

Workstream elements	Risk Management Approaches	Improving support for Women	Cuckooing	Positive Activities	Improving the system for Multiple Disadvantage	Increasing the voice of lived experience in the workforce	Access to physical health services	Improving Mental Health Support
Why	Our approach to risk management is leading to support being withdrawn and increasing crisis responses	Women are overrepresented in forums of concern, less engaged in support and report safety and trust as the key causes	A growing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="writing-mode: vertical-rl; transform: rotate(180deg);">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 (DTC)</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>
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Impact	<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 effective delivery of support plans</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 stable, and more fulfilling lives</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>Services are committed to coproduction and (ex-)service users have an equal stake in decision-making</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>
Strategic home	Safeguarding Board	Domestic Abuse and Sexual Abuse Strategic Board	Community Safety Partnership	Drug and Alcohol Strategic Board	Health and Wellbeing Board	Health and Wellbeing Board	Adult Health and Social Care Strategic Board / Drug and Alcohol Strategic 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