**Changing Futures Programme: Delivery Plan Template**

**Version 2**

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| 1.1 Area  |  Cambridgeshire and Peterborough  |
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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](https://www.gov.uk/government/publications/changing-futures-changing-systems-for-adults-experiencing-multiple-disadvantage) 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?**

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| Please provide information on the cohort you intend to work with over the course of the programme.   |
| Within MHCLG’s definition, we propose focusing specifically on those whose needs are currently unmanaged, and those individuals the local system is failing. We expect that this cohort will include (1) those who are known to the system and accessing services, but for whom those services are not working, (2) those who are known to the system but have not been connected effectively to the right services (often because the services are not designed to meet their needs), and (3) those who are not known to the system at all due to severe social or structural exclusion. (Figure 1). Figure 1This was agreed through deliberation across a team of 14 senior stakeholders across the County. If successful, further research will clarify which services this cohort is likely to be known to, and which groups are most excluded. We will prioritise engaging key services in a ‘data deep dive’ on clients they feel they are failing, as well as conducting analysis with the Cambridgeshire County Research Group and wider partners on the needs, demographics and distribution of the cohort. Based on initial consultation we expect that those who are not known to the system may include:* those engaged in sex work and hidden from services,
* those from the Gypsy, Traveller and Roma community
* Hidden homeless and long-term ‘sofa surfers’
* Recent migrants and refugees, (particularly those from Eastern European countries of origin)
* Those without recourse to public funds
* among other groups.

We expect that those who are know to the system but for whom it is failing may include:* women who are accessing services that are designed for men (e.g. homeless shelters)
* …

**Identification, engagement** To engage those already known to services, we will build directly on existing Making Every Adult Matter (MEAM) networks with service providers to publicise the programme, with a focus on both expanding the network, and equipping frontline workers with the right toolkit to identify all eligible participants. Our engagement strategy for those not known to services due to severe social and structural exclusion will rely on a targeted outreach campaign, informed by needs and demographic analysis, and developed in close collaboration with statutory and voluntary sector providers working with groups known to be at risk of exclusion. Our identification strategy will build on the existing intake and identification process used by local MEAM partnerships (Figure 2). **Figure 2** We will assess eligibility using a simplified version of the existing CEA assessment form, which was developed through the Adults Facing Chronic Exclusion National Programme, and has been adapted over 10+ years so it consistently and validly identifies unmanaged multiple disadvantage. Along with assessing the number of disadvantages faced, it measures the level of unmanaged need (see Q7). **Direct beneficiaries** Across Cambridgeshire and Peterborough, an estimated ~1,100 households may be simultaneously at risk of homelessness and have a history of mental health problems annually, and ~500 may be simultaneously experiencing homelessness and have an offending history.[[1]](#footnote-2) Our aim is not to reach all eligible individuals, but to focus closely on turning our frontline learning into lasting system change which ultimately replaces the need for our work. As such, we anticipate directly supporting ~100 people during the period of the programme. **Diversity and equality** Through bid development we have consulted with partners working with groups at risk of exclusion including those engaged in sex work, the Gypsy, Traveller and Roma community, and those experiencing geographical isolation. If successful, we will expand on this partnership to bring together a wider group for close, ongoing collaboration. We know that both direct and indirect discrimination can impact engagement with the system. To address this we will conduct both an equalities impact assessment of the full range of protected characteristics (age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation) represented in our cohort, as well as wider analysis on cohort needs and demographics. This will be supplemented by qualitative evidence from our co-production group on the experience of exclusion. These activities will form the basis of a targeted diversity and equality strategy. The Mandate proposed to support our governance structure (Q5) will include a clear policy on discrimination, diversity and equality, explaining how we will avoid direct or indirect discrimination, in both identifying those that need help and delivering appropriate support.  |

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

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| 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.  |
| **Developing our theory of change**The idea at the core of our theory of change emerged directly from local co-production forums. It is based on the idea that having just one ‘trusted person’ to help you navigate the system on your own terms can help ‘unlock’ the system. The trusted person model is directed at ‘unlocking the frontline’ to work more flexibly, and in a more trauma-informed way with clients and with other agencies, and also provides a structure to channel information about what is and isn’t working at the frontline directly into system change processes. While this idea emerged from lived experience insight, it also reflects growing body of evidence on the power of relational approaches to service delivery.[[2]](#footnote-3)Our theory of change was co-developed over the course of five, two-hour workshops with 35 stakeholders. Based on MHCLG’s template, we asked attendees to help broaden our understanding of: (1) context of current ecosystem, and key problems faced by individuals with multiple disadvantages, services and the system, (2) the vision and outcomes we should target, and (3) what activities we should prioritise to achieve them. The limited time available meant these sessions prioritised high-level agenda-setting. To ensure the consultation was democratic and leveraged the full breadth of perspectives in attendance during the limited time available, we facilitated simultaneous input from all participants, so single voices/perspectives didn’t anchor conversation on existing ideas. Using virtual whiteboarding software we were able to balance individual input from participants with discussion and synthesis. Those not comfortable using the software contributed in more conventional ways (e.g. emailed documents comments, small socially distanced in-person meet-up). Stakeholders attended from a wide range of sectors across the County, covering housing, criminal justice, mental health, and public health and represented both the VSCE and statutory sector, ensuring a wide range of client groups were represented, including those working with those engaged in sex work, the Gypsy, Traveller and Roma community, rough sleepers, and recently settled migrants. Contributions from these workshops were refined over a series of weekly meetings by a core team of 14, including leaders from Cambridgeshire County Council, Cambridge City Council, Peterborough County Council, Public Health, the Office of the Police and Crime Commissioner, local homelessness services, MEAM, the Clinical Commissioning Group, The University of Cambridge, and the chair of a local co-production group. Experts by experience were involved at each step. We had contributions from four experts by experience at the wider workshops, and the Chair of a local co-production group, who also has lived experience of multiple disadvantage, has been a part of the core team . We also hosted a ‘check and challenge’ session with five members of the local co-production group, where we refined the language of our vision and the details of the key activities, particularly around facilitating co-production through the life of the programme. **How the different levels interact** Building on the ‘trusted person’ model as a route to transforming outcomes at the individual level, the broader theory of change describes how learnings from the MEAM approach can inform more flexible, trauma-informed and coordinated service delivery across the system, as well as creating a continuously learning system with lived-experience insight at its heart. Our aim is not to create a permanent new frontline programme based on the trusted person model, but to strengthen the flow of learning and insight on the impact of this model and the blockages identified to inform wider systems change that ultimately replaces the need for this frontline work long term. At the centre of our theory of change is our vision for individuals at risk of or experiencing unmanaged multiple disadvantage: that is, that these individuals feel respected, supported to tackle issues on their own terms, and able to see sustained positive change in their lives. The theory of change in Annex A attempts to reduce repetition of activities/outcomes at each level, however, the three are inextricably linked. Accordingly, some of the activities, outputs and outcomes to be achieved at the individual level will be facilitated by actions taken by services, as well as at the system level.In summary:* **System:** establishes a shared understanding of multiple disadvantages and the benefits of the trusted person model. Ensures systemic barriers are addressed, and enablers are adopted in a consistent manner. Experts by experience participate in strategic decision making.
* **Services:** provides the feed-up to the system of the impact of changes and identification of any barriers, and feeds identified reforms into service design. Promotes the key enabler which is the trusted person model and adopts shared definitions and data capturing/reporting mechanisms into each services’ workflow.
* **Individual:** For whom the changes are put into practice; outcomes at the level of the individual are measured, and experience of changes monitored to allow the system to continuously improve.
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1. **Delivery plan: What will you deliver as part of the programme?**

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| Please set out your plan to deliver the activity in your outline theory of change over the three-year delivery phase.  |
| **1. Summary of approach**Our approach is based on codifying, expanding, and embedding 10 years of MEAM partnership work in Cambridgeshire and Peterborough to give a wider group of people with multiple disadvantage access to trauma-informed, individualised and relational support to navigate the system, and to feed MEAM learnings into reforms at the system level. At its core, this approach is based on three key aspects of local MEAM work: (1) a ‘trusted person’ who helps individuals navigate their support networks at a pace and approach that is right for them, (2) an organisational model that allows the trusted person to operate relatively independently of support services but empowered to engage with them, and (3) operational partnerships empowered to break down barriers to support. There have been significant developments within relevant over the time that MEAM has operated locally. MEAM has expanded to Peterborough, the trauma-informed approach has been adopted more widely, and the ‘trailblazer’ motivational interviewing technique has been adopted by some services. Changing Futures would give the opportunity to accelerate these developments at the system level. It is intended that the programme will be hosted by Cambridgeshire County Council, who will provide in-kind overhead support and administrative resources, but will not “own” the programme. Figure 3: Delivering the ‘trusted person’ model *Wider partnership strategy*  At the operational level, we will build directly on the existing networks formed through the MEAM partnerships to ensure individual-level challenges can be quickly and efficiently addressed by both community and statutory partners. Our two operational partnerships span a range of voluntary and statutory services including the police, probation, CPFT, local authority housing teams, social care, substance misuse, outreach and housing providers. We will augment and strengthen these partnerships as needed, with a particular focus on broadening geographical representation. (see Q5)At the strategic and leadership level, we have a range of existing partners who are strongly invested in our plan to build on the local MEAM model, and who we will integrate our work with over the first year of operations. These include: Think Communities, Community Reference Group, It Takes a City, Countywide Community Safety Strategic Board, and the Substance Misuse Delivery Board (see Q5, 6) **2. First 3-6 months:**

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| **First 3-6 months** | * Refine overhead arrangement
* Rapid recruitment of key roles
* Refine governance model with focus on building buy-in at senior levels
* System and partner mapping to refine governance model
* Design and iterate on delivery plan and operational model in collaboration with key partners and local co-production forum to address key questions not feasibly addressed in 6 week bid-development phase
* Test detailed delivery plan with local co-production forum
* Design approach to codifying learnings from local MEAM work and
* Identify key resources (existing or new) required to support expansion of Trusted Persons model
* Engage key service providers in a ‘data deep dive’ exercise on the clients they feel they are failing most
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1. **Key Milestones:**

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| **Y1** | - Strong governance and operational model refined and established - Key learning from MEAM codified and integrated into operational model - Refined Trusted Person model and toolkit designed for circulation to key workers and wider frontline networks and key workers- Shared cohort definition and identification strategy launched  |
| **Y2** | - First wave of participants identified and engaged using new definition and identification strategy - First wave of services trained in how to support ‘trusted person’ approach- Updated data sharing agreement in place between key services to facilitate rapid sharing of personal data on consent basis as needed between services |
| **Y3** | - Trusted person network expanded to broader network of services and frontline workers - Key programme learnings result in system reforms - Successfully embed new practices at individual, services, system level and handover learnings to relevant practitioners to carry model forward  |

1. **Summary of delivery activities***:*

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| *Workstream* | Y1 - CODIFY | Y2 - EXPAND | Y3 - EMBED |
| Comms, Outreach | Campaign to publicise programme Research/ analysis on excluded groups Design outreach strategy for excluded groups  | Implement outreach strategy for excluded groups | Refine outreach strategy  |
| Governance, co-production, and programme management | Refine governance and reporting modelBuild CF co-production network from existing forums | Bring in new partners to expand influence;Grow co-production group Develop sustainability strategy  | Governance team reviews interim data on progress identifies additional issues to address Implement sustainability strategy  |
| Codifying existing knowledge | Codify MEAM learningBuild trusted person toolkit  | Launch toolkit and training with key service providers;  | Expand toolkit + learning to wider group |
| Scaling trusted person model | Refine operational model Build out trusted person supports (resources, peer learning)  | First wave of services trained in how to support ‘trusted person’ approachExpand network of 'trusted people' Expand trusted person supports | Deliver model to wider set of partners  |
| Frontline delivery  | Refine/launch cohort definition, and identification/referral process; Identify cohort  | Engage identified cohort, and support nomination of their ‘trusted person’ | Embed sustainable support for the cohort  |
| Trauma training  | Design/Source trauma training in partnership with co-producersLaunch trauma training with strategic leaders and key frontline workers | All key strategic leaders and frontline workers trained  | Expand trauma training program and embed into ‘business as usual’ |
| Services engagement and reforms  | System mapping Working group of key services and co-production partners drives service-level reforms Operational groups established/built on | Working group share learnings, implement reforms to address identified ‘point points’ Identify changes needed to commissioning, funding and service design  | Develop collaboration between service providers involved in modelEmbed the changes needed in commissioning, funding and design of services |
| System learning and change | Conduct equalities assessment, build diversity strategy Build/refine learning system to ensure frontline/client experience directly informs system changeDesign evaluation strategy  | Cohort data collected throughout System learning codified and sharedEquality of service for rural areas strategy developed  | Cohort data collected throughout Cohort evaluation conducted System learning approach embedded and made sustainable |
| Data  | Engage key service providers in ‘data deep dive’ Map/consolidate existing data sources and frameworksAnalyse existing need, service gaps to inform outreach and system reformBuild data sharing strategy Review/augment existing MEAM data system to align with programme needs  | Implement new data sharing agreements Continually revise programme data in consultation with MHCLG | Refine data sharing agreementsPrepare programme data for final evaluation by MHCLG |

1. **Key risks and mitigation strategy**
* To mitigate the risk that we are not able to influence the system at the right level, we have planned a governance workstream in our first months of operation devoted to crafting the right structure and establishing buy in from the right people (see question 5 for details of current approach).
* To ensure large, variable groups of service professionals across disconnected parts of the system can cooperate to deliver flexible support according to each individual’s needs, we will strengthen and augment the existing and highly effective operational partnerships already operating through local the local MEAM programme.
* To ensure that lived experience remains at the heart of the programme, we will co-produce at all levels of operation, including the programme board, operational partnership and through targeted coproduction groups. To deliver this our Lived Experience Lead will facilitate meaningful participation at every level and expand our existing Coproduction Groups, and included budget items for external co-production facilitation support. In consultation with our local co-production group chair we have also budgeted additional training and expenses associated with upskilling and reimbursing those we consult.
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| * We will manage risks associated with managing a complex and iterative programme through dedicated project management resource across each of the identified work streams, and hiring a programme lead with experience of system change work.
* To ensure partners are able to work in new ways and potentially alter their approach to risk around data sharing, we will dedicate significant resources to building consensus around the new data gathering approach, communicating why it matters and building confidence around the legal framework.
* To ensure adequate rural representation, we will ensure wide district representation on the Programme Board.
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1. **Budget line items**

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| **Budget Line** | **Definition** |
| **Staffing** |  |
| Head of Changing Futures / Partnership Lead | Core team member: Head of service responsible for Changing Futures (CF) |
| Programme Manager | Core team member: Supports Head of CF with budget and programme management and governance reporting |
| Programme Officer/Assistant | Core team member: Works with Programme Manager to support whole team with admin and logisticsPartners may be able to loan this role  |
| Communications Manager | Core team member: Produces and QA’s all outward facing comms produced by the team to inform stakeholders and the public about CF |
| Learning and Development Manager | Core team member: responsible for capturing and disseminating key learnings from the programme and identifying how to embed learning into system change |
| System Change Manager | Leads implementation of system change reforms and delivery, links in with commissioners and drives commissioning reforms  |
| Learning and Development Coordinator | Core team member: Supports above role to capture learnings on CF |
| Co-Production and Lived Experience Manager | Core team member: Leads CF initiative to ensure people with lived experience are included at all levels of service design and decision making. Ensures ensure lived-experience voice is captured in day-to-day work of the teamThis is likely to be a strong developing opportunity for an existing role in the system. We will seek to staff this with someone who can be loaned to the programme and take their experience back to the wider eco system.  |
| Lived Experience Facilitator | Core team member: Supports above role to upskill people with lived experience to participate on forums, and supports them to participate where requiredWe may try to use existing funding/roles to fill this role as it will needed beyond the duration of the programme.  |
| Trusted Persons Manager | Core team member: Manages the network of Coordinators and responsible for capturing learnings from Trusted Persons role and working with Learning and Systems Change lead to embed learnings |
| Trusted Persons Coordinator (x4) | Core team member: Provides training and support to Trusted Persons across the county as well as wider services on the MEAM approach. Also acts as a navigator, supporting Trusted Persons who do not work within the system |
| Data and Digital Manager | Core team member: Responsible for designing and implementing required data sharing agreements and infrastructure to facilitate data sharing across the system.  |
| Data Analyst | Core team member: Supports Manager to implement effective data sharing and reporting mechanisms. |
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| Staffing Overheads and On Costs | NI, Pensions etc. |
| Contribution to HR/Legal/IT Central Costs | Contribution to central team in host organisation (County Council) |
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| Backfilling Budget - higher rate | Budget to reimburse services for the time their staff spend acting as a trusted persons, contributing to operational working groups or strategic partnerships. Higher budget to be used to reimburse organisations with multiple trusted persons and also where staff are contributing to multiple levels of governance of Changing Futures. Overtime training and targeted service-level reforms will allow providers to re-orient their business model to support the ‘trusted person’ way of working, removing the need for this backfill budget. |
| Backfilling Budget - medium rate | As above. Used to reimburse with a single trusted persons |
| Backfilling Budget - lower rate | As above, used to reimburse with minimal input or requiring minimal financial support |
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| **Training** |  |
| Training on Trauma Informed Practice | Budget to purchase external training on delivering Trauma Informed Practice across the system. Assumed to be delivered to 6 times each year, each session to be offered to 15 individuals working within the system |
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| **Expenses** |  |
| Workshop Room and Catering Expenses | Budget for booking space to facilitate collaborative working sessions |
| Peer Mentor Expenses | Budget for paying individuals with lived experience providing ad hoc support as a Peer Mentor |
| Lived Experience Expenses | Budget for individuals with lived experience participating on strategic decision-making forums, operational working groups or other workshops. |
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| **Other** |  |
| Recruitment costs | Budget to support recruitment expenditure |
| IT and staff equipment | Budget to purchase equipment for core staff team |
| Data Infrastructure/Consultancy | Budget to hire in external support to design and develop IT infrastructure and pay for ongoing licenses where required. |
| Communications and publicity resources | Budget to produce externally facing communications resource. |
| Personalised Budget | Budget to enable trusted persons to pay for activities that enable them to be creative in their support to individuals experiencing multiple disadvantage. |
| Consultancy Support | Budget to pay for external consultancy support (e.g. during the transition period between bid being submitted and CF launching) |
| Co-production Consultant/Training | Budget to purchase external co-production expert to support design of local co-production strategy. |
| Reflective Practice Budget | Budget to enable individuals involved in delivering Changing Futures at all levels to access Reflective Practice. Reflective practice enables individuals involved in delivering CF to continually reflect on actions in process of continuous learning.  |

1. **Partnership and governance arrangements**

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| Please set out your partnership and governance arrangements for the programme.  |
| Cambridgeshire and Peterborough have been MEAM partners for 10 years, with a successful, small scale delivery team, two senior level operational groups with links across the services eco-system, and a shared funding arrangement with the main statutory partners. The arrangement is a trailblazer with a long-held vision to embed its widely regarded principles and practices into the wider system of support services and reach many more people. However, this model has faced challenges in no single multi-agency partnership having strategic oversight over the direction of the programme and its learnings. The Changing Futures governance model ensures the fundamental MEAM approach remains unchanged but addresses this shortcoming through the introduction of a Strategic Partnership Board.   **Programme objectives** Partners share the following key priorities: * Changing the system so that the approach pioneered by MEAM can be adopted across the region in a consistent and coherent way for all individuals experiencing multiple disadvantage
* Embedding the changes at system, service and individual levels
* Ensuring that services and practitioners can be trained and supported at local level
* Integrating the approach so that there is “no wrong door” and there is fair prioritisation of resources and seamless service delivery
* Long term, extending the approach to all service users, whatever the number of disadvantages
* Securing sustained funding to make these changes permanent
* Building a system that learns and changes

**Governance and Oversight** Cambridgeshire Public Service Board (CPSB) will take ultimate responsibility of the success of programme and Mandate the Strategic Partnership Board to have strategic oversight over the activities. (Supporting Document 2)   **Strategic Partnership Board** A Strategic Partnership Board will be established to convene leads from existing individual issue-area specific Boards and other key service areas, a Political Lead, the Partnership Lead, the SRO and Lived Experience Lead. The Board will provide multi-agency governance to the programme; oversight of system-change ambitions, identifying and un-blocking system challenges for the Changing Futures cohort and the programme overall that cannot be addressed at delivery/operational level; reviewing and identifying learning and opportunities for future policy and commissioning.  The Board will agree to and keep under review a Mandate agreed with the CPSB which will provide the Strategic Partnership Board and Programme Delivery Board the authority it needs to engage, coordinate and collaborate across all public bodies, statutory services and their partners. This new Board will have sole strategic focus on Changing Futures and MEAM, however, further consideration will be given to whether an existing board could adopt this role. **Programme Delivery Board** The Programme Delivery Board will comprise the senior managers within the core team who will lead the delivery of all programme workstreams. It will be chaired by the Head of Changing Futures, and the SRO, and will have the full authority of the agreed mandate. This Board will ensure each of the workstreams are joined up. The Head of Changing Futures will hold ultimate responsibility for the programme, reporting to MHCLG and the Strategic Partnership Board. (Supporting Document 3)   Where possible, roles on the Programme Delivery Board will seconded from other services, or embedded in other services to support learning, information sharing and skill-building learning across the ecosystem. In particular:* there will be a strong links built with the mental health system
* partners should be able to loan a programme officer/assistant and data analysts
* Co-production manager/LE Lead will ideally be someone who is already closely connected to the system, and is well-placed to embed learnings and practices in other agencies after the 3-years

**Strategic partnerships** The effectiveness of the Strategic Partnership Board will be dependent on the strength of relationships with a wide range of partners. Mapping out these partners and how they can be included in Changing Futures will be a significant first step for the programme and will include: * **Change programme partnerships** – including Cambridgeshire and Peterborough Health and Wellbeing Boards, Think Communities, Safer Peterborough, It Takes a City (Cambridge), Housing Board, Community Mental Health Delivery Board, Cambridge Women’s Resource Centre, and many others.
* **Local delivery partnerships** – groups of service providers coordinating local delivery. These may be across one or more areas of disadvantage but will already be identifying individuals with unmet need, poor engagement and repeat returners that characterise the Changing Futures cohort. These partnerships will the key to making change happen within and between services.

**Operational partnerships** The programme will pick up, integrate and learn from the two existing MEAM operational groups. These multi-agency forums have the authority to work creatively to push system boundaries towards world in which the Changing Futures vision is a reality. They will provide oversight of the identification and referral processes; case conferences and coordination of support; identify and overcome operational challenges and barriers that exist today and will enable us to design and implement system and service changes. We will work to strengthen these groups as the programme develops and establish new partnerships for regions not covered by existing arrangements.

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| **Role** | **Named Lead** | **Organisation** | **Email address**  |

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| Political lead | Cllr Steve Criswell Cllr Irene Walsh  | Cambridgeshire County Council, Chair, Communities & Partnerships CommitteePeterborough City Council, Cabinet Member for Communities | steve.criswell@cambridgeshire.gov.ukIrene.Walsh@peterborough.gov.uk |
| Senior Responsible Officer | Rob Hill  | Peterborough City and Cambridgeshire County Council  | Rob.hill@peterborough.gov.uk |
| Partnership Lead | Rob Hill (interim until Head of CF is recruited) | Peterborough City and Cambridgeshire County Council | Rob.hill@peterborough.gov.uk |
| System change lead | Chris Jenkin(interim until System Change Manager recruited) | It Takes a City  | chris@ittakesacity.org.uk  |
| Data and digital lead | Leigh Roberts(interim until Data Manager recruited) | Cambridgeshire County Research Group | Leigh.Roberts@cambridgeshire.gov.uk |
| Lived experience lead | Tom Tallon(interim until Lived Experience Manager is recruited)  | Cambridgeshire County Council  | Tom.Tallon@cambridgeshire.gov.uk  |

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1. **Interaction with other projects and programmes**

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| 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,**  |
| **How CF expands on MEAM**The criteria for MEAM and Changing Futures are similar, providing resources to the County to improve how the system delivers positive outcomes for individuals experiencing one or more areas of multiple disadvantage and unable to access services in the way they currently operate (e.g., poor engagement, repeatedly returning to services, or face access barriers). The key area of difference is that MEAM has not explicitly identified Domestic Abuse as one of the key areas of multiple disadvantages.Under Changing Futures, we will extend and expand the trauma-informed, person-centred model delivered by MEAM with the support of all partners, alongside strengthened governance and accountability for this way of working. MEAM funding ends in 2022 which means that there will be a 1-year overlap between MEAM and Changing Futures. We envisage that the current MEAM team would move to sit under Changing Futures.This would permit the two teams to be closely linked, allowing Changing Futures posts to absorb the learnings from delivery of MEAM. As described in the delivery plan, this is a core activity of Year 1. A key challenge with MEAM delivery to date has been codifying the learnings from the approach and distributing and embedding learnings within the wider system. This is where Changing Futures will complement and enhance the existing work. In addition, Changing Futures will permit expansion of the approach to individuals who are excluded from the system.**How will CF inform local strategies and other partnerships?**Training on trauma-informed support and the MEAM/Changing Futures approach will be delivered to stakeholders at all levels. This will ensure everyone has the same understanding of the approach and how it applies to their role in the statutory, voluntary or community sector, and as leaders, commissioners, service managers or frontline professionals. Through the involvement of strategic leads for each of the 5 themes of disadvantage in the strategic partnership board, initiatives and learnings will be communicated to boards governing individual area of disadvantage (which naturally consider cross-over issues as well as their own specific issue) and vice versa. This will ensure Changing Futures is embedded in oversight and decision making at these levels. As needs assessments and strategies are developed, the MEAM/Changing Futures approach and particularly user experience will be central. In time, the success of the CF approach will be at the heart of dealings with all residents, not just those facing multiple disadvantage.We anticipate current funding partners continuing to fund the established MEAM team, and new partners contributing further resource after the CF programme has ended, to support any additional resource needed following the 3-year change programme.**Funding/ Projects overlap**There are a wide range of projects that will overlap with the Changing Futures remit, across homelessness, substance misuse, criminal justice, mental health, and domestic abuse. Some key projects are noted below, but this list may grow as partnerships develop. **Homelessness:** Next Steps Accommodation fund (£3,113,274 capital & revenue in 2020/21) supports people who were rehoused under Everyone In (EI), including many with entrenched needs. EI may help us identify people in our CF cohort, who (were it not for COVID) would have been sleeping rough. People housed under EI would also be trackable into new accommodation to ensure they are on the path out of disadvantage. Districts receive Rough Sleeper Initiative funding (£1,783,353 for 2020/21) to support rough sleepers who may form part of the CF cohort. There is a £7 million annual spend on supported housing which is being recommissioned from April 2022. This will see a single contractor per district for adult services with a person-centred approach, and strong links to the voluntary and community sector. It is expected that this will overlap with Changing Futures work, as both a referrer and key delivery partner. **Substance misuse:** Rough Sleeping Drug and Alcohol Treatment Grant Scheme 2020-21 secured £714,139 to ensure current rough sleepers and those who have been resettled under Everyone In receive enhanced support to address their substance misuse issues across our area. People identified as struggling to engage with the support offered through this scheme will be referred to the Changing Futures cohort. The funding is to be used to fund around 16 additional posts for 12 months, who will become part of the CF network.**Criminal justice**Cambridgeshire and Peterborough were awarded £381k and £413k respectively funding to tackle drug related harm and crime over a 12 month period. The money will strengthen current harm reduction provision and provide additional staff resourcing for the criminal justice pathway.This includes being able to offer more treatment places to improve pathways from the criminal justice system; provide more intensive treatment and recovery programmes in ‘accelerator’ areas of high need; expand provision of inpatient detoxification and expand our needle and syringe programme and naloxone provision. We are also a vanguard pilot areas for the new community accommodation service for prison leavers, which will link to the Cf programme where there is multiple disadvantage.**Mental Health:** The Peterborough Exemplar has brought around £1.8M in 2020/21 to pilot an integrated solution to provide community-based mental health care and support. The aim is to provide a sustainable, person-centred system of mental health care which delivers better access to a broader range of care options, reduced demand for high level interventions, greater service efficiency, and improved patient experience and outcomes. The additional approx. 40 staff are funded for two years to deliver the Exemplar and may overlap with CF on both cohort and providing opportunities to test system thinking to deliver change across mental health and other system partners.**Domestic abuse:** Cambridgeshire and Peterborough have been allocated funding (£1.14M and £0.48M respectively) to support victims of domestic abuse in safe accommodation in 2021/22, with an indication of future funding but not confirmed.This will deliver approx. 10 additional staff including Independent Domestic Abuse Advocates (IDVAs), community psychiatric nurses, IDVAs with mental health specialism and outreach support.**Other cross-cutting programmes include:**Development of Cambridgeshire & Peterborough’s Integrated Care Systemto go live from April 2022. Changing Futures will contribute to this new and developing ecosystem for health and social care.Out of Hospital Models for People Experiencing Rough Sleeping for Peterborough City and Cambridge City in partnership with adult social care commissioning; £68,869 in 2020/21.The Sexual Health Prevention Service run locally by the Terrance Higgins Trust with a new contract started October 2020, working closely with CGL. They have some clients who have multiple disadvantage and would therefore be a key partner to link up with. Think Communities, building community resilience through better coordination and partnership working with place-based services, to deliver improved outcomes for vulnerable people and high risk communities. In April 2021, a team plan was set out made up of a place coordinator or local programme manager and community or local hub connectors for each district, who would link to Changing Futures and form part of the CF network. **Each of these programmes is working hard to make the links across the system but changing futures provides the opportunity to support 'knitting this together' for this cohort, while reflecting learning into the system in the long term.**  |
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1. **Data**

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| 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 (for the text, not the table)**  |
| We propose three main data workstreams: (1) systems to gather and monitor data on cohort outcomes to evaluating programme, (2) facilitating real-time personal data sharing between agencies to improve service delivery for cohort, and (3) gathering and analysing data on individuals experiencing multiple disadvantage in Cambridgeshire and Peterborough to refine our programme parameters and operational model, particularly around geographical representation, and excluded groups.* + - 1. **Data on outcomes for programme evaluation.**

The infrastructure to track outcomes for the cohort and actively manage and course-correct the programme will be built directly on the system already used to collect data on the local MEAM cohort. Under the MEAM framework, data is collected on demographics as well as changes in circumstance and outcomes over time. Two tools support this: the Homelessness Outcomes Star[[3]](#footnote-4) tracks progress toward a range of identified goals, and the New Directions Team Assessment, which along with assessing the number of disadvantages faced, provides a measure of the level of chaos, or unmanaged need, based on scores against various domains. It also tracks progress on a range of domains: motivation, self-care, money management, social networks, drug and alcohol misuse, physical health, emotional/mental health, meaningful use of time, managing tenancy, offending, risk to others, risk from others, engagement with frontline services, self-harm, stress, social effectiveness, alcohol and drugs, impulse control housing status, and unplanned emergency service use. As well as building on this existing system, we anticipate needing to gather additional data from service providers to monitor the impact of the programme. We have identified that most providers capture data on multiple disadvantages through various needs assessments or within case notes. Following our work to establish a shared definition of multiple disadvantages across the County we will seek to agree and implement a consistent method of capturing this information across agencies to ease future data collection and analysis. Existing data sharing agreements are likely to already cover this type of data sharing with a wide range of partners, although further work may be needed to bring in voluntary sector and health/hospital providers. There is also data collected on those experiencing multiple disadvantages by the ICS that may support CF programme evaluation. We will prioritise cataloguing this and any other existing data sets across the country in our first months of operation. * + - 1. **Facilitating data sharing between agencies** A range of agencies across the area are signed up to the Cambridgeshire and Peterborough data sharing agreement, including Cambridgeshire County Council, Cambridge City Council, Peterborough City Council, Cambridgeshire and Peterborough Clinical Commissioning Group, local NHS Foundation Trusts, Cambridgeshire Constabulary, 4 district councils, and other services. This facilitates data sharing at the person and system level in all appropriate situations to improve service delivery, planning and management.A key barrier faced by the cohort is the need to constantly ‘retell their story’ every time they connect, or re-connect, to a new service. Our priority will be to better understand the barriers to information sharing under current data sharing agreements and build on these as necessary to ensure consent-based personal information sharing is seamless across the system. We have already identified that in practice, existing arrangements exclude hospitals, rural districts and voluntary and community sector partners; all will be important data sharing partners. Facilitating more effective data sharing may also include building new IT infrastructure, although further scoping will be needed to determine the best approach.*Note on the protocol used in Troubled Families to facilitate data sharing for their programme cohort:* MHCLG provided a legal framework for certain local agencies to share certain data with a council Troubled Families team. Councils also got access to some national DWP datasets. To enable this, councils would need to map out which services should be involved, and how the data would inform needs mapping and targeting, and MHCLG would need to do some work on behalf of places to actually facilitate the data sharing agreement. **3. Refining programme parameters**In partnership with the Cambridgeshire County Research Group we will devote resources in year 1 to mapping and consolidating existing data on individuals experiencing multiple disadvantage, to refine our cohort definition and size, conduct analysis on exclusion, service gaps, key challenges, as well as understand longer-term outcomes and more aggregate-level impacts of our programme of work.

**Table 1: short-term outcomes***Note: MD = multiple disadvantage*

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| Level  | **Short-term Outcomes**  | **Proposed measurement metric**  | **Current availability****(data held/data collected but not held/new data required)**  |
| System  | Co-production partners feel their voices are heard in system design and monitoring |  % co-production partners reporting they feel heard in half-yearly survey % governance boards across system which include experts by experience | New data requiredNew data required |
| System leadership effectively monitors system performance and quickly implements solutions | % resolved system obstacles identified in shared register within specified timeframe (interim outcome will be % issues with corresponding action plan)Attendance rate at leadership meetings | New data requiredNew data required |
| Common definition established across the system ensures individuals experiencing MD identified early on | % relevant agencies adopting shared definition policy  | New data required  |
| Existing services work creatively and in partnership with each other to rapidly address needs of individuals experiencing MD | Number of multi-agency teams, coordinated by trusted person, established for individuals with MDNumber of services jointly commissioned | New data requiredData held |
| Service  | Services develop more user-friendly resources and procedures | % MD service users reporting they feel services they use are user-friendly in half-yearly survey  | New data required |
| No one experiencing MD is required to tell their story more than once  | % MD individuals reporting they have had to tell their story more than once to different providers/service professionals% MD individuals reporting satisfaction with intake processes to new services% MD individuals accepted into a service based on data provided by another service.  |  New data required |
| No one experiencing MD is missed due to lack of data sharing with other services, incomplete assessment | % identified people with MD who report they were turned away from another service in previous 3 months | New data required |
| No one experiencing unmanaged MD is turned away because they don’t meet a service threshold | As above | New data required |
| Individual  | Individuals with MD able to address self-identified priority issues, including small and shorter-term steps | % cohort reporting they have been able to make some progress on an self-identified priority within 3 months of services commencing | Data held (on existing MEAM cohort)  |
| Individuals with MD feel their voice is heard and valued | % cohort reporting they feel their voice is heard and valued  | New data required |
| Individuals with MD feel more in control of the way they engage with services | % cohort reporting they feel more in control of the way they engage with services  | New data required |
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|  | Individuals are connected to a trusted person to help them navigate the system | Number of individuals connected to a trusted person  | Data held (on existing MEAM cohort) |

**Table 2: long-term outcomes**

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| Level  | **Longer-term Outcomes**  | **Proposed measurement metric**  | **Current availability****(data held/data collected but not held/new data required)**  |
| System  | Reduced reliance on crisis services including drug and alcohol related A&E incidents and drug and alcohol-related deaths | Number of drug & alcohol related A&E incidents for people experiencing multiple disadvantage 6, 12, 18 months after programme commences (at population level) Number of Section 136 referrals for people experiencing multiple disadvantage 6, 12, 18 months after programme commences (at population level)  | Data collected, but not held |
| Fewer people excluded from the system because of digital access, literacy levels, or geographical location | Qualitative survey from experts by experience |  New data required  |
| Fewer service gaps and long waiting lists that see people experiencing MD either excluded or failing to see progress addressing their needs | % cohort waiting 2 weeks+ for referrals to commence% of cohort not able to access service to address identified need | Data collected, but not heldNew data required  |
| Service  | Services able to design and deliver trauma-informed, multi-purpose, in-house solutions to address needs of MD clients | % of frontline staff in specified service receiving trauma training% service managers in specified service receiving trauma training% services which are jointly commissioned  |  New data required  |
| Attract and retain knowledgeable, empathetic and culturally competent staff | Rate of turnover among key frontline workers  |  Data collected but not held |
| Staff feel empowered and have resources to build creative solutions in partnership with their MD clients, including working collaboratively with other relevant services  |  % frontline workers reporting they are able to build creative solutions to client problems and work collaboratively with other services |  New data required |
| Individual  | Individuals with MD experience improved quality of life |  % cohort reporting improved quality of life after 3, 6, 12 months  |  Data held (on existing MEAM cohort) |
| Individuals with MD experience fewer interactions with the criminal justice system | Average number of new offences x |  Data held (on existing MEAM cohort) |
| Individuals experiencing MD see reduced level of disadvantage |  % cohort with reduced disadvantage at 3, 6, 12 months  |  Data held (on existing MEAM cohort) |
|  | Where relevant, individuals with MD are settled in stable and supported housing, without repeated cycles of homelessness | % cohort in stable housing 3,6,12,18 months after engagement | Data held (on existing MEAM cohort) |

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1. Estimate constructed from average of quarterly figures from MHCLG, Statutory homelessness in England, October to December 2020; and October to December 2019 [↑](#footnote-ref-2)
2. Relationships in the 21st century: the forgotten foundation of mental health and wellbeing, Mental Health Foundation, 2016; Life-saving relationships, American Psychological Association, Mar 2018; Effectiveness of befriending interventions: a systematic review and meta-analysis, British Medical Journal Open, 2017 [↑](#footnote-ref-3)
3. The Homelessness Outcomes Star is used for the whole cohort, regardless of housing status [↑](#footnote-ref-4)