Birmingham Changing Futures Together

Birmingham Fulfilling Lives – Complex Needs Partnership

LOTTERY FUNDED

bvsc 100 1916 2016 a century of voluntary action

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Birmingham *Changing Futures Together*

Improving Services for people with Multiple Complex Needs.

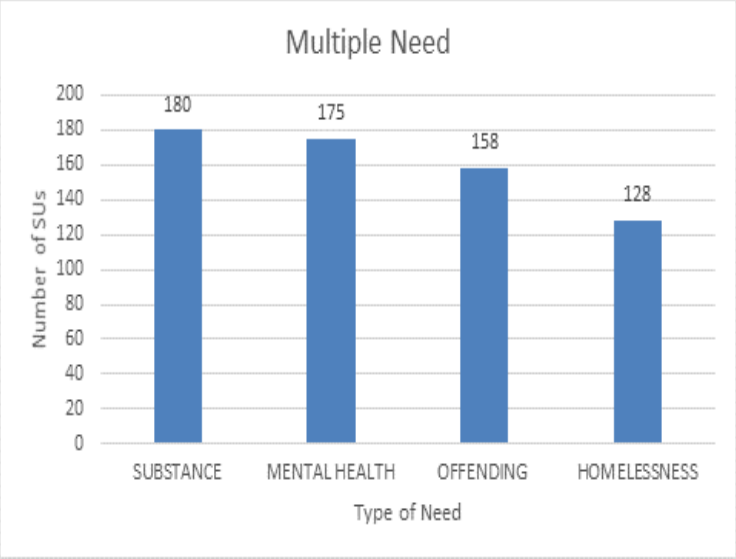
Our aim is to enable people with complex needs to achieve their aspirations and make their own vision of a 'fulfilling life' a reality.

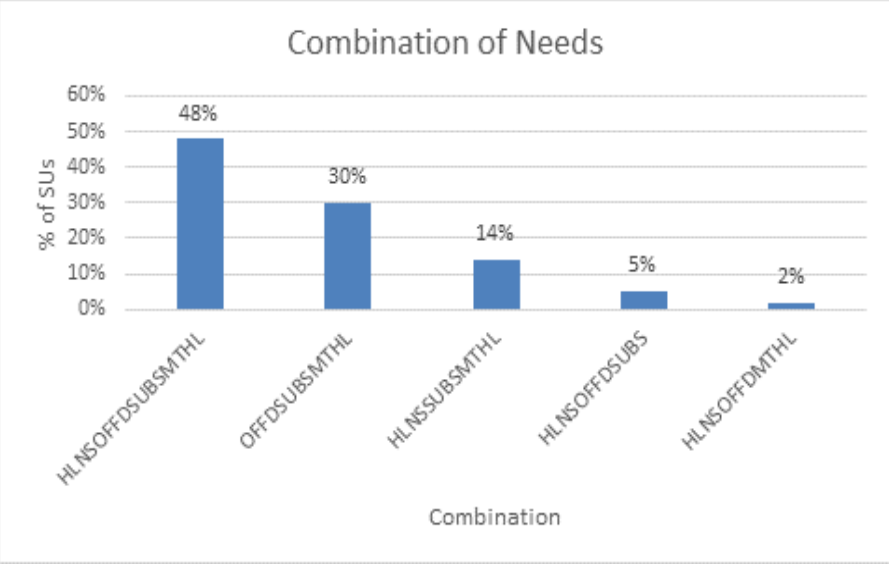
- Vision of Birmingham Changing Futures Together

Birmingham Changing Futures Together

Service User Information

Multiple Need Breakdown (when SU first entered programme).





- 98% (144 of the 145) of SUs faced Substance Misuse issues.
- 95% of SUs faced Mental Health issues.

- 48% of the SUs had a combination of all four needs.
- A combination of Offending, Substance Misuse and Mental Health issues made up the largest percentage of those with three needs – 30%.

Economic Impact Analysis

A&E Visits

72% Visits to A&E down

It matters; each visit costs **£64.00**

Hospital Inpatient Episode

38% Hospital inpatient episode are down

Fiscal cost per hospital inpatient episode is **£1,807**

Face-to-face with CMHT

300% The number of face-to-face contacts with the Community Mental Health Trust is up

The drop in A&E visits coupled with the increase in face-to-face contact with the CMHT means people are increasingly using the most appropriate service

The Powerful Effect of Peer Mentors

Peer Mentors and Lead Workers working together consistently produce better results than Lead workers working alone

- A&E Visits: ↓2.7x
- Engagement with CMHT: ↑3.5x
- Hospital Admissions: ↓2x
- Convictions: ↓17x

The Impact can be seen in the wellbeing of people with multiple and complex needs:

Homelessness Outcome Star Assessment

58% Improvement between the first and most recent assessment

New Directions Team Assessment

50% Improvement between the first and most recent assessments, indicating more structure and less chaos in their lives.

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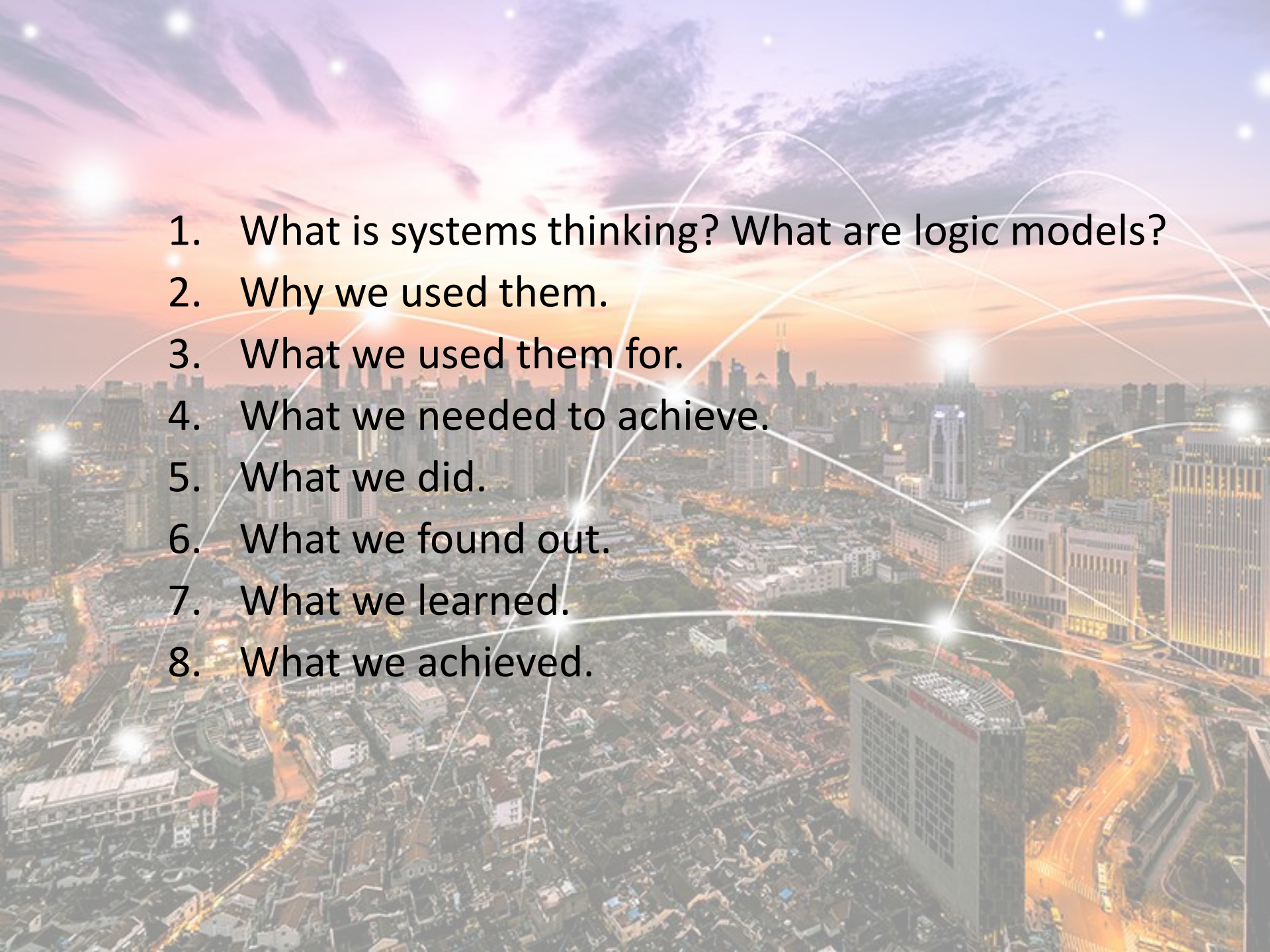
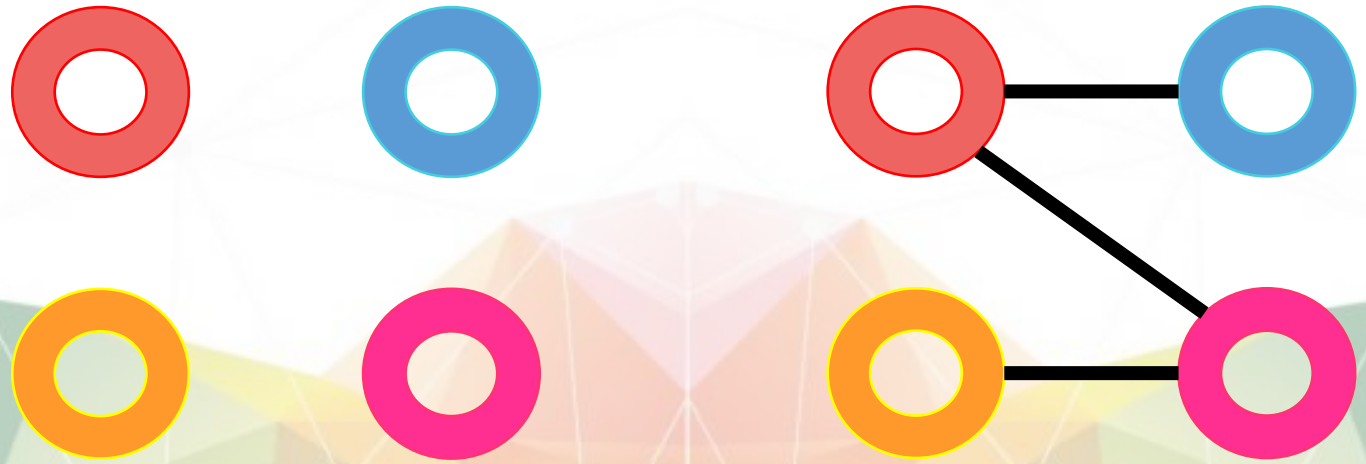
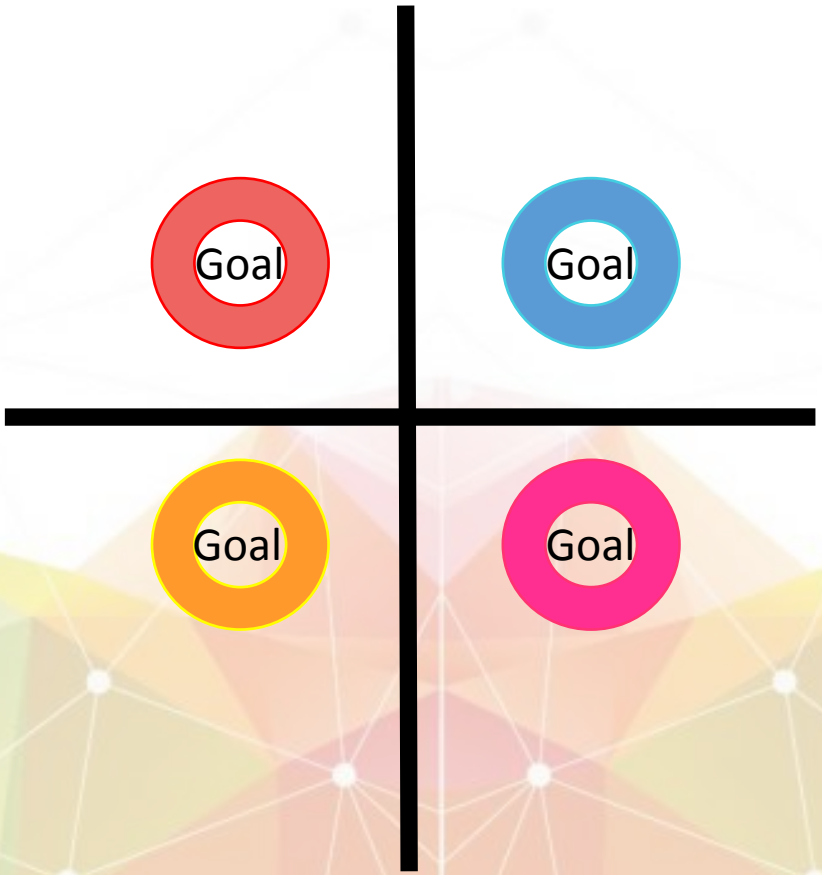


1. What is systems thinking? What are logic models?
2. Why we used them.
3. What we used them for.
4. What we needed to achieve.
5. What we did.
6. What we found out.
7. What we learned.
8. What we achieved.



What's going on?

- What's going on when what's going on is going on?
- What's actually happening in reality?
- Is there a difference between what people say they are doing and what they are actually doing?
- What difference should we be making?
- What don't we know?
- How do we get everyone to agree?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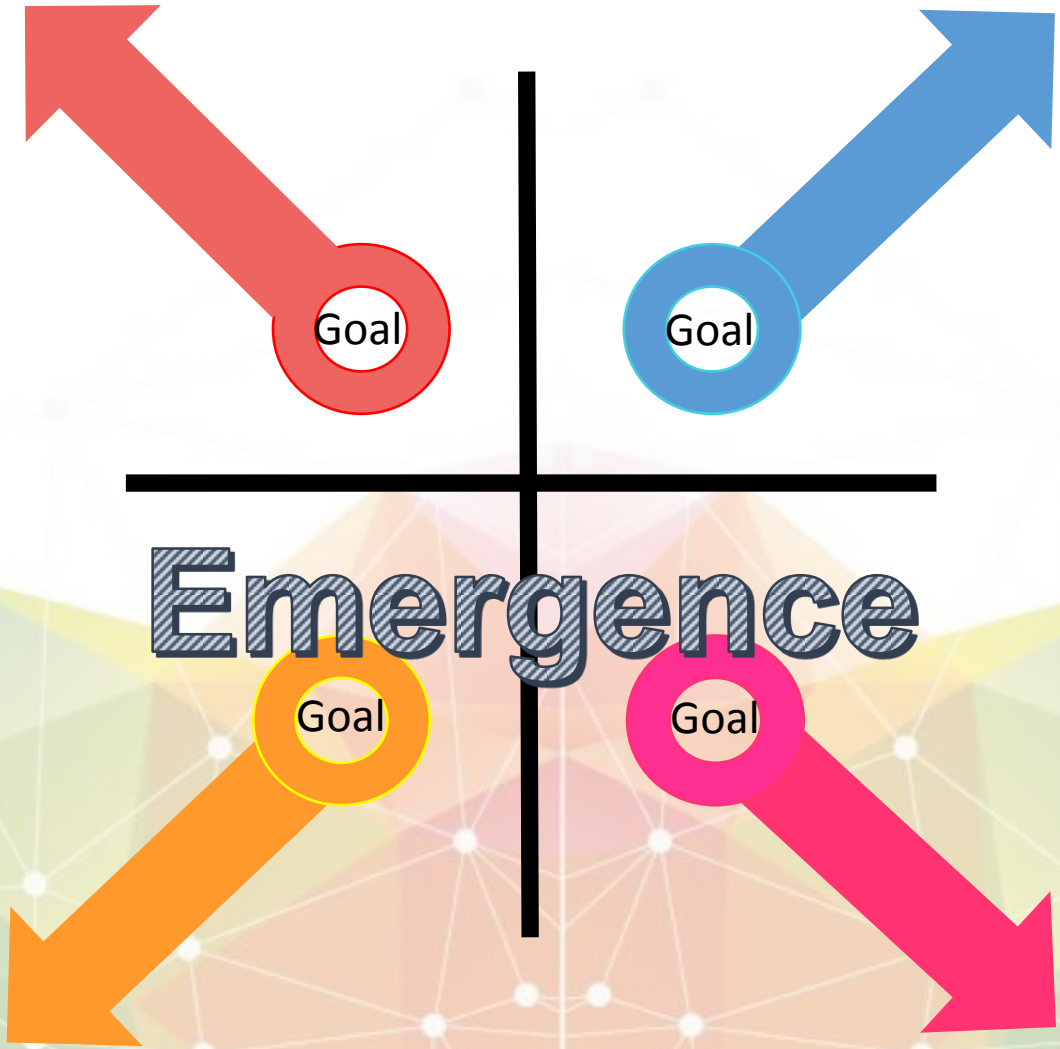
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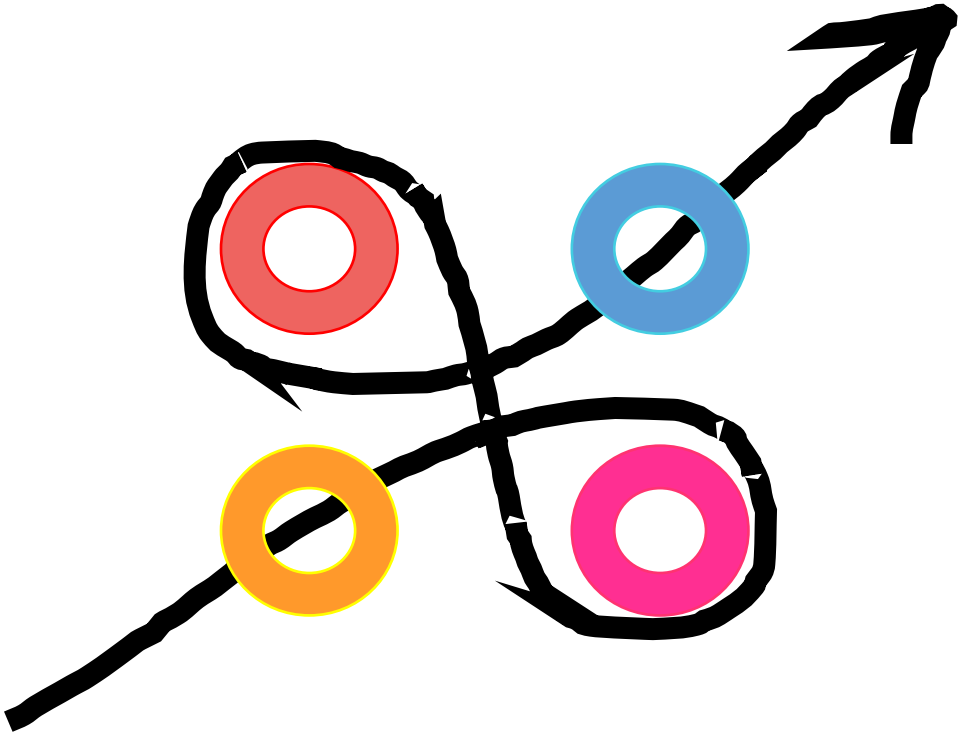


- Make sense of real world complexity.
- Understand real flow and interdependencies.
- Figure out what's holding a situation in place.
- Work out the 'best' intervention point for improvement - which fire [if any] to tackle first.
- Get 'everyone' looking at the same view.

- Cycle 1: Develop 2 logic models
  - Current reality causing the need for action.
  - Logical effect of injecting the NWD solution into the current reality – hypothesizing the intended future reality.
  - Pay special attention to the feedback loops holding the problem situation in place.
  - Enable Executive to scrutinize [critical intuition]

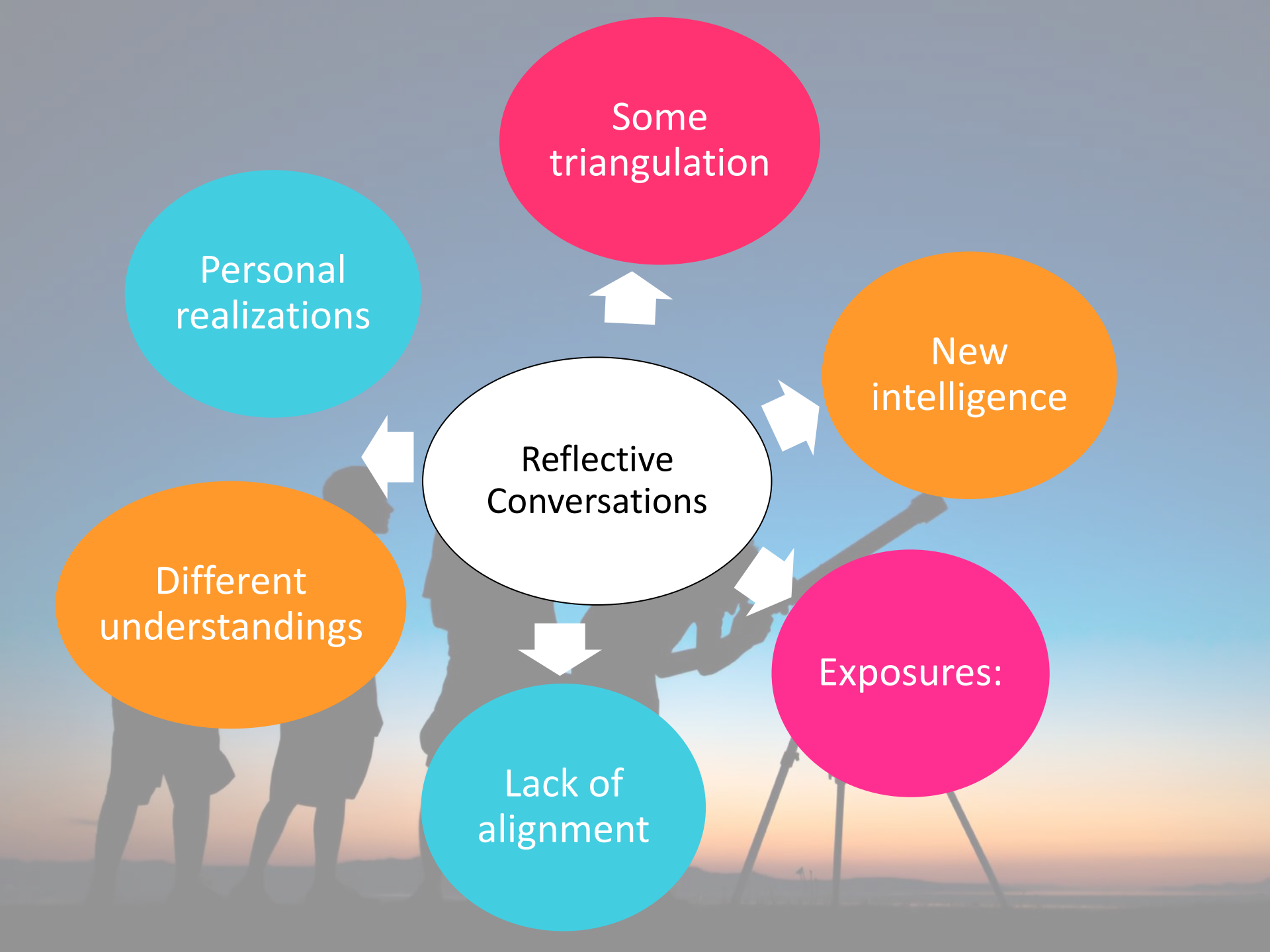
- Cycle 2: Reflective Conversations:
  - Create ‘safe’ conditions for stakeholders to ‘say it like it is’.
  - Add stakeholder experience into both logic models.

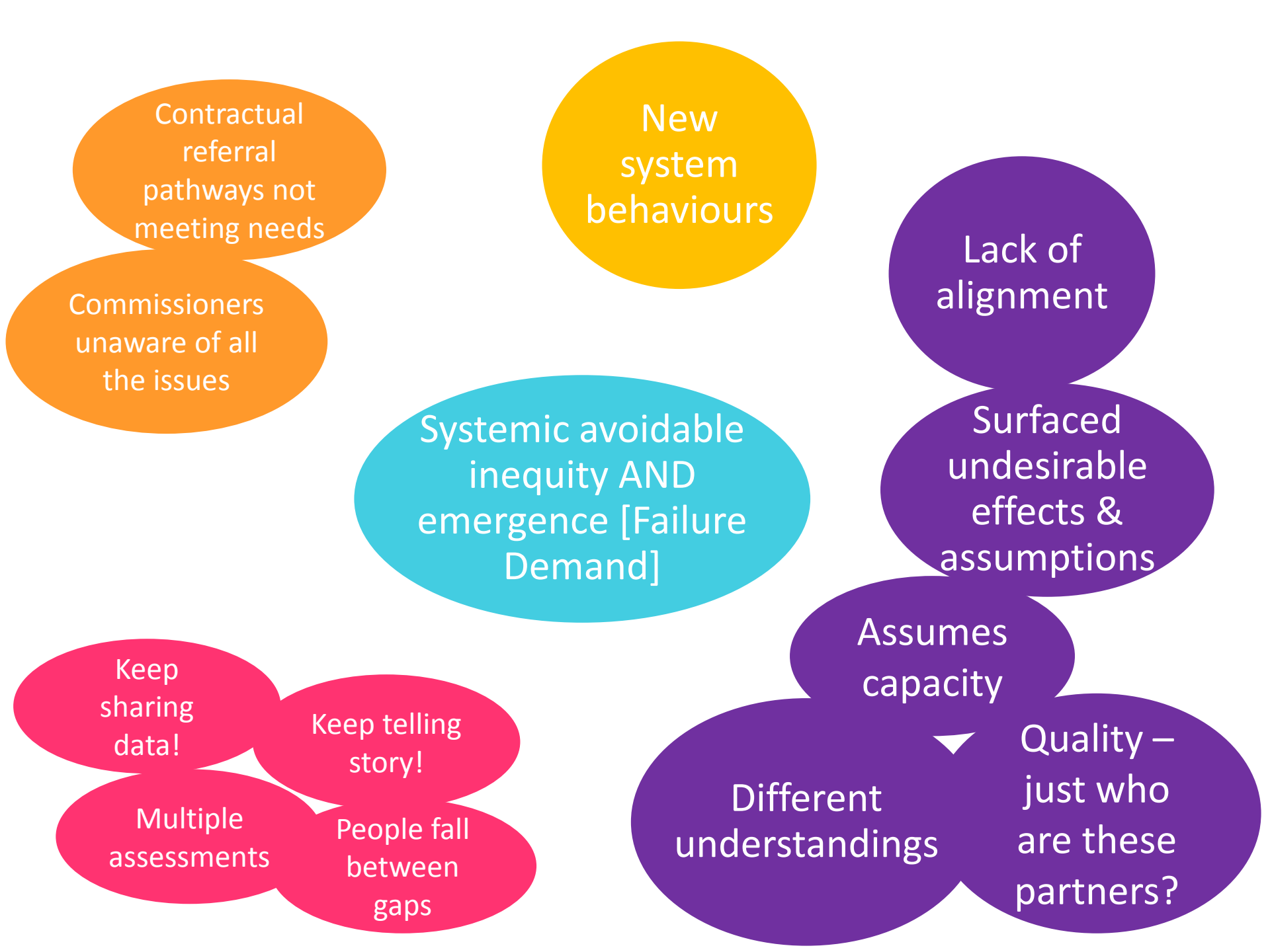
- Cycle 4: Testing
  - Logically test the impact of proposed solutions on the efficacy of the NWD solution.
  - Identify additional necessary or sufficient injections.
  - Enable Executive to scrutinize [critical intuition]
  - Concurrently develop draft strategic plan and strategic priorities [Executive].

- Cycle 5: Testing
  - Core Group test the final set of injections.
  - Core group approve strategic plan.

- Cycle 3: Workshop
  - Convene stakeholders into an immersive, intensive workshop
  - Support stakeholders to scientifically challenge the models.
  - Facilitate stakeholders to agree the strategic goal.
  - Facilitate stakeholders to co-design necessary and sufficient improvements to upgrade the existing NWD solution.

Vision Design Build Test Working Prototype


Some triangulation
Personal realizations
New intelligence
Reflective Conversations
Different understandings
Exposures:
Lack of alignment


Contractual referral pathways not meeting needs
Commissioners unaware of all the issues
New system behaviours
Lack of alignment
Systemic avoidable inequity AND emergence [Failure Demand]
Surfaced undesirable effects & assumptions
Keep sharing data!
Keep telling story!
Multiple assessments
People fall between gaps
Assumes capacity
Different understandings
Quality – just who are these partners?

Open membership!
Tracking [including ‘bouncebacks & to out of network]!
‘Real time’ capacity management!
Co-designed new injections!
Stewardship!
‘Solution’ not sufficient to achieve goal
Only necessary assessment!
Tie in Commissioning!
Oversight Group!
Quality standard!
Navigators!
Proactively recruit!
iCat!

LESS need to refer out of statutory provision into unregulated provision

MORE LIKELY that members will change internal systems and processes to accommodate system level working

MORE LIKELY Commissioners will adapt pathways or purchase more capacity to accommodate system level working

MORE LIKELY that referrals are to relevant providers who have capacity in real time.

LESS EASY for individuals to get a wrong door and more likely they will find a right door.

LESS LIKELY that Individuals withdraw from statutory funded support

Ultimately **LESS** people with multiple complex needs have avoidably poorer health and wellbeing outcomes causing **LESS** failure demand.