System Optimisation Group
&
Creative Solutions Forum

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System Optimisation Group

- Multi-agency, multi-commissioner forum
- Delegates have authority to act (mainly CEO level)
- Around 30 services and 5 commissioners
- A high level group tasked with finding and resolving ‘system level’ problems escalated from CSF and other learning
- Take collective responsibility and focus on the whole system

Membership

- Representatives from existing services supporting people who have single homeless, mental health, drug and alcohol and offending support needs
- Other representatives who have an interest and ability in improving the current system
- Commissioners from the Co-operative Commissioning Team and NEW Devon CCG
- Public Health Specialist
- Representation from User and carer groups (e.g. HealthWatch, SQIP, PiPs)

Purpose

- Success would include creating a whole system for whole people, preventing people from ‘falling through the gaps’ and reducing repeat revolving door referrals. The SOG will work collaboratively to deliver the system changes required to realise success.
- The System Optimisation Group will take responsibility for sharing ideas and perspectives in order to identify how the current system can work better for people with complex lives, regardless of current individual contracts and funding arrangements.

Functions

- Defining the issue; who are the people who fall between the gaps, what issues do they face, how many are in this cohort
- Problem solving; identify immediate solutions to meeting the gaps in our system
- Fixing what can be fixed now; members will be expected to make changes within their organisations
- Identifying other key stakeholders who are able to improve the current system and make changes
- Ensuring that service user and carer views are represented

Functions

- Sharing ideas, thoughts and suggestions in an open ‘judgement free’ environment
- Sharing pressures and hot spots with a view to improved understanding of each other’s organisations
- Sharing Good Practice
- Ensuring that recommendations for system changes that cannot be implemented within the existing system are communicated to commissioners.

Behaviours

- Commit to making changes to their working practice
- Work together under the *Cooperative Commissioning Principles*
- Hold each other to account for agreed actions
- Meet formally at least once a month for six months but continue to communicate effectively at all times in order to succeed
- Build effective, strong and sustainable relationships within the group and with others as required
- Not focus on individual or organisational service interests, making decisions based on what is best for the service user.

Creative Solutions Forum

- Piloted for 6 months August 2016 to February 2017 (but now a permanent group)
- 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 abrogate 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 unplanned services
- Iterative production of an holistic and deliverable care plan

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.

Prototype Cases

- 52 cases
- 27 women
- 25 men
- Referrers: police, substance misuse services, hostels, private landlords, social workers, nurses, GP's, hospital, neuro-rehab service, mental health services, environmental health (hoarding) and reablement services

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, sex worker
- drug and alcohol, ? Korsakoff's, unmanaged diabetes, Hep C
- End of Life care
- Eviction
- ?PTSD
- Self neglect
- Accommodation need

Range of Diagnoses

- Borderline Personality Disorder & Emotionally Unstable PD
- Pregnancy
- 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) ++
- Anorexia

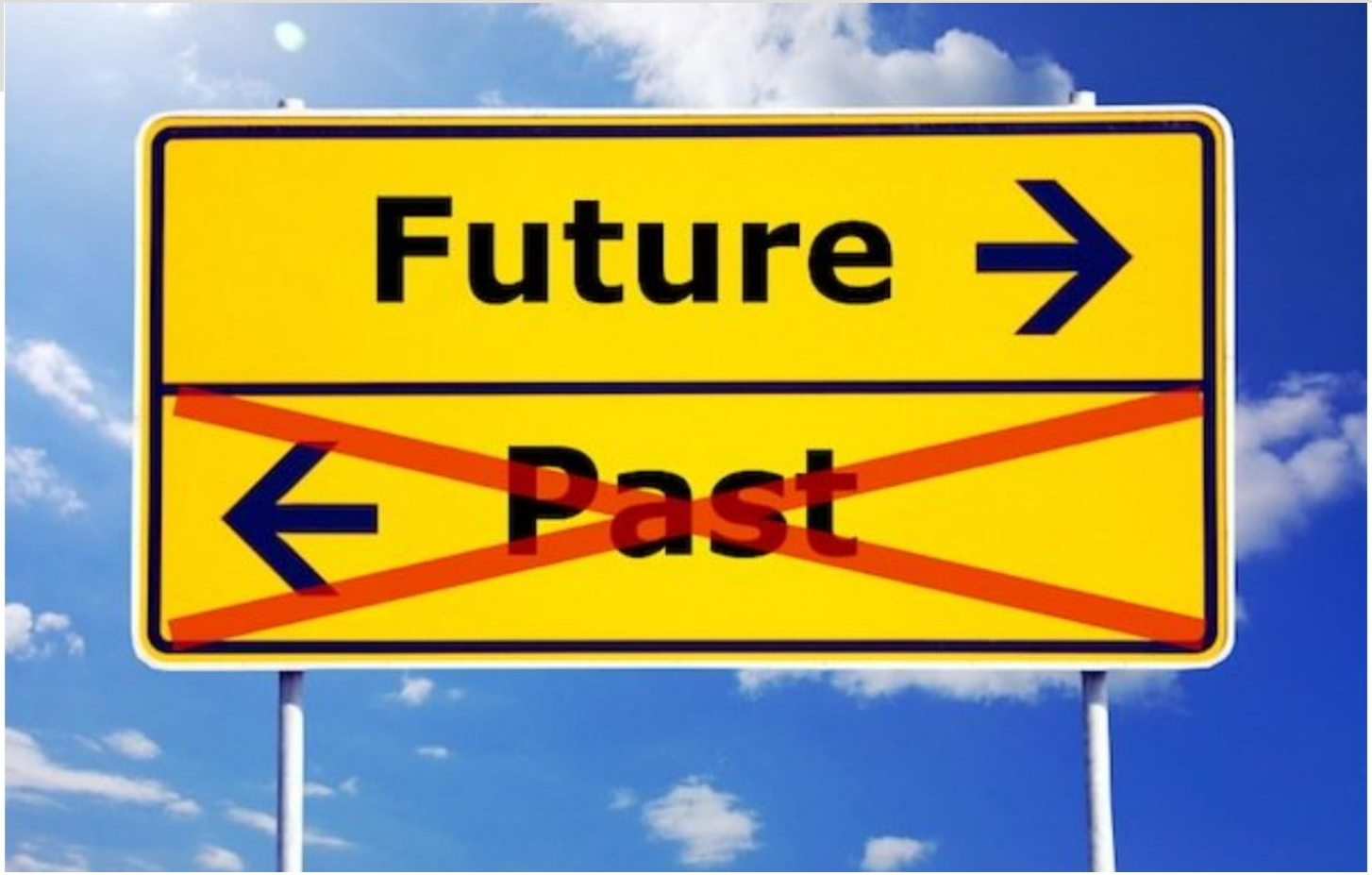
Results

- 47/52 cases presented with high risks
- All but 5 (lost to follow-up) cases reported risk reduced
- Workers carrying risky cases report feeling more supported in managing risks
- Big reductions of use of emergency services – one case from average 3x police/ambulance per DAY to none
- Reductions in B&B use
- Implemented end of life pathway for homeless person
- Housing – all achieved a housing option/plan they were satisfied with
- System learning - around half of these cases could have been avoided if services were ‘joined-up’
- Benefits have been so broad we can’t quantify them

Benefits

- The biggest benefit has been the transformation of culture across the health and social care system
- Relationships, integrated working, changes to practice, less bureaucracy, more collaborative work, removing administrative barriers and standardised approaches, a focus on the person and the return of bespoke approaches
- CSF rarely needs to invent it mainly gives permission for nurse, social worker, commissioner etc to have the freedom to act based on their professional knowledge and skill

“ I love coming to this meeting. It feels like I get to do all the things I thought I was going to do when I became a social worker”


Future
Past