**Multiple Complex Needs – Engagement Event – December 2019**

**Conversation 1:** *What shared system outcomes / measures could exist across drug and alcohol treatment services, DASV and the hostel service?*

* Would want to retain own measures and metrics.
* No pre-determined outcomes, no fixed ideas.
* Jointly upskilling.
* About the individual’s journey - partly self-determining, this is what I want to improve. How does the Alliance support this?
* Progression data, can service users progress from the initial service to something else.
* Making sure the service user gets the wraparound support and the partners are working together to the benefit of the service.
* Looking at a large volume of clients how do services capture this for an individual?
* In some services e.g. TDAS difficult to follow-up with an individual.
* Use of a tool such as the outcomes star.
* Also something around the Alliance functions and delivers what is expected.
* Outcomes have to be about the service user’s view of what they have achieved in relation to what they want to achieve.
* Collective ownership of the outcomes.
* Looking at ways in which alliance members can report collectively on the overall impact of what they are doing.
* Need joint outcomes to avoid silo working. Broader and looser outcomes, quality of life, mental health etc.
* Tension in drug and alcohol services with NDTMS reporting. What information can come from the data we already have to collect?
* Systems sharing. How do we ensure we can link the impact of services to them being carried out using the alliance model?
* As the service progresses metrics will change.

**Conversation 2:** *For partner* *organisations, what are the hurdles to be crossed to enable excellent collaboration and shared system outcomes / measures? (Think e.g. governance, workforce management & development)*

* Commissioners to work differently.
* Give authority to those sat around the table, leaders need to delegate.
* Team building, trust, accountability.
* Email security and technology.
* Shared triage.
* Shared ethos
* GDPR
* Trust is of paramount importance, this has been fostered by competitive commissioning/procurement and bidding for grants.
* Governance can be kept simple and should be more straightforward to put in place.
* Cultural change for staff and upskilling those, being clear about what is a specialist role and what isn’t.
* All about relationships.
* Cannot underestimate the amount of time that needs to be invested to get it right. Integrating systems, data and reporting mechanisms to make it more joined up, data sharing.
* Being able to challenge other partners and be challenged. Identity and time, ensuring the members act in the best interests of the alliance and system as whole, client first. Whole system needs to be willing to work differently, but won’t necessarily be ready to do that.
* IT infrastructure, practicalities of shared resources and data.
* Sharing costs for setting up systems.
* Governance not insurmountable.
* Budgeting and planning for individual organisations.
* Workforce planning, culture, concerns from Trustees about loss of autonomy.
* Change of mind set around no longer needing to compete for funding - larger organisations may not want to let go of contract.
* Pain share/gain share if this is included would a risk for the partners.