

South Gloucestershire Council

Creative Solutions Project Evaluation Summary

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Evaluation of the Creative Solutions Board Project during the Prevention Fund duration of funding 2022-2024

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For a more detailed Evaluation report please request the full Creative Solutions Project Evaluation.

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Executive summary

What this evaluation adds:

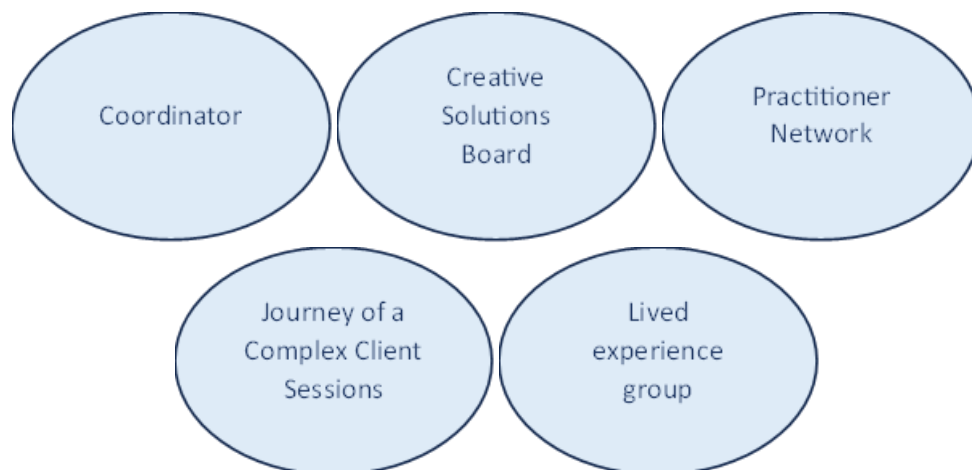
- The Creative Solutions Project has had demonstrably positive outcomes for individuals in South Glos, including improved access to health and social care services and joined up multi-agency support. This approach has likely averted multiple negative downstream outcomes such as social isolation, risks of street homelessness and unplanned health service use, resulting in a wide range of probable cost savings across the system.
- The project has achieved organisational change and development for the teams involved, including changes in communication approaches and enhanced networking across organisations.
- The system was strengthened by risk and responsibility sharing, and this represented a catalyst for change when the system was faced with complexity.
- Organisational interrelationships appear to have been strengthened by the project, with evidence of adaptation and innovation.
- The project coordinator has been highlighted as a vital “connection point” between organisations, driving wider system change and demonstrating transformative leadership.
- Across the system, the project has enabled early action and preventive planning, likely producing cost savings downstream.

The Creative Solutions Project

This project aims to address complexity and multiple disadvantage experienced by individuals in South Gloucestershire (SG) and was established in May 2021. This evaluation focuses on the period from September 2022 to March 2024. The project, and Creative Solutions Board (CSB) within the project, aims to provide 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 by using a prevention approach, which positively impacts both clients and staff. Supporting people experiencing multiple disadvantages through a trauma lens and using trauma-informed approaches is known to be a cost-effective strategy and also has benefits for staff and organisations (1,2).

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



Evaluation objectives and methods

The key question of the evaluation 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?


The evaluation has assessed the following objectives:

1. Monitoring of agency/teams/organisations engagement with CSB meetings and activities.
2. Monitoring of 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 and or 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.

We follow an outcome evaluation approach, synthesising qualitative and quantitative data across several key sources including referral data, board minutes, interviews with CSB members and case study review. 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.

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	Staff: coordinator, wider Public Health team including Public	Coordinator activities: receipt of referrals, working with	1. Agency, teams and organisations' engagement with Creative	4. Whether and to what extent organisations and agencies adopt or

“block” in the system	Health assistant	organisations to resolve blockages, onward referral of cases to CSB	Solutions meetings and activities	implement new ways of working or processes to support individuals
	Time and resources: from Creative Solutions Project, practitioners, local organisations	CSB: multi-agency discussion of cases	2. Whole system identification and applied understanding of ‘blockages’	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
	Commitment to collaboration and “buy in”: from Creative Solutions Project, practitioners and local organisations	Practitioner Network: meetings and referral of cases to coordinator	3. Whether and how organisations and agencies cooperate to find solutions to alleviate ‘blockages’ and support individuals, and system flexibility	
		Journey of a Complex Client sessions		
		Lived experience group	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	
		Newsletter to practitioners		

Evaluation findings:

Engagement with the Creative Solutions Project:

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). Analysis of demographic characteristics of those referred indicated underrepresentation of ethnic minority groups and those with a sexual orientation other than heterosexual. 23 different SG geographical locations were represented in referrals. Referrals were received from a range of organisations, teams and agencies, again indicating the broad 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 support organisations (5/47).

For the 47 cases referred to the coordinator, the coordinator often initially offered advice and guidance to a practitioner. The coordinator also worked closely with practitioners to alleviate blockages, for example by arranging multi-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 board level input. The coordinator determined which cases were discussed at the board. Of the 47 referred cases, 9 were discussed at board level.

A broad range of organisations were represented at Creative Solutions Board meetings 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 (DHI), an organisation which supports clients with drug and alcohol dependency. There were challenges in attending board meetings including time and resource constraints experienced by organisations.

Summary of Impacts within the findings:

Impact of project on individuals

The project had demonstrably positive impacts for individual clients referred, across a wide range of areas including:

Improved access and support into rehabilitation , with “protection of property” on discharge.	Multi-agency collaboration to enhance safe prescribing .	Improved access to primary care for specialist referrals, support with chasing referrals to medical specialists and enhanced access to social prescribing.
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 .	Securing support 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 for improved financial stability .	Support for improved current housing provision , including mobility adjustments.	Forming connections with equalities and diversity officers to ensure appropriate, meaningful support for client.

The positive actions from the project likely averted multiple downstream consequences for clients including the below examples:

Unplanned health service use, for example ambulance callouts, Accident and Emergency attendance and hospital admission. Avoiding this potential outcome likely produced downstream savings:



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).

Ongoing alcohol dependency, with associated physical, mental health and social impacts, as well as premature mortality: Potential downstream costs avoided include:



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).

Risk of losing accommodation and becoming street homeless: Avoiding this potential outcome likely resulted in savings, for example:



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

Social isolation and loneliness: Preventing this outcome may have resulted in savings:



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

Repeat offending: Avoiding this potential outcome likely produced downstream savings:



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).

Example Case Study A

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 had limited support options available.

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.
- The client’s housing provider enabled housing stability whilst they were in rehabilitation, and in association with a different housing organisation, offered a more appropriate home environment to meet the client’s physical health needs.
- Adult social care and occupational therapists adapted his home environment for when he returned after the programme.

Outcomes:

- 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.
- The practitioner 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 Preventative 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, 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, 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.

Example Case Study D

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

Background:

The client was experiencing street homelessness, with offending and incarceration, alcohol dependency and a history of antisocial behaviour. He was from a Gypsy, Roma and Traveller background (not specified to preserve anonymity) and had experienced 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 needs assessment.

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 in light of information provided by the CSB and willingness from services to change their approach, 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, viewing 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, unmet need and organisations working independently, without information sharing between agencies.
 - 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 specialist mental health care.

Impact of project on organisations and teams

For organisations and agencies, there was evidence of organisational learning and development, improving professional practice and benefitting from valuable networking opportunities:

- **Changing communication with clients:** Organisations reflected on and changed their communication styles to better engage with clients, based on cases discussed at the board.
- **Recognising disabilities and neurodivergence:** Cross-organisational learning led to greater awareness and recognition of potentially missed neurodiverse diagnoses and a need for tailored support and engagement strategies. The board also highlighted the importance for healthcare organisations to use appropriate and accessible communication approaches with people living with disabilities.

- **Understanding of the risks of labelling:** Recognition of the impacts of inappropriate labelling in services, serving as a potential block and persistent unmet need, was evidenced through cases reviewed in the project.
- **Improving understanding of veteran health:** Increased awareness of the unique challenges and the disproportionate inequalities this group may face.
- **Developing 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 explored, as well as shifting towards trauma-informed practices for example in record keeping on information systems and client engagement strategies.
- **Enhanced networking capability:** Board members reported improved collaboration and strengthened professional relationships with other organisations through their involvement in the project.
- **Reduced practitioner isolation:** Practitioners valued networking opportunities provided by the project, felt more held and supported by the system and feelings of operating in isolation had been reduced, this was especially true in smaller organisations.

Impact of project on wider system

There were multiple ways in which the project had a positive impact on the system, improving efficiency and focusing on early intervention to prevent downstream costs:

- **Improved understanding of complexity within system:** For example, the board noticed labelling of a client by services, with under-recognition of the issues a client was facing. This understanding led to the board reframing of the language used by services, with a focus on achieving action-focused change.
- **Acting now to save time and resources later:** Organisations acknowledged that engaging with the project needed time and resources from organisations, however collective problem-solving, permission to think creatively and a preventative approach were seen as valuable investments that ultimately reduced system wide demand in the on run.
- **Building and strengthening relationships across the system:** Board members felt this improved system effectiveness, distributed the workload more evenly across services, and enabled more innovative and creative approaches to problem-solving.

- **A ‘catalyst’ for navigating through complexity:** Bringing the “right people” together to advance through a system block supported early intervention to prevent costly impacts later.
- **Speaking the same language:** Organisations involved in the project developed a deeper understanding of other agencies, and vice versa, strengthening inter-agency collaboration and improving support for clients.
- **Becoming a system leader for person-centred care:** This is a concept valued by organisations in South Glos, but it can be difficult to implement. The project serves as an important example of implementing person-centred care.
- **Avoiding duplication:** In interviews, board members recognised that the Creative Solutions Project has a novel approach, providing a forum for organisations to come together, without duplication in other parts of the system.
- **Sharing risk and responsibilities across organisations:** This strategy helped to avoid single organisations being disproportionately burdened, promoting a more balanced and sustainable system wide response to risk and safety planning.

Role of the Creative Solutions Project Coordinator

Throughout the evaluation, the coordinator has been highlighted as a vital “**connection point**” between organisations. In interviews with board members, the coordinator was reported to be 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.

“They ‘oil the wheels and grease the system’”

“However cases have been discussed with the Coordinator and addressed through multi disciplinary teams and independent suggestions and support from the Coordinator.”

Consistently, the Coordinator is taking the role of ‘driving it forward’ - whether this is with cases and thinking differently, unlocking the system, challenging and supporting, they are brought up and a **neutral person** to hold this space, along with ensuring the right cases come to the Board and all surmountable challenges have previously been considered. In this way, the coordinator provided **transformative leadership**.

“I think in one instance was very helpful and supportive in challenging a sort of an approach that is the expected approach and getting, I think, a better outcome for an individual.”

“I think the CSB, if you like, gives her (co-ord) legitimacy to go and talk to service managers and say, this case was raised at the CSB”

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.

However, 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. 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 exact 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 other influences, which make it difficult to determine and predict harms averted by the project. It is also difficult to confidently predict cost savings associated with changing circumstances of clients.

Conclusions and recommendations

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 as well as the wider system in SG. 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.

Specific recommendations from this evaluation:

1. To strengthen evaluation of this project, future data collection could consider capturing perspectives from those with lived experience, follow up interviews with board members over time to capture longitudinal outcomes, as well as strategies to effectively predict cost savings against outcomes observed.
2. Strategies to increase organisational commitment should be explored, including considering how engagement with the project and the board can be optimised given organisational resource and time constraints.
3. Involving a broader range of organisations and agencies has also been recommended as a future strategy to enhance the project's ability to tackle the complexity experienced by clients.
4. Scope of referrals should be reviewed, considering how to optimise referral of clients from diverse backgrounds, and whether the current universal access should be adapted to a more targeted approach.
5. Sharing learning across organisations and with other regions will highlight the value of the Creative Solutions Project approach.

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