Changing Futures Programme: Delivery Plan Template

1.1 Area	Bristol	
1.2 Named contact (a) name (b) main role	(a) Hugh Evans	(b) Director, Adult Social Care, Bristol City Council
1.3 Address	Bristol City Council City Hall Bristol BS1 5TR	
1.4 Telephone number (a) organisation (b) contact	(a) 0117 903 7856	(b) 07827 084859
1.5 Email address of named contact	hugh.evans@bristol.gov.uk	

Guidance notes

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

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

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

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

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

1. Cohort identification: Who will the programme support?

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

Max: 600 words

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

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

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

Bristol has significant, growing numbers of adults experiencing multiple disadvantage (MD); 69% higher than national average (Hard Edges Report, 2015, Lankelly Chase). Applying Lankelly approach to local data samples, we estimate c.5750 adults.

Driven by our Theory of Change (TOC), we have selected priority groups (below) where we have made least progress against entrenched systemic inequalities, and system barriers, there is greatest system readiness and opportunities for whole-system learning to benefit MD population. Co-produced with stakeholders and Lived Experience (LE), building on Golden Key (GK) learning (Fulfilling Lives).

1) Young People from minority ethnic communities (MEC), MD compounded by discrimination.

Rationale:

- ACES undermine coping mechanisms with compounding effect of inequality;
- Significant disproportionality seen in Youth Homelessness services (41% MEC), Criminal Justice system (CJS) (40% MEC); Mental Health; ‘dropping off’ from Children’s Services;
- Bristol’s 16–24 MEC population projected to increase significantly;
- Lack of trust in CJS (Lammy Review), Black Lives Matter, provide impetus;
- Learning from GK’s Call-In youth diversion model, and ‘Street to Boardroom’ initiative, developing culturally appropriate interventions and preventing ‘life-course’ disadvantage.

2) Women experiencing domestic abuse (W&DA)

Rationale:

- During COVID19, 30% more women approached DA services, 2280 considered high-risk (48% MEC; 38% disabilities), with trauma, mental ill-health, ACEs, immigration issues, substance misuse, offending.
- Of 421 women sex-workers experiencing DA, 68% homeless, 81% chronic physical and mental ill-health;
- Services lack unified trauma, culturally-informed approach, collective understanding and data on full impact of DA. MEC women reluctant to disclose, face conscious/unconscious bias/different treatment.
- GK 2021 Report on Gender, Bristol Mayoral DA commission, DA Group, DA Bill provide impetus.

3) People experiencing emotional dysregulation, complex/compound trauma, chronic homelessness, (**Chronic Homelessness**) behaviour challenges services; mental ill-health; Learning Disabilities and/or autism; long-term physical health conditions.

Rationale:

- 'High-impact' users of emergency/crisis services, high-need accommodation, CJS
- 60-80 revolving rough sleeping/hostels; 50+ stuck in temporary housing;
- 16 'high needs' in B&B;
- 70% mental ill-health; dual diagnosis
- Growing MEC over-representation
- Service models deter engagement, lack trauma/therapeutic offer. System lacks 'high-tolerance housing'.
- Builds on jointly-sponsored Change for Good initiative

Identification

We are adopting GK's evidence-based approach:

- Positive feedback from Fulfilling Lives projects, UWE, Bristol University
- Co-produced with Independent Futures (IF) GK LE group
- Brings together diverse, multi-agency professionals & LE panels, tailored to each priority group
- Starting point: system learning
- Equalities focus on most excluded MD individuals

GK tools and training for panels ensure readiness.

Criteria

Group 1: CJS involvement. Local Authority placements fail to support move on; due to leave services at 18 with transitional safeguarding concerns; refused housing/support through risk; Police/YOT/Probation concerns for low engagement in desistance. Majority male, 18-22, 25% 16-17 years. 100% MEC.

Group 2: intermittent/no contact with specialist DA services; presenting at A&E, sex-worker services, homelessness, substance misuse, Courts services; MARAC; c.50% MEC, 30% disabilities; inclusive of lesbians/gay/trans, older women.

Group 3: 'cycling' round homelessness/adult social care accommodation; prisoner release scheme; who placements fail repeatedly; reflecting MEC over-representation.

Assessment: Groups 1 and 3 will utilise GK tools, Group 2: DA tools

Engagement: MTAM Coordinator leads engagement approach, including outreach, identifying staff member best-placed to build trust. Group 1 supported by MEC mentors.

No Waiting lists

Routes into support:

Introduction of My Team Around Me (MTAM) model, co-produced with IF, cross-sector buy-in:

- Virtual, integrated team, 'collectively person-centred'
- Culturally-competent, equalities-responsive
- Existing roles coordinated, amplifying system resources, personalised, bespoke support; promoting choice
- Long-term, relational approach
- One plan; shared formulation, accountability, approach to risk;
- Strengths-based
- Peers

Beneficiaries

Beneficiaries	Year 1 (intakes over 3 months)	Year 2	Year 3
Group-1	20	30	60
Group-2	20	35	70
Group-3	20	65	100
Wider MD population	30 (Existing CCG MTAM test & learn cohort)	50	100
Totals	90	180	330

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

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

Max 2,500 words (templates & summary)

Using the tables at annex A, outline your theory of change with specific activity and outcomes identified at an individual, service and system level. Please also provide a brief narrative in this section covering:

- *How you have developed this theory of change, and how a range of partners – including lived experience expertise – have been involved in shaping the activity set out.*
- *How the different levels (system, service and individual) interact*

Our vision: 'People with multiple disadvantage are valued and empowered. They inspire and are inspired to have a life beyond services'.

Within Bristol, through 7 years of the Golden Key partnership (Fulfilling Lives) we have been working to change the way we collectively recognise and respond to people experiencing MD. Building on this, in 2020 GK, Bristol City Council (BCC) and CCG initiated a co-owned project called Change for Good (CfG), focussed on system change to better support people experiencing homelessness.

Our learning so far supports CF principles: support must be **collectively person-centred, relational, equalities-informed, unconditional, enduring.**

These principles and TOC underpin **My Team Around Me (MTAM)**, as the major service innovation in our plans. We have co-produced and tested this approach in preparation for Changing Futures (CF) with 130 staff, people with LE and system leaders, through 7 workshops - three of these with people with LE included a women-only session - and through Change for Good (CfG) workstreams.

The MTAM principles, widely implemented, create a virtuous circle of system, individual mindset, and organisation-level delivery change. Changing Futures will step up this learning to apply to the wider MD population.

Our TOC shows how we will use CF as a strategic investment, matching our ambition to tackle remaining major system barriers to make MTAM sustainable Bristol-wide, influence prevention and earlier interventions, creating impact at all 3 levels. Our delivery plan describes the work streams that will deliver change.

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

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

Max 1,250 words

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

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

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

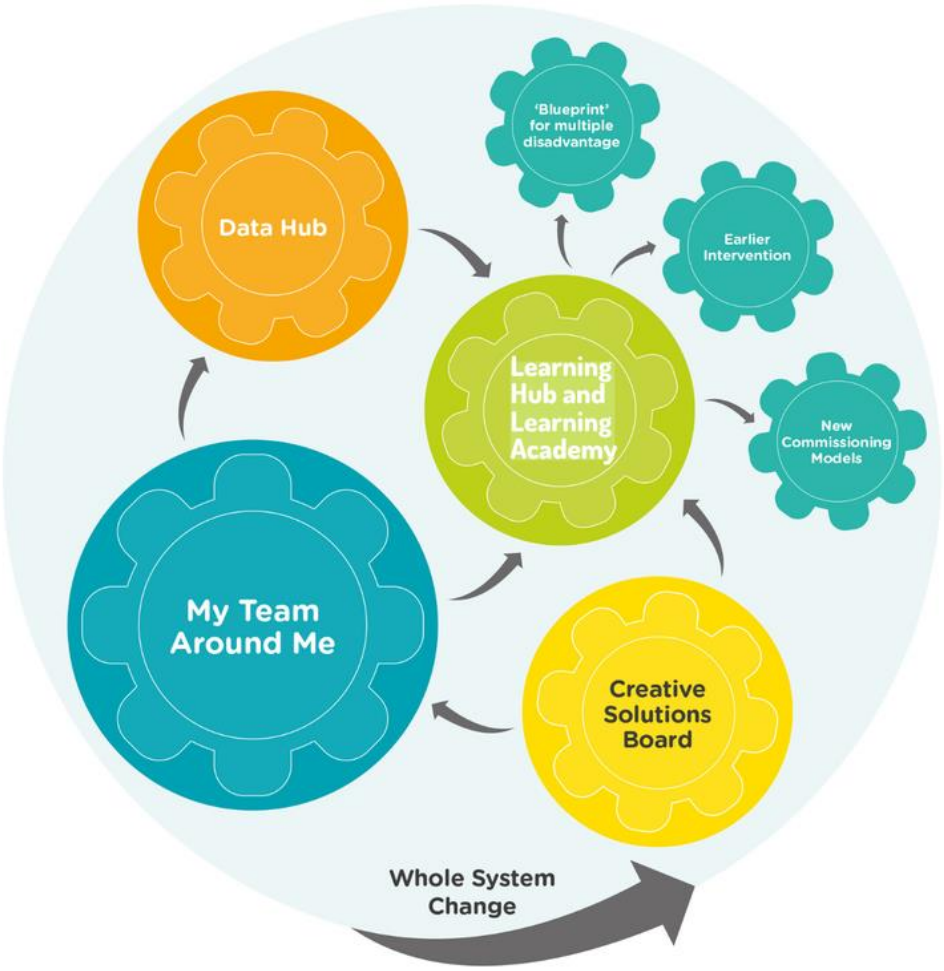
Bristol will build on GK learning, legacy and strong partnership arrangements. CfG governance, established in Autumn 2020, strengthens relationships with Criminal Justice System and Primary Care, and seconds workstream co-leads from key agencies. Aligned to CF aspirations, CfG provides the foundation for delivery. The GK programme board and CfG office can be expanded quickly, and a provider alliance procured. We are ready.

Delivery approach

These Bristol-system-specific principles were developed by UWE (GK local evaluators) and inform our delivery:

1. Whole system approach
2. Partnership working
3. Informed by lived experience
4. Person centred, adaptive services
5. Support work informed by psychological theory
6. Focus on interpersonal relationships
7. Staff support and empowerment
8. Learning and reflection
9. Diversity of perspectives and experience

Our delivery approach:



Key milestones and timeline

Phase 0: Pre-award

Programme office recruits/seconds from partner agencies, sources collaboration space

Plan delivery partners procurement

'Shadow' governance structures prepare

Plan activities and timescales e.g., training/support for priority groups' multi-agency panels

Phase 1: Test and Learn (June 21 – December 21)

Sign-off BCC governance

Renewed Governance structure in place (Q5)

Programme Office and delivery alliance established (Q5)

TOC element	Level	Activity	Milestones
My Team Around Me	System	Agencies sign MTAM COMPACT.	September: MTAM concept lead appointed
	Service	Expand roles; training; recruit priority groups.	
	Individual	Build trust with Coordinator, at individual's pace, to build MTAM.	
Listening Exercises	System	Initial Listening exercises run by expanded Independent Futures (IF), feeding into Learning hub. Formally supported, evaluated.	Dec 21: Listening exercise
	Service	Identify blocks and barriers in transitions.	
	Individual	1-2-1 & focus groups.	
Learning Hub (LH)	System	Establish LH, expanding local learning community Procure Systems Leadership course Activities programme and community of practice developed.	August 21: Provider(s) selected Dec 21: System Leadership course complete September 21: Mentors appointed
	Service	Extend Adverse Childhood Experiences Health Improvement Team Trauma-informed evaluation to include adults with MD. Recruit MEC mentors	
	Individual	Share personal narratives, participate in LH	
Learning Academy	System	Expand IF reach, diversity and impact, co-producing evolving plan. Establish concept of LE Learning Academy linked to e.g., Research In Practice for Adults, pathways to employment.	December 21: Paid & unpaid peer workforce model appointed
	Service	Build relationships with other LE groups e.g., LGBTQ+ MH forum, YP groups	
	Individual	Build understanding of opportunities for people with MD	
Creative Solutions Board (Joint budget holders/senior	System	Bristol's CSB extended to include priority groups, focus on priority system issue,s joint commissioning/funding solutions. Support North Somerset and South Gloucestershire: set up CSBs,	Sept 21: ISF/PBS pilots begins

managers meetings)		stocktake approaches to MD, engage with Learning Hub and MD Strategy.	
	Service	Test new solutions, feedback loops to CSB	
	Individual	Expand pilot for Individual Service Funds (ISF), Positive Behavioural Support (PBS) models with MD	
Data	System	Establish Data hub and MTAM case management system	December 21: Data solution built
	Service	Recruitment, options appraisal, checking data inputs, data agreements, using listening exercises outcomes.	
	Individual	Say what outcomes are important to them	
Communication	System	Create communications plan	
	Service	Shared comms agreed and promoted	
	Individual	Personal narratives central to plan	

*Phase 2: Roll-out (*January 22-March 23)

TOC Element	Level	Activity	Milestones
My Team Around Me	System	Following listening exercises and development of case management system, roll out **MTAM Test and Learn project** for wider MD cohort, feedback loops, supported by training.	January 21: MTAM Care Management system in use
	Service	Prioritise challenges (e.g., shared risk), work on solutions, staff reflection and learning, removing blocks/barriers.	
	Individual	Continue Independent Service Funds and Positive Behavioural Support approaches.	
Listening Exercises	System	Continuing **cycle of learning** with co-production, listening exercises	May 2022: Listening exercise 2
	Service	Partner training on co-production embedded throughout approach. Take listening exercise learning into Partnership, seek improvements/ change	
	Individual	Co-production opportunities.	
Learning Hub	System	Continue building community of practice, sharing across local learning academies e.g., CCG, Probation. Implement learning plan with North Somerset and South	March 2023: System TI training complete

		Gloucestershire, focusing on MTAM and Trauma-informed approaches.	
	Service	Ongoing training for culture and Trauma-informed (TI) working. Formative feedback on trauma findings.	
	Individual	Participate in sharing narratives, take on co-producing/ training role.	
Learning Academy	System	Ongoing System Leadership development, especially co-production.	
	Service	Community engagement schedule, pathways to volunteering, work with community leaders and centres, LE co-production. Build on current training to expand programme of transferable skills.	
	Individual	Outreach to diversify IF membership. Incentives to take up opportunities.	
Creative Solutions Board	System	Continue to enable services to be more creative, feedback into system learning.	
	Service	Implement more advanced solutions.	
	Individual	Attend CSB, enabled to be part of solutions.	
Data	System	Refine MTAM case management tool; address client consent to share.	
	Service	Update workforce digital literacy	
	Individual	Co- design own data	
Communic-ation	System	Public campaign addresses stigma, raises awareness through LE spokespeople, connects with local, national campaigns.	
	Service	Link Services with clients and system, share progress, create media interest.	
	Individual	Client-journeys inform learning	

Phase 3: Mainstreaming (April 2023-March 2024)

Publish: Bristol shared JSNA and MD Strategy

TOC element	Level	Activity	Milestones
My Team Around Me	System	Embedding a robust, equalities-informed MTAM approach across Partnership Document learning and promote blueprint.	

	Service	Promote key MTAM principles to other services;	
	Individual	Co-create personal plans for community integration	
Listening Exercises	System	Final listening exercise shows impact of activities. Evaluation outcome circulated.	March 2024: Evaluation outcome
	Service	Reflect on feedback, iterate service improvements	
	Individual	Opportunities to be heard	
Learning Hub	System	Sponsorship by CCG to bring approaches into ICPs Sponsorship by PCC to maximise learning into CJS	September 2023: TKSF progress review
	Service	Embed BNSSG's Trauma Knowledge & Skills Framework (TKSF) Use data/ personal narratives to intervene earlier.	
	Individual	Individuals actively involved in all learning and promotion of learning	
Learning Academy	System	Embedding LE roles and learning across partners. Peer framework developed, implemented.	November 23: Peer Framework complete
	Service	Coproduction and EQIA scrutinised by trained peer workers.	
	Individual	More individuals on pathways volunteering, work	
Creative Solutions Board	System	Target more difficult system issues, with support of PB	
	Service	More options developed e.g., housing. Services continue to develop flexibility.	
	Individual	Long-term impacts of solutions validated. Increase choice/control/options.	

Data	System	Fully embed one MD connected data system to improve strategic commissioning and service improvement.	
	Service	Real-time communication and robust data-sharing	
	Individual	Coproduce client-accessed records	
Communication	System	Integrating CF approach / MD Strategy into Bristol's One City vision and plan, visible through Health and Wellbeing Board	
	Service	Services promote learning into organisations and widely	
	Individual	Compile, publish 'library' of LE stories.	

We have a full risk register to support our delivery. Here are our top risks and mitigations to successful implementation.

Risk	Impact	Probability	Mitigation	Impact	Probability
System					
If system change not embedded after 3 years, then alternative operational delivery arrangements will be required.			Develop sustainability report (18mths), with partnership-wide accountability.		
If key stakeholder personnel change, then momentum is lost.			Agencies flag significant changes ensuring smooth handovers. Independent Chairs: role building relationships.		

If concurrent system changes (political, CV19 recovery, ICP implementation) consume focus, then CF will be deprioritised.			Governance structure locks-in high-level engagement to maintain organisational commitment. Channel effort into relationships, embedding learning throughout.		
If data sharing agreements are delayed, then activities will be impacted			Prioritise options appraisal early. Employ staff from across partnership, key milestones for review.		
Service					
If staff recruitment is delayed, then speed of implementation will reduce			Preparation underway. Partners share responsibility until roles filled.		
Individual					
If lived-experience groups remain insufficiently diverse, outcomes will be impaired			Utilise established groups.		

			Incentives encourage participation. Celebrate co-production		
If MTAM Case management system is delayed, then MTAM outcomes will be impaired			Interim solution (existing system) captures CF outcomes, short-term.		

4. Funding requirement

Please set out costed proposals for how you intend to use Changing Futures grant funding to support the activity set out in your theory of change and delivery plan, using the spreadsheet attached at annex B.
Using the attached excel spreadsheet at annex B, your response should: • *Set out how much grant you are requesting in total.* • *Provide a costed list of activities in priority order, setting out expected cost for that activity across the whole three-year delivery period.* • *For each costed activity, set out whether this is scalable - by scalable, we mean whether it is a fixed cost or whether you could scale the level of activity up or down with more or less funding (e.g. service delivery reaching more of fewer individuals if a different level of grant is provided).* *There is no minimum or maximum grant amount. It is envisioned that the average grant size over the three years will be in the region of £2.5-£3.5m, and that grant amounts may vary significantly between areas.* ***Refer to Budget spreadsheet. Costings are indicative at this stage.***

5. Partnership and governance arrangements

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

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

Set out your governance arrangements, showing how all of the core statutory and voluntary sector partners required in the prospectus (section 2.4) are meaningfully bought in to and providing oversight of the programme, and how partnership working is embedded at strategic and operational level. This should include:

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

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

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

"We're determined to get this right for people; working with them to create truly inclusive services that are proactive, preventive and personalised."

JULIA ROSS, CEO, BNSSG CCG

Our ambitious **Transformational Goals,** agreed by all key partners are:

- **People with multiple disadvantage are valued.** They inspire and are inspired to have a life beyond services
- Together we agree an **MD Strategy,** with shared vision, aims, principles
- We work as a **whole system**, understanding our place and how all partners contribute, operating as one team, building capacity and skills
- We identify **root causes of Multiple Disadvantage**, not symptoms, using an equalities lens, really listening to people and informed by data
- The system shifts to r**adical person-centred support,** creating a blueprint for long-term change

Partners' Strategic Priorities: **see Q6**

Bristol is ready to accelerate MD partnership/structures to deliver Changing Futures (Q6 for bid consultation). We will refresh our well-established Bristol partnerships within Golden Key (GK) and our co-owned project (BCC, CCG, GK) Change for Good (CFG) at strategic/operational levels. At pace, we will incorporate new members, reset objectives, renew our partnership agreement to share accountability for delivery, and through a transparent process, identify a VCS lead.

Evidence from GK's external evaluator (University of the West of England) shows lived-experience is integral within existing structures. We are working with Independent Futures

to develop gold-standard co-production principles, alongside Equalities and System Learning as ‘golden threads’.

GK and CFG learning highlights the importance of co-ownership at every level to maximise system engagement. Our ambition is further system transformation through more symbiotic relationships. GK evaluators identified nine system change principles, which we will use, plus GK learning and ‘Approach-2-Change’, to maximise transformation and build system capacity and trust.

We will develop/ensure:

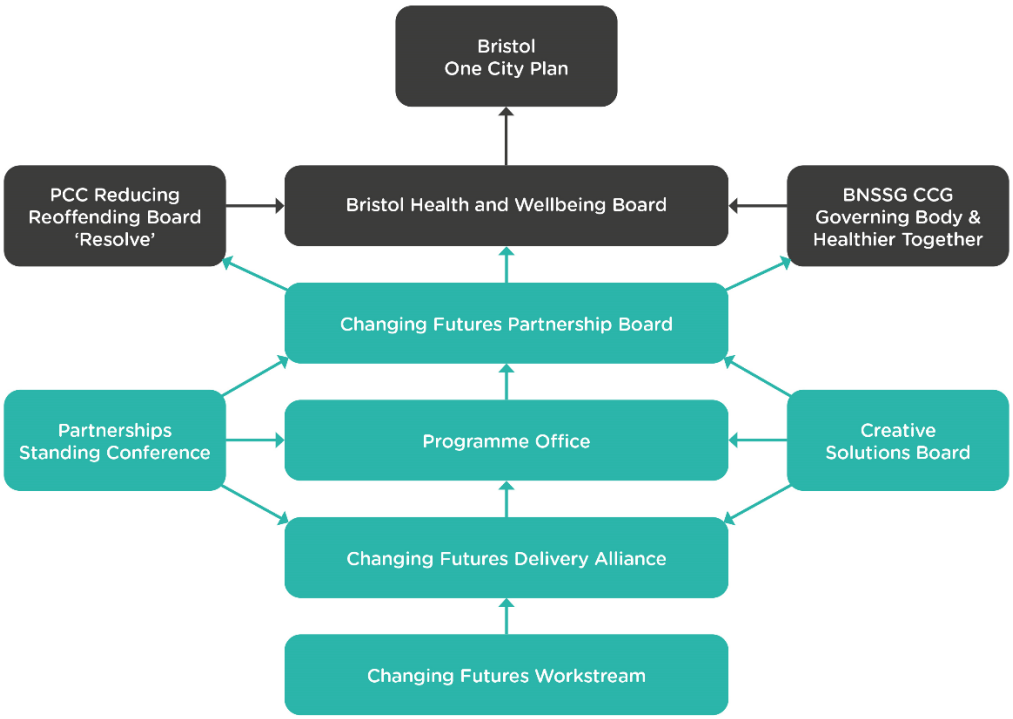
- **System leadership training** for all partners, including Bristol's Stepping Up diversity programme
- **Learning Hub** for shared learning and developing integrated strategic and operational approaches**.**
- **CF Collaboration Hub** where programme office and delivery teams work creatively
- **CF leads** are the right people, seconded or employed.
- **Multi-agency team**: creative individuals with system leadership ability to enable organisational change
- People **reach into their organisations, championing system-change, and participation in one CF team**, to minimise silo/’dominant organisation’ culture.

Governance will be reviewed annually with an equalities, co-production and learning focus, including 360-degree stakeholder appraisal of relationships and impact.

Strategic arrangements:

Oversight

We have reviewed current arrangements for governance, oversight and delivery of system change to ensure fit-for-purpose for CF, with lived-experience throughout. Terms of Reference are redrafted, Independent Chairs re-appointed.



The existing CFG Steering Group evolves to CF Programme Board. Most key partners are already members, with DWP and AWP (mental health trust) to be invited. All agencies will sign a Partnership Agreement (including risk sharing) to implement CF goals, agree expectations and behaviours.

The PB will report to BCC Health & Wellbeing Board, through to City Office and One City Plan. We will report to the CCG/ICS Governing Body and Resolve Board to maximise alignment and impact. The PB will seek additional funding opportunities.

Existing CFG strategic sponsors (CCG CEO; BCC Executive Director People; GK Independent Chair) will migrate into CF, with the new PCC invited to strengthen our partnership.

Creative Solutions Board will develop to consider system issues, e.g., pooled budgets, and innovative system solutions, reporting to the PB.

GK Partnership Board will evolve to CF Partnership Standing Conference, meeting two/three times per annum, expanding agency and lived-experience membership. Overarching remit to drive service level system change.

Our Programme Office will support governance, oversight, and partnership structures, with a seconded, accountable, BCC Senior Responsible Officer reporting to BCC Executive Directors. Programme Director and Senior Project Support are in place from CFG.

This Office will ensure robust information governance, data security and ethical operating practices.

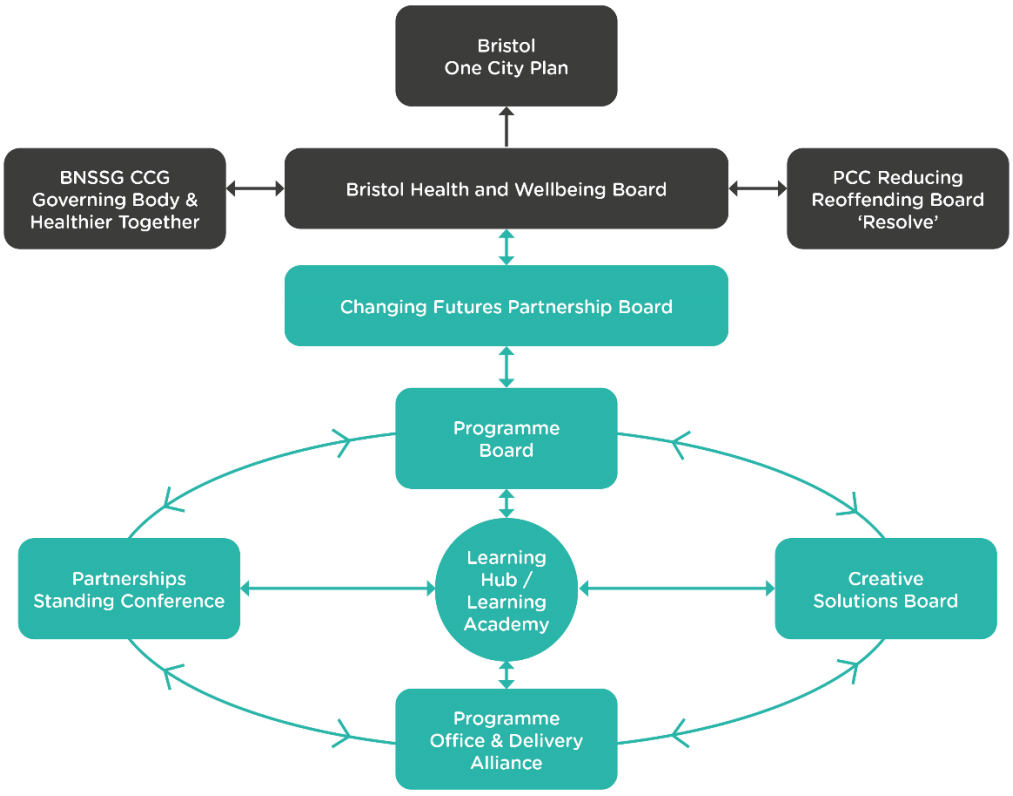
Delivery

The CSB, Partnership Standing Conference and Delivery Alliance will each play a distinctive role supporting improved service delivery and outcomes.

Our GK operational team is multi-agency. This evolves to a **Delivery Alliance,** with a lead agency (based on provider collaborative model) to strengthen links into core partners, featuring:

- Lead agency (appointed imminently), place on Programme Board
- Alliance Delivery Board reporting through Programme Office to PB
- Delivery Manager, with oversight, accountability for all delivery elements, reporting to Programme Director
- Staff working into their agencies and also into CF delivery team
- a 'one team mindset' focussed on MD

The Programme Office and Delivery Alliance will work closely together and support the **Learning Hub** with Strategic and Operational reflections, learning.



Role	Named Lead	Organisation	Email address
Political lead	Helen Holland	Bristol City Council	cllr.helen.holland@bristol.gov.uk
Senior Responsible Officer	Hugh Evans (non-Exec role), supported by PT paid SRO role (to be appointed)	Bristol City Council	hugh.evans@bristol.gov.uk
Partnership Lead	Programme Director (appointed CFG)	Confirmatory process	
System change lead	System Change lead (to be appointed)	Appointment required	
Data and digital lead	Data Workstream Co-leads (CCG/BCC), supported by paid Data Lead (to be appointed)	Co-leads CCG & Bristol City Council	
Lived experience lead	Lived experience lead (to be appointed)	Independent Futures	
Equalities Lead (our proposal)	VCSE Equalities Agency, supported by paid Equalities lead (to be appointed)	Appointment required	

6. Interaction with other projects and programmes

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

Max: 750 words, not including any supporting diagrams

Your response should set out:

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

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

"Changing Futures will accelerate our 'One City' ambitions, reducing inequality and disadvantage by empowering people to make changes and thrive"

Marvin Rees, City Mayor

Wider Environment

Our bid builds on the strong partnerships and influence of Golden Key (GK). Nationally, GK is connected through National Lottery Fulfilling Lives - supporting MD networking and bringing national learning into our local system.

GK is strategically connected locally, especially through the co-owned project, Change for Good (CFG). We will maximise cross-pollination/agency ownership/alignment to enhance programmes/interventions, and our **Learning Hub** drives system thinking, change and reflection, to build partners' programme capacity.

System Engagement

Bristol's One City cross-sector partnership has enabled significant engagement for CF:

- 4 stakeholder workshops (130 people engaged)
- Multiple engagement through 1-2-1 and group themed discussions: CCG Trauma sub-group, BCC Women's Commission, Probation, mental health
- 3 co-production events; developing plans with lived experience groups

Our Bid team involves lived-experience, VCS, BCC, CCG, strong connections to CJS, PCC, AWP (mental health trust) with co-production central throughout.

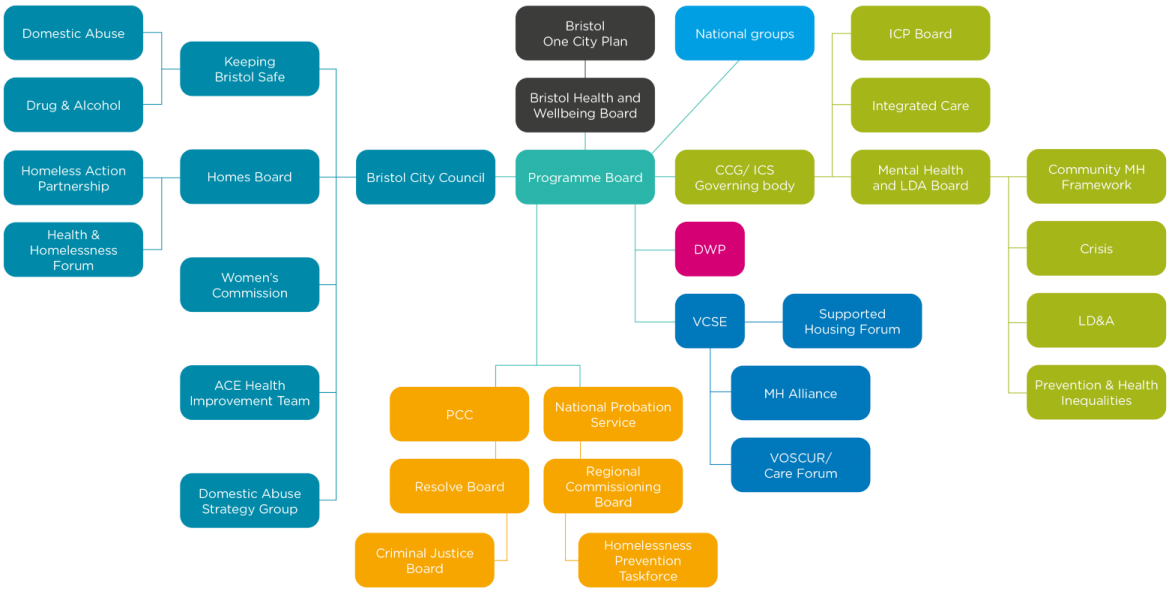
Strategic Influencing

We have a widely supported, ambitious vision, high expectations, experience and trusted relationships to influence and effect change for people with MD.

Our Transformational Goals (Q5) align with existing strategic priorities:

- CCG: MD blueprint across Integrated Care Partnerships (ICP); complexity and trauma focussed (Mental Health Strategy)
- Health and Social Care–joint commissioning
- Adult Social Care Transformation
- One City commitments
- Domestic Abuse, Homelessness – whole-system approach
- CJS: Reducing re-offending, over-representation ethnic minority communities
- Earlier intervention, utilizing Bristol's exemplar Troubled Families approach
- Tackling Adverse Childhood Experiences, with Bristol Health Partners

The PB's **Partnership Agreement** requires members to cross-pollinate into their strategic bodies to create a symbiotic relationship, whereby we think/act as a system.



Our MD Strategy, including sustainability plan, will look beyond CF programme and will be shared at the H&W Board, Strategic Boards, and One City Plan (to 2050). We will develop a Compact for using MTAM, based on test and learn, and our Bristol focus on Trauma-Informed approaches will be embedded into cutting-edge work in Healthier Together/ICS/CCG, BCC (ACE HIT) and Prisons (Bristol & Eastwood Park) workstreams.

We will build required architecture for successful MD strategies with North Somerset/ South Gloucestershire Councils.

Influence examples:

National:

- Trauma group in dialogue with Health Education England: workforce development
- The Equality Trust (www.equalitytrust.org.uk) supporting our approach, The Runneymede Trust and others, to develop approaches on Equality Act and MD
- We are engaged with the Domestic Abuse (DA) Commissioner's Office regarding national strategy

Local:

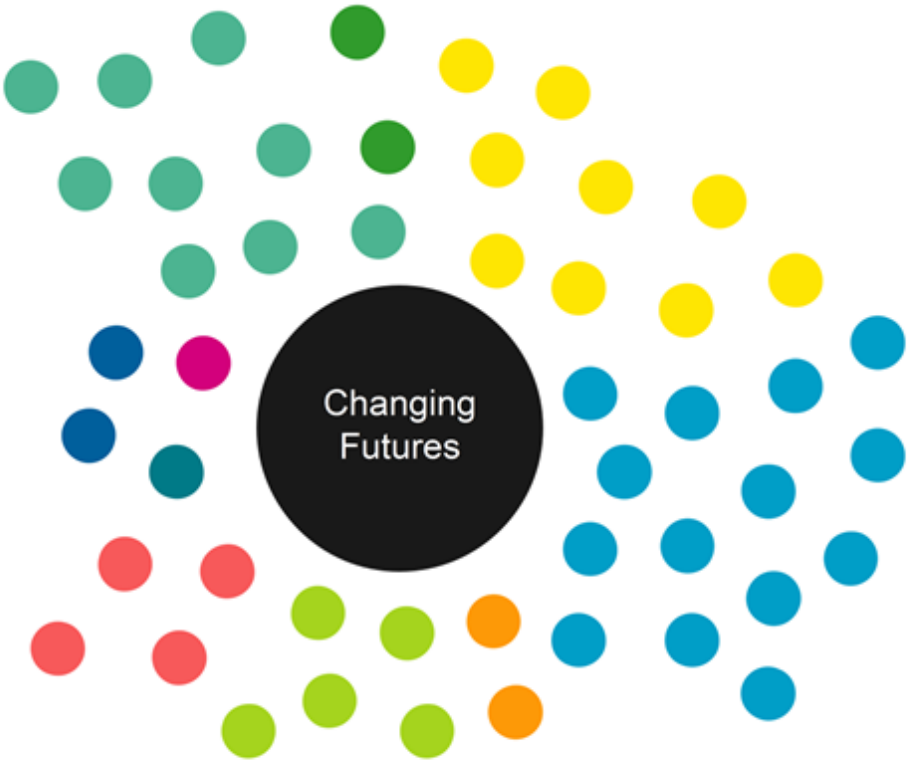
- Probation Reform: Prison Leavers' schemes
- DA - will inform Bristol's DVA/SVA Strategy, Mayoral DA Commission Review, Keeping Bristol Safe Strategic Plan 2020/23
- Our needs analysis will inform ICS Learning Disabilities & Autism Strategy
- Improve system understanding and action on discrimination and impact on minority communities

Our ICS is developing a care model and a standard integrated dataset as part of the ICP transformation. We jointly recognise that CF work aligns with these place-based approaches. We are committed to collaborative working, alongside the introduction of the Community MH Framework, to ensure people with MD get better wrap-around health care.

Bristol's Rough Sleepers Strategy seeks to improve health & wellbeing, skills and aspirations. All RSI services (MHCLG) now co-ordinated as a system. CF will inform the system and services working with complex needs.

Complementary Programmes & Alignment

We have mapped 50+ relevant projects and MD services/interventions.



Examples

Mental Health
Hospital discharge project
Community Mental Health Framework
Alternatives to Crisis Bid

Drug & Alcohol (& CJS)
ADDER Accelerator
Rough Sleeper Drug and Alcohol Programme

Homelessness
Homeless Pathway Accommodation
Next Steps Accommodation Programme
Street Outreach Bristol/ Streetwise

Criminal Justice (NPS/OPCC)
Ready for release programme
'Court up' advocates
National IOM refresh

Trauma Informed Care
Bridging Gaps

Children and Young People
SW Vanguard: Integrated Framework of Care YP in transitions/Safer Lives Programmes

Health and Social Care
Early integration of joint commissioning e.g., S117
Commissioning high Stability Housing
Shared Outcome Fund - Health

Skills and Employment
Care Leavers
Move-In, Move on, Move up
Building Better Opportunities – West of England Works

Troubled Families
Insight Hub: predictive

Domestic Violence
Specialist DA services
Independent Domestic Violence Advisors (complex needs & MH)

The Creative Solutions Board, Delivery Alliance, Learning Hub and Partnership Standing Conference provide interfaces to work these projects. CF work-streams co-leads (from strategic agencies) will ensure close working and integrate projects to maximise synergy and remove duplication.

This bid has match funding through GK (£244k). As well as funded elements e.g., part IF, Golden Key, in its last year (21/22), will support collaboration and learning into CF, through legacy products and the Learning Hub. Whilst there is no reliance on other matched funding, the PB will horizon scan for continued alignment, match/ new funding avenues. All partners

have committed staff time and leadership to CF, as sponsors, board members, or workstreams co-leads.

The Delivery Alliance is designed to build system change into core delivery partners, supporting learning into wider partners.

Building on examples of existing alignment/integration:

- Integrating CCG MTAM pilot (21/23) (hospital discharge/homelessness) with CF MTAM project
- Shared Health Outcomes (DHSC)- developing out-of-hospital care for homeless people. Close working with lead (Homeless Health)
- ADDER project (drugs/offending) (PHE/ MOJ): dual diagnosis; data integration; employment pathways; equalities-informed interventions
- Mental Health/Rough Sleeping transformation (chronic psychosis) (NHSE)- integrated working, learning
- Local evaluation partners BHP: trauma-themed work, Bridging Gaps (female sex workers)

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

Your response should set out:

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

Table 1: short-term outcomes

Level	**Short-term Outcomes**	**Proposed measurement metric**	**Current availability** **(data held/data collected but not held/new data required)**

System	**The Data Hub** will improve outcomes through: Identifying individuals with emerging issues enabling pre-emptive work Develop system dashboard for accountability Informing our MD strategy, identifying strengths, weaknesses, opportunities and risks. Alongside deep listening exercises.	Stocktake of agency feed into the data hub and organisational commitment to case management system	
	Shared vision and imperative Adherence with Compact agreement: commitment to Learning hub, equalities, coproduction principles, governance, accountability, data hub etc Passionate and committed individuals are empowered to take action, respond to opportunity, leadership at all levels Staff with dedicated time to develop and run system change activities Adopting Skills & Knowledge Framework and trauma-informed principles Organisations feel included in CF and see their role as adding value	360 review of key stakeholders with LE input to design of process Representation at/engagement with system-change programmes and groups stated in compact/partnership agreement Light touch mapping of staff activity to assess how much time staff are giving/allowed to give to system change activity Framework assessed as part of local evaluation	

Influence Improved MD/TI approach in service delivery and system working Service offers reflect local & national best practice CSB facilitates set-up in neighbouring LA areas	Programme to compile evidence of system change Delivery of communications plan – wider stakeholder information sharing/briefings Creative Solutions Board capturing outcomes for individual, system and service, board attendance spreadsheet, learning log, system change activity log and initiation in N.Somerset & S. Glos Critical appraisal part of local evaluation	Processes to be established/existing processes to be refined.
System view of performance: Shared senior-level understanding of MD Senior leaders and operational staff routinely exposed to personal stories Representation of the workforce considered Hand-offs/referrals not accepted	Measures to be included in data hub/system health check dashboard System leaders' familiarity with data hub measures Data measures to include: Section 136 and crisis services, safeguarding concerns, serious adverse incidents, A&E attendances, Ambulance call outs, emergency hospital	Processes to be established Data measures currently in place in various systems

		admissions, MARAC referrals, crim inal justice interventions – victim and offender data, sentencing, recalls, housing eviction notices, triggers for risk of homelessness, unmanageable debt. Period of engagement with MTAM	
Service	**The operational case management system will enable:** Multi-disciplinary team real time information sharing, collaborative care and support planning and supporting the MTAM trauma informed approach Understanding the levels of risk (occurrence and context), harm and vulnerability held Personalisation – capturing stre ngths, assets, likes/dislikes, ways of working, Improve data on less visible groups, e.g., LGBTQ		
Service	**People who work within the system have a common culture that shows:** Active engagement in sharing learning	360 review process of key stakeholders with LE input Light touch mapping of staff activity to assess how much time staff are	Processes to be established

	A shared sense of accountability Demonstrable commitment to coproduction, EDI values and system change Value MTAM approach (including case management) to enable collaborative working Opportunity to shape the system – a sense of agency/ownership	giving/allowed to give to system change activity Stocktake of use of case management system, via supervision Representation at/engagement with groups stated in compact/partnership agreement Staff trained in MTAM model and ways of working MTAM and wider staff are trained in GK self-assessment tools (staff resilience) Opportunities for reflective learning and evidence of a shared approach to planning, accountability, risk	
Individual	**Agreement with following statements** 'Services look more relevant, look more like me, sound more like me' 'My voice matters' 'I can see a way forward for me 'I tell my story once'	Individual outcomes monitoring Deep listening exercises being repeated to assess CF progress. IF group activity	Processes to be established

	I can make positive choices about my future		
	Improved system experience: Case management system improves confidence among clients that records are meaningful and accurate Personal budgets and behavioural support pilots underway Opportunities to engage in IF	Individual outcomes monitoring as part of MTAM roll-out, e.g., Outcomes stars/Warwick-Edinburgh LE-informed case management tool specified More positive transitions across life-course and between sectors	Processes to be established
	Improved sense of self can be demonstrated at individual MTAM client level: Safety, wellbeing, hopes and goals, self-esteem, self-worth grow healthy lives, respect, trust, dignity, career pathways.	Individual outcomes monitoring	Processes to be established
	Increased engagement and improved interactions: individuals trust and witness benefits of consistent engagement, participation in Listening Exercises	Data hub, mapping of engagement	Processes to be established

Table 2: long-term outcomes

Level	**Long-term Outcomes**	**Proposed measurement metric**	**Current availability** **(data held/data collected but not held/new data required)**

System	**The Data Hub** will improve outcomes through: Providing a single view of the individual/cohorts across all domains of MD and care pathways, including equalities analysis across protected characteristics enabling an intersectional understanding Informing decision making, needs analysis, future commissioning intentions	As above	Process to be developed via CSB and data workstream
	Shared vision and imperative Support translates beyond strategic commitment Skills & Knowledge Framework and trauma-informed principles are embedding skills into practice Wider commitment to offering career pathway Embracing client voice	Representation at/engagement with groups stated in compact/partnership agreement Widening influence and impacts for people with MD assessed as part of local evaluation	
	Influence Increased city-wide awareness and influence of CF/MD, including through communications plan Diverse voices from disadvantaged communities shape city strategies, with benefits for individuals not organizations Improved mainstreaming of approaches to MD in services	Impact of communications plan including social media, hits etc Programme to compile evidence of system change including influence on One City plan Analysis of Programme Board, Conference, Resolve, HWB agendas	Processes to be established/existing processes to be refined.

	Service offers reflect local & national best practice raises awareness	for MD and LE focus, stories, actions Evidence of intelligence-based decision making - whether MD has been factored into key activities such as, housing strategies, the one city plan, commissioning activity etc. Critical appraisal part of local evaluation	
	System view of performance: Highlight impact on outcomes for equalities communities, visibility of disproportionality in engagement Evidence of 'high-need, low-eligibility' understood Representation of the workforce considered Reducing MD impact on crisis services and associated costs Periods of engagement, disengagement, DNAs - suggesting that people see benefits of consistent engagement and that service offer fits	Evidence of use of data sets in decision making Predictive analytics informs demand and capacity planning Contributes to assessing cost effectiveness of programme	Processes to be established Data measures currently in place in various systems
Service	**The operational case management system will enable:** People to tell their story only once A deeper understanding such as patterns in experiences, disparity between client perspective and system		

Service	**People who work within the system have a common culture that shows:** Shared understanding of MD and trauma informed practice Reflective, innovative, relational, collaborative practice Opportunity to shape the system – a sense of agency/ownership Outcome data available to evaluate the impact of services	Assessed as part of local evaluation Case management system audit of use, real-time MTAM information sharing Staff can provide examples of adopting Skills & Knowledge Framework and Trauma-informed principles Levels of representation within the workforce Staff report experience shared decision making, greater mutual support, resilience, reduced sickness/burnout Attendance and involvement in partnership conference IF increased diversity and influence through LE representation	Processes to be established
Individual	**Agreement with following statements** 'Services look more relevant, look more like me, sound more like me' 'My voice matters' 'I can see a way forward for me 'I tell my story once' 'I can make positive choices about my future'	Individual outcomes monitoring Deep listening exercises being repeated to assess CF progress. IF group activity Thematic audit of personal support plans	Processes to be established
	Improved system experience: Fewer barriers, faster, personalised interventions,		Processes to be established

	confidence in support, Housing options are relevant and inclusive, stability Uptake of personal budgets, behavioural support in place, opportunities to engage in IF increasing Pathways to personal development are clearer: training, community engagement, employment	More positive transitions across life-course and between sectors Audit of LE Learning Academy outputs Thematic audit of individual support plans	
	Improved sense of self can be demonstrated at cohort and wider MD population level: Safety, wellbeing, hopes and goals, self-esteem, self-worth grow healthy lives, respect, trust, dignity, career pathways.	Outcomes monitoring/LE feedback/listening events	Processes to be established
	Increased engagement and improved interactions: Priority communities/groups develop greater trust and witness benefits of consistent engagement, participation in Listening Exercises	Data hub, mapping of engagement	Processes to be established

Although there is no comprehensive current single system informing our view of MD we build on the following foundations:

- **Think Families:** National recognition for testing early identification concept and unique interagency hub.
- **Golden Key**: Operates multiple data sharing agreements across the system which can be updated
- **Population Health Management (PHM): ICS** system providing system-wide data-sets of patient characteristics, clinical activity and associated cost. Will provide rich information from a MD perspective.
- **Care Flow**: Real time-shared view of the client, a safe ‘chat room’.
- **Connecting Care:** Digital care record interoperability system allows instant, secure access to health and social care records

- **Deep Listening exercises:** Will further our qualitative understanding of required system change.

Information intelligence will be central to our MD approach, driving service improvement and creating a fairer society.

"I feel confident that services are invested in me when I don't have to explain myself at every appointment" Lived Experience Voice.

We will:

1) Establish a **Data Intelligence Hub** strategically capturing the needs/demographics of people experiencing MD.

2) Embed a real-time shared client view **operational case management system** to enabling collaborative working.

(Outcomes detailed in Table 1.)

To maximise CF strategic investment and accelerate the pace of change we will expand the existing datasets and sharing agreements:

Data sets	Data sharing agreements
Offending: Committed ASB, Youth Caution, Linked to offence, Committed offence	Think Families
Domestic Violence: Victim of DV, Perpetrator of DV, Involved in DV	
Mental health concern	
NEET and risk of	
Adult benefit cap	
Rent arrears	
Missing person	
Risk of exploitation	
Schools: Absent, Fixed term exclusion, permanently excluded, Free school meals	
Substance misuse concern	Think Families/ROADS
Secondary care	CCG Population Health Management
Patient Recorded Outcome Measures (PROMS)	
Social Care	
Mental Health	
Community	
GP	
Prison leavers	System One

Our delivery plan will:

- Define our markers for MD, improving a holistic overview and build on GK experiences e.g., indicators in relation to criminal justice
- Ensure a lawful, secure, fair, ethical, transparent and sustainable basis for approach:
    - review remit of existing data sharing agreements
    - expand/develop new agreements to meet data protection requirements
    - establish access rights with all Information Asset Owners
    - consider the rights of the individual to have oversight of their records
    - identify custodian for database and authorise user access
    - establish partnership governance and accountability
- Develop a technical specification for an integrated, secure. multi-agency caseload system
- Listen and respond to lived experience groups
- Produce an options appraisal to agree where to build or procure.
- Agree appropriate system hosts I.e. CCG/Local authority
- Pool VCSE information to provide insight into MD, strengthening all partner skills in data collection and analysis.
- Shift the timeframes for data analysis to reflect MD longer patterns of behaviours to inform Commissiong

We will do this by:

- Linking with other Changing Futures areas
- Developing system architecture
- Developing a Communications plan
- Design, test and evaluate
- Agree implementation and roll-out including training for operational colleagues and wider CF partnership.

Our existing CFG data work-stream is already operational and ready to step up, supported by our Digital & Data Lead and two analysts.

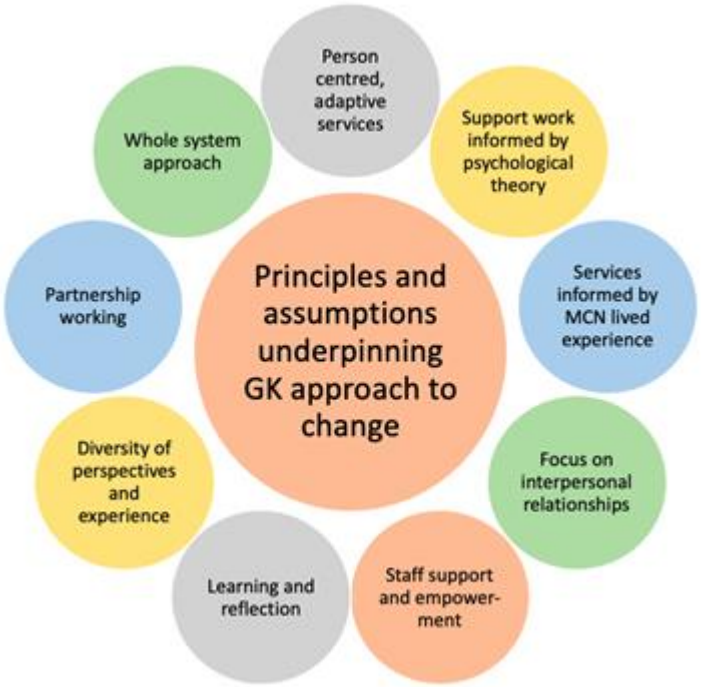
IF will play a vital role putting client interests at the centre, facilitating our Deep listening events.

The Centre for Data Ethics and Innovation (CDEI) advise our Information Hub needs to be governed by local citizens to ensure trustworthiness and their toolkit informs our CF ambitions. Working alongside our recent submission for the Local Data Accelerator Fund to scale the ‘Insight Bristol’ multiagency analytics hub into a regional information sharing governance framework. Building upon Bristol’s recent collaboration with the CDEI will enable the implementation of a regional ethical framework, improving community confidence and trust. Bristol has already implemented a legal framework for information sharing of this nature, gaining confidence of partners to realise these ambitions.

Annex A: Theory of Change Templates

	System level
Context/problem	”Every organisation believes it is person-centred – how do we do that as a system?” Hugh Evans, Executive Director: People The **My Team Around Me (MTAM) principles** are developing across Bristol agencies, but have not reached system level maturity effectively supporting people experiencing MD by addressing the challenges of consistent agency buy-in, practice, shared accountability and risk: a ‘whole-system mandate’. CF will take our GK system approach to the next level, driving system working through: • Developing shared understanding of complexity and MD, the value of **standardized equalities-, trauma-informed approaches**, **coproduction**, **learning and reflection** • Implementing the radical practice model, **MTAM**; scale our **Creative Solutions Board (CSB)**, trauma-informed interventions • **Increasing partnership capability**, impact, scope, membership (see also Q5). • Establishing local, regulatory, funding/commissioning arrangements which **lock in programme co-ownership**

	• Utilising whole-system, real-time **data** to illuminate intersectional impacts, unmet need, inadvertent harms
Inputs	We will build on: • **LE assets:** Independent Futures (IF): 7 years' GK experience, board-level representation, commissioning, NECG policy review, peer research, mentoring, training and trainee roles. • Progress in **partnership working,** e.g., GK, Creative Solutions and Resolve boards, Supporting Families, CfG • **GK learning** about blocks/barriers, evidenced through GK local evaluation of the 9 key principles facilitating system change:

	 • GK Service Coordinators' learning: critical importance of role in bringing agencies together around the individual
Activities	**Partnership working**: through multi-agency programme office and delivery alliance, MTAM, creation of Collaborative Hub.

	CF Board sets out programme of activity to co-produce **MD strategy and sustainability plan.** **MTAM** test-and-learn cycle Three peer '**listening exercises'**, with priority-groups: Young People from MEC (YP), Women and DA (W&DA) and Chronic Homelessness (Q1) Establish **Learning Hub** • forums and reflective spaces to consolidate relationships and learning-loops; develop 'one vision', • Roll-out cultural and system-change programmes: • Leadership programme • Equalities-, culture-, gender-informed, system-change skills • Trauma Skills & Knowledge (TSK) framework Establish **LE Learning Academy** • Build on IF/IMHN/Bristol Recognised Training modules for transferable life- and business-skills • Co-design co-production training • Pathways to peer workforce and sustainable gold-standard LE coproduction • Explore zero-hour contracts with DWP for paid LE participation **Creative Solutions Board** System overview of operational challenges through client issues. Work-programme to find new solutions; joined-up funding/ways of working, supporting MTAM and scaling. Consolidate whole-system **data picture** of MD, establish **Data hub**, **MTAM case management system** **7. Communications** plan
Outputs	1. **Sustainability Plan** developed

	Hub & LE Learning Academy 50 leaders engage in leadership programme, including Equalities-focused Stepping Up participants, committing to: • Learning Hub, LE Academy concept and participation • Healthy system indicators • Development of housing options/strategies • Gold Standard Coproduction (GSCP) principles **CSB** work-plan supports MTAM roll-out e.g., through bespoke packages, pooled budget pilots **Data** options appraisals and decisions re **Data hub** and **MTAM case management** system **Communications** plan, connects with local/national MD, DA campaigns
Short-term outcomes	**MTAM** Test and Learn delivery group agrees roll-out plan **Listening Exercise** Enhanced user-experience insights: 45 people from priority groups informs programme delivery, cohort analysis shows support gaps, intersectional impacts **Learning Hub** • Leaders understand MD coproduction, equalities, gender, trauma, intersectionality - influences organisational strategies, policies • Increasing partnership awareness and influence • All Partnership agencies participate, • 50% staff and agencies adopt TSK Framework • delivery plans for Equalities, EQIA, and MD strategies **LE Learning Academy** • Gold-standard co-production principles embedded across Partnership

	Data Hub receives data from agency platforms; initial data analysis, identifies priority group-specific challenges. **MTAM case management** in place. **Communications:** greater local awareness of MD and Partnership activity YP: • Consolidating engagement through existing community groups, influencers, community mentors • Identifying blocks, barriers, enablers to positive CYP to Adult transitions W&DA • Learning informs trauma programme, DA strategy, Keeping Bristol Safe Partnership Chronic Homelessness • Better understanding of accumulated nature of need, impact of agency thresholds • Agencies align commitment to appropriate housing, e.g., Housing First, High Tolerance Housing
Longer-term outcomes	**Partnership working:** JSNA and Strategy for MD in development **MTAM** test and learn cycles reviewed, concept becomes 'blueprint' for MD **Listening Exercises** inform co-production plans, MD sustainability plan and strategy **Learning Hub** programmes • Strengthen system agility, capability, flexible capacity. • 75% staff & agencies demonstrate TSK

	• Equalities strategy creates shared narrative, increased knowledge, standardized Equalities Impact Assessments (EQIAs); • Healthy System indicators improving **LE Learning Academy** • IF increase diversity and influence through broader LE representation, networking • LE scrutinizes Partnership against GSCP principles Whole-system **data** reveal intersectional impacts of MD, system-level inequalities, barriers to access. **MD population** Joint commissioning and delivery-models align Alliance partners; lock-in VCS expertise, capacity, to increase beneficiaries. YP: • Improved engagement through existing community groups, influencers, community mentors • Identify / remove barriers to enable positive CYP to Adult transitions • Greater trust within MEC communities W&DA • Partnership practice, system-learning, and city policies are gender-sensitive Chronic Homelessness • System recognises this group • Holistic service specification agreed, addressing MH, housing, intersections with CJS

Impacts	**MTAM blueprint embeds key principles into the system for MD**: • Early MD identification, and pathway into MTAM approach • Culturally competent system is equally accessible for YP from MEC, W&DA, Chronic Homeless • MTAM approach is adopted by the system, fully embedded across services • MTAM trauma-informed practice impacts root issues, accelerates shift to prevention, including ACEs, interrupting inter-generational MD, reducing crisis, associated costs **Partnership Working** • MD Strategy and sustainability plan, collective capacity and skills: • systematically address gaps and barriers, the flexible and 'relational' basis of best-practice in MD • Value LE coproduction assets, throughout design, implementation • Cultural-, equalities-, and gender-inclusivity is embedded in joint commissioning, new delivery models The **Learning Hub** facilitates shared learning from CSB, MTAM, specialist services, domestic homicide and safeguarding reports, Court Up service -influencing city policy, strategy Larger, appropriate **housing portfolio** **Communications** enhance public and agency awareness and knowledge, influencing views of MD towards inclusivity **MD beneficiarie**s increase. **Priority groups:** YP: • CYP and adult strategies are integrated, improving transitions W&DA • Partnership in practice, system-learning, and city policies are gender-sensitive, informed by understanding of trauma • Allyship fostered across sectors, agencies

	Chronic Homelessness • MH needs defined; system partners co-produce inclusive offer
Key assumptions	Clients' needs are better met by MTAM in a trauma-informed culture Agencies willing to engage with complexity, equalities, co-production
External factors	Stakeholder reorganisation, political priorities, local authority cuts Root causes outside our sphere of influence e.g., benefits system Pandemic/recovery System resistance to change
Unintended consequences	Revealing existing system biases may challenge/destabilize partnerships Negative media

	Service level
Context/ problem	'I want care sensitive to my experiences and trauma, from people who understand.' 'I want to feel part of 'one team', providing care that wraps round people when they need it'. Our current MTAM virtual team models personalised, unconditional, enduring, strengths-based support, however current services demonstrate: • inconsistent trauma-, culture- and gender-sensitivity • episodic, issue-based interventions • deficit models, impeding risk-sharing, flexible capacity • exclusive remits, thresholds, incentivizing 'crisis' presentation • organization-specific digital platforms impede information-sharing and client access to records • workforce not reflecting communities; experiences vicarious trauma, burnout

	• lack of 'collectively holistic' offer **Priority groups:** YP from MEC • 'services do not look like me', wary of engagement W&DA • repeating personal histories, failing to meet thresholds is re-traumatizing Chronic Homelessness • Insufficient/no capacity, e.g., MH, dual diagnosis; fraught access to physical health/dental care • Gaps in housing provision, behavioural support options leads to revolving front doors through homelessness pathways
Inputs	CfG workstream: CCG pump-primed MTAM early pilot (hospital discharge), agency compact, role descriptions Equality Impact Assessments (EqIAs) Diverse LE voices from specialist services e.g. Homeless Hospital Discharge (OOHSOF), Individual Service Funds pilot (ASC & CCG), ROADS substance misuse, Prisoner Release Service
Activities	**MTAM** Test and Learn with priority groups **Learning Hub:** training for Partnership workforce (includes Equalities-, trauma-, gender-informed, system-change. Reflection and supervision)

	LE Learning Academy and networking link peers across services, draft elements of training, roles; IF evolves to 'IF+', continues to expand consultancy portfolio, builds community engagement, relationships with established specialist organisations and diverse LE voices **CSB** develops strategic plans for pooled budgets; bespoke packages for individuals support MTAM; apply learning to whole MD population, recommendations to Partnership Board **Data** Build/refine **MTAM case management** tool considering Inputs, plus: • client consent to share • plan to integrate alliance partners' CYP and Adult data-sets • workforce digital literacy **Communications** awareness through LE stories YP • Recruit Mentors into MTAM • Develop MTAM plans with Youth Offending Team and Probation Young Person's team • Input to Young People's housing strategy W&DA • MTAM gender-informed working advances city initiatives, e.g., DA Bill housing needs-analysis, Bristol's DA training • LE voices inform commissioning, expansion of women-only safe spaces • Influences prevention, and work with perpetrators Chronic Homelessness • MTAM vehicle for pooled budgets to Individual Personal Budget (Social Care) and Behavioural Support (Social Care) pilots

	• MTAM pilots training: Mentalization approaches, DBT-informed, Motivational Interviewing, stabilisation, brief interventions • MH needs and offer clarified
Outputs	**Listening Exercises** inform MTAM test and learn review **LE Learning Academy** three-year co-produced, evolving schedule for relationship-building with MD populations, LE-defined training, roles, groups self-organise, increase membership diversity **CSB** recommendations priority service challenges to focus on: shared risk/accountability/assessments, for scaling **MTAM case management** system in place: MTAM staff trained Public-facing **Communications** link workforce, services, agencies, clients YP • Credible community partnership in development W&DA • Delivery plan to increase women-only spaces, e.g., capitalising on Nelson's Trust plans Chronic Homelessness • 7 personal budgets, 10 behavioural support

Short-term outcomes	**MTAM** establishes Lead Professional role, improving support to priority groups **Listening Exercise:** Evaluation published **Learning Hub** 75% Partnership members: • Staff trained in MTAM ways of working • System leadership training and coaching • employ LE champions and peer roles • embed GSCP principles • update MD workforce training • develop equalities plans Real-time **MTAM information sharing** improves client records, coordination, reflective learning **MD population:** MTAM roll-out starts to influence services **Priority groups:** City housing strategies and plans reflect priority groups' needs YP: MEC Mentors improve experiences for young people leaving CJS W&DA Women confident that plans for safe spaces reflect their voices Chronic Homelessness Holistic service developed; 24hr MH response time (Community MH strategy)

Longer-term outcomes	**MTAM** improves, modelling: • Flexible, enduring, person-centred, unconditional, equalities- and trauma-informed support, reflecting client strengths • Distributed/horizontal leadership • high-support, learning, culture • shared planning, responsibility, risk management • reduced duplication of effort, waste • coproduction of personalised support and single client record so that 'I tell my story once'; case management improves clients' confidence that records are complete, • Staff benefit: shared decision-making, mutual support, resilience, reduced sickness/burnout **LE Learning Academy** enables LE champions, coproduction, peer roles, new routes into employment, LE representation, e.g., building on 'Street to Boardroom' initiative **MD population:** • MTAM roll-out across services engages more MD people • Expanded housing portfolio reflects intersectional needs YP 'Cultural community framework' established for Youth Offending team and Probation services W&DA • Increased women-only safe spaces • growing confidence encourages consistent engagement Chronic Homelessness • Cohort visible; service reflects local & national best-practice

	• Service thresholds, including MH, are reduced, acknowledging cumulative impact of MD
Impacts	**LE Learning Academy** cements sustainable LE co-production into services, increased peer roles. City culture more inclusive. New employment pathways positively impact diverse recruitment Shared, client-level **data**: • improves decision-making • reduces support delays **MD population:** mainstreaming embeds MTAM model **Priority groups:** YP • Credible community partnership in development • No 'wrong door in' or 'cliff-edge' in service transition • CYP/Adult data integration improves life-course • CJS increasingly trust support services, diversion reduces disproportionality of sentencing W&DA • Reduced crisis reactive responses, ACEs; increased earlier intervention • Women feel safer and increased women-only safe spaces Chronic Homelessness • Cohort visible; service reflects local & national best-practice • Service thresholds, including MH, are reduced, acknowledging cumulative impact of MD
Key assumptions	Equalities and coproduction improve service response and client experience

External factors	Reducing disproportionality is a key driver for CJS Pandemic increases need, demand, changes priorities
Unintended consequences	Data-driven interventions supplant person-centred intentions Case management system adds complexity to record-keeping LE co-production insufficiently diverse, outward-looking CF raises undeliverable expectations

	Individual level
Context/ problem	Current approaches offer many successful interventions, e.g., Housing First, but have not yet created the holistic, healthy culture in which independent individuals can thrive.
Inputs	Wide-spread adoption of MTAM principles will increase autonomy, counter standardized, fragmented support and inspire creative, personalized routes to inclusion and full citizenship.
Activities	**MTAM** plans co-produced with each individual to enable community integration **LE Learning Academy** flexible training and development opportunities and signposting **CSB** facilitates increased personalised care, personal budgets, behavioural support **Data** LE participate in design of client-accessed MTAM records; **Communications** gather and publish client stories
Outputs	**Listening Exercises** LE voices illustrate and challenge complex issues and enhance Bristol One City plans

Short-term outcomes	**Learning Academy** creates city-wide pathways 'out of disadvantage' - based on participation, mentoring, peer employment, accredited training - to work, career, personal development. People experience more healthy relationships and ways to contribute 'No wrong door'; people tell their story once
Longer-term outcomes	Diverse voices from disadvantaged communities shape city strategies; benefits for individuals above organizations People experiencing MD perceive enhanced respect, trust, dignity Clients access personal records on MTAM case management system
Impacts	People can participate in the structures and processes that shape their lives, and within their communities Enduring, person-centred support, based in relationships, consolidates confidence that life can change, and resilience when it does Clients find hope for a 'normal life', defined by them, including stable accommodation, reliable income, sense of routine, including education, volunteering and/or employment. By supporting more than 'survival needs', e.g., creative spaces, sport, music and personal development, individuals find inspiration and motivation to change, connect, and feel their life-chances expand. 'Services are relevant, look more like me, sound more like me' 'My voice matters' 'I can see a way forward for me' YP Individuals witness benefits of consistent engagement Self-esteem, self-worth grow; MEC see safe, legal routes to positive, healthy lives W&DA

	• feel safer, improved mental wellbeing • recognise abuse, confident seeking help • identify hopes, goals Chronic Homelessness • Faster mental health response takes account of intersectional impacts of MD • Relevant, inclusive housing options • More people find stability
Key assumptions	Individuals desire access to records Opposition to client-accessed records is manageable
External factors	Digital literacy/ poverty hamper access BREXIT affects status and recourse to public funds
Unintended consequences	Gaining trust may delay transformation increasing frustration True extent of MD becomes apparent and overwhelming