Changing Futures Programme: Delivery Plan Template

Version 2

1.1 Area	Sheffield (local authority area)	
1.2 Named contact (a) name (b) main role	(a) Louise Dore	(b) Commissioning Officer, Vulnerable Adults and Youth
1.3 Address	Sheffield City Council Town Hall Pinstone Street Sheffield S1 2HH	
1.4 Telephone number (a) organisation (b) contact	(a) 0114 2734567	(b) 07826 902118
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Guidance notes

- The purpose of this delivery plan is to build on your initial expression of interest, and to set out a theory of change and costed proposals for how you intend to improve outcomes for adults experiencing multiple disadvantage in your area through the Changing Futures programme.

- This delivery plan will be a live document, with flexibility to develop over the course of the three-year delivery period and designated review points. However, we want to have a clear sense of your proposals for involvement in the programme at this stage to inform a robust assurance and final selection process, while acknowledging that implementation and delivery will be an iterative and evolving process.

- Please refer to the Changing Futures prospectus when completing this delivery plan form, including section 2.1 on the aims of the programme; 2.2 on defining the cohort; 2.3. on core delivery principles; and 2.4 on core partnership requirements. Further guidance on each section is also available in the attached guidance document.

- We may share information in your delivery plan, including contact details, with other government colleagues and The National Lottery Community Fund for assessment and for the purpose of developing our understanding and informing wider policy development and best practice.

- Please use black type, Arial font 11. Where additional supporting materials such as the theory of change template are requested, further information is provided in the questions and guidance below. The deadline for submission is 23:55, **Thursday 6 May.**

1. Cohort identification: Who will the programme support?

Please provide information on the cohort you intend to work with over the course of the programme.

Max: 600 words

The purpose of this section is to help us understand the level of need locally, and how you will identify and engage a local cohort of adults experiencing multiple disadvantage who will directly benefit from the programme in order to deliver the individual-level outcomes set out in the prospectus and in your theory of change (see below). Your response should set out:

- *Your understanding of the cohort you expect to benefit from the programme, alongside rationale for any particular focus on priority groups within the cohort definition set out in the prospectus*
- *How you will identify and engage individuals to directly benefit from the programme, and their routes into support – including outreach for those not currently connected with support services.*
- *Anticipated number of direct beneficiaries supported through the programme, with a breakdown of the cumulative total in each year of delivery, taking account of the long-term intervention required for individuals experiencing multiple disadvantages.*
- *How you will take account of diversity and equality considerations, and the need to tailor support to the needs of different groups with protected characteristics.*

Please include reference to eligibility criteria, referral criteria and assessment tools you expect to use and whether you currently operate or anticipate operating a waiting list for joining a specific cohort. This will help inform evaluation design considerations.

Eligibility and routes into support

The key eligibility criteria for inclusion in the local cohort will be:

- meeting the Changing Futures definition of multiple disadvantage; and
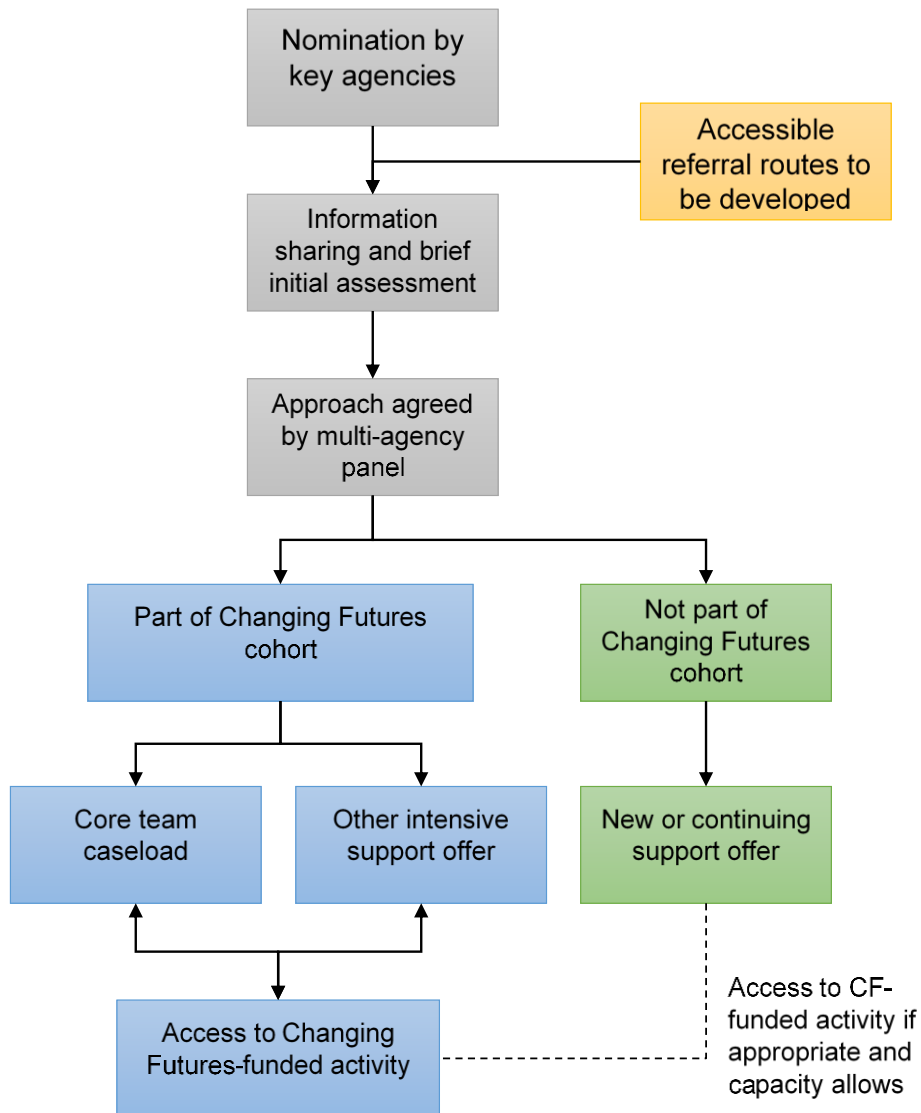- whether an individual currently has access to support that works for them and is improving their outcomes.

As the cohort of people with multiple disadvantage is relatively small, and well-known to services, we intend to invite nominations from agencies most involved with the cohort. A brief initial assessment and information-gathering exercise, such as the New Directions Team assessment, will be carried out by the service which knows that individual best at that time, and each agency will review their own systems for intelligence. This information will be considered by a multi-agency panel; one of the existing panels with relevant partners represented will expand its remit and/or meet more frequently to do so. They will agree an appropriate service offer, which may lead to inclusion in the Changing Futures cohort, may include receiving a support offer from the core team, and/or may generate a safeguarding response as appropriate.

We do not intend to operate a waiting list as in our experience circumstances change very quickly; individuals will be offered the best option of support that is available at the time, and that will be reviewed regularly. In this way we will be able to offer timely support.

Local intelligence indicates there are few individuals experiencing multiple disadvantage who are not known to services at all; even where they don't currently have support in place, neighbourhood and operational groups are aware of this and try to re-engage them. Working with people with lived experience and grassroots community organisations, we will co-

produce an approach to finding and reaching anyone who is not in touch with services, and develop accessible referral routes for them, including self-referral.

This pathway into support is briefly set out in the following diagram:

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        ┌─────────────────────┐
        │   Nomination by     │
        │   key agencies      │                    ┌─────────────────────┐
        └─────────────────────┘                    │    Accessible       │
                   │ ──────────────────────────────│ referral routes to  │
                   ▼                                │   be developed      │
        ┌─────────────────────┐                    └─────────────────────┘
        │    Information      │
        │ sharing and brief   │
        │  initial assessment │
        └─────────────────────┘
                   │
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        ┌─────────────────────┐
        │   Approach agreed   │
        │  by multi-agency    │
        │       panel         │
        └─────────────────────┘
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          ┌────────┴────────────────────────┐
          ▼                                  ▼
┌─────────────────────┐          ┌─────────────────────┐
│ Part of Changing    │          │   Not part of       │
│ Futures cohort      │          │ Changing Futures    │
│                     │          │     cohort          │
└─────────────────────┘          └─────────────────────┘
     │         │                           │
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┌──────────┐ ┌──────────┐        ┌─────────────────────┐
│Core team │ │  Other   │        │ New or continuing   │
│caseload  │ │intensive │        │   support offer     │
│          │ │ support  │        └─────────────────────┘
│          │ │  offer   │                   ┆
└──────────┘ └──────────┘                   ┆
     ▲         ▲                             ┆
     └────┬────┘                             ┆  Access to CF-
          ▼                                  ┆  funded activity if
┌─────────────────────┐                      ┆  appropriate and
│  Access to Changing │┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┘  capacity allows
│ Futures-funded      │
│ activity            │
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Understanding of the cohort

Local data suggests that there are around 200 people in Sheffield who would meet the eligibility criteria for inclusion in the cohort. Around a third of these are women, who, we know from our consultations, require a dedicated service offer to enable them to feel safe, and who often have specific issues including sex work and contact with their children. A high proportion are disabled and/or managing long-term health conditions, as both causes and consequences of their multiple disadvantage. In terms of other characteristics, they reflect the diversity of Sheffield's population. All these needs will be considered as part of a tailored and personalised support offer.

Up to 20% of this cohort is known to change every year, due to recovery, permanently leaving the area, long prison sentences, or death, so the cohort would be regularly refreshed.

We expect all people included in the Changing Futures cohort to benefit in some way from the programme, whether through access to specialist services, taking part in activities, housing or employment pathways, or simply having services be more collaborative, coordinated and trauma informed. We intend around 60 people in total to be on the caseload of the core team. Breakdown as follows:

Year	Cumulative total beneficiaries	Cumulative caseload of core team
1	200	0
2	220	60
3	240	60

2. Outline theory of change: How will the programme achieve improved outcomes at individual, service and system level?

Please set out your outline theory of change at system, service and individual level using the templates provided (annex A). Use the section below to provide a brief overall narrative explaining how you developed the theory of change and how the different levels connect.

Max 2,500 words (templates & summary)

Using the tables at annex A, outline your theory of change with specific activity and outcomes identified at an individual, service and system level. Please also provide a brief narrative in this section covering:
- *How you have developed this theory of change, and how a range of partners – including lived experience expertise – have been involved in shaping the activity set out.*
- *How the different levels (system, service and individual) interact*

A first version of the 'problem' and the 'vision' was developed based on extensive previous engagement with people experiencing multiple disadvantage, our partnership discussions in Sheffield, and themes arising from safeguarding reviews. This was presented at workshops to more than 30 stakeholders from statutory, voluntary and provider organisations. As well as refining these statements, these workshops began discussions on the inputs and activities that could take us from one to the other.

A set of proposed activities was taken to a series of consultation sessions which reached around 20 people with lived experience, recruited through the Sheffield Recovery Forum and at Cathedral Archer Project. We have also made use of the National Expert Citizen Group reports.

There are common themes running through the three levels, which can be summarised as:

- Improving access by increasing capacity and navigation
- A strategic approach to a person-centred, collaborative, joined-up way of working

- Increasing coproduction at all levels
- Improving information sharing
- Workforce development around trauma-informed approaches and knowledge of multiple disadvantage.

Theoretically, the three levels interact in a roughly linear fashion, with the outcomes of the system level becoming the inputs for the service level, and the outcomes of the service level becoming the inputs for the individual level. However, there is also feedback that goes back up the levels, in the form of learning and coproduction, so that in reality change will be iterative.

(Theory of change annex submitted as a supporting document).

3. Delivery plan: What will you deliver as part of the programme?

Please set out your plan to deliver the activity in your outline theory of change over the three-year delivery phase.

Max 1,250 words

The purpose of this section is set out your plan to deliver the activity in your outline theory of change over the three-year delivery phase. Building on the initial delivery proposals set out in your EoI, your response should:

- *Provide a brief summary of your delivery approach and wider partnership strategy, based on your theory of change and taking account of the delivery principles set out in the prospectus*
- *Set out key milestones and timeline for delivering the activities set out in your theory of change, covering the individual, service and system levels.*
- *Identify key risks to successful, timely implementation of the delivery plan, and how these will be mitigated*

Further guidance on the kind of activity in scope for grant funding is available in section 4 of the guidance attached.

Partnership strategy

Our partnership strategy is to use the Changing Futures programme as a 'change fund' to move from where we are now towards our longer-term strategy and the funding basis for that. Alongside our existing services, we will invest in more dedicated capacity for adults with multiple disadvantage so that we can test and demonstrate the benefit of an enhanced and different way of working. We will also invest significantly in developing and embedding co-production and trauma-informed approaches which will be key contributors to lasting system change. Our intention is to grow existing good practice, connect systems and interventions together in a more coordinated way, and overlay a coherent system approach to supporting people on their journey of recovery.

This diagram gives an outline of how our proposal will improve outcomes at a system, service, and individual level:

Inputs

Existing Sheffield partnership initiatives and programmes →

Multi-agency buy in and match funding →

Cross-organisational data and intelligence →

Lived experience and service user input →

Outputs

Improved data sharing and data system →

Co-produced policy and practice improvements →

Ongoing inter-organisational learning and workforce development →

Improved joint commissioning →

Development of shared accountability, culture and values across the system →

(Diagram centre) Strategic partnership, coordinating support and enabling system change

Health — Primary Care, Mental Health, Substance Misuse

Community Safety — Police, Probation, Street outreach

Safeguarding — Vulnerable adults, Social care, Abuse and exploitation

Core team — Service User — Navigators & specialists

Housing — Housing First, Complex needs housing, Extra units

Use of Time — VCF sector, Social enterprises, Employment support

Peer Support — Peer mentors, Mutual aid, Experts by experience

Delivery approach

This is a summary of the features and key activities of our delivery model:

- Coproduction, to increase the influence of people with lived experience
  - Facilitate coproduction by working with existing service user and lived experience networks, and developing new ones where needed
  - Provide training, personal development and ongoing support
  - Advocate for coproduction and prepare organisations to adopt it
  - Work towards a recognised and professional coproduction service
  - System change evaluation in final year
- A core team, to engage people with multiple disadvantage and coordinate support for them.
  - A team of case-holding workers would engage the service user intensively; walk alongside them, providing trusted support and, where necessary, appropriate challenge; coordinate support plans; and oversee a lengthy period of transition and aftercare.
  - Offered to individuals who do not have access to a similarly intensive key-work service.
  - A team of 12 would hold cases of 4-5 each, working with 60 people over the course of the programme. 4 would be women's workers.
  - Service users could also access a personalisation budget and advocacy.
  - Providing a point of expert reference for other agencies and taking part in workforce development activities.
- Enhanced/dedicated specialist capacity, to offer new ways of working and reduce waiting times
  - Expanding on the existing specialist mental health team for homeless people (HAST) to provide a rapid pathway for psychiatric assessments and treatment and trauma-informed psychological therapies
  - Assertive engagement to assess social care needs, review plans and conduct safeguarding enquiries

- o Sharing information and coordinating health and care responses to an individual's needs
- o Testing an outreach model to meet other health and care needs, taking therapeutic support directly to people where they are rather than being clinic-based
- o Providing bespoke interventions to domestic abuse perpetrators and victims with complex needs, including where there are allegations of mutual abuse
- o Coordinating plans and providing specialist advice around rehousing and preventing homelessness
- Peer support and volunteers, to provide a route for people with lived experience to give something back where they want to, and for people currently struggling to benefit from this empathy and credibility
  - o Work with existing programmes for mentors, buddies, ambassadors etc, and develop new ones where needed
  - o Provide training, personal development and ongoing support
  - o Seek and develop paid employment opportunities
- Learning and development, to increase knowledge, skills, and capacity to deal with multiple disadvantage
  - o Training and awareness-raising on a sliding scale from basic to intensive
  - o Probably using a 'train the trainer' or 'champions' approach
  - o Sharing information and good practice through networking events and an up-to-date directory of resources
  - o Wider awareness-raising campaigns and communications
- Positive activities and use of time, to increase opportunities for people with multiple disadvantage
  - o Connecting to existing and developing new opportunities for positive activities, and introducing them to interested individuals
  - o Sourcing donations to support activities and individuals
  - o Investing in a range of VCF organisations to enhance their offer of positive activities to this cohort. Activities would usually be open to others too, to extend social networks.
  - o Strengthening or developing pathways for this cohort into skills and employment support offers
  - o Engaging with employers and business to increase openness to people with complex histories
- Data system and information sharing, to improve our ability to support individuals and our understanding of the cohort
  - o Identify and develop appropriate case management / database software, building on or linking to what is already in use
  - o Training and technical support to use systems
  - o Information sharing agreements and processes
  - o Analysis of cohort characteristics, needs and outcomes, and how use of services changes over programme
- Supported accommodation, to increase choice of suitable homes
  - o Source or adapt properties suitable for people with high and complex needs, often including disabilities and health conditions, by expanding existing services
  - o Provide intensive support to maintain their home, address related needs, and progress towards more independent living
- System change team, to ensure effective implementation of this delivery plan, particularly its transformation and sustainability ambitions
  - o Programme leadership and administration posts

Timelines

We will sequence our delivery so that the groundwork is laid for a system-wide approach and our capacity for coproduction is increased first; this will then influence how the other activity is mobilised and increase its chances of success. Key milestones are:

Time period	Activity
July-September 2021	• Procure coproduction service, potentially in combination with another of the functions above • Consolidate programme governance and facilitate partnership discussions in order to define strategic approach and core values • Baseline system mapping and measures, begin work on service directory • Development work on data system and information sharing agreements • Make arrangements for positive activities fund • Prospective work on pathways, policies and procedures, job descriptions etc. Explore options for co-location and mobile working.
October-December 2021	• Coproduction service in place. Co-design phase for other activities including operating model for core team and dedicated specialists; peer support model; objectives of positive activities funding. • Identify initial cohort. • Some specialist posts recruited. • Launch of learning and development programme.
January-April 2022	Core team and remaining specialist posts recruited and mobilised.
April 2022 onwards	Full delivery continues, adapting to learning and interdependencies
April 2023 onwards	• System change evaluation, led by coproduction service • Celebration and learning events • Plans for sustaining and continuing change finalised and put into operation

Risks and mitigations

Risk	Mitigations
Unable to break down organisational barriers, perhaps due to overwhelming other demands	• Investment in capacity • System leadership • Alignment of commissioning priorities
Change is not sustained after Changing Futures programme period	• Sustainability workstream from start • Creative thinking about resources • Investment in system change activities i.e. governance, coproduction, learning • Proactively identify evidence for future business cases
Delay in securing coproduction input and support which is fundamental to the rest of our plan	• Use existing network for early identification of appropriate people • Use existing training packages and published best practice

Eligible individuals experiencing multiple disadvantage are missed from the cohort	• Eligibility criteria agreed by partnership • Initial cohort selected by multi-agency panel • Future referral routes coproduced
Confusion on roles and responsibilities across support offers	• Agree target operating model before start, with input from partners and potential service users
Demand on core team and specialist capacity is overwhelming	• Support offers, including Changing Futures, agreed by multi-agency panel
People supported by the core team and/or specialist capacity do not move on	• Transition planning and other support options introduced at the earliest opportunity, but implemented gradually
Changes in partners' structures and/or funding	• Agreed strategic approach and joint priorities • Sustainability workstream
Data systems not compatible so difficult to share information	• Data analyst and system architect to resolve issues across partnership

4. Funding requirement

Please set out costed proposals for how you intend to use Changing Futures grant funding to support the activity set out in your theory of change and delivery plan, using the spreadsheet attached at annex B.

Using the attached excel spreadsheet at annex B, your response should:

- *Set out how much grant you are requesting in total.*
- *Provide a costed list of activities in priority order, setting out expected cost for that activity across the whole three-year delivery period.*
- *For each costed activity, set out whether this is scalable - by scalable, we mean whether it is a fixed cost or whether you could scale the level of activity up or down with more or less funding (e.g. service delivery reaching more of fewer individuals if a different level of grant is provided).*

There is no minimum or maximum grant amount. It is envisioned that the average grant size over the three years will be in the region of £2.5-£3.5m, and that grant amounts may vary significantly between areas.

(Spreadsheet submitted as a supporting document).

5. Partnership and governance arrangements

Please set out your partnership and governance arrangements for the programme.

Max: 750 words, not including table and any supporting diagrams

Set out your governance arrangements, showing how all of the core statutory and voluntary sector partners required in the prospectus (section 2.4) are meaningfully bought in to and providing

oversight of the programme, and how partnership working is embedded at strategic and operational level. This should include:

- *Relevant strategic priorities or objectives that are shared between key partners*
- *Your strategic arrangements for governance and oversight of delivery*
- *Your operational partnership arrangements that will support delivery of the programme*

You may provide a diagram if helpful to support the information provided in this section. Further guidance on partnership requirement is in section 2.4 of the prospectus and the guidance document attached.

Please also set out the named leads required in the partnership in the table below.

| Role	Named Lead	Organisation	Email address
Political lead	George Lindars-Hammond	Sheffield City Council	george.lindars-hammond@councillor.sheffield.gov.uk
Senior Responsible Officer	Sam Martin	Sheffield City Council	Sam.martin@sheffield.gov.uk
Partnership Lead System change lead	Alexis Chappell	Sheffield City Council	Alexis.chappell@sheffield.gov.uk
Data and digital lead	To be appointed under the programme		
Lived experience lead	To be appointed under the programme		

Strategic objectives

The Changing Futures programme will help to deliver a number of strategic objectives that are shared between key partners, such as:

- Joint commissioning intentions between Sheffield City Council and CCG 2021/22: Improve access to healthcare and health outcomes for most marginalised groups
- Homelessness Prevention Strategy 2017-22: strengthen partnerships to support adults with complex and multiple needs
- Community Safety Partnership Plan 2019-21: domestic abuse and hate crime
- Joint Health and Wellbeing Strategy 2019-24: all is relevant. Ambitions include "Everyone has access to a home that supports their health" and "Everyone has equitable access to care and support shaped around them"
- Sheffield Safeguarding Adult Board Strategic Plan 2020-23: all is relevant. Priorities include "working in partnership" and "engage and empower".
- South Yorkshire Police and Crime Plan 2017-21 and its successors. Current plan priorities are all relevant, including "protecting vulnerable people" and "treating people fairly".
- South Yorkshire Violence Reduction Strategy: most are relevant. Priorities include "Encourage all professionals and organisations to continue to work toward becoming trauma-informed" and "Work in partnership to improve the mental health of the

population, and advocate for those who need support to receive it in a timely manner".

Governance and partnership arrangements

The strategic and operational partnership arrangements for the Changing Futures programme are summarised in this diagram:
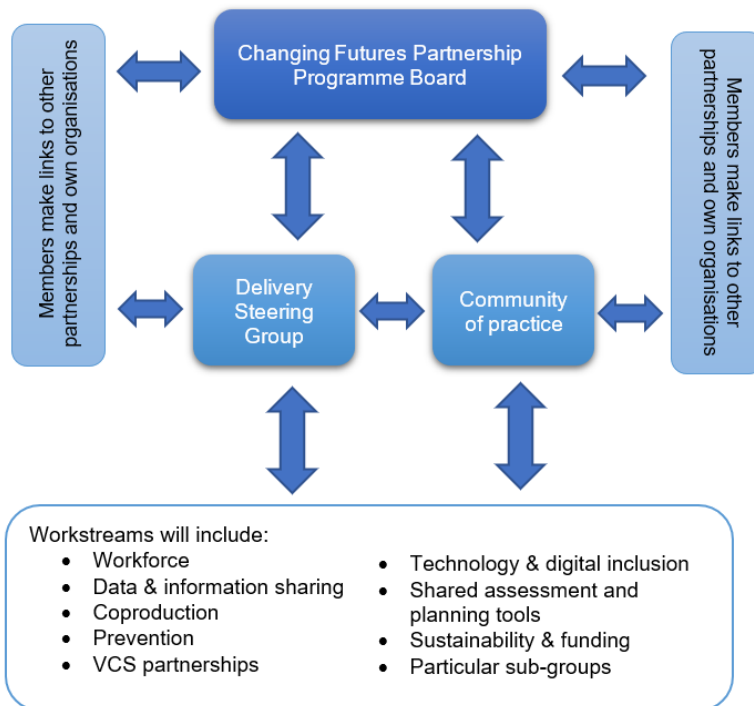
Partners involved in these arrangements include:
- Key statutory agencies i.e. local authority, CCG, police, Office of the PCC, probation, Jobcentre Plus
- Provider organisations (commissioned or not)
- Voluntary, community and faith sector representatives
- Coproduction representative roles - to be developed under this programme

Partnership Board
The Changing Futures partnership board, meeting bi-monthly, will have responsibility for oversight of the programme and ensuring the delivery of our intended outcomes at a system, service, and individual level. The board will consist of senior colleagues from key stakeholders including a coproduction representative (developed via this programme). Strategically, they will agree core values and principles, and members will share accountability for putting these into practice and removing barriers to the successful delivery of the wider programme. They will direct available resources towards the collective strategy and collaborate to secure the legacy of the programme through future business cases and bids for funding. The partnership board will have oversight of the operational parts of the Changing Futures programme and will take collective high-level decisions as required.

Delivery Steering Group
This operational group will be formed of colleagues from organisations responsible for, or closely connected to, the delivery of the programme's outcomes. They will meet formally once a month ahead of the partnership board and in smaller groups as and when required. Immediately responsible for the planning, delivery and reporting around each of the

programme's elements, the group will also undertake risk management and service improvement activities and will act as the intelligence hub for our identified cohort.

Community of Practice

This is a sector-led group for anyone working with people with multiple and complex needs in Sheffield, including those with lived experience. It will provide an open opportunity for people and organisations to share best practice and learning, and think together about how we address the challenges in making sustainable change for people with multiple and complex needs. The group will feed back into the delivery steering group and the Partnership Board, providing direct input into programme planning and future strategy development.

Links to other partnership arrangements

The Changing Futures partnership arrangements are distinct from other partnerships due to their focus on *multiple* disadvantage – i.e. considering a range of needs and how they intersect – and on the system change ambitions of our programme. However, they have members in common with all the relevant multi-agency governance structures, and part of the terms of reference includes linking with and influencing those other partnerships. In many cases they will have workstreams in common and work under Changing Futures will also help to deliver that partnership's objectives, or vice versa. These are summarised in the diagram below (also submitted as a supporting document).

Mapping of relevant partnership groups, panels, forums, pathways
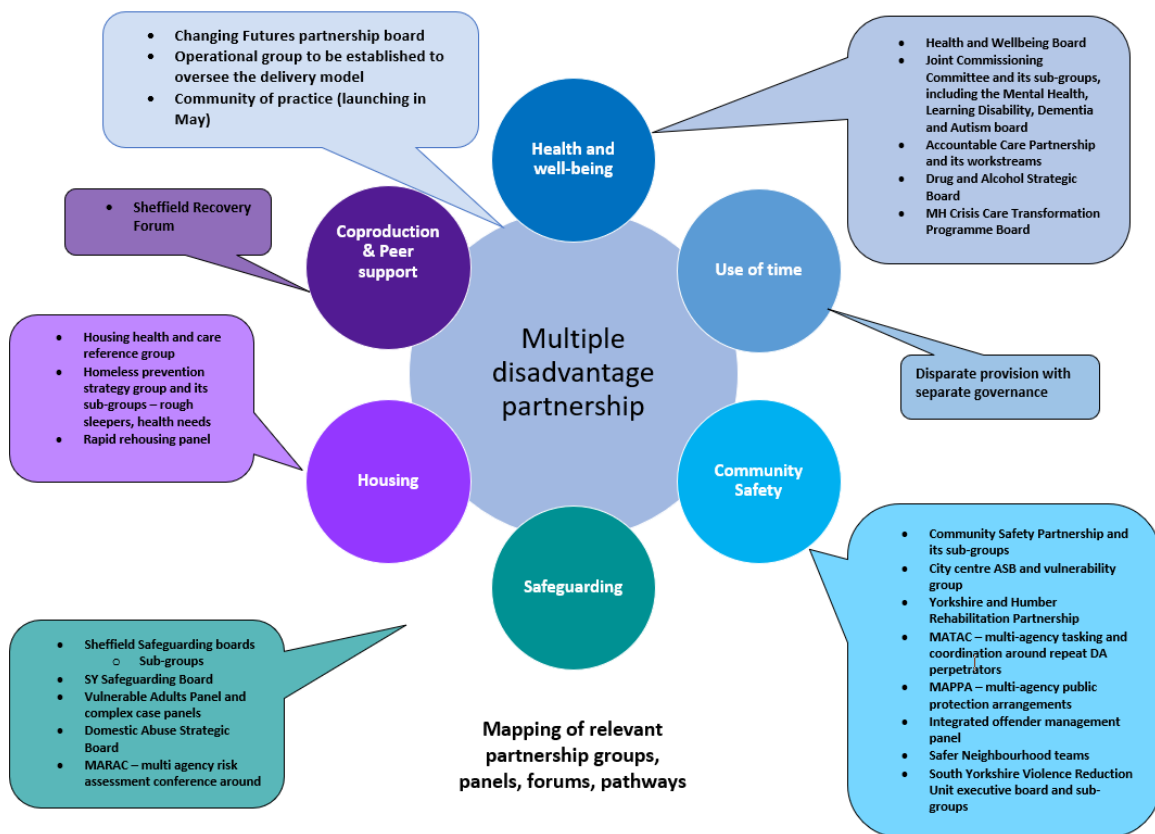
6. Interaction with other projects and programmes

Please set out how the planned activity in your delivery plan will complement and enhance other programmes and interventions underway or planned that impact on adults experiencing multiple disadvantage, while avoiding duplication.

Max: 750 words, not including any supporting diagrams

Your response should set out:

a) *Any wider contributions from local partners to your approach, demonstrating how Changing Futures is part of a wider local strategy on multiple disadvantage and how changes will be sustained beyond the life of the programme*
b) *How activity supported through the Changing Futures programme is complementary and additional to other funding, projects and programmes working with adults experiencing multiple disadvantage, while avoiding duplication.*

You may provide a diagram or visual representation of other relevant programmes and funding as a supporting document to help illustrate this answer. Further examples of the type of government and local programmes you should take into account are set out in the guidance document.

We intend to use the Changing Futures funding to accelerate system transformation in Sheffield: testing where enhanced capacity can make a difference, demonstrating the benefits of different ways of working, and embedding ongoing drivers for change such as coproduction and workforce development. From the start, we will proactively look for learning from the programme, share this with stakeholders, and use it to inform business cases for sustaining and building on change.

This investment will sit alongside the range of existing services either specifically targeted to adults experiencing multiple disadvantage, or open to all but accessed frequently by them. In developing our delivery model, we have made reference to these and to the plans and proposals in the pipeline for the next three years; this will continue to develop as new opportunities and imperatives arise.

Locally-funded contributions to our approach include:
- The Homeless Assessment and Support Team is commissioned to provide access to healthcare and support services for homeless people who have mental health problems. Through Changing Futures we intend to extend its remit and capacity to deal with more people experiencing multiple disadvantage.
- Additional Safer Neighbourhood Service police officers have been deployed to deal with the most complex vulnerable adults
- A multi-agency outreach team which operates in the city centre
- A number of supported and independent living schemes for people with complex needs, and psychologically-informed environment and therapeutic support commissioned to enhance those services
- Recovery communities and ambassador schemes.

There is some interdependency between our Changing Futures proposal and other government programmes which are still being developed or under consideration. These include:
- Yorkshire and Humber Rehabilitation Partnership – MoJ Prison Leavers project
- Bid for complex needs Independent Domestic Violence Advocates – MoJ fund
- Rough Sleeping Initiative bid to continue current provision and extend Housing First and supported accommodation offer
- Bid to Rough Sleepers Accommodation Programme to be submitted this summer.

We will adapt our delivery depending on the outcome of these decisions, scaling up or scaling back as required, and ensuring that these other programmes are linked to our partnership arrangements.

The place of the Changing Futures investment alongside the other services and projects in the city is summarised in the following diagram (also submitted as a supporting document).

Services and projects targeted to / most accessed by adults experiencing multiple disadvantage
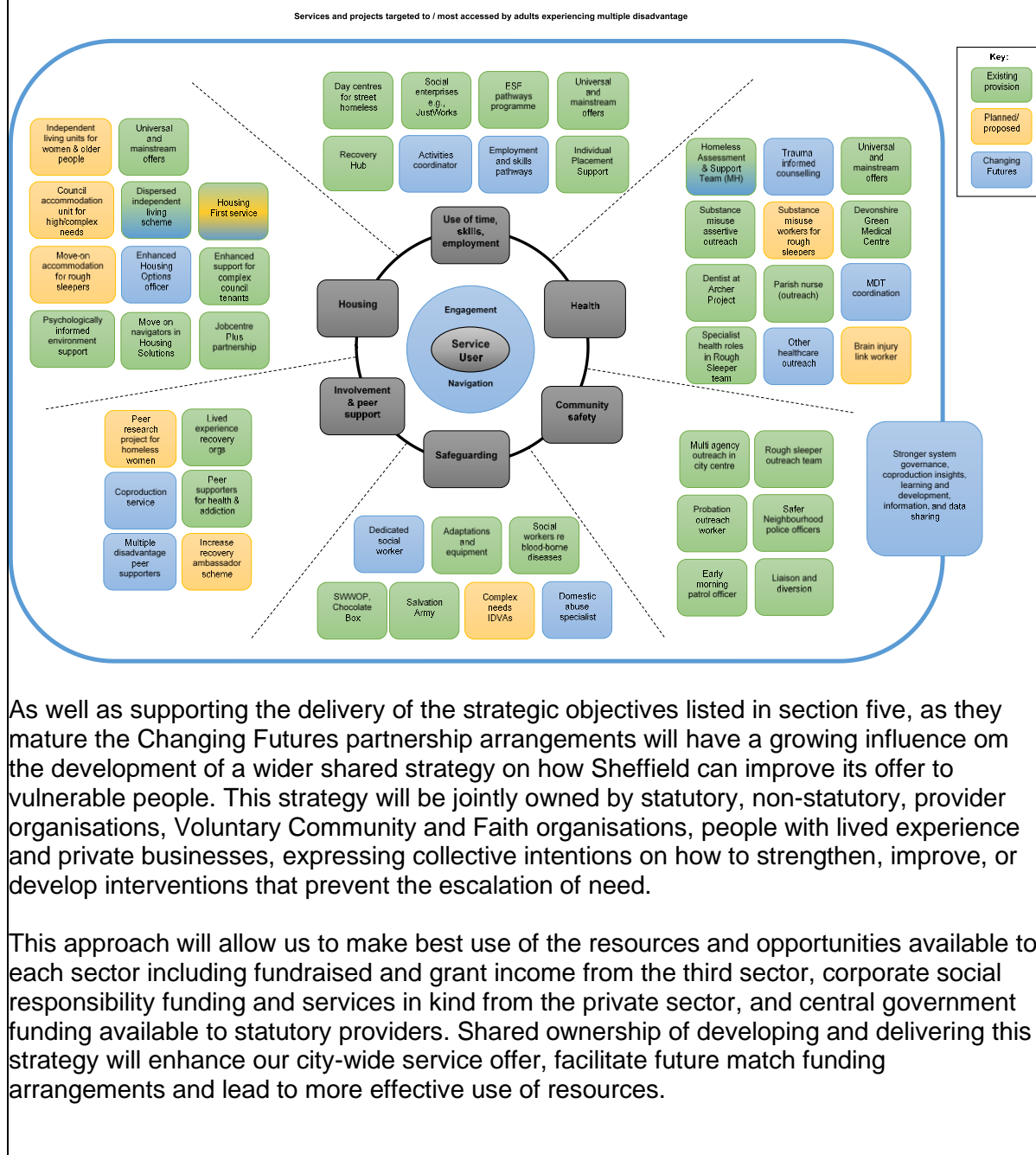
As well as supporting the delivery of the strategic objectives listed in section five, as they mature the Changing Futures partnership arrangements will have a growing influence om the development of a wider shared strategy on how Sheffield can improve its offer to vulnerable people. This strategy will be jointly owned by statutory, non-statutory, provider organisations, Voluntary Community and Faith organisations, people with lived experience and private businesses, expressing collective intentions on how to strengthen, improve, or develop interventions that prevent the escalation of need.

This approach will allow us to make best use of the resources and opportunities available to each sector including fundraised and grant income from the third sector, corporate social responsibility funding and services in kind from the private sector, and central government funding available to statutory providers. Shared ownership of developing and delivering this strategy will enhance our city-wide service offer, facilitate future match funding arrangements and lead to more effective use of resources.

7. Data

Please set out how you intend to develop the collection, sharing, analysis and use of data to drive service improvement and measure outcomes set out in your theory of change.

Max: 600 words exc tables

Your response should set out:

- *A) A brief summary of: what data you already hold on the cohort, what data sharing agreements you have in place locally, and how you intend to develop the collection, sharing, analysis and use of data to drive service improvement and achieve better outcomes for adults experiencing multiple disadvantage*
- *B) Using the tables below, the data available to measure improvement in outcomes set out in your theory of change (even if you don't currently hold it), where there are key gaps and how you might go about filling those (this might involve a variety of options, not limited to existing administrative data).*

There is data held about the cohort across the systems used by key services. For the most part, this is shared on an ad-hoc basis, in multi-agency meetings, not systematically, meaning that it is not possible to access a single, up-to-date view of an individual. There have been attempts to gather information about the cohort for research and service development purposes, but these are snapshots in time, and incomplete.

There are existing data sharing agreements between statutory agencies and with providers for other multi-agency programmes and projects: Successful Families, Team around the Person and the Housing Support Pathway for example. We will be able to adapt/extend these to Changing Futures;. Similarly, there is already more than one system in use in the city which allows for multi-agency access and use, case management and tasking, and operational and strategic reporting, so we will identify the most appropriate existing system and build on that.

Our delivery model includes investment in a systems architect in the first year of the programme, and an ongoing analyst post. We will adopt a structured approach with system development being driven by learning from the project as it progresses.

All the service users assigned to the Changing Futures cohort will be registered on one system so that there is centrally controlled information. The data analyst for the programme will ensure that timely data collection is taking place and produce reports that inform decision-making at service and individual level.

The systems architect will work with key delivery partners to identify opportunities to link systems together, ensuring data agreements are in place as required. Training will be offered where needed on how to use the shared data system so organisations can be licensed to access those elements that are relevant to their service delivery.

Our aspiration is that individuals will be able to access to the information held about them on this system, and contribute to it, perhaps through journal entries, photos and videos. If they wish, they will be able to use some or all of it as a 'passport' to introduce themselves to new workers or agencies, reducing the need to retell their story

By year three we will know more about our service users' and partner agencies' needs and accessibility issues, and therefore have a clear specification for systems that are easy to use, have a logical interface for different users and have some interconnectivity. This will enable us to pursue our ambition as a legacy from this programme of having a single system available to the partnership organisations and delivery teams that will enable a good flow of information and reduce the need for any duplication. This will support the work of the partnership as it continues to deliver beyond the end of the programme and be a key resource in demonstrating improvement in cohort-level outcomes and therefore a cost-benefit analysis.

The tables below set out how we propose to measure the outcomes from our theory of change. While this will require us to collect a lot of data that is not currently held, most of this is straightforward and will be routinely collected in the course of casework and administrative activity. Some of the system change outcomes are an exception to this and a priority at the start of the programme will be to agree suitable measures and carry out a baseline assessment.

Table 1: short-term outcomes

Level	Short-term Outcomes	Proposed measurement metric	Current availability (data held/data collected but not held/new data required)
System	Increased capacity in key areas	FTE posts	New
	System directory in place	# entries	New
	Network for coproduction	# trained participants	New
	Data system in use by core team	# records	New
	Workforce knowledge of MD	Self-assessment	New
Service	Core team working with cohort	Caseload	New
	Coproduction determining decisions in core team	Decision records/minutes	New
	Data system in use by core team	# records	New
	OOH contact piloted	# calls	New
	Workforce awareness of responses to MD	Self-assessment	New
Individual	Trusted relationship with 1+ worker	Self-report/evaluation	New
	Feels safe and supported in 1+ service	Self-report/evaluation	New
	Basic safety needs met	NDT assessment	New
	Wellbeing and self-efficacy	Assessment	New

Table 2: long-term outcomes

Level	Longer-term Outcomes	Proposed measurement metric	Current availability (data held/data collected but not held/new data required)
System	Increased confidence across organisations	Change against baseline in evaluation	New
	Shared ownership of outcomes		New

Page 107

	Commissioning priorities		New
	Codesigned system		New
	Shared assessment in use	# accessed	New
	Data system in use	# users	New
	Best practice shared	Learning events	New
	Value for money	Costs avoided	New
Service	Learning leads to service changes	Decision records/minutes	New
	Effective transitions	Representations	Held
	OOH contact in place	# calls	New
	Peer support in place	# participants	New
	Coproduction influencing decisions more widely	Decision records/minutes	New
	Data system in use	# users	New
	Workforce confidence in responding to MD	Self-assessment	New
Individual	Trust in services	Self-report/evaluation	New
	Feels in control of plans	Self-report/evaluation	New
	Positive community links and relationships	Assessment	New
	Personal goals achieved	# achieved in plan	New
	Access and use data	# users	New
	Cohort-level outcomes – increased use of planned/preventative and decreased use of emergency services	Average use of services	Collected but needs cleansing and analysis