day job, this IS your day job

Creative Solutions Forum



- To encourage creative partnerships between providers and commissioners that place the person at the centre of planning and **share responsibility** for risks and outcomes
- To explore the current packages of support in place for people with highly complex presentations, to examine their effectiveness and identify any gaps in provision
- To propose solution focused suggestions for further support, both by making use of current services and in some circumstances by commissioning new packages of care.
- To influence and inform the Commissioning Strategy for people with highly complex presentations
- To share and encourage the development of learning, good practice, knowledge and skills across the city in both community and targeted services.

Creative Solutions Forum pilot results



- Pilot for 6 months August to February
- A forum of last resort comprising commissioners, practitioners and managers
- Deals with cases where multiple hand offs occur, where complexity means bespoke solutions are necessary, where risk is unacceptably high and needs to be shared and/or where thresholds and boundaries have become blocks to help

Membership



- Standing membership – MH, PH, ASC and community connections commissioners. Substance misuse, housing, MH, hostel providers
- Chaired and ‘owned’ by adult safeguarding
- Any other relevant service can attend by invitation on a case by case basis
- Ethos is permissive, collegiate, supportive and creative
- Hand offs are not permitted – no agency can abdicate responsibility

Purpose



- Full case discussion
- Development of bespoke multi agency, multi commissioner response
- Reduction of risk
- Elimination of 'gaming' and 'hand-offs'
- Reduced use of emergency services
- Iterative production of an holistic and deliverable care plan

Pilot cases



- 20 cases
- 12 women
- 8 men
- 10 substance misuse referrals
- 6 housing (various)
- 2 Adult Social Care
- 1 hospice
- 1 reablement

Referral reason(s)



- Complexity leading to multiple handoffs
- Imminent risk of death
- High risk to staff, public and of hate crime (perpetrator)
- Assessment of capacity and a permanent home
- Suicide, self neglect, overdose, BBV, high risk
- High risk of death, drinking and drug use
- Mental health, sexual health, self harm, overdose
- Risk to public, violence
- Retain accommodation, non payment of rent, MHA Act assessment
- BMI 13, vaginal bleed, sex worker
- drug and alcohol, ? Korsakoff's, unmanaged diabetes, Hep C
- End of Life care
- Eviction
- ?PTSD
- self neglect, ?korsakoffs, risk of eviction

Nominal presenting problem



- 15 drug
- 15 alcohol
- 12 MH (plus 7 unclear)
- 12 risk to self
- 3 risk to others
- 19 had more than one of the above – in this cohort everybody has multiple issues

Range of Diagnoses



- Borderline Personality Disorder
- Emotionally Unstable PD
- Psychosis
- Acquired Brain Injury
- Autism
- Anorexia
- PTSD
- End stage liver disease
- Anxiety
- Paranoid schizophrenia
- Depression
- HCV
- Alcohol related dementia

Typical Risks



- Suicide ++
- Self harm ++
- Accidental overdose ++
- BBV infection +
- Liver damage ++
- Neglect +
- Violence (victim and perpetrator) ++

Results



- 15/20 cases presented with high risks
- 12 had confirmed risk reduced
- 3 initially reported risk reduced but lost to follow-up (moved away, prison etc)
- Workers carrying risky cases report feeling more supported in managing the risk
- Reported reduction of use of emergency services (for data collection reasons not possible to put a figure on this)
- Implemented end of life pathway for homeless person
- Cases where organisational or systems learning was required = 10

Middle level blocks



- Blocks come at the middle level – even when the manager ‘gets’ the theory
- Why? – we hypothesise that senior managers maintain competing cultural practices
- One applied to commissioning – permissive, trusting, collegiate, encouraging autonomy
- And one to service delivery – hierarchical, constraining, ‘managerialism’ focussed on control
- Challenge is to devolve power, allow autonomy, trust middle managers etc
- Culture, culture, culture...

Discussion

