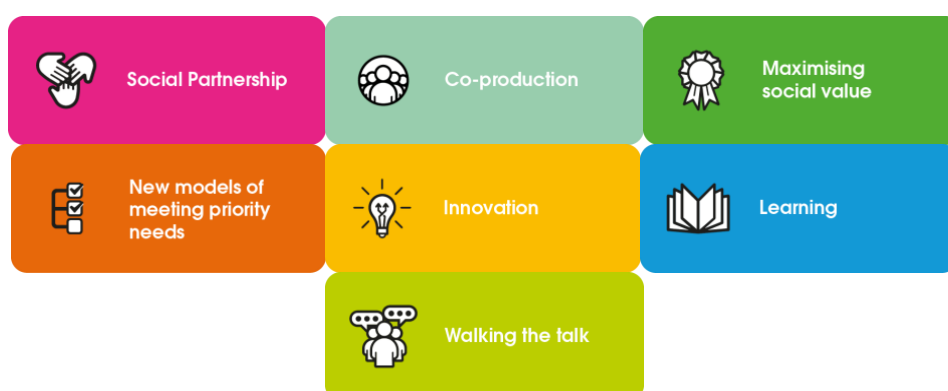




## HEALTH AND SOCIAL CARE



Plymouth City Council

## Plymouth Alliance for Complex Needs – Using an Alliance Contract to develop a Human Learning System

The story of the complex needs alliance begins in 2012 when Plymouth participated in the bidding process for the BIG Lottery Making Every Adult Matter fund. As part of that process we carried out a huge consultation with services and the people that use them. As a result commissioners, services and the people using those services concluded that parts of the system were highly dysfunctional. Targets were disparate and set-up perverse incentives, there was little or no synergy between commissioning strategies, competition militated against co-operation to the detriment of people using services and thresholds and boundaries had little utility other than as a means of excluding people from services. We were unsuccessful with the lottery bid but felt the issues were so important that we would continue the work with a view to transformational change towards a whole system approach with the needs of the end user at the centre of the process.

## 2) Story of Change

When the 2012 lottery bid was unsuccessful the core leadership team of the bid continued to meet weekly for 18 months to try to progress some of the learning garnered during the bid and to maintain momentum. In early 2014 it became clear that continuing austerity meant complex needs services – drugs, alcohol, homelessness and mental health were unsustainable in their then current form. The director of the Integrated Commissioning Team therefore invited the leadership team and the public health person facilitating the team to work with two commissioners to explore more systemic approaches to complex needs with a view to a radical re-design.

### Understanding the system

All of the services involved in the complex needs system (27 providers) and the commissioners of those services (5 people) were facilitated by the Leadership Centre over 9 months to explore the system and develop skills to understand and map the system. Our starting question was

*“In an ideal world (and within available resources) what would the system for people with complex needs look like from the perspective of ‘system users’ and how would we know?”*

We began with workshops to build a common understanding of why we needed to do things differently, to share our individual motivation for wanting to do things differently and to build a sense of shared endeavour and collective effort. This was absolutely necessary, given the previously competitive nature of relationships in a market approach to tendering. We were consciously acknowledging the mistakes of the past, whilst also sharing the context of those mistakes and at the same time trying to build empathy and understanding so we could move forward together. Alongside this we were also exploring theories around systems and complexity, developing tools and resources to explore the system and planning action we could take together.

We then moved into a Fieldwork phase where we used a variety of methods to go out and talk to system actors in every part of the system and at every level. A key technique in this phase was the use of Appreciative Enquiry (AE), where people were paired together and went out to interview people. We began with 4 questions;

- How can we understand what people value about being in services in order to ensure they get those things?
- How do we better understand who people are in order to meet personal and system objectives?
- How to share risk amongst agencies in order to be able to take clients with more complex lives and manage higher risks in the community?
- How do we work with young adults in order that they achieve their potential and live fulfilled lives reducing the dependency on costly services?

This phase is essentially about learning through listening and we learned that almost everybody – staff and people using the system – felt ignored or rejected or constrained by

the then current approach. We learned that everybody in the system felt the system was confusing and that they did not know what was available or where things were available. We also heard repeatedly that all the people in the system really value warmth, connection, authenticity, persistence and bespoke approaches – essentially people want to be heard and they want to be treated as an individual. Most importantly we learned that the process of listening was itself a key means of change. It builds empathy and understanding, it creates and sustains collaboration, it communicates value and it helps marshal collective action.

Alongside this work the Leadership Centre provided learning labs for individual coaching and support and to feed in new techniques, insights and examples from other places.

We repeated this cycle of Appreciative Enquiry/workshops/learning labs refining questions in the light of learning until everybody felt we had a rounded understanding of life in our complex needs system for people using it and for staff.

We then began to generate prototypes and experiments to test our learning and try new things. We were consciously trying to create a permissive atmosphere which encouraged and supported thoughtfulness, experimentation and learning. Lessons were gathered and shared and better ways of doing things were embedded in practice. Experiments might be very small – perhaps two workers in different agencies agreeing to work in a more integrated way, or structural eg abolishing ‘staged’ approaches to housing and moving to a bespoke approach or financial, or devolving a rehab budget to a group of providers. We gathered learning about these approaches through AE but also through the use of data.

### **3) Current approach**

We awarded an Alliance Contract to 7 services in 2019 and along with 3 commissioners the CEO’s form an Alliance Leadership Team of 10 members, operating on a principle of one person one vote and unanimous decision making. The contract is for up to 10 years (5+2+2+1) and all of the annual spend (£7.7 million) is devolved into the Alliance which has autonomy to spend it as it chooses. Demand led budgets eg Bed and Breakfast have a risk sharing agreement with the council where overspends are split 50/50.

Since the award of the contract we have continued to operate on the basis of listening, learning and experimenting at pace. Embedding the ‘good’ and discarding the ineffective or routinised practice that wastes time and resources. Additionally, there have been more than 60 contract variations to date (2025). 60 times the world changed – benefits, housing markets, government policy, emerging risks etc – the contract was varied by agreement to reflect the new reality. The contract is essentially a ‘living document’.

Working in a Human Learning Systems way is more collegiate, more interesting and more effective. We can see from a range of methods that the experience of our system for people using it is continuously improving. However, it also presents challenges for services. After many years of being completely autonomous actors behaving as a collective can create tensions, not least with trustees. Similarly, for commissioners it can be difficult to communicate ‘value’ to colleagues that are used to quantitative proxy targets as the sole arbiter of ‘good’. Both of these sets of challenges can be overcome through openness, transparency and a spirit of generosity. We invite people to spend time in our system and services, we share the stories we have gathered through AE and we encourage people to feel part of our story.

#### 4) Barriers and tensions

The most challenging aspect of this process has been the diminishing budgets to support this group of people, however, this was the very thing that enabled us to try something different. Despite being generally more efficient with less duplication and a range of improved outputs and outcomes the scale of the financial challenge has meant that, in some areas it has felt like we are just managing decline, though that is not a problem unique to us.

Like many areas we have quite a small commissioning team and the scale of change we were requesting presented challenges just in terms of managing the complexity. In addition, when we started New Public Management was still very dominant and there was a lot of scepticism amongst colleagues. We have been able to overcome much of this through our results and through openness about our journey. Colleagues in commissioning are now very interested and supportive of what we are doing and many are trying different approaches based on HLS in their own work areas.

Services also had similar challenges, after a couple of decades of competition with rivals and with staff highly affiliated to their services and practices CO's have had to work hard to build bigger affiliations to systemic working and to take their trustees with them on the journey of collaboration.

Lastly, HLS approaches take much longer than traditional commissioning cycles and it has been a challenge to get sufficient time to make it work

#### 5) Enablers and successes

- The support of two directors (commissioning and Public Health)
- Their creation of a safe, experimental space for us
- The support provided by paying for facilitation (the Leadership Centre)
- Their willingness to adjust in real time to our learning
- Allowing us a project large enough to prove a point but contained enough that 'failure' would not break the bank
- Allowing us to lead by giving us mastery, autonomy and purpose

#### 5) What taking an HLS approach requires

Working in this way requires a sustained period of system exploration/enquiry/learning in order to build a common understanding of what the system is, how it functions currently and how it might be different. The process of doing that work builds empathy in all the actors, which is absolutely crucial for taking everybody forward as a collective. A significant barrier to change is the role of routinised practice from government in terms of top down, proxy targets which bear little or no relationship to the lived experience or aspirations of anybody in the system. Similarly, governance is often cited as a barrier to change and it is necessary to try and engage local regulators to support experiments, which they are often willing to do, rather than just assume a thing cannot be done.

## 6) What next

Plymouth was a first wave NIHR-funded Health Determinants Research Collaborative (PHDRC), and researchers in residence along with PHDRC staff are supporting the Alliance in further complexities-informed development as well as in fostering a culture of research, experimentation, and the implementation of evidence.

**Author** Gary Wallace Lead Manager Plymouth Health Determinants Research Collaborative.  
18/2/25

---

### For further information contact:

**Gary Wallace**

Lead Manager Plymouth Health Determinants Research Collaborative – Plymouth City Council

[Gary.Wallace@plymouth.gov.uk](mailto:Gary.Wallace@plymouth.gov.uk) | [www.plymouth.gov.uk](http://www.plymouth.gov.uk)



People-centred councils  
driving social innovation  
putting people first

E: [comms@councils.coop](mailto:comms@councils.coop) | T: [@CoopInnovation](https://www.coopinnovation.co.uk) | W: [councils.coop](http://councils.coop)