

Changing Futures Outcomes Framework

May 2023



Outcomes area	Key Aim	Total area outcomes	Overall RAG
1. Workforce and Development	Improved capacity, skills and knowledge within workforce. Services work more effectively with cohort	5	Green
2. Strategic & Systems	Shared ownership of SMD, evidence based working informing collaborative joint up responses	7	
3. Coproduction & Peer Support	People with lived experience are involved in co-design, co-delivery and co-evaluation of the system	6	
4. Data Systems	Shared, joint up data used to provide accurate analysis of problems and evidence effective practice	4	
5. Operational	Services are more flexible and take a person centred, trauma informed approach to supporting those with SMD	4	
6. Individual (cohort)	Improved trust in services, wellbeing & sustained engagement in mainstream support services	14	
7. System Change Workstreams	To improve the way specific parts of the Sheffield system work	35	

1. Workforce and Development outcomes

Outcome	Baseline	Progress	Status (RAG)	Target															
1.1 Increased workforce in key areas (core team/specialist capacity)	Limited capacity to support adults with multiple disadvantage. Prolonged wait times for specialist support	<p>20 core team staff recruited. 7 clinical/specialist staff recruited.</p> <p>Waiting times have reduced drastically:</p> <table border="1"> <thead> <tr> <th></th> <th>Pre CF wait</th> <th>With CF</th> </tr> </thead> <tbody> <tr> <td>Occupational Therapy</td> <td>12 months</td> <td>1 week</td> </tr> <tr> <td>Homeless Assessment and Support Team</td> <td>2.5 months</td> <td>1 week</td> </tr> <tr> <td>Psychological services</td> <td>12-24 months</td> <td>2 weeks</td> </tr> <tr> <td>Domestic Abuse Perp Support</td> <td>6 months</td> <td>2 weeks</td> </tr> </tbody> </table>		Pre CF wait	With CF	Occupational Therapy	12 months	1 week	Homeless Assessment and Support Team	2.5 months	1 week	Psychological services	12-24 months	2 weeks	Domestic Abuse Perp Support	6 months	2 weeks		Outcome achieved
	Pre CF wait	With CF																	
Occupational Therapy	12 months	1 week																	
Homeless Assessment and Support Team	2.5 months	1 week																	
Psychological services	12-24 months	2 weeks																	
Domestic Abuse Perp Support	6 months	2 weeks																	
1.2 Trailing new ways of working	Theory of change highlighted the need to explore new ways of working.	<p>New delivery model focused on assertive outreach and trust-based working. Effectiveness of delivery model evidenced by cohorts increasing engagement rates in other support services.</p> <p>Service users are engaged in the planning of their support.</p>		Outcome achieved															
1.3 Workforce knowledge of effective responses to Multiple Disadvantage And Learning and development package accessibility	Limited citywide training resources (TIA training available through Safeguarding partnership)	<p>Learning and Development service commissioned, learning needs analysis for the city completed. Hybrid offer of face to face and online training on offer on range of topics such as Managing Risk, Mental Health Awareness, Motivational Interviewing, Trauma Informed Practice, Professional Boundaries and Suicide Awareness.</p> <p>The service has delivered bespoke training, such as Identifying and Responding to Cuckooing and as well and Lunch and Learn bitesize sessions.</p>		<p>Evaluation of training offer will be collated over the following 12 months</p> <p>Learning & Development service will deliver training to a minimum of 500 people face to face and 200 people online.</p>															
1.4 Services enable and expect to offer personalisation and choice.	No baseline available	<p>Programme has developed a coproduced Peer led Audit model aimed at identifying improvements and supporting services in the city to undertake this.</p> <p>10 Coproduction Associates have been trained to deliver Peer Audits, with 4 organisations taking part in Phase 1 launching in June 2023.</p>		Evaluation of the Peer Audit model will be completed in early 2024.															
1.5 Shared learning from core team leading to service changes elsewhere.	N/A	<p>Learning from the core team being captured in learning reports shared with services across the city.</p> <p>Our cohort identification process has informed the programmes new delivery model.</p> <p>Learning influenced the development of the programmes eight system change workstreams which are delivering service changes.</p> <p>Areas of work include:</p> <ul style="list-style-type: none"> - Created a mandate on Cuckooing, based on data collection and mapping completed by the programme. This is informing local and national system change - Research project on Acquired Brain Injury - Focus on Women and a 'hidden cohort' who's needs require gendered approaches to service design and delivery. In discussion with other Changing Futures areas to gather national data on the prevalence of women in Safeguarding. Completing a gap analysis for women who've had children removed - New hospital discharge planning service focused on high intensity users 		We will continue to utilise opportunities to share learning over the programme's final year.															

2. Strategic and Systems outcome

Outcome	Baseline	Progress	Status (RAG)	Target
<p>2.1 Operational decisions will prioritise person-centred outcomes.</p>	<p>Multi sector development of the programmes Theory of Change in April 2021 identified this as a gap in the city</p>	<p>Core team delivering a person-centred service to a cohort of 80, learning from this delivery model being shared across the city. Wider learning from the programme being used to influence delivery of services citywide.</p> <p>A peer audit offer has been developed for services across the city aimed at helping them improve delivery to focus more on person centred outcomes.</p> <p>Development of new delivery model for the programme, with support workers embedded into mainstream services to support earlier intervention and prevention for those at risk of, or experiencing, multiple disadvantage.</p> <p>Taking part in the Sheffield Health and Social Care Trust and Primary Care Network Transformation Programme reviewing Mental Health pathways and provision.</p> <p>Coproduction Associates involved in the co-design of the Community Domestic Abuse Service specification, specialist temporary accommodation for women and Peer Audit delivery model.</p>	<p style="background-color: #00FF00;"></p>	<p>Learning to continue to be shared and embedded.</p> <p>Evaluation of peer audits to be completed in 2024.</p> <p>Client led evaluation of programme taking place in in 2023/2024.</p>
<p>2.2 Commissioning Strategies will prioritise person centred outcomes</p>	<p>Multi sector development of the programmes Theory of Change in April 2021 identified this as a gap in the city</p>	<p>Changing Futures coproduction service has been involved in the development of the Homeless Prevention Strategy, Rough Sleeping Strategy, Domestic Abuse Community Service specification, Specialist Housing Review and the Drug and Alcohol Service commissioning process</p> <p>Coproduction Associates will also be taking membership of various strategic boards in the city including the Drug and Alcohol Strategic Board, the Safeguarding Strategic Partnership and within Adult Health and Social Care.</p>	<p style="background-color: #00FF00;"></p>	<p>We will continue to seek opportunities to influence emerging strategy or commissioning processes.</p>
<p>2.3 Commissioning Strategies and operational decisions will include joint up responses.</p>	<p>Multi sector development of the programmes Theory of Change in April 2021 identified this as a gap in the city</p>	<p>Areas of work include:</p> <ul style="list-style-type: none"> - Co-commissioned the Positive Activities Fund for Adults in Recovery with the Drug and Alcohol Commissioning Team. - Co-commissioned a Hospital Discharge service for Homeless Adults with the Integrated Care Board for South Yorkshire. Exploring potential to involve SCC Housing in this initiative. - Delivering a joint Homeless Health and Wellbeing project with Places for People. - Supporting the development of a joint approach to Early Intervention and Prevention in Adults. - Working with third sector provider to secure additional resource for women who've had children removed. - Development of a citywide Cuckooing protocol and scoping workshop. - Delivering a research project on Acquired Brain Injury with the Homelessness and Head Injury Research Group (HHIRG), Dr Alysson Norman and University of Sheffield to influence local and national practice and strategy - Development of a local mechanism to identify and support those who are homeless and experience barriers to accessing accommodation based on risk - Development of a data proposal to the Integrated Care Board and Sheffield Health and Social Care Trust to identify those who are repeat users of the mental health system and identify barriers and system gaps. Also taking part in the Sheffield Health and Social Care Trust and Primary Care Network Transformation Programme reviewing Mental Health provision. 	<p style="background-color: #00FF00;"></p>	<p>Continue to source and utilise opportunities to develop joint up responses in the city,</p> <p>Following work is ongoing:</p> <ul style="list-style-type: none"> - Joint commissioning with DACT of Positive Activities Fund - Joint commissioning with ICB of Homeless Hospital Discharge work - Joint work on Health Inequalities with ICB, VAS and Sheffield Uni - Joint work on Cuckooing with multiple stat and non stat agencies - ABI work with multiple stat and non stat partners - Work on providing more support for women who have children removed - Joint homeless health initiative with Places for People - Transfer Knowledge work between Sheffield Universities and citywide commissioning teams

<p>2.4 System wide agreed ways of working - values and principles</p>	<p>Multi sector development of the programmes Theory of Change in April 2021 identified this as a gap in the city</p>	<p>Values and Principles developed with various organisations and people with lived experience. These have been used to underpin our system change workstreams and in other areas of shared work (strategic development, commissioning intentions, joint up responses).</p>		<p>Outcome achieved</p>
<p>2.5 Value for money - the value of this programme being demonstrated and a plan for how to continue it.</p>	<p>n/a</p>	<p>Programme is tracking Value for Money achieved through core teamwork with cohort. Data is evidencing general reduction in system costs for cohort except for health where costs are increasing.</p> <p>CFE (national evaluation partner for the programme) are also completing their own Value for Money analysis for the programme.</p>		<p>Outcome achieved</p> <p>We will continue to track this data as will CFE.</p>
<p>2.6 Streamlined services (systems and services to reduce delays and bottlenecks - system map of provision in the city (task)</p>	<p>Multi sector development of the programmes Theory of Change in April 2021 identified this as a gap in the city</p>	<p>Programme has completed several mapping exercises to better understand system issues, bottlenecks, and service barriers.</p> <p>Using this mapping, alongside other data, the programme has developed eight system change workstreams aimed at streamlining support services in the city.</p>		<p>Tracked through the delivery of the programmes system change workstreams</p>
<p>2.7 System/provision directory developed and accessible</p>	<p>Sheffield directory currently used to advertise city wide provision.</p>	<p>The programme has completed mapping of positive activities across the city as well support services. This information was then shared with the SCC Communication Team and used in the new Sheffield directory</p>		<p>Outcome achieved</p>

3. Coproduction and Peer Support Outcomes

Outcome	Baseline	Progress	Status (RAG)	Target
3.1 A network of people with lived experience who are trained and prepared to engage in coproduction	Limited number of lived experience people involved in coproduction prior to CF.	32 people with lived experience are currently involved in coproduction (Coproduction Associates) and 70 people with lived experience are receiving regular communication) Coproduction Associates have been involved in various projects across the city including service and strategic reviews, specification designs, tender processes, recruitment processes and are joining strategic boards in 2023.		SYHA hope to engage 50 people actively in coproduction, with 100 people receiving regular communication by the end of the programme. The coproduction service will become an integral part of Sheffield City
3.2 People with lived experience are involved in codesigning the system at strategic and operational levels	Limited number of lived experience people involved in coproduction prior to CF.	Coproduction Associates have been involved in a wide range of activity since contract launch in early 2022. <ul style="list-style-type: none"> - Homeless Prevention Strategy Review in summer 2022 - Women's only temporary accommodation site - Tender questions for the recently launched Drug and Alcohol Service tender - South Yorkshire Police's vulnerable adults' card - Scope, plan, and service specification for the Positive Activities fund and will be involved in the services delivery - Co-designing and co-delivering Changing Futures System Change event in November with representatives from 60 organisations across the city present and Governance Board - New Peer Audit model as a new way of evaluating service delivery - National Expert Citizens Group in Sheffield, which means that the City is now part of a national coproduction network informing work in central government. 'Making your Voice Heard' and 'National Voice' training is currently being developed for people with lived experience to enable coproduction associates to take membership on various strategic boards in the city.		We will continue to get people with lived experience involved in coproduction at strategic and operational levels
3.3 Coproduction is influencing decisions within core team	N/A	The voice of lived experience has helped steer work within the core team including around the delivery of our Personalisation Budgets, delivery of support, commissioning of new training for the staff and preparation around sustainability planning for the cohort.		This work is ongoing
3.4 Increased peer support in place	No peer support available for people with multiple disadvantage in Sheffield prior to CF.	3 people with lived experience are actively providing peer support to the Changing Futures cohort of 81 people. 27 people have applied to become trained peer support volunteers and 21 people have completed the peer support training mentor programme. 8 people are currently completing a crisis accreditation for peer support mentoring. Over 400 hours of peer support has been delivered during April – December 2023.		SYHA plan to train 30 peer support volunteers who can offer support by March 2023.
3.5 Adults experiencing multiple disadvantage are heard and feel heard - coproduction	Feedback from people with lived experience highlighted that any previous coproduction felt tokenistic.	SYHA receive regular feedback from people with lived experience on their involvement in the coproduction work. This is being collated and will form part of SYHAs programme evaluation. An example of feedback is below: "I have previously been involved & invited to lots of different things, but it has never felt like this before – I feel really listened to, and for the first time feel valued."		SYHA Evaluation will be completed in late 2023

		<p>“Being involved with Changing Futures has been really great for me and my recovery journey, helping future people who experience multiple disadvantages brings me a sense of pride. Being involved in the programme has helped my confidence a huge amount and I finally believe I can do well in my life, working with people who have/are experiencing disadvantage.”</p>		
<p>3.6 Improved pathways into other voluntary and paid employment opportunities.</p>	<p>Opportunity Sheffield support people into voluntary and paid work, however, there is nothing specific for people with multiple disadvantage.</p>	<p>The coproduction and peer volunteer service offers a range of paid and volunteer roles for people with lived experience. 1 Associate has recently been successful with a paid job whilst being supported by the Employment Specialists, 5 more are currently being supported and 2 of these are actively applying for jobs.</p> <p>The programmes Positive Activities fund, jointly commissioned with the Drug and Alcohol Commissioning Team, is also funding £450k of new opportunities in the city for vulnerable adults. First round of funding has been awarded to 7 organisations, with the second round to be awarded by September 2023.</p>		<p>SYHA Evaluation will be completed in late 2023</p> <p>Evaluation of the Positive Activities fund will be completed across 2023/2024</p>

4. Data System outcomes

Outcome	Baseline	Progress	Status (RAG)	Target
<p>4.1 Data system developed / procured and in use by core team.</p>	<p>No data system in place to record CF data.</p>	<p>The Housing Support Pathway data system was selected and developed to meet the needs of recording for Changing Futures. It is operational for all Changing Futures staff to utilise.</p>		<p>Outcome achieved</p>
<p>4.2 Data system further refined and developed and widely in use (especially with Core Team)</p>	<p>No data system in place to track progress and impact</p>	<p>The Housing Support Pathway data system was selected and developed to meet the needs of recording for Changing Futures. It is operational for all Changing Futures staff to utilise.</p>		<p>Outcome achieved</p>
<p>4.3 Service users can access and use data in a way that suits them, their needs, and situations.</p>	<p>Service users are unable to access personal data</p>	<p>Data Analysis recruited. Discussions to take place regarding the accessibility of personal data.</p> <p>HSP is being decommissioned – Changing Futures are contributing towards the new housing system development review</p>		<p>N/A</p>
<p>4.4 Information is more readily shared and accessible</p>	<p>No central data system</p>	<p>The programme has completed a number of data sharing projects all of which are aimed at information being more readily shared and accessible. This includes our cohort identification process, work with women experiencing multiple disadvantage, Cuckooing, women who have had children removed, A&E attendance data. The programme is also developing a data proposal for the Sheffield Health and Social Care Trust around the sharing and cross referencing of data sets for adults repeatedly referred into MH support. The programme is also part of the adults Early Intervention and Prevention model development trying to incorporate a data sharing approach.</p>		<p>Work in this area is ongoing.</p>

5. Operational Outcomes

Outcome	Baseline	Progress	Status (RAG)	Target
<p>5.1 Comprehensive assessment that is accessible to and used by all key agencies and underpinned by information sharing agreements.</p>	<p>No assessment in place prior to Changing Futures</p>	<p>Person centred support plans developed, allowing support workers to capture personal data and goals. Key agencies, such as the Housing Solutions Team, HAST, SYHA and Cranstoun can access and include information on HSP.</p> <p>Shared access has improved the coordination of work across various services.</p> <p>Improvements to the support plans are ongoing, regular updates and feedback from the core team and external organisations allows continuous development.</p>	<p></p>	<p>Outcome achieved</p>
<p>5.2 Best practice being shared through informal and formal networks</p>	<p>Multi sector development of the programmes Theory of Change in April 2021 identified this as a gap in the city</p>	<p>Changing Futures help to coordinate and deliver the Sheffield Community of Practice focused on Multiple Disadvantage aimed at sharing information and best practice citywide.</p> <p>Learning has influenced national operational and strategy developments through work with colleagues in the Department of Levelling Up, Housing and Communities, Ministry of Justice, Home Office and Department for Work and Pensions as well as service delivery locally through:</p> <ul style="list-style-type: none"> - Synergy (previously known as the Mental Health Alliance) - All System Engagement Forum (previously known as VCSE Breakfast Meeting) - Sheffield Health and Social Care Trust and Primary Care Network Transformation Programme - Sheffield City Council's Early Intervention and Prevention - South Yorkshire Whole System Approach to Women and Girls in, or at risk of entering the Criminal Justice System - Sheffield City Council's Domestic and Sexual Abuse Strategic Board - Violence Against Women and Girls' Forum - Community Safety Forum - Combating Drugs Partnership Board - Safeguarding Adults' Partnership - Sheffield City Council's Housing and Health Reference Group - Adult Health and Social Care Strategic Board - Housing Provider Forum - Homelessness Prevention Forum - Mental Health, Learning Disability and Autism Board <p>Changing Futures Coproduction Service is launching a Community of Practice around Coproduction focused on sharing information, resources, and best practice. An initial workshop took place May 2023 to begin co-designing the forum.</p> <p>Project 6 were commissioned to develop mapping of current training resources in Sheffield, coproduce and develop training programme aimed to increase the skills and knowledge of staff working with people with multiple disadvantage.</p>	<p></p>	<p>Evaluation of Project 6 delivery ongoing across 2023/24</p>
<p>5.3 Target cohort is being supported and navigators are linked in with key services</p>	<p>15% of the cohort were accessing MH services prior to Changing Futures.</p> <p>7% of the cohort were accessing drug and alcohol treatment prior to Changing Futures.</p>	<p>53% of the CF cohort are currently accessing MH services.</p> <p>49% of the CF cohort are accessing drug and alcohol treatment, with 35% of the cohort reducing substance use.</p> <p>85% of the cohort are currently accessing GP services.</p> <p>6% of the cohort are currently being supported by the Multi Agency Risk Assessment Conference (MARAC)</p>	<p></p>	<p>CF will continue to measure the progress of individuals accessing services.</p>

	68% of the cohort were accessing GP services prior to Changing Futures 72% of the cohort have domestic abuse needs.	30% of the female cohort have accessed support via IVDA.		
5.4 Transitions out of/between services are more effective	Cohort identified to be supported by Changing Futures known to multiple services for numerous years and struggled to sustain engagement in support	The core team has high levels of sustained engagement from the cohort (88%) and over 2023 will be supporting the 81 adults to transition into other support services in the city. Learning from Voluntary Action Sheffield highlighted that 'cold' handovers and poor planning for transitions between services resulted in individuals falling through service gaps. The programme is in the process of exit planning with the cohort. Core team and peer support workers are supporting individuals to access mainstream services and create sustainable and tailored support plans for post-Changing Futures. 9 individuals are likely to be closed within the next 3 months 12 individuals are likely to be closed within the next 3-6 months 58 individuals are likely to be supported until March 2024		Monitoring and evaluation in this area is ongoing

6. Individual outcomes

Outcome	Baseline (Cohorts entry into the programme)	March 2023	May 2023	Status (RAG)	Target
6.1 Individuals have improved trust in services.	17% of the cohort said they did not trust anyone 58% of the cohort said they trusted sometimes	67% of the cohort have increased trust in services.	78% of the cohort have increased trust in services		CF will continue to measure the progress of individuals accessing services.
6.2 Basic survival and safety needs are being met	21% of the cohort said they did not feel safe where they were living 64% of the cohort thought their lives were not worth living	70% of the cohort have safe and secure accommodation 52% of the cohort thought their lives were not worth living	75% of the cohort have safe and secure accommodation. (Previous Submission) 21% of the cohort thought their lives were not worth living		
6.3 Individuals have a trusted relationship with one or more workers	March 2022 – support workers recorded 124 contacts with cohort 36% of the cohort were engaged with a support service	Feb 2023 – support workers recorded 314 contacts with cohort. 81% of the cohort are engaging well with their support worker and staff from other services.	April 2023 – support workers recorded 583 contacts with cohort 83% of the cohort are engaging well with their support worker and staff from other services		
6.4 Individuals feel safe and supported in at least one space.	17% of the cohort said they felt safe where they lived	62% of the cohort said they felt safe where they lived	54% of the cohort said they felt safe where they lived		
6.5 Improved wellbeing and self-efficacy	33% of the cohort feel supported with their wellbeing	48% of the cohort have improved wellbeing and self-efficacy.	69% of the cohort have improved wellbeing and self-efficacy		
6.6 Individuals enjoy a range of positive community links and healthy relationships	4% of the cohort said they get any support from family or community links.	47% of the cohort has improved social connections and built healthy relationships	49% of the cohort have improved social connections and built healthy relationships		

6.7 Individuals feel in control of their plans and confident in achieving their goals.	30% felt supported and likely to achieve any of their goals	95% of the cohort have agreed goals to work towards with their support worker. 78% of the cohort have achieved a goal and with 27% achieving 5 or more	94%* of the cohort have agreed goals to work towards with their support worker. 79% of the cohort have achieved a goal with 24% achieving 5 or more agreed goals *Reduction in agreed goals due to death within the cohort	
6.8 Individuals have improved financial stability.	39% of the cohort have arrears and/or debt 67% of the cohort have access to a bank account	46% of the cohort have arrears and/or debt 73% of the cohort have access to a bank account 30% of the cohort have improved financial stability since working with Changing Futures	38% of the cohort have arrears and/or debt 76% of the cohort have access to a bank account 68% of the cohort are receiving all the benefits they're entitled to	
6.9 Individuals feel confident and supported to access activities.	4% of the cohort said they had received support to access groups in the community	34% of the cohort have engaged in positive activities 121 positive activities goals are currently open, with 32 achieved or partially achieved	39% of the cohort have engaged in positive activities 107 Positive Activity goals are currently open, with 42 achieved or partially achieved.	
6.10 Reduced use of /abstinence from substances	30% engaged in drug and alcohol treatment 94% of the cohort have substance needs.	49% of the CF cohort are accessing drug and alcohol treatment	51% of the CF cohort are accessing drug and alcohol treatment	
6.11 Accessing necessary healthcare	43% of the cohort who have physical health conditions were accessing health care	56% of the cohort who have physical health conditions are accessing necessary health care	54% of the cohort who have physical health conditions are accessing necessary health care	
6.12 Desistance from crime and anti-social behaviour	35% are under Probation Supervision 85% of the cohort have a history of offending.	35% are under Probation Supervision 5% are currently being managed through a suspended sentence	34% are under probation supervision 5% are currently being managed through a suspended sentence	
6.13 Compliance with criminal justice requirements	14% of the cohort were held in custody 37% of the cohort were on a community order and 79% are compliant	11% of the cohort are currently held in custody 36% are on a community order and 79% are compliant	11% of the cohort are currently held in custody 38% are on a community order and 94% are compliant	
6.14 Engagement in education, training, or employment.	None of the cohort have current employment or education arranged	9% of the cohort have enrolled or have completed courses while being supported by Changing Futures	6% of the cohort have been supported to access training, education, and employment in the last three months	

7. System Change Workstreams

Workstream elements	<i>Risk Management Approaches</i>	<i>Improving support for Women</i>	<i>Cuckooing</i>	<i>Positive Activities</i>	<i>Improving the system for Multiple Disadvantage</i>	<i>Increasing the voice of lived experience in the workforce</i>	<i>Access to physical health services</i>	<i>Improving Mental Health Support</i>
Why	Our approach to risk management is leading to support being withdrawn and increasing crisis responses	Women are overrepresented in forums of concern, less engaged in support and report safety and trust as the key causes	A growing area of need and concern but limited intelligence at a citywide level. No agreed policy or pathway in place	Feeling valued and engaging in meaningful and fulfilling use of time is a vital part of an individual's recovery journey	Improving services for the most vulnerable individuals experiencing multiple disadvantage will improve services for everyone	Those who are or have used services are experts in our support system, this expertise can help us to improve the way we design, deliver, and evaluate our services	Those experiencing multiple disadvantages, particularly homelessness, suffer most from health inequalities yet are one of the core cohorts repeatedly using emergency health provision	Access to mental health assessment and support is the most prevalent need yet biggest barrier this cohort face
Activity	<p>New cross sector risk management training and associated toolkits</p> <p>Review of provision for high-risk individuals in Sheffield</p> <p>SCC Housing System implementation – Risk review and recording</p> <p>Reviewing commissioning approaches to risk management</p>	<p>Local Integration of Women's Service – Whole System Approach – Funding bid</p> <p>Creating safer spaces for women across service provision e.g., build on 'welcoming spaces'</p> <p>Co-location of statutory provision with specialist women's agencies</p> <p>Increasing specialist provision for women who have children removed</p> <p>Co-design Domestic Abuse specification</p>	<p>Complete a data led analysis of the problem identifying scale and profile of victims.</p> <p>Cuckooing best practice training</p> <p>Roll out of a cuckooing toolkit</p> <p>Awareness campaign</p> <p>Develop joint cuckooing policy for Sheffield</p> <p>Improving recording of Cuckooing across Sheffield systems</p>	<p>Create a resource for organisations delivering groups to vulnerable adults</p> <p>Delivery of the positive activities for adults in recovery fund</p> <p>Support development of a new directory of services within the city</p>	<p>Development and delivery of Peer audits of services</p> <p>Development of a joint assessment/ advice model for MD (Housing, Substance Use, MH)</p> <p>Workforce development and support offer for those supporting adults with MD: includes Trauma Informed Approaches</p> <p>Supporting retender of the Sheffield Treatment Pathway service for Substance Use</p> <p>Support Housing Related Support Review</p> <p>Support Specialist Accommodation review</p>	<p>Development and delivery of Peer audits of services</p> <p>Alignment between MD CoP, coproduction groups and a senior leader strategic space</p> <p>Embedding coproduction service into strategic boards</p> <p>Roll out of Peer Support across service provision citywide</p> <p>Working Win Event, 'how to make recruitment better for people with lived experience'</p> <p>Supporting recruitment approaches across the city</p>	<p>Primary research on the prevalence of brain injury/trauma within MD cohort</p> <p>Develop TBI/ABI support pathway/model for MD</p> <p>Training via the Head Injury and Homelessness Research Group</p> <p>Improvements to discharge planning (physical health)</p> <p>Improvements to continuity of care around scripts between community and hospital settings</p> <p>Sheffield Pathway Needs Assessment – Implement a GP-led, multidisciplinary homeless in-reach team dedicated to co-ordinating the care and discharge of patients who are homeless</p>	<p>Primary research on the prevalence of brain injury/trauma within MD cohort</p> <p>Develop TBI/ABI support pathway/model for MD</p> <p>Improvements to discharge planning (mental health)</p> <p>Improve access to mental health assessment and support</p> <p>Improve support for those experiencing dual diagnosis</p> <p>Mapping of mental health provision and strategic alignment</p>

<p style="text-align: center;">Outcomes</p>	<p>Increased workforce knowledge around risk management</p> <p>Reduction in safeguarding referrals that do not meet the three-point test</p> <p>There are less high risk hard to place individuals in the system</p>	<p>More women are successfully engaged in statutory support</p> <p>There are more safer spaces for women across the city</p> <p>There is designated cross sector strategic resource focused on women</p> <p>More women are successfully supported to sustainably prevent or relieve homelessness</p> <p>More women are supported to have contact reinstated with removed children and we reduce the number of children taken into long term care from women experiencing MD</p>	<p>We have a data led profile of cuckooing victims and areas in the city</p> <p>There is a reduction in the number of people being cuckooed</p> <p>There is greater awareness of cuckooing and responses from professionals are more consistent</p>	<p>More people with lived experience are recruited as volunteers or employed by organisations in the city</p> <p>Increased opportunities for this cohort to access education, training, volunteering, or employment</p>	<p>More individuals experiencing multiple disadvantage are assessed and access statutory support</p> <p>Improved understanding of the multiple disadvantage cohort</p> <p>Workforce knowledge of and effective responses to Multiple Disadvantage</p> <p>Best practice is being shared through informal and formal networks</p> <p>Individuals have improved trust in services</p> <p>Commissioning and operational decisions priorities person centred outcomes</p>	<p>A network of people with lived experience who are trained and prepared to engage in coproduction</p> <p>People with lived experience are involved in codesigning the system at strategic and operational levels</p> <p>Adults experiencing multiple disadvantage are heard and feel heard</p> <p>Improved pathways into other voluntary and paid employment opportunities</p>	<p>Greater awareness and understanding of brain trauma within a Sheffield context</p> <p>Development of a cross sector pathway for those with ABI/TBI</p> <p>Reduction in repeat A&E attendance and hospital admissions for this cohort</p> <p>Improved co-ordination of the care and discharge of people who are homeless</p> <p>Reduced delayed transfers of care (DTOC)</p> <p>Increased use of Duty to Refer from A&E and Hospital settings</p> <p>Improved care coordination/communication between alcohol and substance misuse services and hospital staff</p>	<p>Greater awareness and understanding of brain trauma within a Sheffield context</p> <p>Development of a cross sector pathway for those with ABI/TBI</p> <p>Reduction in repeat A&E attendance and hospital admissions for this cohort</p> <p>Reduction in repeat mental health sections for this cohort</p> <p>Improved care coordination/communication between community support services and MH professionals</p>
<p style="text-align: center;">Impact</p>	<p>Safeguarding resources are more focused on areas of need</p> <p>Less high risk individuals are held in insecure accommodation, reducing their risk and increasing the safety of others</p> <p>There is an increase in risk information being shared to inform</p>	<p>Women feel safer and more able to engage in support services in the city reducing use of crisis interventions</p> <p>Workforce is more confident in delivering gender-informed support</p>	<p>Vulnerable adults in Sheffield are safer from the risks of cuckooing</p> <p>There is a reduction in instances of cuckooing, reducing reactive demand on services</p> <p>Organised Crime Groups have their activity disturbed with less access to 'cuckooed' sites</p>	<p>More spaces where people feel safe and supported with increased confidence</p> <p>People have increased recovery capital and reduced reliance on formal support services</p>	<p>Workforce is led by shared values and skilled in working with multiple disadvantage</p> <p>Reduction in the number of adults experiencing multiple disadvantage who are not engaged with at least one support service</p> <p>Individuals who have been supported by the improved services are leading safer, more</p>	<p>People with lived experience are involved in codesigning the system</p> <p>Learning from lived experience, frontline delivery and data analysis is used to make evidence-informed decisions</p> <p>Services are better at understanding and meeting the needs of a diverse range of people, with specific offers for sub-groups</p>	<p>Workforce more confident in recognising and support adults with a brain injury and can link them in with appropriate health services</p> <p>Improved health outcomes for the cohort</p> <p>Reduced pressure on A&E from this cohort</p> <p>Reduction in crisis interventions and increased use of primary and elective care for this cohort</p>	<p>Improved mental health outcomes for the cohort</p> <p>Reduced pressure on mental health bed spaces from this cohort</p> <p>Reduction in those experiencing dual diagnosis being refused mental health support</p>

	effective delivery of support plans				stable, and more fulfilling lives	Services are committed to coproduction and (ex-)service users have an equal stake in decision-making		
Strategic home	Safeguarding Board	Domestic Abuse and Sexual Abuse Strategic Board	Community Safety Partnership / Safeguarding Board	Combating Drugs Partnership	Health and Wellbeing Board	Health and Wellbeing Board	Adult Health and Social Care Strategic Board / Combating Drugs Partnership / Health and Wellbeing Board	Mental Health, Learning Disability and Autism Strategic Board
Funding Required	No	Yes	No	No	Yes, beyond March 2024	Yes, beyond March 2024	Yes	Yes