Changing Futures Programme: Delivery Plan Template

Version 2

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 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?

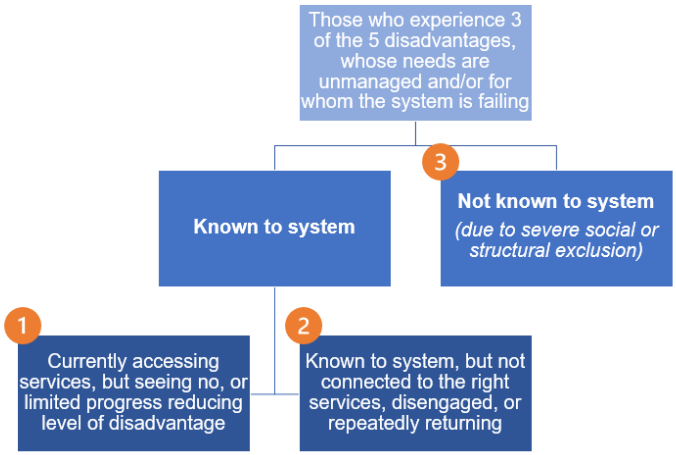
Please provide information on the cohort you intend to work with over the course of the programme.

Max: 600 words (599)

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 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 1



This was agreed through deliberation across a team of 14 senior, cross sector stakeholders across the County.

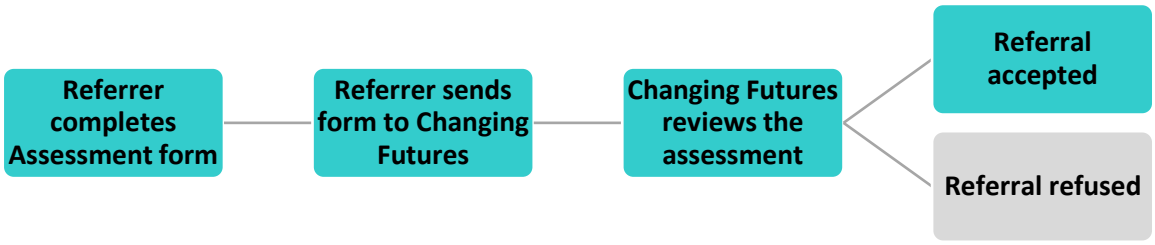
If successful, further research will clarify which services this cohort is likely to be known to and which groups are most excluded. We will prioritise engaging key services in a 'data deep dive' on clients they feel they are failing, as well as conducting analysis with the Cambridgeshire Research Group and wider partners on the needs, demographics and distribution of the cohort. Based on initial consultation we expect those not known to the system may include those engaged in sex work and those from Gypsy, Traveller and Roma communities among other groups.

Identification, engagement

To engage those already known to services, we will build directly on existing Making Every Adult Matter (MEAM) network, known locally at the Counting Every Adult (CEA) Team, with service providers to publicise the programme. We will focus on 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 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, (Supporting Document 1), developed through the Adults Facing Chronic Exclusion National Programme, which 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]

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 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 experiences of exclusion. These activities will form the basis of a targeted diversity and equality strategy.

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

[1] Estimate constructed from average of quarterly figures from MHCLG, Statutory homelessness in England, October to December 2020; and October to December 2019

overall narrative explaining how you developed the theory of change and how the different levels connect.

Max 2,500 words (templates & summary) (790 + 1,679 = 2,469)

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]

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, women's services, and public health and represented both the Voluntary, Community and statutory sector, ensuring a wide range of client groups were represented, including 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 disadvantages, 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.

[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

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.

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 (1,246)

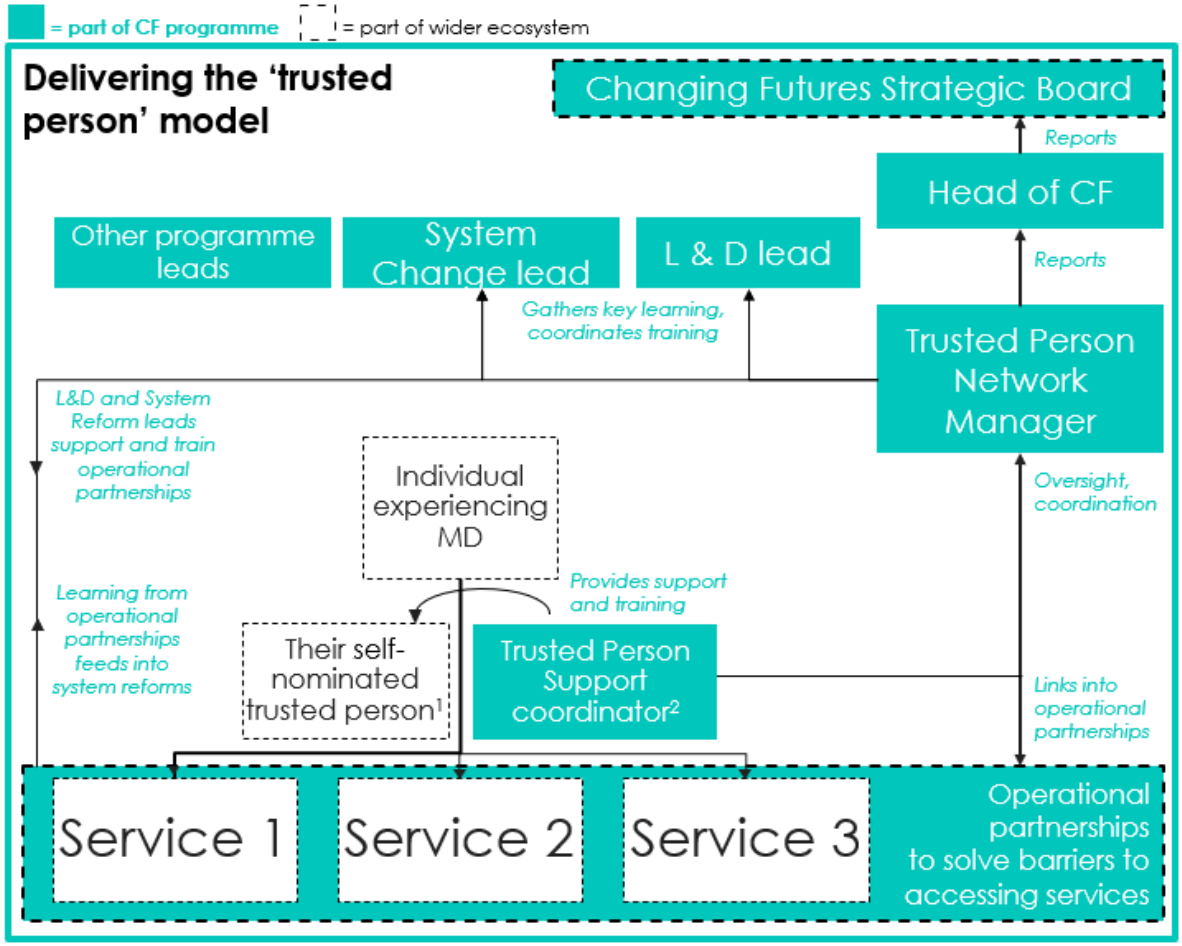
1. Summary of approach

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.

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



1. This person could come from non-statutory sector
2. to begin with, could be the trusted person, where no trusted person already exists

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, Cambridgeshire & Peterborough Foundation Trust (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:

First 3-6 months	• 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 • 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 clients they feel they are failing most

3. Key Milestones:

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 - 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

4. Summary of delivery activities*:*

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	Refine governance and reporting model	Bring in new partners to expand influence; Grow co-production group	Governance team reviews interim data on progress identifies additional issues to address

programme management	Build CF co-production network from existing forums	Develop sustainability strategy	Implement sustainability strategy
Codifying existing knowledge	Codify MEAM learning Build 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' approach Expand 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-producers Launch 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 'pinch points' Identify changes needed to commissioning, funding and service design	Develop collaboration between service providers involved in model Embed 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	Cohort data collected throughout System learning codified and shared	Cohort data collected throughout Cohort evaluation conducted

	frontline/client experience directly informs system change Design evaluation strategy	Equality of service for rural areas strategy developed	System learning approach embedded and made sustainable
Data	Engage key service providers in 'data deep dive' Map/consolidate existing data sources and frameworks Analyse existing need, service gaps to inform outreach and system reform Build 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	Ongoing refinement and revisiting of data sharing agreements Prepare programme data for evaluation by MHCLG

5. Key risks and mitigation strategy

- To mitigate the risk that we are unable 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 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 Co-production and Lived Experience Manager will facilitate meaningful participation at every level and expand our existing Coproduction Groups. The budget accounts 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.

- 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.

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.

See Annex B

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 (735)

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)

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 a world in which the Changing Futures vision becomes 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 areas not covered by existing arrangements.

Role	Named Lead	Organisation	Email address
Political lead	Cllr Steve Criswell	Cambridgeshire County Council, Chair, Communities & Partnerships Committee	steve.criswell@cambridgeshire.gov.uk
	Cllr Irene Walsh	Peterborough City Council, Cabinet Member for Communities	Irene.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 & Digital Manager recruited)	Cambridgeshire County Research Group	Leigh.Roberts@cambridgeshire.gov.uk
Lived experience lead	Tom Tallon (interim until Lived Experience Manager is recruited)	Counting Every Adult Team, Cambridgeshire County Council	Tom.Tallon@cambridgeshire.gov.uk

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 (714)

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 three 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 access barriers).

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. The local MEAM work is funded annually and is resourced until April 2022. This 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 allow 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.

Current funders of MEAM sit on the strategic partnership for Changing Futures and will be supported to determine resources they could contribute to CF once MEAM ends along with other members to bring in local funding that could supplement the funding requested as part of this bid.

Funding/ Projects overlap

There are a wide range of projects that will overlap with the Changing Futures remit, across all five areas of disadvantage. For example, the Peterborough Exemplar £1.8M pilot for integrated provision of community-based mental health care, and a £1.62M project for safe accommodation and advocacy for victims of domestic violence. Other key projects include:

Homelessness: Next Steps Accommodation fund (£3,113,274 in 2020/21) supports people who were rehoused under Everyone In (EI), including many with entrenched needs. EI may help us identify the CF cohort, who (were it not for COVID) would have been sleeping rough. The EI cohort is trackable to their new accommodation to ensure they are on the path out of disadvantage, if needed. Districts also receive Rough Sleeper Initiative funding (£1,783,353 for 2020/21).

The £7million annual supported housing spend is being recommissioned from April 2022. This will see a single contractor per district and in Peterborough for adult services with a person-centred approach, and strong links to the voluntary and community sector. This will overlap with Changing Futures via referrals and as a key delivery partner.

Substance misuse: Rough Sleeping Drug and Alcohol Treatment Grant Scheme 2020-21 secured £714,139 for Cambridge and Peterborough to ensure rough sleepers with substance misuse needs and those who have been resettled under Everyone In receive enhanced support. These people have at least two areas of multiple disadvantages. Those who identify with 3 or more and who are identified as struggling to engage with the support offered through this scheme will be referred to the Changing Futures Cohort.

The wider county was awarded combined £794k to tackle drug related harm and crime. The money will strengthen current harm reduction provision and provide additional staff resourcing for the criminal justice pathway.

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 (for the text, not the table) (597)

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] tracks progress toward a range of identified goals, and the New Directions Team Assessment (Supporting Document 1), 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.

2. 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.

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.

[3] The Homelessness Outcomes Star is used for the whole cohort, regardless of housing status

Table 1: short-term outcomes

Note: MD = multiple disadvantage

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	New data required
		% governance boards across system which include experts by experience	New 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)	New data required
		Attendance rate at leadership meetings	New 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 MD	New data required
		Number of services jointly commissioned	Data 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	New data required
		% MD individuals reporting satisfaction	

		with intake processes to new services % MD individuals accepted into a service based on data provided by another service.	
	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
	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

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 held New 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	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)