A Review of the Impact of Birmingham Changing Futures Together on Systems Change

Prepared on Behalf of BVSC

ABIC Ltd.

May 2017

Table of Contents

A Review of the Impact of Birmingham Changing Futures Together on Systems Change

Executive Summary

ABIC Ltd was commissioned by Birmingham Voluntary Services Council (BVSC) in March 2017 to undertake a review of the Birmingham Changing Futures Together (BCFT) programme in respect of whether and how the programme was bringing about systems change - i.e. changing the way that services are designed, delivered and commissioned for people with Multiple and Complex Needs (MCN) which is essential to ensure a legacy for the programme when it ends in 2022.

BVSC was particularly keen to understand whether systems change had been effected by four key areas of programme activity. These were:

I. Workforce development - to include the impact of Psychologically Informed Environments (PIE) training and employing individuals with lived experience
II. Service User Involvement - including the role of Experts by Experience (EBE) in supporting the project as part of Every Step of the Way (ESOW)
III. Improving access to services, especially for those presenting issues of substance misuse and mental ill-health
IV. The importance of co-ordination and navigation of services for individuals with MCN through the Lead Worker Peer Mentor (LWPM) initiative

Through a combination of desk research, interviews with stakeholders, and consultations with staff, the review concluded that BCFT continues to bring about important and positive outcomes for those people it supports who present with multiple and complex needs. However, for that support to be sustained when the programme ends in 2022, there needs to have been change in the behaviour and thinking of organisations and individuals toward the management and treatment of people with MCN. Above all, systems change needs to take place within the social, health and welfare commissioning arms of the public sector.

There has been progress and there is great potential to achieve more. The greatest progress appears to have been made in terms of *Workforce Development*, where PIE training has been delivered to many of the No Wrong Door (NWD) organisations. This has provided a spur to refresh systems and services to be cognisant of the challenges people with MCN face. The learning provided through the training has additionally been given an empirical and practical test through the employment of people with lived experience as Peer Mentors (PM), which has driven significant change in employment policy and practice. The success of the model is also demonstrated in the creation of similar roles outside of the BCFT programme.

In terms of *Service User Involvement,* it was noted that the lack of focus on the impact that Experts By Experience (EBEs) have made to the organisations making use of their lived experience has delayed the development of bespoke, in-house Every Step Of the Way (ESOW) models within these organisations. However, this has been addressed over recent months through ongoing gatekeeping of ESOW work opportunities as well as better preparation of prospective EBEs joining the programme.

Great frustration is felt by stakeholders with regard to *Improving Access to Services* for people with MCN when it comes to accessing mental health and substance misuse services.

Thus, the single provider of substance misuse services' maintenance of largely inflexible policies and procedures with regard to accessing treatment does not recognise the unique challenges people with MCN present; whilst, in terms of mental health services, too often the route to treatment for homeless people with mental ill-health is to present at an Accident and Emergency Department.

On the positive side, BCFT has made significant progress in terms of engaging mental health commissioners at a strategic level such that there is good reason to be confident for the future.

In the context of the *Importance of Navigation and Co-ordination of Services for People with MCN* there is much to be celebrated. The Lead Worker Peer Mentor (LWPM) initiative has proven its worth time and again for those presenting the most acute and complex of needs. PMs above all have been a revelation across the board; achieving such positive levels of engagement with service users that organisations are employing their own PMs outside of the programme.

Recommendations

1. Promote the positive impacts of PIE that have been reported by some organisations on staff morale, with improvements in performance and staff turnover.

2. Produce a report of case studies, drawing on the experiences of Shelter and Birmingham Mind, presenting the ways in which organisations can employ people with lived experience and the benefits that can be derived.

3. Continue to work towards ensuring that EBEs working within ESOW are given opportunities that deliver systems change for the host organisations.

4. Support initiatives to improve access to mental health services identified by practitioners:
    - Information briefings for support workers about what mental health services can and cannot offer, and the role of staff.
    - Training for support workers to understand what mental health practitioners identify as a mental health issue, how to get people onto a care pathway, and how to support them to access appropriate care.
    - A joint information sharing protocol regarding people with mental health issues being referred by support workers.

5. Draw upon the lessons learned from the challenges experienced by service users in accessing substance misuse services to inform commissioners for the future.

6. Work with the service delivery agencies to ensure that the joint policy for managing people with co-existing mental health and substance misuse conditions is translated effectively into practice for front line staff.

7. Consider commissioning a study into the cost effectiveness of the LWPM model of working, to support its sustainability beyond the life of BCFT.

8. Develop a communications plan to include:
    - A rolling programme of awareness raising events and training, targeting the statutory sector, recognising that organisational restructuring and staff turnover means that the message does not always filter through to new staff.
    - Selected promotional events targeted at senior managers, recognising the importance of securing understanding of and commitment to the principles of BCFT at that level.

- Bespoke training opportunities for organisations with a structure that does not lend itself to opportunities such as the PIE training but which could be beneficial both to them and to the BCFT programme generally.
- An online forum for practitioners to enable them to share problems and ideas and become mutually supporting.

9. Undertake a review of No Wrong Door to include:
    - A review of its membership based on the core organisations that are critical so supporting people with MCN.
    - Clear expectations of and commitment by its members as to attendance at meetings to ensure consistency and the ability to make decisions.

10. Consider ways in which it can support organisations to develop strategies with regard to growing community resilience through prevention, community engagement and self-help.

11. Consider ways in which it can raise its profile at a strategic level, so as to be in a position to influence decision makers and effect real systems change, including through the use of 'champions' at a senior level within organisations.

12. Consider ways in which it can engage effectively with commissioners, including by establishing a 'virtual team'.

1. Introduction and Background

ABIC Ltd was commissioned by Birmingham Voluntary Services Council (BVSC) in March 2017 to undertake a review of the Birmingham Changing Futures Together programme (BCFT) in respect of whether and how the programme was bringing about systems change within its member organisations as well as other organisations and agencies in the city who commissioned and/or delivered services for people presenting with multiple and complex needs (MCN).

Systems change (i.e. changing the way that services are designed, delivered and commissioned for people with MCN) is essential to ensure a legacy for the programme when it ends in 2022.

In commissioning this review, BVSC was particularly keen to understand whether and to what extent systems change had been effected by four key areas of BCFT activity. These were:

I. *Workforce development - to* include the impact of Psychologically Informed Environments (PIE) training and employing individuals with lived experience (including the Peer Mentor model) through Lead Worker Peer Mentor (LWPM) and Every Step of the Way (ESOW).

II. *Service User Involvement* - including the Experts by Experience's (EBE) role in supporting the project as part of Every Step of the Way (ESOW) and their impact in driving up standards of service user involvement in the design and delivery of services and systems change.

III. *Improving access to services (especially for those presenting issues of substance misuse and mental ill-health)* – to assess the extent to which individuals are able to access services and at the 'right' time for change to be successful.

IV. *The importance of co-ordination and navigation of services for individuals with MCN (Lead Worker Peer Mentor)*- to understand the value of this model in securing positive outcomes for service users and the degree to which it is being recognised beyond the BCFT programme.

2. Methodology

In undertaking this commission, consultants completed the following:

- A desk review of background documents and programme level information.
- Telephone interviews with 20 stakeholders from within the BCFT programme and beyond, including commissioners, CEOs, service managers and co-ordinators and front-line staff. Unfortunately, no representative of CGL was available for interview.
- A group consultation with four staff from Birmingham Mind's (ESOW) initiative.
- A group consultation with four volunteer Experts by Experience (EBE) recruited to the ESOW initiative.

A full list of those people consulted for this commission is attached at Appendix A.

3. Workforce development

PIE Training

Background

In 2007, an 'enabling environment working group' was set up by the Royal College of Psychiatrists with the aim of looking at using previous models of working with complex emotional and behavioural needs, including therapeutic communities, and applying these to wellbeing more broadly and in more informal community settings. As a result, the 'enabling environment' was defined by this group as a 'generic term to describe good practice across a range of sectors of contemporary social life'. The enabling environment formed the basis of the PIE movement.

The provision of PIE training represents an opportunity for all organisations in No Wrong Door (NWD) to have a shared approach to working with people with multiple and complex needs.

St Basils is the PIE contractor for BCFT and, at the time of this review, had delivered PIE training for three cohorts, each with around 25 participants. Staff from 18 organisations will undergo the training. St Basils is contracted to deliver to a total of eight cohorts, or 175 participants, by the end of November 2017.

Each training course consists of three days training followed by reflective practice for one hour a month over 12 months. The reflective practice is facilitated by St Basils and offers an opportunity for participants to raise and explore any issues that have emerged through taking PIE back into their workplace.

St Basils have mixed the groups of staff in each cohort so that they come from different organisations. This is a conscious attempt to support the ethos of No Wrong Door, developing a shared awareness and understanding of what each of the agencies involved does and how they can work together more effectively:

"*it's humanising and people see each other as parts of the same puzzle*".

The training gives a shared language to talk about people with MCN and shared values, improving consistency of approach to the client group across NWD.

Evaluation of the training

Participants complete a post-course evaluation and from the third (most recent) cohort, 96% reported that they had improved their understanding of how they could implement PIE in their role from the information they had learnt. Comments made about the things that would be most useful in their daily work included "*consistency of approach*" and "*using PIE with staff*", indicating a potential for systems change as a result of the training.

Evaluation of the reflective practice will start after the sixth session (i.e. mid-way through the programme), and so there are no results available from this as yet.

Impact on systems change

Some of those interviewed for this review indicated that the PIE training did not substantially add to their existing experience and practice. Stakeholder comments included:

"*I found the training fascinating and very good – but I have in-depth training on all of the subject areas that fit under the PIE banner*."

"*It was more of a refresher of the value based training we do*."

"*I believe we were doing this already but we can definitely improve*."

This last comment reflected the fact that even those who were already 'doing PIE' felt that the training was useful to reinforce their practice and cause them to critically evaluate it.

Some managers and staff interviewed for the review identified specific examples of how the PIE training has been effective in bringing about change in their organisation. Shelter has made a decision to separate their office onto two floors, one for advice and legal services, the other for support services. This was influenced by PIE, the rationale being that those visiting the office would benefit from a quieter, more welcoming environment. The reception area had previously always been very busy due to high volumes of drop-in clients, with the potential to exacerbate the anxiety of clients.

A Hub Manager at Shelter has developed a PIE action plan with a view to embedding the principles into the organisation's work, including a training needs analysis of staff across all its services. They have also raised the issue at a meeting with their peers.

Some of those interviewed from another organisation also identified the impact of the training in terms of staff morale, observing that staff turnover was lower than in other parts of the organisation. There had been notable mutual support in the context of two staff teams being combined, the PIE training being seen as helping to "*rebuild both teams emotionally and culturally*."

There has been some research in the past in St Basils that reveals an impact of PIE in terms of reduced sickness absence (through stress); staff feeling more able to deal with complex situations without it impacting on them personally; and improved team working. In the context of NWD, the 'team' might be considered to include staff from across member organisations. As one stakeholder commented:

"*PIE is an approach of how we can play our part to support the same person. Reducing the unhelpful rivalry and improving partnership working*."

There was recognition through the review that, in order to effect systems change through a whole organisation, it would be important to secure 'buy-in' from senior managers, and BCFT is trying to address this by requiring organisations taking part to develop an action plan on how they will take it forward. Separate workshops and engagement opportunities with senior managers are being organised in order to reach them.

There is also potential to bring about systems change through PIE with organisations beyond the membership of NWD, including local authorities, NHS and the police, all of whom have expressed an interest in the training.

Employing People with Lived Experience

Background

Of all the programme elements of BCFT, it is perhaps in the context of employing people with lived experience where systems change is most evident. The impact on professionals who are now in a working environment with Peer Mentors (PMs), for example, has been significant as have been the changes to working practices, recruitment policies and procedures and even the physical layout of offices. Beyond the bounds of BCFT there are also services who *"have put their hand in their own pocket"* to recruit their own PMs.

Some might query why employing people with lived experience constitutes system change within workforce development but, as one stakeholder commented, the different skill sets brought to bear by those with lived experience and the existing professionals are well matched such that people learn from each other in the workplace:

"…the moment you have a more diverse workforce you have people bringing different skills to share within that team. The impact working with PMs has had on other professionals includes a greater understanding of the client group and an awareness of what their needs are on a changing basis and what approach is needed at any given juncture."

Impact on Systems Change

Shelter, as contract managers for the LWPM initiative, has made significant changes to their recruitment and employment models which will impact on all future employees, and which was described by one stakeholder as "*unlearning and re-humanising the recruitment process.*"

Thus, for example, the consultants were advised that until recently all recruitment was done online and candidates were expected to have or have access to a computer and the internet. Recognising the challenges this presents applicants with lived experience, the expectation has been changed and candidates can once again request paper application forms. In a similar vein, the former version of the online application form required applicants to declare which university they had attended on the assumption that only graduates would be applying for posts, a challenge to non-graduates made worse by the fact that the text field could not be left blank.

Applicants to PM posts almost inevitably have criminal convictions, which might have precluded their being appointed at all in the past, but would certainly involve an impersonal and intrusive telephone call from Shelter's central HR team. This has now changed so that PM applicants who are offered a post are invited to a pre-starter assessment meeting at which they can have a face-to-face discussion with the programme coordinator to discuss their criminal convictions. Where convictions can be explained by an applicant's previous lifestyle the job offer can be honoured, whilst the details of the criminal record remain with the programme coordinator. The central HR team retain nothing more than the number of convictions and the Disclosure and Barring Service (DBS) reference number.

People appointed to PM posts are also guaranteed an advance on their salary because they automatically lose their benefits once employed and none of them could afford to work a month in hand as was traditional Shelter practice.

Working with people presenting MCN represented a huge shift for Shelter from their normal client base, but recognising that the organisations contact with such clients is likely to grow in future the above developments in employment practice and others have been included in a formal piece of work undertaken to mainstream this practice across the organisation. As one stakeholder commented:

"Casual things done locally have now become formal – so if Shelter anywhere wants to recruit someone with complex needs they can use this process to make it happen."

Birmingham Mind has also applied the knowledge and experience gained through their involvement in BCFT to the challenges and pitfalls of employing people with lived experience, including those with serious mental health concerns who may have never worked or for whom the workplace is a distant memory. They are now starting to share this learning externally.

The consultants were advised that the key issue is not the risk a particular individual presents at the point of employment, but how well prepared they and the organisation is for working together. As one stakeholder commented:

"How do you support them to understand all the unwritten rules of an office that we all take for granted?"

Being able to reflect on the learning generated by ESOW in terms of employment policy and procedure has resulted in Mind even being able to offer employment to very high risk individuals, including one with a murder conviction. As one stakeholder commented:

"If we can't employ them, nobody can."

The recognition that former service users may need employment related support *prior* to their being formally recruited has been applied by Birmingham Mind in terms of their new rolling programme of PM recruitment, whereby eight PMs are employed on twelve month contracts within Mind's support services to help the better engagement of people with significant mental health and housing support needs.

For this new programme, Mind introduced an intensive pre-recruitment training programme through which all prospective applicants were helped to understand the world of work and what might be expected of them, whilst the organisation itself was able to assess which potential candidates were ready to take on the challenge and which were not.

This clearly challenges traditional models of recruitment but, as stakeholders advised, it is both necessary and congruous with what those with lived experience told them about being employed and what can lead to failure. In addition to this *'try before you buy'* element to recruitment, the PMs selected are also allowed to work their contracted sixteen hours per week in any pattern that best suits them in terms of their needs and feelings of safety.

4. Service User Involvement

Every Step of The Way

Overview

When considered from the standpoint of the ESOW initiative specifically, which is the key element of the BCFT programme concerned with service user involvement, stakeholders concede that the evidence of systems impact is limited.

The ESOW initiative has received recognition from Big Lottery Fund (BLF) as an example of its kind nationally across the twelve Fulfilling Lives projects, but this is more in recognition of it being an excellent work stream rather than it necessarily bringing about systems change.

Stakeholders advised that there has been significant learning derived from the programme to date which is now informing ongoing developments, whilst there has also been a growth in the numbers and range of work being referred to ESOW for allocation to experts. Thus recently, one of the EBE delivered a presentation at a national drugs conference. In addition, EBEs consulted for this commission talked of their most challenging roles to date, which included:

- The making of fire safety podcasts for West Midlands Fire Service, who have engaged EBEs in because it is recognised that people presenting MCN also present a significant fire risk.
- Shadowing the Midland Heart rough sleepers team to help their work with engaging and supporting the street homeless.
- Working with West Midlands Police who have engaged EBEs to help them understand the mindset and behaviour of offenders who present with MCN.

In this way, service user involvement has been recognised as essential in the defining and delivery of services but, stakeholders advise, for there to be genuine evidence of systems change, organisations should be replicating the ESOW model within their own organisations, rather than continuing to call on the lived experience of the ESOW experts.

Impact on Systems Change

One of the key challenges to the *'mainstreaming'* of the ESOW model within the BCFT family and beyond has been an ongoing struggle for EBEs to recognise the impact they have on the work of other organisations and the lives of their service users.

A previous evaluation of the ESOW model had identified that, whilst external stakeholders universally welcomed the involvement of EBEs in shaping and critiquing policy and practice, the experts themselves did not hear these messages and were largely only aware of how their lives had improved because of being involved with ESOW. The evaluation stated:

"…they (the experts) had a much clearer perception of how being involved in the ESOW programme had helped their own recovery and had provided them with personal gains and benefits rather than any impact they perceived they might be having on the BCFT programme and other organisations' practice…Despite external stakeholders providing examples of how the EBE had impacted on their work and/or their organisation, most EBEs found it difficult to describe any such impact in other than general terms and/or they continued to couch their response in terms of personal gain."[1]

Stakeholders advised that this struggle by EBEs to recognise how they were making a difference to organisations and service users has itself slowed the impact ESOW has had on systems change because the value and success of the model has not been broadcast as quickly as it might have been. However, it was also acknowledged that, until recently, experts who joined the ESOW programme were encouraged to see their involvement as a means to achieving their own personal goals and ambitions. This had been given equal, if not greater, priority to their having an impact for the benefit of the programme and ultimately people presenting with MCN. This had resulted in there being limited gatekeeping or sifting of opportunities offered to EBEs to ensure that whatever work was undertaken, had the greatest potential to be impactful and promote systems change.

However, as indicated above, stakeholders advised that, over the past three months, measures have been put in place to address this. Monthly meetings between BVSC and ESOW co-ordination staff now take place, intended to ensure that consideration is given to whether and how work opportunities for EBEs will be genuinely impactful rather than just interesting. Experts themselves, as part of their induction programme, are helped to understand the scale of the overall BCFT programme and to think about how their involvement can bring about lasting change in organisational behaviour toward those people presenting with MCN.

There is now an 18-month upper time limit on any one individual's involvement with ESOW. Through their previous contact with the ESOW programme, the consultants were aware that some of the original cohort of experts involved were showing signs of becoming dependant on ESOW for their own support needs to the detriment of the impact the service might have. Stakeholders advised that the time limit and the consequent regular renewal of the EBE pool, has helped address this issue.

Whilst it is yet early days, in discussing this commission with some of the current EBEs, it became clear to the consultants that these experts had a greater grasp of their strategic value and impact than their peers had done previously.

Birmingham Mind, who are the contract managers for the ESOW programme, have a long-standing commitment to service user involvement and, the consultants were advised, had developed an organisational wide strategy for service user involvement 18 months before ESOW went live.

[1] ABIC Ltd – Every Step of the Way Evaluation - March 2016

In that sense, ESOW has had a limited impact on their own internal systems. Nevertheless, stakeholders advised that, as service user involvement has been rolled out across the organisation, encompassing a number of different roles, with different expectations and rewards associated with them, the ESOW EBEs and Involvement Champions have fed into any and all discussions.

Recruiting Additional Peer Mentors

One of the key recent organisational developments had been the recruitment of eight PMs to work in the support services division of the organisation, driven by the success and impact of the BCFT PM model which is discussed elsewhere in this report.

The fact that people with lived experience are now being formally employed as PMs is evidence of how service user involvement is effecting systems change and an example of how the experience and expertise of service users is being captured and used to inform the design and delivery of services. This is especially the case given that these posts are being created and filled beyond the scope of the BCFT programme with all the inherent challenges this brings to traditional models of recruitment and risk management.

As one PM commented:

"Optimism and confidence in our abilities has grown over time…from little acorns do mighty oaks grow."

5. Improving access to services

Overview

BCFT is endeavouring to achieve systems change in relation to access to services first by educating and raising awareness amongst the organisations involved, while also working on the more fundamental change in terms of service design.

The review revealed a common belief of there being improved communication between and access to services as a result of the NWD initiative and the presence of Lead Workers and Peer Mentors. Stakeholder comments included:

"*We found BVSC and through it No Wrong Door and found lots of organisations that we could refer to through one central point. It's been fantastic!*"

"*They have actually got someone to advocate on their behalf who they can trust and they know will be there for them. Whereas before if they went to a service and were knocked back or signposted somewhere else they would most likely give up and not bother*."

"*It's about organisations knowing what other organisations do. That's what No Wrong Door does. They begin to realise that a housing organisation has got debt advice that they can tap into*."

An example of organisations working together includes the Homeless teams within Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) who have referred people with three or four of the complexities to the Lead Workers and undertaken joint work some of those cases, with significant impact.

However, the particular challenges around accessing mental health and substance misuse services emerged through the review, both separately and interlinked. Degrees of optimism regarding whether these could be resolved emerged from this review. One interviewee felt that systems change may have to wait until the services are re-commissioned, while others observed some steps towards change in the meantime.

Access to mental health services

From the point of view of some mental health practitioners, access to their services has improved as a result of BCFT. As one stakeholder commented:

"*The feedback from staff on the ground is that they have been instrumental in making sure that people come to appointments*".

However, other agencies interviewed for this review identified that access to support for people experiencing mental health issues remains problematic for many service users.

Access to mental health services was described by one mental health practitioner as a "*traditional and tight-boundaried pathway*". On the whole people have to be referred to their GP, although they can also access support at borough level through the primary mental health services or a psychiatric nurse of therapist. A referring organisation (or Lead Worker/Peer Mentor) can only advise the individual to go to their GP or attend a hospital as an emergency. Given that many such service users may struggle to remain engaged and keep appointments, a visit to a GP is likely to require staff to actively support them to attend.

There is a Home Treatment team that supports 90% of people in crisis but not in services, and if their need is acute they can make a referral as necessary. But for homeless people in crisis, the only real option is to go to A&E. As one interviewee commented:

"*…for the homeless mentally ill A&E is effectively the commissioned pathway*."

A strong view emerged from mental health practitioners that "*individuals need screening by a medical service*". A reason for this was the concern that support workers are unable to diagnose a mental health issue as distinct from other troubled and/or troubling behaviour. The consultants were advised that:

"*A lot of the time support workers mistake people's behaviour for a mental health issue. It's a common source of conflict. They might be behaving strangely, or badly, but it's not mental health. It can also be a cultural thing. It is difficult*."

A further issue for mental health practitioners in some instances may be the risks involved in working with an individual in the community. The practitioner may hold information that indicates that to do so would put their staff at risk, but be unable (for data protection reasons) to disclose that information to the referring agency.

One mental health practitioner pointed out that people with a severe and enduring mental health problem are more often than not already known to the service, so there is no need to re-refer them.

Representatives from other (voluntary sector) agencies expressed frustration about what may be seen as an inflexible response by the mental health service to people not already in their care. Mental health practitioners interviewed for this review did however report a number of activities and initiatives that were helping to address these issues such as:

- Better information for support workers about what mental health services can offer and the roles of staff.
- Training for support workers to understand what mental health professionals identify as a mental health issue, how to get people onto a care pathway, and how to support them to access appropriate care.
- A joint information sharing protocol regarding people with mental health issues being referred by support workers.

In addition, BCFT reported a number of important and strategically opportune developments with regard to the programme's engagement with mental health commissioners that will hopefully deliver positive outcomes in the near future. These include:

- Being in touch with the mental health strategy team that analyses data for future commissioning pathways and is concerned with service modelling to discuss the potential to include the LWPM model in mainstream commissioning of mental health services.
- Looking at how the Mental Health Trust's desire to grow the use of Personal Budgets (PB) by those suffering mental ill-health could be extended to people presenting with MCN, at least at the point where their lives are becoming less chaotic.
- BCFT being logged through the Mental Health governance structure to form part of the strategic plan for Birmingham, including attending the Mental Health Programme Delivery Board and presenting a project summary document with regard to the impact of the project, with quarterly updates to follow.
- Attending the Mental Health Collaborative Group, a sub-group of the multi-agency stakeholder group, the Mental Health Joint Commissioning Governance Structure. This offers an opportunity for BCFT to share learning and evaluation from the programme directly in order to influence commissioning intentions.

Access to substance misuse services

Several of those interviewed for this review referred to the contracting of a single provider "*on a very tight financial plan*" as being at the heart of the problems experienced in relation to accessing substance misuse services specifically.

The resulting long waiting times (with a four to eight week wait for an appointment) is particularly problematic, recognising that for this client group it is particularly important to 'seize the moment' when they are wanting to change.

It was also believed that the provider does not have the capacity to follow up with service users who fail to make an appointment, a common problem for service users with multiple and complex needs.

In order to deliver the service for the money available CGL has developed services (such as telephone assessments) which may be appropriate for many service users but not for those with multiple and complex needs.

However, there is some evidence that this is shifting, perhaps as a result of relationships between agencies developing and improving over time, and one organisation reported that waiting times have been shortened for their clients, enabling direct and timely access to treatment.

Moreover, it was pointed out that any fault lies with the commissioners rather than the providers, for awarding a contract on cost without due regard for the needs of the service. As one stakeholder commented:

"*CGL has done a lot of work to improve…but they struggle with capacity and what they have been asked to do. But the fault lies with the commissioners not CGL. There are just so many people that need CGL's input. It's a key frustration for us and others*."

Co-existing conditions

A commonly recurring theme in relation to problems of access to mental health and substance misuse services was that of individuals presenting with both substance misuse and mental health concerns known as '*dual diagnosis*', or '*co-existing condition*' (the preferred term). People with MCN including co-existing conditions can face a true life 'Catch 22' when seeking treatment. Thus mental health practitioners will invariably decline to treat someone with substance misuse problems until these are dealt with; the rationale being that someone who is under the influence of drugs or alcohol is not in a position to engage sufficiently to address their mental health problems, and they may also pose a risk to staff. Similarly, addiction services will decline to treat the same person on the grounds that their substance misuse is a function of their mental ill-health, which must be resolved first.

It was evident that this issue generates enormous frustration for support workers who are working with people who have mental health issues but cannot get help for them because of their substance misuse. Needless to say, it is inevitably a commonly occurring problem for a project that specifically targets people with multiple and complex needs. As stakeholders commented:

"*We understand that it is difficult to work with people who are high or drunk and who place themselves and others at risk as a result – but we have to find a way forward*."

"*These people are slipping through the net all the time – it's terrible for us to see them in that situation*."

An example was given of a service user who presented at A&E with their Lead Worker but who was refused a mental health assessment because they were under the influence.

Had the Lead Worker not been there they would have undoubtedly left the hospital. It was only as a result of the perseverance and encouragement of the Lead Worker that they stayed long enough to reach the short window between getting through withdrawal and needing their next fix, so that they could get an assessment.

Failure on the part of mental health services to address this problem was identified by one person perceived as a failure of system change on their part:

"*Still sticking to the old policy and procedures – no leeway – no system change. Staff have done it this way for ever and haven't woken up to a new way of working*."

However, it appears that some work has been done to develop a joint policy about managing people with co-existing conditions led by CGL. The policy has been approved by the organisations and it now needs to be translated into practice for front-line staff.

6. Co-ordination and Navigation of Services

Overview

The consultants were advised that true systems change in respect of service navigation for people presenting with the most complex and acute needs was probably ultimately unachievable. Such a utopia would see organisations so well joined-up and focused on the needs of the service users that, however severe the service user's needs and wherever the service user made contact with the 'system', those needs would be identified and met via whatever multi-agency involvement was required, without effort on the individual's part.

This, in many senses, is the key objective for NWD, which currently comprises an impressive array of 18 organisations, all committed to offering a wrap-around service to people with less severe MCN, to hopefully smooth out the bumps in their journey to better health and wellbeing.

Impact on Systems Change

Unfortunately, the degree to which this is happening is not clear yet, if only because the proprietary IT system that was intended to provide a common assessment framework and a single source of client information across all the NWD members (known as ICAT) has yet to be implemented. The anecdotal evidence, however, is positive in this regard. As one stakeholder commented:

"Without ICAT we don't have a system to monitor journeys, but anecdotally, when we are all sitting around the table there is a lot more collaboration between organisations and relationships are being built between individuals…people know who to speak to. We are starting to do surveys with individuals to see if things are better. We think it's better for organisations but it's harder to track individuals."

Consultants were advised that a review of NWD, scheduled for late April, will help clarify whether and how the network is creating a more joined-up and user-friendly assessment and intervention model for service users.

Regardless of the developments within NWD, it does not yet encompass all of the key voluntary and statutory sector organisations that impact on the lives of people with MCN. Moreover, the LWPM initiative within the overall BCFT programme is also necessary to ensure that those people with the most severe and acute multiple and complex needs have a personal champion to support them on their journey.

In the current climate of austerity and funding cuts, where staff time and capacity is limited and precious and often needs to be focused on the majority not the minority, stakeholders acknowledged that there is likely to always be a limit to what organisations are able to do for their clients.

One stakeholder told of a client being released from prison who met all four of the *'HARM*[2]*'* criteria but whose Community Psychiatric Nurse (CPN) had 'written off'. The allocated PM had managed to get him housed and engaging in treatment for his addiction whilst also helping him to secure all his entitled benefits. As was commented:

"If we hadn't met him at the gate he would have gone straight down to Chelmsley Circle to get a drink. We have to engage them at the very point they want help."

One stakeholder suggested that 80% of the clients supported by LWs and PMs actually require two workers because of the severe risks they pose to themselves and others which adds to the enormity of the challenge to sustain the model post BCFT. Having said that, as discussed elsewhere in this report, lead workers and peer mentors are being appointed outside of the BCFT programme; by Birmingham Mind for example, where eight PMs are employed within the Support Services Division and by Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) who have funded two PMs to be employed by Shelter but deployed in police custody suites to engage with alleged offenders with acute mental health needs.

Consultants were also advised that BSMHFT have employed their own lead worker through the BCFT programme who works alongside the outreach team and who, in a matter of six weeks has become a *'lynchpin'* within the organisation.

The LWs and PMs employed through the BCFT programme are certainly beginning to effect systems change through their work. For example, the consultants were advised of changes in police practice and behaviour for example.

[2] HARM is the acronym describing the combination of conditions that would identify someone as having multiple and complex needs – **H**omelessness **A**ddiction **R**eoffending **M**ental health

The police had sought the help of the LWPM initiative to try and better engage street homeless and substance misusers who were involved in related crime and anti-social behaviour etc. Early trials went badly because the police declined to relinquish their authoritarian culture, insisting on maintaining a uniformed presence and even taking out wanted posters in the expectation that the street homeless would identify their peers.

However, having since been able to witness the very positive impact on individual engagement that PMs in particular are having, the police have changed their working practices and now go out with LWs and PMs without their uniforms with a focus on engagement not enforcement, with, stakeholders advised, a consequent improvement in outcomes for all. As one stakeholder commented:

"The police trust us now and know that we are at the end of a phone to come out and assist with some of the chronic homeless/drinkers etc. who can be responsible for ASB and causing problems in neighbourhoods. When they know we are involved they will contact us and are prepared to set aside formal action – arrest/prosecution etc. because they know we will respond and are more likely to make progress and better manage the individual and their needs."

The consultants were also advised that PMs are having a direct impact on the decisions of the courts regarding the imposition of Criminal Behaviour Orders (CBO) which replaced Anti-Social Behaviour Orders (ASBO) in 2014.

Thus, PMs have been able to successfully dissuade courts from imposing a CBO, often against police wishes, where they considered the individual's behaviour was unlikely to improve. To their credit, the consultants understand that PMs have also argued in favour of more punitive responses than the police were proposing, including the use of custody, where they felt this was the only safe recourse for the offender and the community.

The consultants were advised that city commissioners had written similar roles into funding bids they have submitted, suggesting that the council understands the value of the LWPM model, although it was further acknowledged that, disappointingly these bids were developed largely without reference to BCFT. Nevertheless, the fact that they are identifying these kinds of roles in tender submission also suggests that it is not too far-fetched to think that these kinds of roles might ultimately feature in statutory provided and contracted services in future commissioning cycles.

7. Barriers

Interviewees were asked about barriers to progress in terms of bringing about systems change, and how these could be overcome.

People and communication

A common barrier appears to be a lack of understanding of the project itself, how the elements of it work individually and together, and what the role is – and could be – of each of the agencies involved. This emerged as an issue in particular for statutory sector organisations having limited knowledge of the voluntary sector, although there are also problems associated with lack of awareness amongst voluntary sector organisations about what others in the sector are doing.

"*It would be good to sit down with some of the stakeholders to find out what they are offering into where…it's unclear whether we are working with the same people, to what degree, the cross-over*".

"*…Birmingham is big and complicated…There are a lot of organisations doing good things but not knowing what others are doing*".

More information from BVSC and a stakeholder event (or series of events) were suggested by interviewees in order to improve awareness, understanding and communication, particularly between the statutory and voluntary sectors. Several interviewees identified Councillors as a target group for more information:

"*Let's get the key elected members with the key portfolios inside the tent – maybe as part of the core group. They need to be immersed in the whole thing, not just brought in every now and then to receive a report*".

Several voluntary sector interviewees speculated that the lack of engagement and understanding by some representatives from the statutory sector may arise from the fact that BCFT is a voluntary sector led initiative, and not 'visible' to them. One interviewee from the voluntary sector referred to the recent Department for Communities and Local Government grant to the council to address rough sleeping, without any clear reference having been made to the work of BCFT. Neither was there a clear link between BCFT and the council's strategy on homelessness.

However, another referred to fault on the part of some VCS organisations in relation to performance management, with an understandable resulting mistrust of them by the local authority.

One interviewee pointed out that progress is ultimately dependent on individuals:

"*The perfect system will fail if the front-line worker has a bad attitude...You can get someone who is a blocker who moves on and suddenly your world is transformed*".

For some established members of No Wrong Door there was a degree of frustration regarding the rate of progress. While it was acknowledged that progress had been made, this was likely to be with individuals from partner organisations rather than 'across the board'. It was pointed out that the person who represents an organisation at meetings needs to be at a sufficiently senior level to be able to make decisions on behalf of the organisation, and to feed back to their organisation authoritatively.

An additional proposal was for an online practitioners' forum so that front-line staff could share problems and ideas without too much impact on their time.

Systems change within a bureaucracy

The sheer size and bureaucratic nature of statutory organisations was also identified as a barrier to – or at least inhibitor of - systems change. Several interviewees from statutory sector organisations were clear that they could only speak from the perspective of their team or unit, not for the whole organisation.

Statutory sector organisations are likely to have policies that are set centrally, cannot be changed locally, and would take considerable time and effort to bring about organisational change. One interviewee referred to a wish to employ people with lived experience but an inability to do so because the organisation's policy requires them to obtain DBS clearance for all employees. Thanks to BCFT they have been able to use Shelter to act as the employer. However, although this is a step forward for them, it does not impact on systems change for their organisation as a whole.

Representatives from the NHS referred to the high levels of security and confidentiality within the organisation, meaning that sharing data may be precluded at anything other than local level. The regulation goes beyond the individual Trust to the NHS nationally.

An important barrier to sustained progress that was identified through the review was the lack of engagement of senior managers from some of the organisations, particularly (but not exclusively) from the statutory sector. This has already been recognised by BCFT who, through PIE, are actively seeking to engage senior managers and encouraging them to develop action plans for their organisation. The reflective practice is also a mechanism by which managers are asked to commit to freeing up the necessary staff time.

The operating environment

The backdrop of austerity and change were also frequently referred to as barriers to progress for systems change:

"*It's incredibly hard to bring systems change across organisations, especially with all the inward-looking reviews and restructures that are going on*".

"*…the immense pressure that the local authority, health service and police are under. So they tend to respond to those – it's cuts, cuts, cuts*".

Staff at Birmingham City Council were acknowledged to be under enormous pressure as a result of reduced budgets and increased workloads:

"*But they are our main contacts and they are not engaging – probably out of self-preservation. I can't blame them but we have nowhere to go.*"

Associated with this are the changes in contracts that periodically take place as services are recommissioned. One interviewee reflected on the consequential effects on consistency of approach and staff retention and morale.

However, it appears that the commissioning process may also represent an enormous opportunity for systems change in the future. The fact that input and resources are provided across differently commissioned pathways currently makes it difficult to achieve bespoke provision. Shifting from services that deliver something broadly similar for large numbers of people to ones that focus in a more focused, person-centred approach, requires a change in commissioning.

There may be an opportunity to direct the budget for support and care towards Lead Workers, for them to coordinate the services around the individual. Such an approach may also enable the Lead Worker to decide how to best tackle any co-existing conditions (such as mental health and substance misuse) for that individual.

8. Future Developments

Stakeholders were asked about what, if any, future developments they expected to make within their own organisations or would wish to see within BCFT generally to improve its impact on systems change.

No Wrong Door Network

Whilst the size of the NWD partnership was impressive, there were questions raised with regard to why some of the organisations were members. The offer of PIE training had been an incentive to join, but stakeholders were not sure that all members were either appropriate to and/or willing or able to commit to the core values of NWD.

It was suggested that, as part of a NWD refresh, the model of recruitment should be *'turned on its head'* and only those organisations that are regarded as being critical to the delivery of better outcomes for people with MCN should be identified and encouraged to join.

"*…my view is we should start with the individuals (SUs) and see who would be in a network that is important to them.* "

Having identified the organisations that are critical to supporting people with MCN, it would then be a matter of working hard, especially with senior managers, to demonstrate the benefits of being part of NWD in terms of opportunities such as PIE training as well as clear cost benefit analysis.

"…the programme should be more confident and assertive, and work with the organisations that it's important are a part of it. Now is the time to really take a step up."

Sharing the Learning

Several stakeholders pointed to the need for BCFT to begin to focus on sharing what is has learned about engaging and working successfully with people with MCN as a route to creating a permanent legacy and bringing about lasting systems change.

This needs to be delivered through a variety of means.

For example, it was suggested that many organisations in Birmingham who engage with and/or support people with MCN are under immense financial pressure and need to develop their strategies with regard to growing community resilience through prevention, community engagement and self-help. BCFT could help with this agenda.

In addition, it was recognised that some organisations, for example the police, have a structure that does not lend itself to opportunities like PIE training and yet it could be very helpful to them and to the BCFT programme generally. It was suggested therefore that BCFT could develop and deliver bespoke training and awareness raising for such organisations so that at least key principles are understood and applied.

Strategic Profile

A number of stakeholders were of the view that some of the barriers experienced by BCFT in terms of securing access to services, as well as its ability to influence strategic thinking and commissioning behaviour, were due to it being a Third Sector enterprise that lacked profile within the statutory services. As one stakeholder commented:

"BVSC is a third sector organisation so it's in a difficult place to make that change. If you look at STP[3] plans, health and social care trying to come together – that's been difficult even with the CEO of the council pushing it, and that's been a bit of a flop frankly. So for BVSC, they're not necessarily in the best place to make that change. "

Consultants were advised of a systems change event, that took place in November 2016, that was regarded as; "a great opportunity to showcase our work and to get people in statutory services to sit up and take notice of what we are doing."

Unfortunately, whilst a useful event for the BCFT partnership to share issues, it lacked impact due to poor attendance by statutory sector commissioners and, a stakeholder advised, the lack of a high-profile speaker.

The efforts BVSC has made to date to try and build strategic links with commissioners were noted and welcomed. However, as well as needing to keep "*pounding away*" at those strategic links, it was suggested that BCFT would benefit from some high profile and powerful champions, ideally in the guise of Elected Members and/or a city MP. As one stakeholder commented:

3 STPs – Sustainability and Transformation Plans. The NHS and local councils have come together in 44 areas to develop proposals and make improvements to health and care. These proposals, called sustainability and transformation plans (STPs), are place-based and built around the needs of the local population.

"BCFT need to reserve the capacity to keep knocking on the doors - which can be soul destroying work…But if they just deliver a service, when the funding goes it will all just end. What needs to happen is that nobody notices when the funding ends, because all the organisations will be working in a different way. So, it comes down to influencing and cajoling."

Commissioning

Influencing commissioning behaviour was recognised as being key to the sustainability of bespoke services to people with MCN and, it would appear, that BCFT possesses certain advantages as a commissioning partner and/or sub-contractor. For example, it was regarded as particularly helpful that the BCFT programme is long enough to establish and build relationships, and then continue to develop and work. As was mentioned:

"The normal arc is such that they would be closing by now, with a pressure to mainstream."

Moreover, it was recognised that BCFT holds a unique and comprehensive data set about the origins of MCN, as well as what works and what produces change. There is therefore a role for BCFT in helping drive the commissioning and the co-design services to this group.

Finally, over the course of the BCFT programme the partner agencies have developed a cohesiveness and unity that gives them a powerful voice when talking to commissioners. This has already proved valuable in terms of reversing planned city council service cuts, for example.

BSMHFT advised that they are keen to move into a more direct partnership relationship with voluntary sector providers and have recently appointed an Executive Lead for Partnerships to drive this forward.

As an example, BSMHFT have just finalised a 25-bed shared accommodation rehabilitation service in partnership with Mind, which includes employing all non-qualified workers through Birmingham Mind.

It was also suggested that there may be an opportunity for BCFT to help develop an enablement team, supporting people leaving hospital with their accommodation, confidence building and reducing their isolation. This would be in addition to existing care coordinator activity. As a stakeholder commented:

"We are looking to do much more of that sort of thing. In the past we've had third sector partners on the periphery, but we are now keen to get them involved more directly in patient care."

Stakeholders from BSMHFT advised that they are trying to move toward outcome based commissioning and moreover commissioning across the system:

"…not just in the NHS but a common currency across providers. Thinking about the input that other agencies can make to that recovery."

This model of commissioning would provide an opportunity to engage BCFT, especially with regard to crisis housing and work around pathways for people with personality disorders.

However, it is essential that BCFT talk to commissioners and not just the providers because, as one stakeholder commented; *"the providers do what the commissioners direct them to."*

Commissioners recognise that people with MCN are a sizeable group with the potential to cost public services huge amounts of money in crisis and acute service provision. However, they are still a small minority of the population and, as such, commissioners are not quite sure how to integrate the commissioning of services for this group.

Whilst commissioner attitudes and understanding may change over time, their nervousness with regard to ring fencing and pooling already limited budgets to fund work with people with MCN may prove insurmountable in the short term.

It was suggested to the consultants that one solution might therefore be found in a *'virtual team'*, comprised of seconded, cross-sector staff. As one stakeholder commented:

"If each area seconds staff into a virtual team, that seems like a less painful model because organisations don't relinquish control or cash."

9. Conclusions and Recommendations

Conclusions

Based on the information gathered through this commission and the views shared by stakeholders, there is little doubt that the Birmingham Changing Futures Together programme continues to bring about important and positive outcomes for those people it supports who present with multiple and complex needs.

However, for that support to be sustained when the programme ends in 2022, there needs to have been *systems change*; i.e. change in the behaviour and thinking of organisations and individuals, both within the voluntary sector partnership comprising BCFT and amongst external agencies and organisations, toward the management and treatment of people with MCN. Above all systems change needs to take place within the social, health and welfare commissioning arms of the public sector.

In this regard, it would appear that, there has been progress and there is great potential to achieve more. At this stage of BCFT's life cycle, the evidence of systems change in some of they key priority areas is limited e.g. *Service User Involvement* and *Improving* Access to *Substance Misuse Services*.

The greatest progress appears to have been made in terms of *Workforce Development*, where PIE training has been delivered to NWD organisations. Whilst the concepts raised through PIE training have not necessarily been completely new to the recipients, it has provided food for thought and a spur to review and refresh pre-existing models of ensuring their systems and services as well as their physical and human resources are cognisant of and sympathetic to the challenges people with MCN face.

The learning provided through PIE has additionally been given an empirical and practical test through the employment of people with lived experience as Peer Mentors. This has, at times, proven very challenging to the organisations concerned, but it has also driven significant change in employment policy and practice. The success of the model is also demonstrated in the creation of similar roles outside of the BCFT programme.

In terms of *Service User Involvement,* it was noted that the lack of focus on the impact Experts by Experience both made (and recognised that they had made) to the organisations making use of their lived experience, has delayed the development of bespoke, in-house ESOW models within these organisations, which is the ultimate systems change goal in this context.

However, this has been addressed over the last three months through ongoing gatekeeping of ESOW work opportunities to select out those that are most likely to deliver change as well as better preparation of prospective EBEs joining the programme with regard to their contribution to system change. A maximum engagement time of 18 months for EBEs also ensures that they remain focused on making an impact and avoid becoming dependent on ESOW for personal support.

It is perhaps in the context of *Improving Access to Services* for people with MCN that the greatest frustration has been expressed by stakeholders, especially those with substance misuse and/or mental health needs.

It would appear that the commissioning of a single provider of substance misuse services has not served the needs of those with MCN very well, because the low-cost delivery models employed by CGL do not take account of the chaotic lifestyles and ongoing personal challenges people with MCN face each day. Expecting people to always travel to a city centre location for treatment and/or to always maintain appointment times may be appropriate for the majority, but those with MCN, by their very nature, will and do fail and are having treatments denied and declined as a result.

A similar problem exists in terms of people with MCN accessing mental health services where no referral pathway exists at the present time for anyone who is homeless, other than to present themselves at an A&E Department. This route to treatment runs entirely counter to prevailing NHS strategies to try and reduce the load on hospital emergency services, but, according to some stakeholders, the needs of homeless people with mental ill-health have never been thought of despite the very obvious links between the two concepts.

Whilst acknowledging that there is still much work to be done to improve the access of people with MCN to mental health services, some significant progress has been made by BCFT in terms of engaging commissioners at a strategic level, including through representation on key multi-agency groups.

In the context of the *Importance of Navigation and Co-ordination of Services for People with MCN* there is much to be celebrated. The Lead Worker Peer Mentor initiative has proven its worth time and again for those presenting the most acute and complex of needs and it is no exaggeration to state that some of the clients of the BCFT service would not be alive without the dedication and support of their lead worker or peer mentor.

PMs above all have been a revelation across the board; achieving such positive levels of engagement with service users that organisations are employing their own PMs outside of the programme.

Ideally, in years to come, the need for a LW or PM would be obviated by the comprehensive understanding of the needs of people presenting with MCN by the relevant organisations, coupled with a commitment to provide a seamless wrap-around support service. However, this is recognised as being somewhat utopian and unlikely to happen.

Such an approach however, is the core objective of No Wrong Door, but unfortunately, the ongoing problems with implementing the ICAT database means that there is no hard evidence as yet of whether a multi-agency partnership can come together to provide wrap-around support to people with MCN, although anecdotal evidence suggest that this is happening.

Recommendations

The following recommendations are offered based on the information and evidence set out in this report.

BCFT should:

1. Promote the positive impacts of PIE that have been reported by some organisations on staff morale, with improvements in performance and staff turnover.

2. Produce a report of case studies, drawing on the experiences of Shelter and Birmingham Mind, presenting the ways in which organisations can employ people with lived experience and the benefits that can be derived.

3. Continue to work towards ensuring that EBEs working within ESOW are given opportunities that deliver systems change for the host organisations.

4. Support initiatives to improve access to mental health services identified by practitioners:
    - Information briefings for support workers about what mental health services can and cannot offer, and the role of staff.
    - Training for support workers to understand what mental health practitioners identify as a mental health issue, how to get people onto a care pathway, and how to support them to access appropriate care.
    - A joint information sharing protocol regarding people with mental health issues being referred by support workers.

5. Draw upon the lessons learned from the challenges experienced by service users in accessing substance misuse services to inform commissioners for the future.

6. Work with the service delivery agencies to ensure that the joint policy for managing people with co-existing mental health and substance misuse conditions is translated effectively into practice for front line staff.

7. Consider commissioning a study into the cost effectiveness of the LWPM model of working, to support its sustainability beyond the life of BCFT.

8. Develop a communications plan to include:
    - A rolling programme of awareness raising events and training, targeting the statutory sector, recognising that organisational restructuring and staff turnover means that the message does not always filter through to new staff.
    - Selected promotional events targeted at senior managers, recognising the importance of securing understanding of and commitment to the principles of BCFT at that level.
    - Bespoke training opportunities for organisations with a structure that does not lend itself to opportunities such as the PIE training but which could be beneficial both to them and to the BCFT programme generally.
    - An online forum for practitioners to enable them to share problems and ideas and become mutually supporting.

9. Undertake a review of No Wrong Door to include:
    - A review of its membership based on the core organisations that are critical so supporting people with MCN.
    - Clear expectations of and commitment by its members as to attendance at meetings to ensure consistency and the ability to make decisions.

10. Consider ways in which it can support organisations to develop strategies with regard to growing community resilience through prevention, community engagement and self-help.

11. Consider ways in which it can raise its profile at a strategic level, so as to be in a position to influence decision makers and effect real systems change, including through the use of ‘champions’ at a senior level within organisations.

12. Consider ways in which it can engage effectively with commissioners, including by establishing a ‘virtual team’.

Appendix A – List of people interviewed for this commission

Name		Organisation
Natalie	**Allen**	BVSC
Azad	**Azam**	Shelter
Bernadette	**Byrne**	Birmingham and Solihull Mental Health Foundation Trust
Lucy	**Clarke**	St Basils
Sharon	**Clarke**	Birmingham Mind
Jo	**Davis**	Birmingham and Solihull Mental Health Foundation Trust
Ruby	**Dillon**	BVSC
Mark	**Fitzgerald**	Birmingham Mind
Cath	**Gilliver**	SIFA Fireside
Christine	**Grover**	Shelter
Bev	**Hardman**	Birmingham Mind
Peter	**Helly**	Ashram Moseley
Julie	**Higgs**	Birmingham Mind
Vicky	**Hines**	Shelter
Tom	**Howell**	Cross-City Clinical Commissioning Group
Steve	**Jenkins**	Birmingham and Solihull Mental Health Foundation Trust
Patrick	**McCaffery**	Birmingham Mind
Mark	**McKinley**	Birmingham Mind
Amy	**Mullins-Downes**	Shelter
Deborah	**Pearsall**	Birmingham Mind
Emma	**Poursain**	Shelter
Steve	**Sanger**	Birmingham Mind
Amanda	**Skeate**	St Basils
Nanita	**Sohal**	BVSC
Jean	**Templeton**	St Basils
Max	**Vaughan**	Birmingham City Council
Helen	**Wadley**	Birmingham Mind
Gez	**Walker**	Birmingham Mind