



## **Changing systems:**

# **A systems change strategy led by the South East Fulfilling Lives Core Group**

**DRAFT FOR SIGN OFF**  
**May 2017**

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## 1. Introduction

The South East Fulfilling Lives Project operates across Brighton & Hove, Eastbourne and Hastings and is one of twelve projects funded nationally for 8 years by the Big Lottery Fund.

The aim of this national programme is to create lasting change in how local areas support people with multiple needs. As well as providing better coordinated support to individuals, each locality is committed to exploring and evidencing more effective and efficient ways for designing, commissioning and delivering support services for this group so that long-term changes can be made for the future.

The South East Fulfilling Lives programme therefore works on two levels:

- An immediate level - working directly with people with multiple needs who are most in need of help right now. This includes people who are unable to access services and people who are accessing numerous services, numerous times, but with insufficient coordination to move forward with their lives.
- On a lasting level – to change systems and to enable people with multiple needs to receive the right support, at the right time, with the ultimate aim of creating services and systems that better meet the needs of this group.

The work of the SEFL programme is overseen by a Core Group of statutory and voluntary agencies. The Core Group is responsible for helping to achieve the four project outcomes:

- People with multiple and complex needs, previously not engaging well with services, self-report that they are better able to manage their lives, as a result of services being more accessible, targeted and better coordinated.
- Service users are empowered to directly influence service design and delivery within the project and externally.
- Services and roles will better meet the needs of service users through undergoing a process of review and evaluation, leading to lasting change in design and delivery.
- Long term improvements in systems, commissioning and policy will be achieved through shared learning and strengthened outcomes evaluation.

To achieve these outcomes the South East Fulfilling Lives Core Group must have a clear understanding of the system and a clear set of priorities for systems change. This document sets out the Core Group's view on systems change, following a series of discussions. It explores:

- The resources available (Section 2)
- The Core Group's view of the system and systems change (Section 3)
- The SEFL Approach to systems change (Section 4)
- The current programme of System and Service reviews (Section 5)
- The agreed "Priority System Actions" for the next two years (Section 6)
- Information on how the Core Group will measure and evaluate its progress on systems change (Section 7).

## 2. Resources available

The South East Fulfilling Lives programme has a range of resources available for systems change. These include:

- The skills, expertise and experience of Core Group members, which includes the following:
  - Nikki Homewood, (Chair) Director of Services, BHT
  - Neil Blanchard, CEO Southdown
  - Joe Powell, Housing Needs and Policy Manager Hastings BC
  - John Routledge- Eastbourne BC
  - Sam Newbould, Head of Resettlement, KSS CRC
  - Sue Forrest, Housing Commissioner, Brighton & Hove CC
  - Angela Girling, SU rep Fulfilling Lives
  - Daniel Parsonage, Substance Misuse Commissioner, East Sussex CC
  - Stephen Nicholson, Substance Misuse and Sexual Health Commissioner, Brighton & Hove CC
  - Ollie Hilbery, Making Every Adult Matter (MEAM) Coalition
  - Wayne Edmunds, County Partnerships Manager, DWP
  - Rosie Ross, Chief Superintendent, Sussex Police
  - Lisa Dando, Director, Brighton Women's Centre
  - Jacky Austen, General Manager, Sussex Partnership (MH) Trust
  - Martina Pickin, Consultant in Public Health, East Sussex CC
- The skills, expertise and experience of the staff team, which includes:
  - The Project's Senior Manager
  - The Project's Operational Manager
  - Senior staff at Brighton Housing Trust and the Delivery Partner organisations
  - Frontline staff in each location working directly with clients, providing assertive, specialist, personalised interventions.
  - Area Leads and Service Improvement Officers in each location
  - Service users across all three geographical areas who inform and support the work of the project, provide expertise, strengthen governance and provide support and aspiration to peers.

### 3. What is the system?

Thinking about systems is a useful way to tackle complex problems. These are problems in which neither the problem itself, nor the solution, is easy to define. Different stakeholders will have different views of the problem and of the solutions.

Tackling multiple needs, alongside issues such as climate change, is a classic example of such a problem. For example, if you asked ten people what the ‘problem’ was that needed to be solved around multiple needs, you would probably get ten different answers. The same would be true of the solutions. All these problems and solutions would be interlinked.

Standard problem-solving strategies don’t work well for complex problems. For example, an action plan is of little use if you’re not sure what *exactly* the problem is that you’re trying to solve. The plan may well start in the wrong place and point towards the wrong solution! Instead, experts suggest breaking complex problems down into their constituent parts – in other words, to use systems thinking.

**Figure 1: Complex problems**

		Consensus on problem	
		Yes	No
Consensus on solution	Yes	Simple Problem	Complicated Problem
	No	Complicated Problem	Complex Problem

#### What is the system?

The Core Group has agreed that:

- A system is made up of: parts (people, things, cultures) and relationships between these
- That systems contain purposes, assumptions and vested interests (that are not always obvious)
- That often systems have adverse consequences: systems fail.

Systems thinking can be seen as an opportunity to tackle problems in a different way, utilising different forms of leadership and seeking sustainable solutions:

*“Systems change is not simply about implementing new projects; it is about doing things differently, and is a process rather than a project. It requires new facilitative forms of leadership and extensive collaboration.”*

*“Systems change is a shift in the way that a community makes decisions about policies, programs, and the allocation of its resources — and, ultimately, in the way it delivers services to its citizens.”<sup>1</sup>*

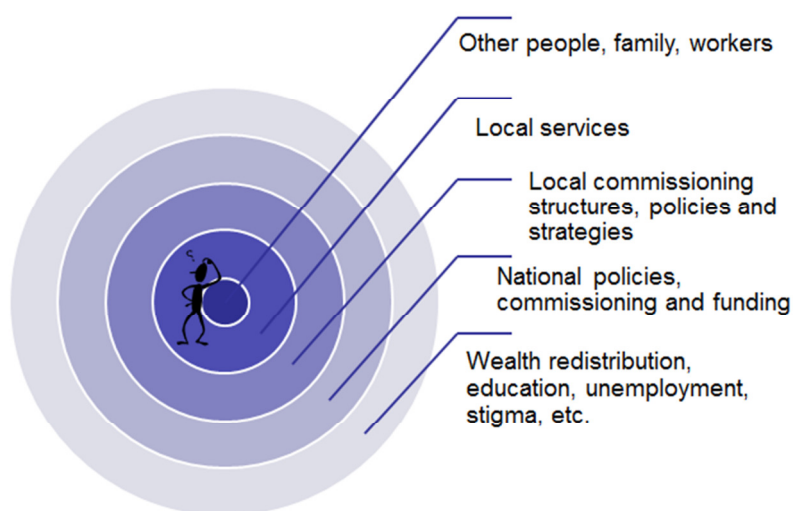
When using systems thinking, it can be helpful to:

- Focus on improvement and not optimisation: Don’t try and solve the problem, but move it to the next level.
- Test and learn: Iteration is vital, not a set masterplan
- Embrace uncertainty: Systems change work entails uncertainty. We need to accept this vulnerability.

### What does the system look like for someone with multiple needs?

The SEFL Core Group has considered the system that surrounds an individual with multiple needs. This is a complex system that includes everything from personal relationships at the centre, to national issues at the edge.

**Figure 2: The system for an individual with multiple needs**



The group has agreed that it is useful to think about “inner ring” and “outer ring” issues.

- **Inner ring** changes are those related to people, services and local policy decisions, at the centre of the diagram above. They are things that can be changed by people and services working in better ways to the benefit of people with multiple needs.
- **Outer ring** changes are those related to policy, commissioning and societal issues that are harder to change. This may include some local policy and commissioning decisions (especially those guided by national directions) but is more likely to relate to national decisions and societal issues.

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<sup>1</sup> See: [http://www.ccitoolsforfeds.org/systems\\_change.asp](http://www.ccitoolsforfeds.org/systems_change.asp)

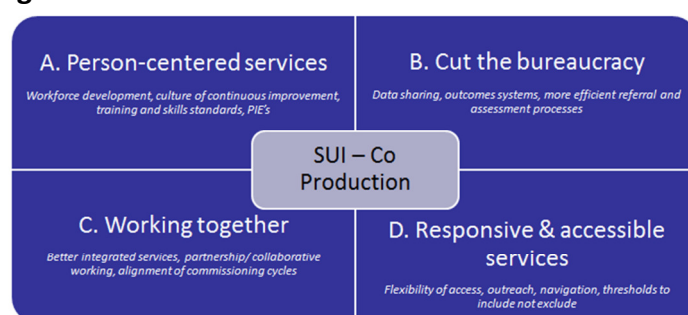
## 4. Our approach to systems change

Section 3 shows that the system is large and complex. The SEFL Core Group has identified that it needs a clear approach to systems change if it is to be successful in changing systems over the course of the programme.

SEFL has therefore adopted an approach to systems change that has four main elements:

- a) **Gaps and barriers:** Gaps and barriers to an effective system for people with multiple needs are recognised and recorded as part of the programme. This includes information from service users, frontline workers and system brokers. The list is regularly updated by the programme team.
- b) **Pillars:** The identified gaps and barriers are grouped by the programme team under one of four main pillars (see below). This helps the team to consider where actions can be taken.

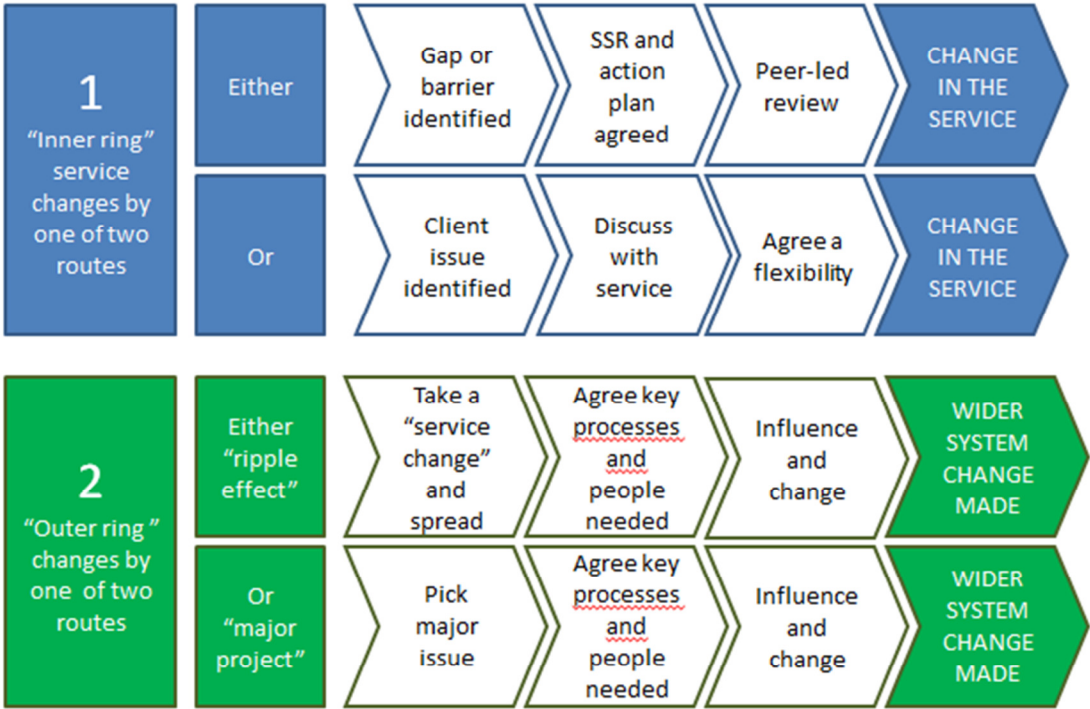
**Figure 3: Pillars**



- c) **System and Service Reviews (SSRs):** SSRs arise either because of a gap/barrier that has been identified or the identification of a client issue/experience. SSRs are undertaken by the Service Improvement Officers in partnership with local stakeholders. They involve the discussion of the issue with key players; a joint plan of action agreed with key stakeholders; a period of implementation of the plan; and a review process, change audit, or mystery shopping exercise to explore the changes that have been made. All SSRs are documented and recorded. By nature, most SSRs are addressing “inner ring” system changes, where progress can be made by local staff and services working together in better ways. The next section includes a full list of SSRs.
- d) **Priority System Actions (PSAs):** Some issues cannot be solved by SSRs. These issues may become Priority System Actions (PSAs), and the Core Group has agreed to work on four in any two-year period. Some PSAs arise as the result of an SSR where it has been identified that more systemic actions are needed (this is referred to locally as the “ripple effect” of change). Other PSAs are simply agreed by the Core Group as a big issue that needs attention. By nature, most PSAs tend to be addressing “outer ring” system changes, where progress requires changes in policy and commissioning decisions, both locally and nationally.

Figure 4, below, shows the SEFL approach to systems change in diagrammatic form.

**Figure 4: The SEFL approach to systems change**





## 5. System and service reviews

The following System and Service Reviews are currently being conducted in years 1-3 of the programme.

### (a) Already completed

Name of SSR	Substitute prescription & informed choice
Proposed change	People going through the Pavilions Drug & Alcohol treatment service to have accessible and relevant information to be able to make decisions and choices about the care and support they receive.
Comments	Service Improvement evidenced Nov 16

Name of SSR	Hostels & Pavilions shared care plans
Proposed change	Hostels and Pavilions Drug & Alcohol treatment service to share client care plans and to have regular three-way meetings to review care plans. The aim is to build closer partnership and collaboration.
Comments	Change Audit is complete (evaluation report currently being written, work will be signed off as service improvement). Partnership meeting planned for June 17.

Name of SSR	SWEP protocol
Proposed change	Improved communication and notification processes of SWEP being triggered locally
Comments	Recommendations were implemented in the updated Hastings homelessness strategy (2015/17) so RAP was not necessary.

Name of SSR	Homeless street map of Eastbourne
Proposed change	That a directory of services for homeless people be produced in accessible format
Comments	Map printed and finalised Oct 16

Name of SSR	ESRA recovery groups
Proposed change	Increase in groups run externally from SMS and for there to be a protocol in place for cancelled groups and updating/informing clients.
Comments	Change audit completed and improvement demonstrated May 16

Name of SSR	Activities and Groups at Lift House (Eastbourne)
Proposed change	Timetables and notice boards up to date and accurate with groups going on. SU feedback after every group, cover for holidays and rooms being tidied after groups.
Comments	Change audit completed and improvement demonstrated May 16

Name of SSR	Hospital ward staff workforce development
Proposed change	Regency ward – Millview hospital, Brighton. The aim is increased staff confidence and awareness around Legal Highs, DD screening and intervention and local pathways in third sector services and improved links to community services
Comments	All recommendation taken up by Mill View Hospital now Practice Development nurse in post

### (b) Underway

Name of SSR	RISE & IDVA pathways
Proposed change	Circumnavigating the Rise triage system for MCN client group, to be allocated straight to a worker, meeting MCN clients outside of Rise buildings, more outreach
Comments	RISE have been awarded extra funding from the Big Lottery to work in a more assertive /outreach way and are now able to engage with this SSR.

Name of SSR	Rehab Guide
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Proposed change	Alternative Guide to Rehabs to be produced by service users focusing on areas not normally covered in Provider Guides. Use of Social Media, Money, visits, MH medication etc.
Comments	RAP agreed with CGL and use of guide by their staff underway April 17.

<b>Name of SSR</b>	<b>Orbit Housing workforce development</b>
Proposed change	Improved insight into issues that impact on first year sustainment of tenancies for Housing Officers. Training tools being developed.
Comments	RAP planned for April 17.

<b>Name of SSR</b>	<b>Asset based assessment form</b>
Proposed change	Hostel referral forms to be more asset based as opposed to focussed on the deficits of individuals i.e. purely looking at risk.
Comments	Underway – work being led by FL Brighton Action Group

<b>Name of SSR</b>	<b>MH and Rehab</b>
Proposed change	Collaboration between Equinox and FL: facilitation of a MDT to look at complex cases and rehab
Comments	No RAP date as yet

<b>Name of SSR</b>	<b>Transitions from supported to independent living</b>
Proposed change	Improved awareness of options / informed choice when making transition from supported to independent living
Comments	No RAP date as yet

<b>Name of SSR</b>	<b>Workforce development (Foodbank)</b>
Proposed change	Volunteers and staff better able to understand their clients – breaking down barriers and enabling better engagement
Comments	Change Audit planned May 17

<b>Name of SSR</b>	<b>DPA1 usage (Eastbourne)</b>
Proposed change	Reduced benefit sanctions for individuals; better access to services, service user experience, partnership & collaboration.
Comments	Relaunch event held 28/07/16. Uptake of DPA1 and consent letter will be monitored over the coming six months – and a final report written as part of RAP.

<b>Name of SSR</b>	<b>Butane Gas</b>
Proposed change	Reduce butane misuse in Eastbourne. Develop a FAQ sheet for local businesses on current legislation/law and effects of butane/solvents.
Comments	Group on follow-up consultation with local business development team & EBC trading standards.

<b>Name of SSR</b>	<b>ABC's in TA / EA Eastbourne</b>
Proposed change	An engagement tool to enable clients to access housing (TA) which previously may not have been an option for them or whereupon IH decisions have been made.
Comments	Following discussion EBC & multi agency hub the ABC will be utilised by the hub network for nominated clients only. Impact report May 17

### (c) Early stages

<b>Name of SSR</b>	<b>Peer Mentor project</b>
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Proposed change	Increasing access to peer mentors; to expand the visible recovery community, maintain continuity of resident support, alleviate some of the capacity issues experienced by hostels.
Comments	Opportunities being explored regarding FL acting as peer mentor pilot project to inform a commission by hostels pathway in Brighton.

<b>Name of SSR</b>	<b>Hostels and MH closer working</b>
Proposed change	Hostels and statutory mental health to share client care plans and to have regular three-way meetings to review care plans. The aim is to build closer partnership and collaboration.
Comments	Plan to repeat model from earlier RAP with substance misuse service

<b>Name of SSR</b>	<b>DD Pathways in the criminal justice system</b>
Proposed change	More coherent resettlement plans for MCN client group from HMP Lewes back to Brighton.
Comments	Early discussions with RAPt (provider)

<b>Name of SSR</b>	<b>DPA1 usage (Brighton)</b>
Proposed change	Reduced benefit sanctions for individuals; better access to services, service user experience, partnership & collaboration.
Comments	Discussions with DWP

<b>Name of SSR</b>	<b>Best Practice Staff Guide for Detox and Rehabilitation preparation</b>
Proposed change	Uniform adoption of agreed best practice when helping clients to prepare for Detox & Rehab.
Comments	No RAP scheduled yet

<b>Name of SSR</b>	<b>Women's Guide to services in Hastings</b>
Proposed change	IOM / Probation to better support female clients to access women specific service options.
Comments	Still at early scoping stage

<b>Name of SSR</b>	<b>Dual Diagnosis Workforce development (Hastings)</b>
Proposed change	Promotion of increased co-ordination between the MH and SMS services and an agreed protocol for working locally to increase the chances of those with MCN achieving positive outcomes and to reduce the need to move between the two services, trying to get the right help and support.
Comments	2 Facilitated Learning events have been scheduled for May and June 2017, with an NPS training event scheduled for May 2017.

## 6. Priority System Actions (PSA's)

[NOTE: This section of the report in particular is for sign off at the Core Group meeting on 27<sup>th</sup> April 2017]

The Core Group has agreed four Priority System Actions for years 3 and 4 of the programme. As described above, these have arisen either from SSRs or are issues that the Core Group have identified as requiring attention.

The four areas are:

- Co-production and service user involvement in designing, delivering and commissioning services
- Promotion of trauma informed care/ psychologically informed environments in statutory services
- Mental health pathways and support across transitions
- Innovative accommodation pathways and partnership working

A plan for each of these is included on the following pages.

<b>PSA ONE</b>
Service users with lived experience of complex needs to be involved in the commissioning of services.
<b>Why</b>
<p>Because services often do not meet the needs of service users with the most complex needs – eg. access criteria, engagement criteria, thresholds of needs, services not commissioned for dual needs etc.</p> <p>Because the involvement of service users with lived experience of complex needs should improve accessibility, quality and outcomes.</p>
<b>What we want to achieve</b>
<ul style="list-style-type: none"> <li>• the involvement of experts by experience in the design of services to be the norm.</li> <li>• the involvement of experts by experience in the monitoring of services.</li> <li>• increased recognition of the value of lived experience in commissioning processes.</li> <li>• for service user involvement to be embedded in commissioning processes for all relevant services in Brighton and Hove, Eastbourne and Hastings.</li> <li>• to develop shared service user involvement principles of excellence and guidance with commissioners.</li> <li>• to demonstrate that service user involvement leads to services that are accessible and effective for people with complex needs.</li> </ul>
<b>How we intend to do this</b>
<ul style="list-style-type: none"> <li>➤ scope local commissioning practice re service user involvement *</li> <li>➤ understand legal parameters for service user involvement and how these can be addressed</li> <li>➤ assess the levels of buy-in *</li> <li>➤ hold workshops with commissioners*</li> <li>➤ develop a good practice toolkit for use in commissioning.</li> <li>➤ facilitate service user involvement in local commissioning. *</li> <li>➤ collate evidence of the impact of service user involvement in commissioning.</li> <li>➤ develop a local Communities of Practice network for commissioners.</li> <li>➤ produce a training resource for service users.</li> <li>➤ scope award/quality mark for services designed with best practice of service user involvement.</li> <li>➤ monitor the effect of service user involvement on service quality and service user outcomes.</li> <li>➤ provide opportunities for national networking and updates.</li> </ul>
<b>How to measure and evaluate</b>
<ul style="list-style-type: none"> <li>• proportion of local services commissioned with service user involvement -target 80%</li> <li>• proportion of local services monitored with service user involvement -target 80%).</li> <li>• formal feedback from service users on the impact of their involvement.</li> <li>• evidence from commissioners on the impact of service user involvement.</li> </ul>
<b>Core Group lead/s</b>
<p>Jo Rogers Daniel Parsonage Sue Forrest</p>

<b>PSA TWO</b>
For staff in mainstream services to adopt trauma informed working practices.
<b>Why</b>
<p>Because a lack of trauma informed working results in service users with MCN being excluded from services (both accessing and remaining in services).</p> <p>Because criteria and judgements that exclude service users with MCN lead to greater pressure on crisis services, and increased costs.</p>
<b>What we want to achieve</b>
<ul style="list-style-type: none"> <li>• increased access for MCN clients to mainstream services.</li> <li>• reduced exclusions of MCN clients from accommodation and non-accommodation services.</li> <li>• increased ability and capacity in mainstream services to deal with complex needs.</li> <li>• clients with MCN to be treated respectfully and without stigma.</li> <li>• to demonstrate that trauma informed services are more effective.</li> </ul>
<b>How we intend to do this</b>
<ul style="list-style-type: none"> <li>➤ develop Trauma Informed Care (TIC) training programme and resources.</li> <li>➤ deliver TIC training workshops.*</li> <li>➤ promote asset based working and asset based assessments and challenge deficit-based approaches and systems.*</li> <li>➤ develop resources to challenge stigma.*</li> <li>➤ develop work experience exchanges across sectors.</li> </ul>
<b>How to measure and evaluate</b>
<ul style="list-style-type: none"> <li>• evaluate the impact of TIC working on clients' experience and outcomes.</li> <li>• evaluate the impact of TIC working on staff performance (incl. motivation and well-being).</li> <li>• evaluate the impact of TIC working on service user access and service user exclusions.</li> <li>• conduct financial and counterfactual reporting,</li> <li>• collate case studies.</li> </ul>
<b>Core Group lead/s</b>
<p>Jo Rogers Lisa Dando</p>

<b>PSA THREE</b>
For clients with MCN to have access to the mental health support that they need.
<b>Why</b>
<p>Because individuals with MCN are often unable to access support for mental health due to access criteria. This situation is particularly apparent for those with co-existing mental health and substance use needs.</p> <p>Because people with MCN need holistic care.</p>
<b>What we want to achieve</b>
<ul style="list-style-type: none"> <li>• For clients with MCN to be able to access the mental health support they need.</li> <li>• Shared cross sector understanding of which conditions are considered to be mental health conditions by statutory mental health services, so that non statutory staff can make informed referrals.</li> <li>• Clarity on what statutory services are available for treatment of complex trauma.</li> <li>• Discussions on the additional requirements for treatment of complex trauma.</li> <li>• Clarity on what statutory services are available for treatment of personality disorder.</li> <li>• Discussions on the additional requirements for treatment of personality disorder.</li> <li>• Joint care planning for those with co-existing conditions.</li> <li>• Professionals' greater knowledge and understanding of the situation of people with multiple and complex needs, in order to end the perception of "lifestyle choice".</li> <li>• Explore the use of the Mental Capacity Act in assessing "capacity" of people with multiple and complex needs, to ensure the assessment is not used to exclude.</li> <li>• Earlier intervention for people with multiple and complex needs, (ie. before reaching crisis)</li> <li>• Increased skills in non-specialist services to work with service users with multiple and complex needs – clinical support, training, trauma informed working etc.</li> <li>• Increased co-working (including delegation and guidance) between statutory mental health services and non-statutory services, to increase the capacity of both.</li> <li>• A culture of shared purpose and responsibility for seeking solutions.</li> </ul>
<b>How we intend to do this</b>
<ul style="list-style-type: none"> <li>➤ facilitate shared events incl. training.</li> <li>➤ co-ordinate shared training to improve non-statutory services' understanding of statutory mental health services' criteria and scope.</li> <li>➤ co-ordinate shared training to improve statutory mental health services' understanding of non-statutory provision.</li> <li>➤ inter-disciplinary understanding of legal requirements and guidelines in order to explore innovative local interpretation/application of these to ensure people with multiple and complex needs are not excluded.</li> <li>➤ clarify all mental health service provision in East Sussex and B&amp;H, for workers and for clients.</li> <li>➤ share case studies to highlight and understand real barriers and to explore solutions.</li> <li>➤ identify and share good practice locally and in other areas.</li> <li>➤ pilot therapeutic interventions with clients not normally accepted, in order to challenge access criteria.</li> </ul>

- develop a model where mental health clinicians provide direction to other workers to (i) support clients and to (ii) facilitate successful referrals.

#### **How to measure and evaluate**

- Collate case studies that demonstrate whether access and outcomes for people with multiple and complex needs have improved.
- Service user feedback on accessing mental health support.
- Monitoring referrals to mental health services and acceptance of referrals.
- Monitoring staff knowledge and understanding.
- Evidence of cross-sector working, joint care planning.
- Forums for training, problem solving and shared care to be embedded.

#### **Core Group lead/s**

Jo Rogers  
Jacky Austen  
Martina Pickin



#### **PSA FOUR**

Accessible accommodation for people sleeping rough and effective partnership working to provide support for rough sleepers to maintain accommodation.

#### **Why?**

Because many clients with MCN are unable to access and maintain stable housing.

Rough sleeping keeps people in dangerous patterns of behaviour and limits their ability to make progress in other areas.

Because no one should have to sleep rough.

#### **What we want to achieve**

- Accommodation options for people with multiple and complex needs
- Supported accommodation provision that accommodates those with multiple and complex needs (rather than assessing them as too high support)
- Reduction in evictions of people with multiple and complex needs
- Reduction in intentional homelessness decisions for people with multiple and complex needs
- Multi-agency assessments, support planning and case coordination for those with the most complex needs

#### **How we intend to do this**

- Promote and facilitate integrated strategic working across sectors – including housing, health, criminal justice, social care, substance misuse.
- Pilot Housing First in Eastbourne and Hastings
- Model best practice in enabling people with multiple and complex needs to maintain accommodation.
- Identify where accommodation or housing support provision is not accessible to, or is unable to manage, those with multiple and complex needs.
- Promote effective frontline partnership working, to work together to achieve housing and support solutions for clients with multiple and complex needs.
- Embed case co-ordination as a model for working with those with multiple and complex needs.

#### **How to measure and evaluate**

- Collate case studies that demonstrate whether access to accommodation has improved for people with multiple and complex needs
- Monitor referrals to supported accommodation / housing support and acceptance of referrals
- Evaluate the Housing First pilots
- Monitor evictions from supported accommodation of those with MCN
- Monitor intentionality decisions for those with MCN
- Increased accommodation options for people with multiple and complex needs.
- Monitor the effectiveness of case co-ordination.

Core Group lead/s
Jo Rogers Joe Powell Neil Blanchard Sue Forrest

### Measuring Progress

Measuring progress will be a vital part of the systems change strategy.

All SSRs will be recorded and progress regularly reviewed.

Each of the PSAs includes an agreement on how progress will be monitored and assessed. Progress on each of the PSAs will be regularly reported to the Core Group by the agreed lead.

[If agreed] The local evaluation of the Fulfilling Lives programme will take an over-arching view on progress of the PSAs and help the programme to agree its priorities for future years.