Co-operative Councils Innovation Network

SOCIAL CARE

Plymouth City Council

Creative Solutions Forum

Many adults with highly complex and extreme mental and social vulnerabilities fall between the cracks. They do not fit into standard care settings and often do not present in a way that allows care services to support them. Indeed, many do not present at all because they resent or fear authority.

People like 'John' a local man previously known to numerous services, an alcohol user, with a brain injury and seizures of unknown cause; no fixed abode, often found inebriated in public and at high risk of harm and risk from others, frequent call outs by emergency services, multiple self-discharges from ED and hospital, continual non-engagement with services.

Plymouth City Council has created a multi-agency system - the Creative Solutions Forum (CSF) - to meet such adults' needs. The forum arose as a result of a wider piece of work and was designed to support a new, inclusive and collegiate culture. The concept was established by multi-agency partners in Plymouth and jointly designed by the public health specialist co-leading complex needs work with a colleague in Adult Safeguarding. The forum is accountable to the Safeguarding Adults Board.

The monthly meeting is comprised of a core group of complex needs providers and commissioners in public health, adult social care and mental health. It is a deliberate mixture of practitioners, managers and commissioners to promote co-operation, build relationships of trust and better support the management and mitigation of risk.

The aim is to provide an additional multi-agency, multi-disciplinary response, which can agree bespoke packages of care, enable better risk sharing and risk management between agencies, and facilitate better outcomes for people than could be achieved with 'usual care'.

Eligibility for the forum is based on presenting need and not on diagnosis or primary label. Any adult over eighteen who meets the criteria of a complex presentation and cannot be managed with a single agency response or standard multi-agency response can be discussed

at the forum. It is not intended to replace 'business as usual' social work or healthcare but is reserved for cases with high complexity and high risk where a single agency approach is not adequate to meet need.

It is the combination of the people involved, the use of real time data (case files/databases), the 'rule' that nobody can be excluded from the complex needs system and the requirement that every person leaves with a plan that makes it innovative and unique.

These collaborative co-productions have consistently revealed that services are delivered in 'silos' - narrow systems that do not relate to the needs of people, or effectively join-up with other silos of care needed by the person. These 'silos' are a result of a commissioning process that has been mechanistic and akin to a model of centralised procurement, rather than an inclusive, collaborative and user focused process.

Co-productions revealed people often feel 'done to', rather than 'worked with' and as a result, they feel disempowered and marginalised. This combination of a linear approach to commissioning and competition amongst services conspires to deny people access to things they need, resulting in hand-offs between services and leading to sub-optimal responses to our most vulnerable citizens. Often this
manifests in increased demand for expensive unplanned care and people spending longer in services than necessary.

As a complex needs system of 26 services and five commissioners we set off on a shared journey of learning including system approaches, appreciative inquiry and modelling the systems thinking, collegiate and co-operative culture we wanted to build.

'John' was discussed at three meetings. After the first he was placed in specialist rehab for 8 weeks, and we assessed his multiple conditions. At the second forum he was placed in a hostel and reconnected with his family but didn't thrive. At the third forum he was placed in his own flat, where he has remained for 12 months and is living a better life than he has for many years.

Our audit of the first 52 cases found consistent reductions in the use of hospital care, emergency services, evictions, bed and breakfast use and other high cost services. Staff report better risk management, less anxiety over high risk cases and huge improvements in inter-service relationships, trust and co-operation. Around 70% of cases are resolved in one visit and almost all cases in 3 visits.

Bespoke approaches have begun to replace standardised care, there are fewer inter-service hand-offs, better understanding of risk and inter-service co-operation has become the default, rather than the exception. Most importantly, culture right across the system has changed.

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