

South Gloucestershire Council

# Creative Solutions Project Evaluation

The Creative Solutions Project was established in May 2021 with funding from the Prevention Fund. The project aims to address complexity and multiple disadvantage experienced by individuals in South Gloucestershire. This evaluation focuses on the period from September 2022 to March 2024.

## Creative Solutions Project Evaluation

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## Table of Contents

Background .....	3
Key elements of the Creative Solutions Project .....	3
Aim of the evaluation .....	4
Objectives of the evaluation .....	4
Scope of the evaluation .....	6
Methods .....	6
Findings.....	8
<b>1. Agency, teams and organisations' engagement with Creative Solutions meetings and activities .....</b>	<b>8</b>
1.1 Referrals to the Creative Solutions coordinator .....	8
1.2 Attendance at the Creative Solutions Board .....	13
<b>2. Whole system identification and applied understanding of 'blockages' .....</b>	<b>14</b>
2.1 Identification of 'blockages' .....	14
2.2 Applied understanding of 'blockages' .....	15
<b>3. Whether and how organisations and agencies cooperate to find solutions to alleviate blockages and support individuals .....</b>	<b>17</b>
3.1 Examples of cooperative working in board meeting discussions .....	18
3.2 Examples of cooperative working in board meeting action points .....	19
3.3 Board member perspectives on a collective approach .....	19
<b>4. Whether and to what extent organisations and agencies adopt or implement new ways of working or processes to support individuals, as a result of objective 3 .....</b>	<b>22</b>
4.1 Case studies .....	22
4.2 Board minutes indicating new ways of working .....	27
4.3 Adoption of new ways of working: board member interviews .....	28
4.4 Barriers and facilitators to new ways of working .....	29
4.5 Practitioners Network and new ways of working .....	30
<b>5. Where shared learning has taken place and how this might impact on understanding and ways of working for practitioners and colleagues across the system .....</b>	<b>32</b>
<b>6. The importance of the Coordinator in the Creative Solutions Project .....</b>	<b>32</b>
Discussion.....	34
<b>Summary of findings .....</b>	<b>34</b>
<b>Strengths and limitations .....</b>	<b>34</b>
<b>Recommendations .....</b>	<b>35</b>

References.....	37
Appendix 1 .....	38

## Background

This is an evaluation of the Creative Solutions Project from September 2022 to March 2024. The project, initially known as the Creative Solutions Board (CSB), has existed in South Gloucestershire (SG) since May 2021. The project has evolved over time and while the CSB is critical, it runs alongside multiple other components illustrated in Figure 1. The project was commenced to address complexity experienced by individuals in SG, including risks relating to their physical and mental health, as well as wider social challenges such as housing difficulties, substance misuse or a history of offending. These individuals and families may experience marginalisation in SG and have complex relationships with local services, agencies and organisations. The board aims to provide creative solutions for individuals, as well as supporting system change. Throughout this evaluation we use the term “blockage” and this relates to barriers or challenges existing in the local SG system, which can stall progress for a client experiencing multiple disadvantage or complexity.

The aims of the project are to increase cost-effectiveness in the system and positively impact both clients and staff. Supporting people experiencing multiple disadvantage through a trauma lens and using trauma-informed approaches is known to be a cost-effective strategy with multiple demonstrably positive outcomes, across housing, mental health and criminal justice (2). It also has benefits for staff working with clients, increasing confidence and morale (2). Another important thread running throughout the Creative Solutions Project is the use of a preventative approach to improve effectiveness in the system. As part of “getting ahead of the curve” and preventing downstream negative and costly outcomes, the project uses creative and flexible strategies involving multiple agencies working together as a whole system, sharing responsibility, and aiming to overcome organisational silo-working.

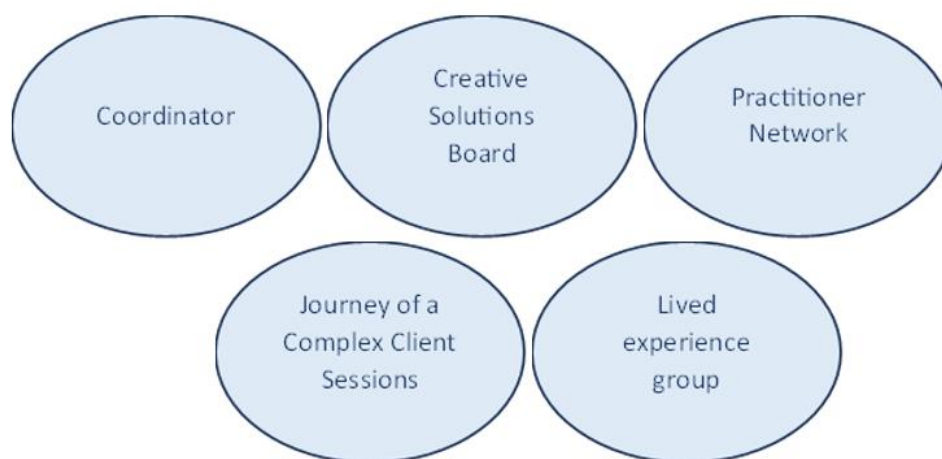
Given the systems approach and complex inter-dynamic structure of the Creative Solutions Project, which exists in a dynamic-shifting context, this evaluation should be viewed as being part of a wider developmental approach, rather than a simple linear process towards achieving outcomes.

## Key elements of the Creative Solutions Project

The Creative Solutions Project has several interconnected components, summarised in Figure 1, with the Creative Solutions coordinator undertaking organisation and delivery of each. The coordinator was also supported for a period of time by a public health assistant, whose activities provided business support for the project. The coordinator receives client referrals from practitioners and services, working closely

alongside organisations to try to establish solutions and alleviate a block. If needed, the coordinator will then progress specific cases to the CSB for cross-organisation input. The board brings together decision makers and partnering agency managers across the system, alongside lived experience input, to drive systemic change by addressing structural barriers and improving outcomes for individuals and families. The coordinator also supports the Practitioner Network, which involves monthly informal meetings to build and strengthen the network. Additionally, the coordinator runs Journey of a Complex Client sessions for practitioners and feeds into the Lived Experience group, as well as circulating informative newsletters to practitioners and wider services.

**Figure 1: Summary of key elements of the Creative Solutions Project**



## Aim of the evaluation

The Creative Solutions Project is by nature a complex initiative, with multiple organisations coming together intending to improve outcomes for individual clients, while also strengthening effectiveness and prevention in the whole SG system.

To focus the evaluation, our key question is:

*How has the CSB supported individuals and improved multi-agency working and impacted the whole system approach to adults and young people with complex needs?*

## Objectives of the evaluation


While individual client outcomes are an important focus of the Creative Solutions Project, this evaluation intends to focus on objectives which explore the impact of the Creative Solutions Project on the local SG system involved in supporting clients.

Therefore, the evaluation has assessed the following objectives:

1. Monitor agency/teams/organisations engagement with CSB meetings and activities.
2. Monitor whole system identification and applied understanding of blockages.
3. Assess whether and how organisations and agencies cooperate to find solutions to alleviate blockages and support individuals.
4. Assess whether and to what extent organisations/agencies adopt/implement new ways of working or processes to support individuals, as a result of objective 3.
5. Assess where shared learning is taking place and how this may impact on understanding and ways of working for practitioners and colleagues across the system.

These objectives form the 5 key outcome areas of the evaluation, represented in the logic diagram in Figure 2.

**Figure 2: Logic diagram for Creative Solutions initiative and evaluation.** The arrow represents the progression of time, as input and activities take place to address the situation. The 5 key outcomes of the evaluation are included as short/medium- and long-term outcomes, with outcome 5 being included across all time periods.

Situation/need	Input	Activities and outputs	Short/medium term outcomes	Long term outcomes
				
Highly complex needs of individuals in SG who are experiencing a “block” in the system	<b>Staff:</b> coordinator, independent chair, wider Public Health team including Public Health assistant  <b>Time and resources:</b> from	<b>Coordinator activities:</b> receipt of referrals, working with organisations to resolve blockages, onward referral of cases to CSB  <b>CSB:</b> multi-agency discussion of	<b>1.</b> Agency, teams and organisations’ engagement with Creative Solutions meetings and activities  <b>2.</b> Whole system identification and applied understanding of	<b>4.</b> Whether and to what extent organisations and agencies adopt or implement new ways of working or processes to support individuals  <b>5.</b> Where shared learning has taken

	<p>Creative Solutions Project, practitioners, local organisations</p> <p><b>Commitment to collaboration and “buy in”:</b> from Creative Solutions Project, practitioners and local organisations</p>	<p>cases</p> <p><b>Practitioner Network:</b> meetings and referral of cases to coordinator</p> <p><b>Journey of a Complex Client sessions</b></p> <p><b>Lived experience group</b></p> <p><b>Newsletter to practitioners</b></p>	<p>‘blockages’</p> <p><b>3.</b> Whether and how organisations and agencies cooperate to find solutions to alleviate ‘blockages’ and support individuals, and system flexibility</p> <p><b>5.</b> Where shared learning has taken place and how this might impact on understanding and ways of working for practitioners and colleagues across the system</p>	<p>place and how this might impact on understanding and ways of working for practitioners and colleagues across the system</p>
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## Scope of the evaluation

This evaluation is designed to assess whether the CSB can deliver multi-disciplinary teamwork by:

- successfully bringing appropriate service areas together repeatedly to cooperate and collaborate in complex cases,
- including the range of services that is necessary for solution outcomes for cases,
- being regarded as valuable in removing complex case barriers to outcomes and promoting or providing 'nudges' in changing client centred practices,
- avoiding duplication elsewhere in the process,
- demonstrating sustainability.

## Methods

We follow an outcome evaluation approach, with each of the 5 evaluation objectives representing key outcome areas, as reported in Figure 2. The multi-method evaluation synthesises qualitative and quantitative data across several key sources:

**Referral data:** Demographic characteristics of individual clients referred to the Creative Solutions coordinator were analysed by the coordinator and wider public health team, as well as number of referrals per organisation type and area of concern.

**Board minutes and recorded actions:** This was collected approximately monthly from February 2023 until March 2024. This data captured attendance at the CSB, including the range of agencies attending, as well as details of cases discussed and actions taken, and organisational responsibility for actions.

**Interviews with CSB members:** 8 members were interviewed by the researcher-in residence in 1:1 semi structured interviews. Interviews were conducted during February to March 2024 and used a flexible topic guide including question areas such as members' overall experience of the CSB, whether the CSB has enabled new ways of working, and awareness of duplication of CSB work occurring elsewhere in the system. Interviews were transcribed and analysed by the qualitative intelligence expert in the Public Health division, using NVIVO software and a Thematic Analysis approach. Responses were anonymised and assigned a letter A-J pre-analysis. Direct quotes are used throughout the presentation of findings to ensure authentic voices are heard, referenced by the assigned letter so breadth of views is transparent.

**Practitioner Network focus groups:** During a planned network session, a focus group was conducted by the researcher in residence. Questions to the group considered the benefits of the Practitioner Network, as well as whether other practitioners should be encouraged to join. Data was transcribed, anonymised and analysed by the aforementioned qualitative intelligence expert in the division using NVIVO software and a Thematic Analysis approach.

**Case study sharing:** Practitioners working closely with clients fed back to the project to provide updates on specific cases, allowing understanding of outcomes and progress, after CSB input.

**Journey of a Complex Client session feedback:** Practitioners provided qualitative feedback on specific learning from these sessions, from July 2023 to May 2024.

Table 1 describes the 5 key outcome areas, and the data source used to assess each outcome area.

**Table 1: A summary of the 5 outcome areas and the data informing each area**

Outcome area	Data source assessing outcome area
1. Agency, teams and organisations' engagement with Creative Solutions meetings and activities	<ul style="list-style-type: none"> <li>Referral data: demographic characteristics and referral sources,</li> <li>Board minutes: attendance and organisations represented at the CSB,</li> <li>Interviews with CSB board members: capture facilitators or challenges in engaging with the CSB.</li> </ul>
2. Whole system identification and applied understanding of 'blockages'	<ul style="list-style-type: none"> <li>Board minutes: identification and applied understanding of blockages,</li> <li>Journey of a Complex Client sessions feedback: perspectives on identification of blockages,</li> <li>Interviews with CSB board members: barriers and facilitators in identifying blockages.</li> </ul>
3. Whether and how organisations and	<ul style="list-style-type: none"> <li>Board minutes and action points: examples of cooperative working,</li> </ul>



agencies cooperate to find solutions to alleviate 'blockages'	<ul style="list-style-type: none"> <li>Interviews with board members: perspectives on a collaborative approach.</li> </ul>
4. Whether and to what extent organisations and agencies adopt or implement new ways of working or processes as a result of objective 3	<ul style="list-style-type: none"> <li>Case study sharing: indicating new ways of working,</li> <li>Board minutes: indicating new ways of working,</li> <li>Interviews with CSB board members: perspectives on adoption of new ways of working and barriers/facilitators to new ways of working,</li> <li>Practitioners Network focus groups: new ways of working.</li> </ul>
5. Where shared learning has taken place and how this might impact on understanding and ways of working for practitioners and colleagues across the system	<ul style="list-style-type: none"> <li>Referral data: to explore equity,</li> <li>Board minutes: assessing cross-organisation learning.</li> </ul>

## Findings

Findings are reported across the 5 outcome areas listed in Table 1. An additional outcome area, outcome 6, considers the effectiveness of the Creative Solutions coordinator role. This added focus was included during the data analysis stage, as it was a consistent theme which emerged across the data.

### 1. Agency, teams and organisations' engagement with Creative Solutions meetings and activities

To assess the engagement of agencies and organisations with the Creative Solutions Project, we considered referrals to the coordinator and organisational attendance at the CSB, including any barriers to attendance.

#### 1.1 Referrals to the Creative Solutions coordinator

##### *Referral characteristics*

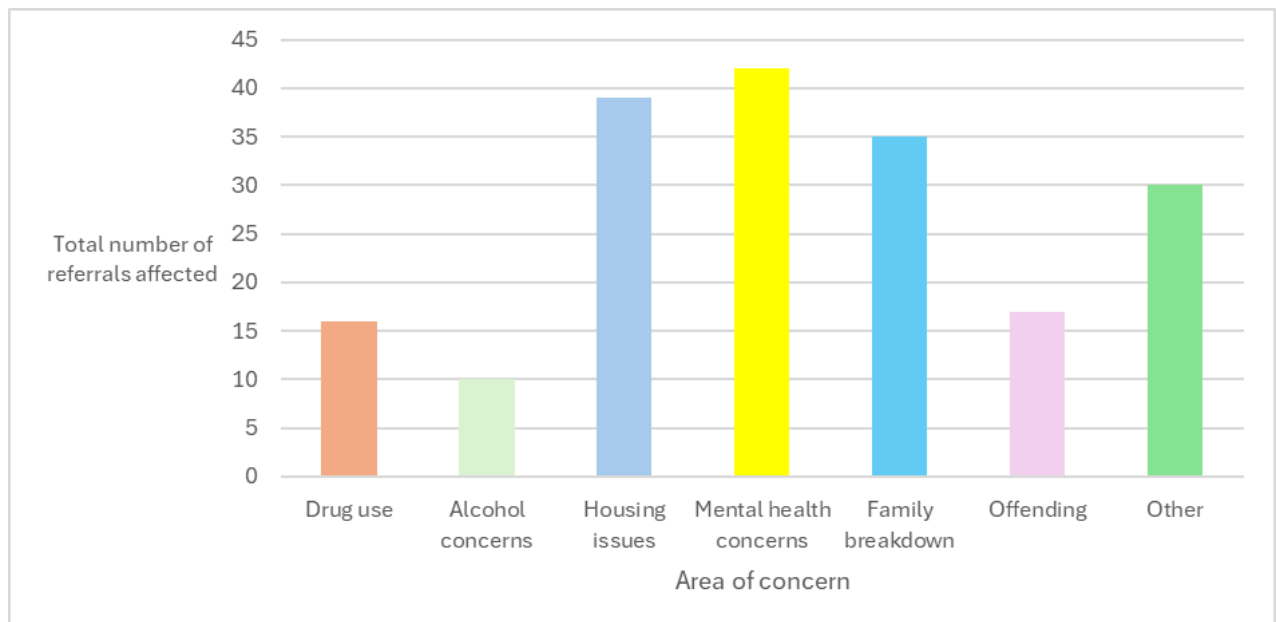
From September 2022 to June 2024, the coordinator received 47 referrals. Referrals related to a wide range of concern areas, with mental health challenges affecting the majority of cases (42/47), followed by housing issues (39/47) and family breakdown (35/47), as demonstrated in Table 2 and Figure 3.

**Table 2: Referrals received to the coordinator, according to area of concern**

Area of concern:	Drug use	Alcohol concerns	Housing issues	Mental health concerns	Family breakdown	Offending	Other*
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Number of referrals affected:	16	10	39	42	35	17	30

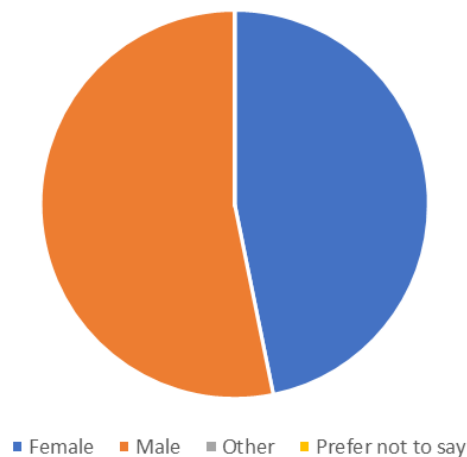
**Figure 3: Bar chart showing referrals received by the coordinator, according to area of concern**



Other\* may include concerns such as social isolation, calling police regularly, suicidal ideation or high risk of domestic abuse or exploitation.

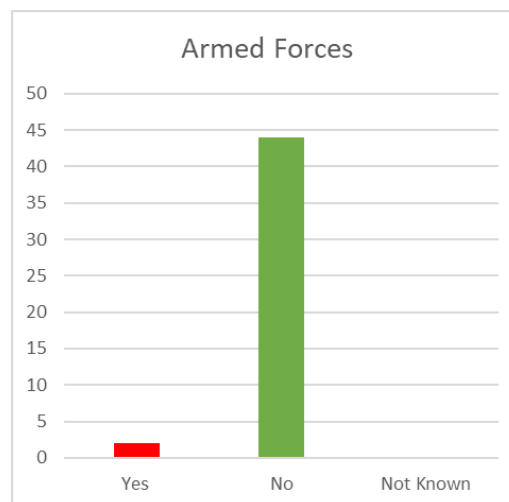
When considering demographic characteristics of referrals, only one client referred was non-white in ethnicity, which is an equity concern given that South Glos currently has a global majority of 5%. The vast majority of clients referred were heterosexual and did not identify as having a specific religion. There were more male clients referred than female clients, as indicated in Figure 4 below.

**Figure 4: Pie chart demonstrating gender representation in referrals to Creative Solutions coordinator.**



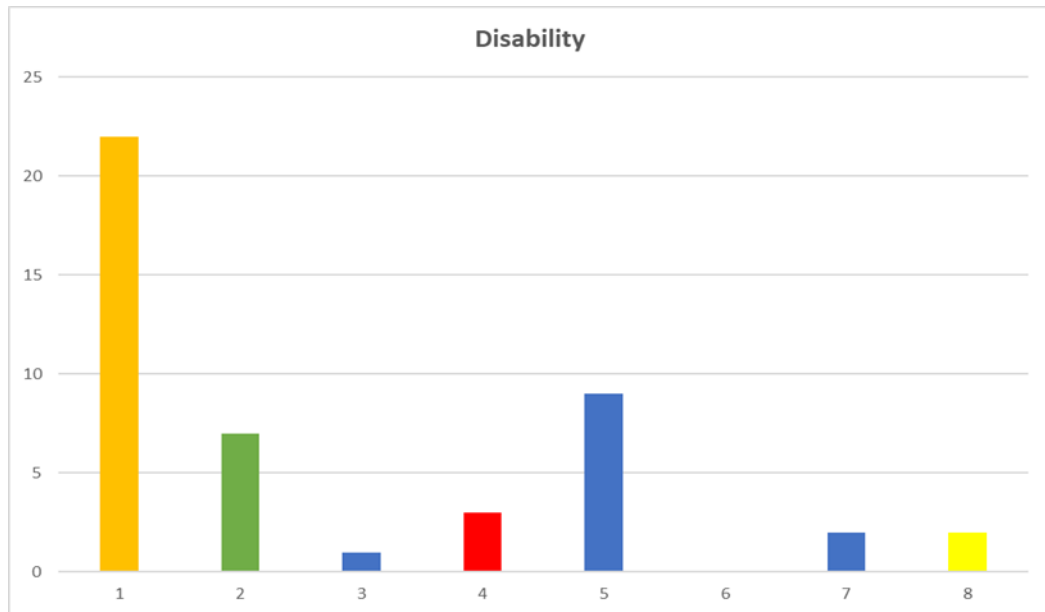
23 different geographical locations from across SG were represented in these referrals, indicating an increase in reach of the Creative Solutions Project, compared with 16 different geographical locations in 2021. The highest number of referrals were from Yate, Kingswood and those who were of No Fixed Abode. Clients were predominantly from non-armed forces backgrounds as indicated in Figure 5.

**Figure 5: Bar chart demonstrating split of armed forces and non-armed forces backgrounds in referrals.**



Most referrals were not known to have a disability as highlighted in Figure 6, although the most represented disability was learning disability/difficulty or cognitive impairment, followed by physical impairment including experiencing mobility issues.

**Figure 6: Bar chart demonstrating number of referrals received by disability status**



1 No									
2 Yes - Physical impairment, such as difficulty using arms or mobility issues which may mean using a wheelchair or crutches									
3 Yes - Sensory impairment, such as being blind / having a serious visual impairment or being deaf / have a serious hearing impairment									
4 Yes - Mental health condition, such as depression, anxiety or schizophrenia									
5 Yes - Learning disability/difficulty (such as Down's Syndrome, dyslexia, dyspraxia) or cognitive impairment (such as autistic spectrum disorder)									
6 Yes - Long standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy									
7 Yes - Other (please state)									
8 Prefer not to say									

### Referral sources

Referrals were received from a range of organisations, teams and agencies, shown in Figure 7 and again indicating the reach of the Creative Solutions Project. Social care referred the largest proportion of cases (19/47), followed by housing organisations or teams (8/47) and domestic abuse organisations (5/47).

**Figure 7: Total number of referrals by organisation, team or agency across referrals to the Creative Solutions coordinator.**



### What happened after the initial referral?

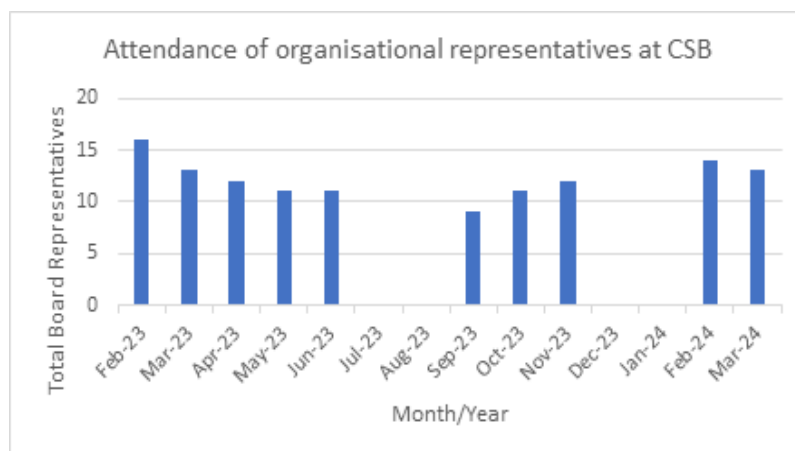
For the 47 cases referred to the coordinator, the coordinator often initially offered advice and guidance to a practitioner regarding stalled progress. The coordinator also worked closely with practitioners to alleviate blockages, for example by arranging multi-agency and individual agency discussions. These strategies often brokered movement of the block to allow resolution, without the case needing to be discussed at board level. In some situations, the case progressed independently without this input. The coordinator determined which cases were also discussed at the board. Of the 47 referred cases, 9 were discussed at board level. After discussion at the board, the coordinator was also central in driving forward actions for a client. Of the 38 cases not discussed at the board, cases were usually

creatively resolved using a multi-disciplinary approach, progressed by teams or solutions identified by the coordinator.

## 1.2 Attendance at the Creative Solutions Board

In the period February 2023 to March 2024, total attendees at the CSB ranged from 9-16, with an average of 12.2. While the initial meeting in February 2023 had 16 attendees joining, levels remained above average by March 2024, with 13 in attendance.

**Figure 8: Bar chart showing number of attendees at the CSB by month.**



Organisations represented during this time period varied per meeting but as demonstrated in Figure 9, comprised a wide range of organisations including Avon and Wiltshire Mental Health Partnership (AWP), third sector organisations, out of area councils, social enterprises such as Sirona and Developing Health and Independence (DWI), an organisation which supports clients with drug and alcohol dependency.

**Figure 9: Range of organisations represented at CSB meetings**



### *Challenges in attending board meetings*

Interviews with board members highlighted that the time needed to attend was an unavoidable resource cost, and there were perceived barriers when it came to being able to allocate worktime to the CSB meetings as board members have “*lots of pressures on them in their day-to-day role. And it's trying to balance that.*” [Participant C]. Given competing tasks faced by board members, CSB meetings were sometimes seen by members as an additional task or something that is not a central work request and is therefore at times sacrificed for more pressing tasks:

“My own obligations to my own service have meant...the time committed to them has not permitted me to really attend as often as I'd have liked...I was having to prioritise other areas of work.” (Participant G)

“I think you could just do the whole thing in a more time and cost-efficient way...I think it's a luxury that sadly, you know, we can't, we don't have the money to have that much time to send people to those meetings” (Participant E)

## **2. Whole system identification and applied understanding of ‘blockages’**

### **2.1 Identification of ‘blockages’**

While demonstrating whole system identification of blockages was challenging with the data available, minutes from board meetings indicated recognition and understanding of blockages in the SG system when agencies and organisations came together to discuss cases. Feedback from practitioners who had brought cases to the board indicated that they felt “validated” by these discussions, feeling that they had done all they could to resolve blockages prior to referral to the Creative Solutions coordinator. Specific examples of blockages discussed include:

- **Inter-organisation dynamics as a system block:** there was recognition that case complexity can be increased when too many agencies are involved in trying to resolve a conflict. When cases “get stuck”, inter-agency relations risk becoming combative and blame-focused.
- **Intra-organisation dynamics as a system block:** board members discussed the challenge of hierarchical systems which can be a “cultural issue” in workplaces, challenging staff autonomy when trying to think creatively around a challenge. Autonomous working may be further challenged by recruitment challenges and if less experienced staff join organisations, they may struggle to voice their concerns and potentially be restricted by power imbalances.
- **Blockages occurring during transition periods for young people:** if waiting lists are long during teenage years, a young person may not be reviewed by a service, and then they are no longer eligible for support when they become an adult. These concerns were echoed for care leavers, with a recognition of inflexibility of adult services, for example regarding missed appointments. This raised concerns that care leavers can “drop off the cliff edge”. This understanding led to the board seeking permission for services to continue supporting clients during transition periods, although in the example discussed, the request was declined.
- **Recognition of client mistrust of services and impacts of past experiences:** discussion of cases by the board identified examples of where client mistrust of services resulted in the client expressing anger and frustration in their interactions with services. This mistrust may be compounded by negative past experiences with services, such as a client needing to repeat their story multiple times or encountering inaccessible information from services. This created a block and a breakdown in service-user-provider relationships.
- **Information system blockages:** in one of the above cases, it was discussed that a single point of contact may be appropriate, however an additional block was that information systems are not shared across organisations, potentially limiting information sharing.

Feedback from Journey of a Complex Client sessions also highlighted valuable reflections in this area, including that *“certain pathways are not and will never be suitable for particular clients”*, as well as the importance of thinking about *“the actual people coming through the door and their complexity in terms of how we design services”*. Regular attendance at these sessions enabled attendees to take advantage of this specific pedagogical approach, which supported learning beyond their usual practice.

## 2.2 Applied understanding of ‘blockages’

Minutes from the board meetings highlighted examples where there was applied understanding of blockages:



- **Changing the narrative when it comes to labelling:** there were examples of the board noticing labelling of a client by services, which could challenge recognition of the issues a client is facing. This understanding led to the board reframing the language used by services, with a focus on achieving action-focused change.
- **Use of mapping techniques:** during a CSB meeting, board members mapped out all services that they believed to be involved in a client's care, to visually improve understanding of blockages and identify opportunities to relieve the blockage. This highlighted a need for a multidisciplinary meeting to support information sharing between primary care and mental health services.

## 2.3 Barriers and facilitators to identifying 'blockages'

### *Time*

While attending the CSB required a time commitment from members who have multiple other competing responsibilities, in fact, it was this valuable allocation of time to discussing client cases which gave agencies crucial "permission" to think through case complexity, and alleviate blockages:

"Part of it is about having the dedicated time to it because usually... in any service that's seeing a lot of people you don't get two hours to discuss one person"  
(Participant J)

"Because often we don't have time and space to really give thought to an individual circumstances and what we can do to support that individual to reach better outcomes. So, I think, yeah, any designated space and time to do that is always welcomed by me." (Participant A)

Members acknowledged the current situation of practitioners and managers being under pressure to deliver work quickly and valued opportunities to instead think through challenges:

"People are working at a really fast pace... taking a bit of time to take a step back and have a look at what we're doing and get a collective brain and thoughts around the situation, I think is a good model." (Participant C)

"Often workers don't have the time to reflect, they're that busy doing, and then you get a space where people are focusing on you and your work for a specific ... focused period of time, and I think people really value that." (Participant B)

Some members also thought that although spending time now in the CSB meetings was a resource cost, this should be weighed against time that is potentially saved elsewhere in the system, or further down the line so that the collective problem-solving for each case is working in a preventative manner and looking to reduce spend on other/future resources.

"It will have saved time in the system ... hopefully the people that we've helped have ... stopped pinballing around the system ... so that reduces the energy and the capacity, and the time spent on... urgent crisis meetings or them being arrested."  
(Participant J)

“In terms of what it can save, it's huge if we get the right people involved” (Participant D)

“It's my time half a day to book out, to attend, so travel and then attend. Sometimes you have to do these things to make things better”. (Participant H)

### ***Coordinator role***

Although discussed further in Section 6, board members highlighted the coordinator as being pivotal in creating the right environment for board members to identify blockages together:

“I think if people like...[coordinator] aren't there, would someone else do that bringing together job? I'm not sure. And I think the people that know each other from that, but when new people come in, they wouldn't have that connection point.” (Participant D)

“I have to say that [coordinator name's] role as the coordinator is the main thing that makes the CSB work, because she does an awful lot of work that the board members don't see. So that so that things come to us as a board in the right way that they do. So simple things don't come to us because [coordinator name's] unlocked them in the system, which is great. She's brilliant.” (Participant C)

### ***Avoidance of duplication and precedent set by other services***

In interviews with board members, it was recognised that in South Glos there were no other places where this type of work was occurring, indicating that duplication had been avoided. However, principles of the CSB, such as person-centred practice, were already agreed across services as being a standard approach and the CSB is a practical means of pursuing this:

“For all of those agencies to be in the same place at the same time to discuss something that they've all been made aware of, it's pretty rare in my view.” (Participant G)

“I don't think we've got too many forums where we get so many different groups of people in a room or so many different representatives in a room at one time.” (Participant A)

“The bottom line is it's about good partnership working. And it's just another way of getting to some of that, I suppose, in an ideal world, you wouldn't need the CSB because there would be other forums or there will be other ways where that could happen.” (Participant C)

“The CSB is a great example of leading on person centred care” (Participant F)

## **3. Whether and how organisations and agencies cooperate to find solutions to alleviate blockages and support individuals**

### 3.1 Examples of cooperative working in board meeting discussions

Board meetings utilised several techniques to support cross-agency cooperation such as establishing action planning groups within CSB meetings to consider specific cases in small groups and generate creative solutions. Other techniques included asking questions to the group and then reflecting in pairs on their own organisation, for example “*how does your organisation deal with challenges?*”. Other strategies used by the board included avoiding “repetition syndrome” and dealing with problems with “fresh eyes”, as well as avoiding judgment, instead “believing people have the capacity to change”.

Minutes from board meetings identified multiple examples of inter-agency cooperation to generate solutions for clients experiencing blocks in the wider system including:

- **Communication with clients:** a client had challenging interactions with a range of services. Cross-organisation discussion at the CSB focused on changes to communication style with the client, to ensure messages are being conveyed and understood by them. Agencies recognised that given client personal attributes, organisations should switch to using visual communication methods with the client.
- **Recognising neurodivergence:** board discussion of a client labelled by services as “difficult” led to recognition that in actual fact, there may be evidence of neurodivergence. Planned actions were to support the client in receiving a diagnosis to help increase access to support. CSB discussion generated potential solutions such as engaging community teams (e.g. security guards in neighbourhood) in appropriate communication methods with client, as well as offering family respite options.
- **Addressing social isolation:** In the case of a socially isolated client, the board shared suggestions of potential sources of support, including awareness of a supportive relationship between the client and their daughter. The board considered how their relationship can be nurtured while the client may be in rehabilitation.
- **Flexible approaches to transition periods:** a young person struggled to access services while transitioning from child/young person to adult services. CSB discussion identified organisations which provide support for those up to aged 25 years, therefore spanning across young person and adult timeframes. Information sharing between services identified that the client had a faith, and the option of additional support from religious organisations was also considered, in case of interest to the client. There was also a decision to request organisational flexibility for the client, to advocate for increased support in this case due to the complexity experienced by the client.
- **Building a case for extra-care housing:** in one example, provision had been declined due to a client’s history of antisocial behaviour. Discussion across organisations at the board meeting, highlighted a potential solution where carers are arranged for the client, and if the client could demonstrate

successful interactions with the carers, then the case for extra care housing could be strengthened.

### 3.2 Examples of cooperative working in board meeting action points

Action points were generated in board meetings, with several organisations and agencies taking on different responsibilities to move a case forward, through a blockage. Action points were followed up by the coordinator to ensure progression. Figure 10 demonstrates the range of action points generated from one case, with multiple organisations taking on responsibility for onward action.

**Figure 10: Example action points for one case discussed at the CSB, indicating organisations taking on different onward responsibilities.**



### 3.3 Board member perspectives on a collective approach

#### *Building relationships to enhance system effectiveness*

In interviews with board members, the opportunity to meet people from across services and departments in the CSB meetings was clearly appreciated by all the

board members. Network development and relationship-building was repeated as a key aspect of the CSB throughout the interviews. Members saw the CSB as instrumental in pulling together service areas that usually have no or limited contact with each other and providing an open forum for creative and honest discussions.

"I think one of the key things about the board is about building relationships"  
(Participant C)

"One of the real benefits is just getting to know people in different departments and different teams and different disciplines" (Participant H)

"It's opened up relationships... you actually start to create relationships and departments where you wouldn't have been able to have necessarily found that person. So...it's enabled you to, you know where to go more to connect things."  
(Participant D)

"A safe place to share your struggles, concerns and difficulties with other agencies."  
(Participant F)

### *Collective problem solving and risk-sharing*

The approach of multiple agencies working together on finding solutions or navigating through a problem, had a positive impact on members, with many describing the sense of collective discussion as helpful for client outcomes, and for their own professional effectiveness. There was a sense that this collective environment helped to spread the weight of individual client casework across all the relevant services supporting bolder and creative ways of approaching the issues.

"It was brilliant... we brought together lots of different partners, so housing, etc. We had a mental health service there when I was present, the landlord, which was really, really helpful". (Participant A)

"I think the importance in just bringing everybody together...everybody, sharing the risk, I think that's a really important thing...cross working and that cross joint risk owning". (Participant D)

"Informed risk is acceptable...but I still think that's quite difficult sometimes for managers and staff. I wouldn't underestimate the [CSB] sort of 'permission giving' by giving some more confidence, by feeling backed." (Participant E)

### *Shared understanding across the system: learning to speak the same language*

Many members highlighted how the CSB helped to develop a sense of shared understanding of other service areas, either by knowing more about a process, the wider demands on a service area, or simply understanding the departmental language and criteria within which decisions are made. They were able to see and hear about the different issues that affect other agencies and the wider pressures in which services are operating.

"it's always helpful to meet people in those sectors ... just to get a better understanding of where they're coming from with things that you don't necessarily challenge yourself with on a daily basis." (Participant E)

“Helping my team to feel a bit more patient with other services and empathetic towards the demands that those other services have” (Participant G)

“Each department has its own legalese and its own language, its own definitions, and quite often they're ... agreeing, but their individual department language is getting in the way of people understanding what they're actually saying. So, I think even breaking down some of those things has been really useful.” (Participant D)

The opportunity to hear different perspectives from those not directly involved with the case was also valued for an alternative way of looking at a problem. Sharing of ideas and viewpoints was generally seen as enriching the knowledge and experience of attendees and generating a collaborative environment.

“You get other people there who bring their experience and their knowledge and their enthusiasm but they're not necessarily working with that person directly so there's ... slightly more open-minded aspect to that and people just have different ideas and different expertise.” (Participant J)

“I think it's been helpful for getting people from different areas together that don't normally meet to share some of the ... systemic sort of issues.” (Participant E)

“I think overall it's good, it's face-to-face which is good, collective disciplines within one room, sharing best practice, sharing ideas, sharing solutions, being creative.” (Participant H)

### *Permission to think creatively*

Overall, all members viewed the CSB as a positive initiative that had impacted on improved outcomes for individual complex cases that had previously ‘stalled’ in the system. Whilst it was recognised that the CSB was not always successful in solving the barriers to positive outcomes for cases, and that it was “*not a magic bullet for some quite intractable problems.*” (Participant C), it was consistently viewed as an important place to view complex individuals. The CSB enabled services to flexibly and creatively gather around a case, and this way of working positively impacted on the practice and confidence of caseworkers who are trying to help their clients.

“I think it can be quite debilitating for workers to think they're trying to hold on to families or individuals who are really, really damaged by our system and they can't help them.” (Participant B)

“They are getting a more direct approach because they've got the right people in the room to help them get to where they need to be quicker, without having to go around the houses, if you like. So, I'm hoping it's reducing the workload” (Participant A)

“They can work creatively...having that permission from commissioners and from managers to say, yes, it's okay for you to step outside of the boundaries of this specification or this contract and do things differently.” (Participant J)

#### **4. Whether and to what extent organisations and agencies adopt or implement new ways of working or processes to support individuals, as a result of objective 3**

Multiple data sources, including case studies shared by practitioners, board minutes and board member interviews, highlighted positive outcomes for individuals, as well as new ways of working for organisations and agencies involved in the Creative Solutions Project. As well as considering changes for individuals, this evaluation views outcomes through a systems-thinking lens. As discussed in the case studies, board minutes and interviews below, organisational interrelationships appear to have been strengthened by the Creative Solutions Project. Cross-organisational adaptation and innovation is also represented in the data, for example in how organisations communicate with each other and clients, as well as empowering services to change their practices. Although there is uncertainty in capturing wider system change, this evaluation does capture emergent themes, for example the important role of the coordinator in the project.

##### **4.1 Case studies**

Across individual cases, a wide range of positive outcomes and impacts have been observed. These focus on the wider determinants of health such as access to healthcare, appropriate housing and financial security, all of which have major effects on individual health and wellbeing. Examples include:

- Improved access and support into a rehabilitation, with “protection of property” on discharge
- Organisation of multidisciplinary meetings to improve assessment of physical and mental health and strengthen client management plans, for example to support safe prescribing administration
- Improved access to primary care for specialist referral and support with chasing referrals to medical specialists
- Improved access to trauma-focused therapy
- Referral to social care and assessment for mental capacity assessment
- Recognition of undiagnosed neurodiversity with improved access to support
- Establishment of flexible, trauma-informed communication techniques with clients to build trust
- Advocacy for care leavers and young people transitioning between services
- Building an evidence case for a client to receive extra care housing
- Supporting clients in building relationships with relatives to reduce social isolation
- Supporting clients with accessing support from social prescribing
- Securing support for clients from voluntary organisations, including funding opportunities
- Client support with navigating criminal justice system
- Provision of mentoring support to clients
- Risk assessment and identification of vulnerabilities, including risk of financial exploitation
- Navigation of benefits system to improve personal financial circumstances
- Navigation of debt repayment options to improve financial stability
- Support to improve current housing provision, including mobility adjustments
- Forming connections with equalities and diversity officers to ensure appropriate, meaningful support for client.

The below cases provide further information on cases discussed by the CSB, indicating new ways of working, as well as highlighting likely savings made in the system, as a result of the CSB's preventative approach.

**CASE A:** *"The services rallied around because they were compelled to by their involvement in an action plan to make life easier for a gentleman who, through no fault of his own, was in dire need of support but was unable to do so autonomously."*  
Practitioner supporting client

### **Background:**

The client was a previous/current member of the armed forces who was experiencing alcohol dependency. They were not accessing alcohol support services, and their main source of support was a voluntary organisation who were "out of options" in terms of how to support the client.

### **Strategies used:**

- Inter-organisation "creative working" helped to secure access to a specialist rehabilitation support programme for the client, and the client was supported in entering the programme by mental health services.
- In the meantime, the client's housing provider enabled housing stability whilst they were in rehabilitation, and in association with a different housing organisation, were able to offer a more appropriate home environment to meet the client's physical health needs.
- Adult social care and occupational therapists were also able to adapt his home environment for when he returned after the programme.

### **Outcomes:**

- Constructive working across organisations, ultimately relieved pressure on the third sector organisation and the organisation felt more supported by the wider system.
- On graduation from rehabilitation, the client expressed gratitude, with peers and therapists recognising the major progress that had been made in recovery and the client was "moved to tears" with this feedback.
- The practitioner in this case thanked the CSB as "the catalyst" for getting the client the support they needed, given the complexity of the case.
- While the client worked hard in their recovery, the CSB provided a "foundation of support" with the range of professionals involved.
- The practitioner felt the client "would not be where [they] are today" without the CSB input.

### **Benefits of a prevention approach:**

The preventative approach of the CSB likely helped to avert further downstream consequences which could have occurred without change to circumstances such as:

### **At an individual level:**



Ongoing alcohol dependency for the individual, with likely deteriorating physical, mental health and social impacts.

- This may have resulted in unplanned service use, for example Accident and Emergency (A&E) department attendances

**Cost per A&E attendance is approximately £166 and cost per ambulance callout is £242 (3). The cost of a non-elective hospital bed per night in the UK is from £345-1881, excluding treatment costs (4).**

- Alcohol dependency is associated with premature mortality (death before the age of 75)

**The annual cost of alcohol related harm to society in England is around £21.5 billion and for every £1 spent on alcohol treatment, there is a £3 social return on investment (5).**

- There were concerns of loss of housing provision during rehabilitation

**The annual cost to the UK of an individual being street homeless is £24-30,000 (6).**

#### **At a system level:**

- Organisations may have continued to work in disjointed silos, therefore struggling to addressing the complexity of the case, and reducing opportunities for prevention.
- The pressure on the third sector organisation, who were facing barriers in supporting the patient, could have heightened, leading them to feel unsupported by the wider system.

**CASE B:** *“Things are not totally stable yet... however due to the more creative and flexible approach, things appear to be more stable.”* Practitioner supporting client

#### **Background:**

The client had complex needs including sensory impairment, which meant that he would feel frustrated when receiving inaccessible written communication from services. The client had disengaged with a range of services, with expression of verbal aggression and refusal of support. The client had mistrust of services and at the time of referral to the CSB did not have a working relationship with general practice or his social worker. The client found explaining his situation multiple times, particularly frustrating in interactions with services.

#### **Strategies used:**

- Case discussion at the CSB helped to initiate regular subsequent multi-agency meetings to enable cross-organisation support, recognising the importance of upskilling services in effective strategies to work alongside the client.
- Flexible communication strategies as well as commissioning of an intendant social worker (ISW) were prioritised.
- The ISW took time to build a relationship with the client, helped navigate appointments and was an effective mediator between the client and services.
- There was an advocacy component, where the ISW could challenge services not meeting the clients' needs and they could also challenge the client when services were in fact appearing to appropriately respond.

### **Outcome:**

The practitioner working with the client explained that there had been improvements in the stability of their situation.

### **Benefits of a prevention approach:**

The multi-agency preventative response of the CSB likely helped to avert further downstream consequences such as:

#### **At an individual level:**

There may have been ongoing disengagement with services, refusal of support, erosion of trust in services and possible progression in social isolation.

**The cost of severe loneliness is approximately £9,000 per person, per year (7).**

Given the potential unmet physical health need and risk of progression, the client may have needed costly assistance from unplanned care providers for example Accident and Emergency departments.

**Cost per A&E attendance is approximately £166 and cost per ambulance callout is £242 (5). The cost of a non-elective hospital bed per night in the UK is from £345-1881, excluding treatment costs (4).**

#### **At a system level:**

- If agencies had struggled to collaborate, the system might have continued to struggle in supporting the client, risking increasing tensions between the client and service-providers, possible duplication of work by different organisations and reduced opportunities for a patient-centred preventative approach.

### **CASE C: *an example of dealing with complexity and long-term bumps in the road***

#### **Background:**

A family of three adults lived together, with concerns of domestic abuse and high levels of household violence, as well as reports of antisocial behaviour from neighbours and police. There were additional concerns of poor living standards and

welfare of animals at the house. While there had been discussion of family members instead living separately, there were complicated blocks to this including perceived shared ownership of the house by multiple family members.

**Strategies used:**

- The housing team represented at the board offered to work directly with one family member to support them into alternative accommodation.
- Indicating the range of agencies involved in the CSB, the RSPCA also offered involvement in the case given concerns of animal abuse.
- At follow up, the situation appeared to still be experiencing a blockage. The family member who might have been suitable to move out of the home, had declined this. Next steps involved arranging a mentor to support this family member with reviewing alternative housing options.

**Outcomes:**

- The case highlighted the complexity of referred cases, especially at a household level, where in the absence of a “quick fix”, longer-term support and relationship building was likely to be needed to establish meaningful change.
- While the case seemed to still be in progress, the preventative system approach did bring organisations with resources to support the family together, establishing dialogue at an earlier stage than might have otherwise been possible. Ongoing blockages were also recognised with subsequent steps, such as arranging mentor support, organised.

***CASE D: recognising deviant labelling in services and shifting the narrative***

**Background:**

The client was experiencing street homelessness, with offending and incarceration, alongside alcohol dependency and a history of antisocial behaviour. He was from a Gypsy, Roma and Traveller background (not specified to preserve anonymity) and had lived experience of trauma related to past interactions with professionals, with ongoing mistrust of services. Agencies had concerns about his literacy and periods of short, repeated incarceration challenged adequate assessment of his needs.

**Strategies used:**

- Multi-agency discussion at the CSB recognised that although suffering from poor mental health and long-standing trauma, he appeared to have been labelled as “difficult” in the wider system.
- There was a decision to shift the narrative and reinforce understanding of client complexity, with subsequent multi-agency meetings to inform a “full picture” of understanding around the client.
- The client was subsequently rearrested and considering information provided by the CSB and willingness from services to change their working, the client was rediscussed by the board who felt he had met the threshold to receive mental health care under a section.

**Outcome:**

- The client was transferred to a secure facility, with the system, including the police, appearing to view him as a vulnerable adult with mental health concerns, rather than “an offender using substances”.

### **Benefits of a prevention approach:**

The preventative approach of the CSB likely helped to avert downstream consequences such as:

#### **At an individual level:**

Ongoing street homelessness with likely deterioration in mental and physical health outcomes, as well as social impacts.

**The annual cost to the UK of an individual being street homeless is £24-30,000 (6).**

Repeat offending, with potential re-traumatisation in custody settings which may not be meeting his mental health needs.

**The expected one-off cost of offending is approximately £1111, arrest is £75, antisocial behaviour is £701, being in prison for three months is £9750 and a court appearance is £15,000 (3).**

Possible persistent deviant labelling in services, without recognition of complex needs and history of psychological trauma.

Unmet mental health needs may have required costly unplanned health care.

**Cost per A&E attendance is approximately £166 and cost per ambulance callout is £242 (3). The cost of a non-elective hospital bed per night in the UK is from £345-1881, excluding treatment costs (4).**

#### **At a system level:**

- There may have been ongoing inappropriate labelling in the system, with organisations working independently and in the absence of information sharing between agencies, possibly not recognising unmet need.
- Shifting the narrative across services helped reframe the client’s needs, achieving system consensus that it was appropriate to divert away from potential incarceration, instead seeking appropriate specialist mental health care.

## **4.2 Board minutes indicating new ways of working**

There were multiple examples in board minutes where organisations joining the CSB adopted new ways of working. Specific examples include:

- **Changing how organisations communicate with clients:** in board minutes, a case was discussed where the client had had unsuccessful engagement

with services. There was a recognition that given client needs, visual communications methods are likely to be more acceptable for the client. Organisations in the CSB changed their communication style with the client to ensure messages are being conveyed to and understood by them.

- **Stronger links across organisations and risk sharing:** the importance of increased dialogue between organisations as well as improved risk sharing agreements for mental health in specific cases was discussed in meeting notes, likely strengthening collaboration in the system.
- **Supporting veterans:** the CSB noted that the local veteran population has a high proportion of people experiencing neurodiversity, with this population also disproportionately experiencing health inequalities compared to the wider population. These discussions helped board organisations to recognise differing recording practices of veteran status, as well as a shortage of veteran data in organisations. An action point was for CSB organisations to commit to capture veteran data, with the potential to improve system understanding of veteran health in SG.

### 4.3 Adoption of new ways of working: board member interviews

#### *Impacts on individual practitioners and their organisations*

We wanted to understand whether the Creative Solutions Project could influence organisational ways of working organisations, and whether members were noticing changes in their practice. There was evidence that changes were happening at the individual-practitioner level, as well indication of team and organisation change:

“By pure involvement with other organisations and other teams within the council, there's no doubt that that will have quietly informed my approach across my kind of primary role” (Participant G)

“I think it's helped me make links with things that perhaps I hadn't made links with, because often with the best will in the world you operate within your swim line and you're doing the bits that's important to you.” (Participant B)

“I'd say the impact is wider than just me because it's the impact of what my role or what I hear has on the team” (Participant D)

“Certainly, through that time [CSB involvement], there has been a lot of work ... directly within our service about how we supervise work, how we oversee it, how we identify what we as a service need to do” (Participant G)

#### *Empowering individuals and services to change their practice*

Some members considered how the Creative Solutions Project might influence organisations generally in their approach to their work, reflecting on whether the experience of collective operational solution-finding could be incorporated into their daily practice. The idea of creativity and flexibility within roles was understood as something that should be within practitioners' autonomy but actual experience of this varied.

“I think it may be helped our...service to feel slightly more empowered to do some

things that might have been a bit riskier.” (Participant E)

“I really hope that people are thinking, ‘actually, I can work in this way independent of this CSB. ... I can ring this landlord, or I can ring this housing worker, or I can ring this mental health worker’. So, I'm hoping that it's sort of filtered into ... how they join up with external and internal agencies every day.” (Participant A)

“This [CSB] is a bit more upfront with permission and a mandate to say yes, you can do something differently. And let's see what that does. It may not work. But if it does work...is there a different way of doing it for other people?” (Participant C)

### *Strengthened system working*

A repeated theme in board member interviews was about an increase in system understanding, cooperation, and communication between service areas, underpinned by relationship-building across organisations and the establishment of new networks.

“The system just understands itself better and the limitations and the opportunities.” (Participant J)

“We can definitely see stronger relationships across different areas, both internal and external agencies” (Participant A)

“I think in the few years that we've been running, there has been evidence of change, and certainly amongst sort of different services and how services work together” (Participant J)

## **4.4 Barriers and facilitators to new ways of working**

### *The role of the coordinator*

While this is discussed further in section 6, in interviews with board members, it was clear that the coordinator had an important role in pushing forward actions and new ways of working:

“And I think [coordinator name has] done that very well. I think the CSB, if you like, gives her legitimacy to go and talk to service managers and say, this case was raised at the CSB, yada, yada, yada. So, I think it's actually done better than I thought.” (Participant B)

“[Coordinator name's] role was fantastic or is fantastic in terms of focusing the CSB and making sure we're looking at the right things and also heading some things off at the pass early on so that the families aren't kind of brought to, or cases aren't brought to CSB unnecessarily. But I think it's embedding those things across services in a consistent way, that's the more difficult follow-up. And I think certainly I would say, yeah, without a little bit of a push, it's hard to imagine those things happening organically.” (Participant G)

### *Sustainability and embedding change across the system*

In interviews, many members spoke about the longevity and sustainability of the Creative Solutions Project although this was not a direct question asked of them. There was a clear sense of investment in maintaining the project and building on its successes further, making it an 'embedded process', but with an understanding that the project hadn't got to that point yet in its development and that it still relied on dedicated organisation, promotion and support to continue to drive it forward and deliver creative outcomes. Keeping the project "*as focused and purposeful as possible*" (Participant G)

"it's about making it embedded, I suppose, across the system...and again, that's really difficult in a climate where all services are looking at how can we save money?" (Participant C)

"I think it's embedding those things across services in a consistent way, that's the more difficult follow-up... without a little bit of a push, it's hard to imagine those things happening organically." (Participant G)

"what's the future of the Creative Solutions Board and are we at a stage where we can just embed it as business as usual and not have someone driving it? And I just think it's not there yet." (Participant J)

#### *Limitations of the Creative Solutions Project: wider determinants of complexity in the system*

While board meetings had managed to successfully move cases forward and find solutions or produce positive outcomes for individuals, indicating multi-agency collaboration, it was also felt that the reason for blockages and cases getting stuck in the system had wider implications than the specific context of the cases themselves. Members commented on the "need to take the next step" (Participant B) in being able to influence policy or address the more structural reasons for the blockages.

"We've created individual solutions, but I don't think we've yet made that 'As a result of the CSB X policy has changed', and for me, that's the next bit." (Participant B)

"It would be really useful to have some creative solutions and...rather than individuals [cases] actually looking at policy and culture and doing some work on that...to have real longevity." (Participant D)

"I think everyone tries their best, but they don't realise that sometimes our systems and processes are the things that are blocking stuff." (Participant B)

### **4.5 Practitioners Network and new ways of working**

Finally, data collected in focus groups from the Practitioners Network highlighted keyways in which the network influenced practitioner practice.

#### *Increased connectivity between services*

The network brought organisations together, allowing sharing of expertise and signposting:

*“My mantra is, ‘but I know somebody who can’ and connecting with people [at the prac meetings] has helped to provide that kind of signpost for us and for the youth workers to be able to support young people.”*

*“it's always somebody in the room that knows something about something...you know that somebody raises or knows somebody that does”*

Opportunities for organisations to share varying perspectives was valued by practitioners, enabling identification of novel solutions which had not been considered before:

*“depending on who's in the room will make the conversation and the support different, and that's really good...you could talk about the same thing with different people and get different kinds of answers...I might have thought about one, but not the other, or if the first one didn't work, I can try the other. So, it's really nice to have a whole kind of different opinions of what I can do to move forward”*

There was also a sense that the group provides a support function that goes wider than simple networking, and more in the realm of close team working:

*“I feel supported in these groups. Like I've been able to talk about stuff that I've been stuck with on all sorts of levels from throughout my work and have received some amazing support from staff”*

Members of the Practitioners' Network did also share that they would value input from a more diverse range of organisations:

*“The types of things that I would talk about would be those kinds of things that I might be stuck with, and that's not necessarily some of the things that people in this room could talk to me about...So that's what I'd like to see. More of a variety of people here”.*

### *Importance of the Creative Solutions Project in challenging practitioner isolation*

Discussions regarding practitioner isolation came up more than once and the practitioners felt that as many of them are working individually for a large portion of their work time, if not all, the practitioners meetings were invaluable in providing a space where they could talk professionally and feel part of a wider network of support services that could be called on to improve working practices and knowledge:

*“As a smaller organisation, we're a voluntary organisation, a charity...and sometimes we can feel a bit isolated and don't feel part of the bigger picture of support for young people, families, the community. So, this enables us to feel part of that bigger picture”*

*“on the school side of things, I think they work in isolation a little bit...so I think for them to know the wider support that there is around and all the amazing work that's being done, because that has been a real eye-opener for me, what's happening in the background.”*

Overall, the meetings were valued and clearly useful for practitioners in terms of approaching client cases and for their own professional development. The informal nature of the network meant that no-one felt obliged to attend so it was not an



additional drain on work time, more of a supportive space that was open to all practitioners across the system.

“For us, that's one of the main things... just connecting with people that can support “

## **5. Where shared learning has taken place and how this might impact on understanding and ways of working for practitioners and colleagues across the system**

When considering referrals to the coordinator, there were key aspects which were highlighted including:

- **Diversity of clients:** throughout the project, there have been challenges in ensuring diversity of cases, including in ethnicity and sexuality. Ensuring clients are representative of the South Glos population is an important ongoing consideration for the system.
- **Location areas:** while earlier in the project, there had been concerns that not all South Glos areas were represented in client referrals, reach has improved throughout the project and could be attributed to improved relationships with a wider range of services and workers.

In board meeting notes, there were several key areas of practice where cross-organisation learning took place, impacting on practices within the system including:

- **Trauma-informed practice:** the impact of psychological trauma on complexity experienced by clients was repeatedly recognised, and opportunities for service providers and community organisations to receive training was discussed, as well as shifting towards trauma-informed practices for example in record keeping on information systems.
- **Accessibility and translation needs:** there was learning regarding organisation communication practices and a need to increase understanding of communication, for example with visually impaired clients across all services.
- **Avoiding labels:** the balance between ensuring appropriate access to support for clients, whilst avoiding label were discussed in board minutes, with discussion of how referrals for support are written to reflect this.
- **Risks of overwhelming clients:** the CSB aimed to support clients according to need, while being wary of overwhelming clients and families who may fear being bombarded by services. The value of care coordinators and one stop shops were highlighted as strategies to limit this risk.

## **6. The importance of the Coordinator in the Creative Solutions Project**

This evaluation has aimed to capture emergent themes, especially the important role of the coordinator in the project.

*Central role in the project*

In interviews with board members, the coordinator was repeatedly highlighted as a crucial cog in the project, being pivotal in driving wider system change. The coordinator had a leadership role on the board, drove forward actions to improve system effectiveness but also worked behind the scenes to alleviate blockages, including for many cases which were not discussed at board level.

"[Coordinator name] in particular has done a really good job of in between the meetings, because there's a lot of stuff that needs to happen to oil the wheels and grease the system." (Participant B)

"I have to say that [coordinator name's] role as the coordinator is the main thing that makes the CSB work, because she does an awful lot of work that the board members don't see. So that so that things come to us as a board in the right way that they do. So simple things don't come to us because [coordinator] unlocked them in the system, which is great. She's brilliant." (Participant C)

"I think if people like...[coordinator name] aren't there, would someone else do that bringing together job? I'm not sure. And I think the people that know each other from that, but when new people come in, they wouldn't have that connection point." (Participant D)

The role of the coordinator was important in working alongside organisations and agencies attending the board, especially since representatives may find themselves short on time, with other competing priorities:

"because sometimes people don't come to meetings, they think I'm really stressed, I'm really overworked, and if I go to this meeting, I'll get another load of things to do... So [coordinator name], the coordinator does a lot of work in the background to make sure the right things come and helping people and supporting practitioners to make that system work better" (Participant C)

However, there were concerns that dependency of the project on one coordinator may challenge sustainability of the project:

"I think the sustainment of it is going to be difficult given the current circumstances. So, knowing that [coordinator] is moving on to a new job means that actually a lot of the core work that goes on to keep the CSB, to make sure the time we spend as a CSB together is as focused and purposeful as possible, her absence is going to be difficult to fill. And I am not sure that the agencies who contribute to CSB will naturally continue that approach without steer." (Participant G)

### *Transformative leadership*

The project's success appeared to be dependent on the approach taken by the coordinator, who led with compassion:

"What I've learned is that a huge amount of the success of the Creative Solutions Board has been to do with [coordinator name]... having someone in that post who has passion, tenacity, the ability to build bridges and not put people's backs up, to challenge respectfully in a way that doesn't make people get defensive, but opens them up and enables them to think differently and get excited about it. If we'd have

had someone else in that post, it could have been completely different. ... she cares so deeply about those people and those individuals and about systems that don't work." (Participant J)

### *Strengthening of the system*

The coordinator also served an important role in linking organisations in the system together:

"[coordinator name] is brilliant, compassionate and driven - a great advocate for clients and professionals - plus, fantastic at follow-up and linking people in with each other." (Participant F)

Moreover, the coordinator had an in-depth understanding of the system, which enabled the board to take effective next steps. Her role was also important in information sharing with the wider system:

"[Coordinator name] was really integral to that because I was kind of there saying we should do this, but I didn't really know where to go with it. And then [coordinator name] was like, there's this funding and we should put in a business case. And she was the one who kind of really pushed it over the line in that way." (Participant J)

"[coordinator name] does this brilliant newsletter and the Practitioners Network, which is really well attended" (Participant J)

## Discussion

### **Summary of findings**

We identified examples of organisational and agency engagement with the Creative Solutions Project, in the form of client referrals and attendance at board meetings, while also highlighting challenges in engagement such as organisational shortages in time and resources. Though it was difficult to demonstrate whole system understanding of service blockages encountered by clients, the evaluation did evidence effective collaborative identification and understanding of system blockages from a range of local agencies involved in the project. There was also substantial evidence of organisations from the SG system working collectively to find solutions, alleviating blockages experienced by clients. This is not duplicated elsewhere in SG. Demonstrating that teams involved in the Creative Solutions Project adopted new ways of working is challenging without longitudinal data, but across data sources, the evaluation did support that organisational involvement in the project had been influential in practitioners and agencies changing their working approaches. There had also been organisational shared learning regarding trauma-informed approaches, changing communication styles with clients and recognising labelling in services which could serve as a block. The important role of the coordinator was consistently highlighted in this evaluation, especially in ensuring sustainable change in the system.

### **Strengths and limitations**

This evaluation used a multi-method approach to bring together data from a range of

sources, informing understanding of how local organisations collaborated to alleviate blockages experienced by clients, while also strengthening effectiveness of the system. Moreover, the external validity of this “real world” initiative is likely to be high, with applicability to other regions which also recognise complexity experienced by clients facing multiple disadvantage in their own populations.

Although several valuable perspectives are shared here, there are some limitations. Firstly, the evaluation does not include perspectives of the clients themselves or their families and inclusion of those with lived experience would likely strengthen future evaluations. Another limitation is that while the data does capture collaborative working between organisations, there is limited information available on the wider system impacts in terms of system effectiveness, medium and long-term changes to inter- and intra- organisational working, as well as costs savings in the system from the preventative approach of the project. These outcomes are challenging to assess given that the Creative Solutions Project is operating in a complex local landscape, with multiple confounding factors, which make it difficult to determine and predict harms averted by the initiative. It is also difficult to confidently predict cost savings associated with changing circumstances of clients. Future evaluations could consider longitudinal follow-up interviews with board members (for example at 6 months and 1 year) to consider improvements in system effectiveness, as well as economic modelling techniques or tracking of client spend over time, to attempt to predict cost savings against outcomes observed.

## **Recommendations**

### *Overall recommendation*

The re-establishment of a strategic group with the aim of embedding systemic and culture change across service areas is an important ongoing recommendation from this evaluation. This strategic group feeds learning from the CSB up to senior decision makers across the system, recognising blocks and gaps in the system, as well as identifying important learning and areas in the system in need of change. As a mechanism of the Creative Solutions Project, this learning can then be cascaded throughout teams involved to create adaptations and flex within teams, organisations and systems.

Given the overwhelming evidence reported here of the positive impacts of the Creative Solutions Project in alleviating system blockages and an improvement of cross-organisational partnership working, continuation of the project and crucially, continuation of the role of the coordinator, is likely to be of benefit to individual clients and the wider system in SG. Agreed ongoing funding for the project would also serve to address concerns from board members reported here, relating to the sustainability and maintenance of the project. The role of the Creative Solutions coordinator is highlighted as the “push” needed for embedding change in the system. Since the Creative Solutions Project exists within a complex, inter-dynamic system, challenges in continuing the project may have wider implications for system change and creative approaches in South Glos.

### *Enhancing organisational commitment*

When considering organisational engagement with the CSB, the time required to attend, in the context of competing commitments faced by services, was a barrier. In interviews, one board member suggested the Creative Solutions Project should consider time and cost-efficient strategies given resource constraints faced by member organisations in the local system, and this could be a future focus for the project. These resource constraints can also challenge flexible working within organisations, however the CSB is an opportunity to test flexible approaches in a controlled way with the potential to positively impact difficult budgetary decisions, especially if these strategies avert downstream costs in the system. An additional challenge noted by those involved with the CSB has been a drop-off in seniority of some participants on the board, impacting on the decision-making process. Encouraging managers to commit to this area of work will be an important consideration going forward. Practitioners also suggested that they would value input from a wider range of organisations in their network and recruitment of more organisations to the project could be a future strategy.

### *Transition periods for children and young people*

This evaluation highlights challenges for individuals experiencing complexity when transitioning between children's and adult services. We note adaptations in other regions where specific transitional safeguarding approaches have been established (8), and this could be a consideration in SG.

### *Scope of referrals*

While the referral process is currently open to all practitioners, there has been consideration of whether buy in would be increased, and potentially greater impact achieved, if the Creative Solutions project instead focused on an agreed cohort of people, that are already identified within the system as experiencing complexity and challenges. Future work could explore this further, considering identifying these individuals, opportunities to change their trajectory and potential impacts on spending. Additional actions for the Creative Solutions Project should include exploration of the reasons for diversity concerns in referrals received by the coordinator and the project should aim to improve representation from across different demographic groups in SG.

### *Sharing learning and ongoing monitoring*

Learning from the Creative Solutions Project could also be shared with other areas, with dissemination of the approach as a case study. While other local authorities face unique challenges, there may be local benefits to be gained from using this approach in other areas. Ongoing evaluation and monitoring should capture lived experience perspectives, longitudinal data relating to system effectiveness and consider opportunities to predict cost savings associated with the project.

## **References**

## References

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# Appendix 1

Report for Senior Leadership Team by Alison Comley, CSB Independent Chair. 18<sup>th</sup> January 2024.

## South Gloucestershire Creative Solutions Board

### Report for Senior Leadership Team

#### 1.Purpose:

To discuss and agree with SLT the strategic direction and focus for the Creative Solutions Board (CSB), in its final phase to March 2025.

#### 2.Background:

South Gloucestershire's Creative Solutions Board was created in spring 21 through Public Health, to consider individuals and families experiencing complex needs who were 'stuck' in the system and therefore experiencing poor outcomes, with agencies providing resources to little effect. The aim was for the board to consider alternative creative approaches that resulted in changes for individuals and provided a lens for the system to look at ongoing system change. Having been reviewed in 2021 as delivering an improvement in outcomes, the board is currently funded through the Prevention Programme until end of March 2025, reporting into the Prevention Board.

#### 3.Process

Membership of the board includes partnership agency managers from across the system, alongside lived experience input, with the authority to 'do things differently', with myself as the independent Chair. Referrals are collated and managed by Helen Cleugh, the coordinator of the board, who ensures that individuals are presented at the right time. The referral process is open to all practitioners and there is a strong link to the practitioner network which meets monthly. CSB meetings are held monthly for 2 hours, with agreed actions circulated within 24 hours and actions reviewed at the following meeting to check progress. The co-ordinators role is crucial in continuing to support the energy to create change.

#### 4.Action to date

The CSB has considered over 20 cases, and the following list gives a flavour of the complexities being presented:

- Young male – care leaver, homelessness, offending behaviour
- Young female – exploitation risk, mental health concerns, issues around transitioning into adult hood
- Male – Veteran, substance misuse and housing issues
- Male – Health and care issues, challenging behaviour and putting extreme pressure on different parts of the system.

There has been a good cross-section of individuals who impact across a full range of service areas and a brief outline of each case can be found in Appendix 1

#### A more detailed example to illustrate how this approach works

- Male who was a high cost user of the local system – conservative estimate of £70k per year.
- Known to services since 2018 and many different agencies had looked at many different options
- He was housed in temporary accommodation for two years as there was no suitable long term accommodation.
- He was unable and unwilling to engage with the community substance misuse services –was engaging sporadically with AA fellowship meetings.He was determined by services to be unable to engage in traditional alcohol rehab due to experiencing Wernicke - Korsakoff's syndrome



- Concerns about health – had been given 18 months to live 12 months ago. Pattern of numerous falls and head injuries compounded by his high risk alcohol dependence.
- Concerns about offending and risk to community, as was offending regularly in the local area. Felt to be at risk from local residents in response to this offending and an emerging concern that he was being targeted by local young people.
- Was due in court and expecting a short custodial sentence due to anti-social behaviour committed in December 2022

#### **Action Plan from CSB**

- To explore alternative rehab in a specialised placement working with those who have Alcohol Related Brain Injury (ARBI) caused by alcohol use.
- This would be a year long placement which recognised that engagement with community drug and alcohol services as a precursor to rehab would be unsuccessful for this individual.
- This was a more expensive option but the proposal was to share the cost between housing, social care and Drug, Alcohol and Sexual Health (DASH) team to show a systemic approach to risk and cost.
- Agreement from all agencies involved to this approach
- CSB worker attended court to confirm this plan with the judge, and individual entered detox, successfully completed this and entered specialised rehab.
- This placement builds a platform to plan a different set of outcomes for this individual if his alcohol issues are now being addressed.

There have also been multiple cases discussed with the CSB Co-ordinator which have not progressed to the board as the blockages identified have been addressed by intervention from the co-ordinator to bring together agencies to identify their own solutions.

Whilst we can successfully demonstrate that we have supported better outcomes for the individuals presented, embedding wider system change is more difficult to show. In the following sections we set out some of our learning and challenges to date with some discussion points to guide how we make the maximum impact in this next phase.

### **5. Issues**

#### **a. Can we prove that this way of working in the long term saves money?**

It is clear from the work of the CSB that there is some really strong partnership working across the authority and individual frontline staff undertaking complex work, however it is becoming noticeable that services are becoming less willing to work more flexibly with resource constraints cited as the reason. Whilst this may in the short term support an individual service, for the individual and other services this may result in a greater spend for longer, across the system. The CSB could be an opportunity to test flexible approaches in a controlled way to support the difficult budgetary decisions all organisations are having to make.



**Discussion Point**

Could SLT agree for the CSB to have some financial support and input to try and track spend on the individuals presented in this next phase, with a view to looking at outcomes against spend and what can be evidenced?

**b. How do we build ongoing board commitment?**

We have some strong board advocates who are committed to this way of working. I have undertaken regular catch up meetings with board members to ensure that the board is delivering for them as it is a tricky balance for people to commit to this important work against the urgent agency work that managers need to undertake. We are starting to see a drop off in the seniority of some participants on the board which does impact on the decision making process. Children's Social Care has not been able to make a commitment even though we have included children and young people in our referrals.

**Discussion Point**

How might SLT best support the CSB in encouraging managers to work differently and commit to this work? Should that include all services?

**c. Are we working with the right people?**

As stated earlier the referral process is currently open to all practitioners and we can of course continue to work in this way which has a real value. However we wonder if we would get more buy in and deliver a greater impact if we focused on an agreed cohort of individuals, that are already an identified challenge across the services. This would need some work in terms of identifying those individuals but that could have a significant impact if we can creatively change their service trajectory and spend in the final year of this project.

**Discussion Point**

Is there an appetite to explore this way of working and if so what is the most effective way to identify a cohort? Could we link this to an individual budget in order to manage and analyse the spend?

**d. How do we make transitions services more effective?**

It is clear from the referrals that we have considered that there is a specific issue where complex young people are transferring from children's services to adult services and this is not working well for the individual, the family and wider communities. The building of new relationships is not being given sufficient time resulting in a lack of a planned transition. There are clear differences between the way adult and young peoples services work and whilst there are excellent pathways for care leavers, there is very little in place to support those young people who use services up to the age of 18 and need to continue using them.

**Discussion point**

Other parts of the country have set up specific transitional safeguarding approaches [Bridging the Gap: transitional safeguarding and the role of social work with adults - GOV.UK \(www.gov.uk\)](#) Is this approach worth exploring? This work undertaken by Wiltshire appears to have supported their positive budget position.

**6.Recommendations**

For the Chair and CSB to:

- Use the outcome of the discussions with SLT to reframe the focus for the CSB for its final phase
- To capture this in a paper to be shared with the CSB steering group and all partner agencies

Alison Comley  
CSB Independent Chair  
18th Jan 2024