Birmingham Changing Futures Together 
(formerly called the Birmingham Fulfilling Lives: Complex needs Partnership)

Lead Organisation: Birmingham Voluntary Service Council
Charity No. 218795; Company no. 421688

Final Version v1.20 20140710

Business Plan

“Our aim is to enable people with complex needs to achieve their aspirations and make their own vision of a ‘fulfilling life’ a reality. Every aspect of the service transformation we propose in this project is focused on this and the extent to which we make this possible is how we will measure ourselves and the success we achieve.”

– the Birmingham Fulfilling Lives: Complex Needs Partnership

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1.0 Executive Summary

1.1 Complex Needs in Birmingham

Extrapolating from national research indicates that there are around 1300 people with complex needs in Birmingham. Our frontline partners estimate that there are about 100 at any one time experiencing all four complex needs and whose needs are most entrenched. They already know these individuals and in the early stages of the project it is this group – those in need of the greatest support – that will be our priority.

In addition to the longer-term service and system change that are central to this programme, the key aims of this project are that people experiencing complex needs should:

- Be empowered to participate at all levels of decision-making in the project and report improved confidence and self-esteem.
- Be able to report that they are better able to manage their lives and are more resilient.
- Be better able to manage and maintain stable accommodation.
- Reduce their reoffending.
- Reduce misuse of alcohol/substances.
- Have improved mental & physical health and greater involvement in and ‘ownership’ of the changes they need to make, and
- Be better able to achieve their self-defined goals.

Beneficiaries

Beneficiaries for the purposes of the table below only include:

a. People with complex needs who benefit from the services of a lead worker
b. People with complex needs who are supported by the No Wrong Door Network.

Approximately, 2,000 service users will achieve better outcomes during the lifetime of the project, as shown below:

Table 1: Unique Service User beneficiaries by year

<table>
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<th>No. of Beneficiaries by Year</th>
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<tr>
<td>Yr 1</td>
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<tr>
<td>198</td>
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In addition:
Birmingham Changing Futures Together - Business Plan

- At least 15 networked agencies will share approaches to assessment, outcomes, signposting data-sharing, service collaboration and increased outreach.

- At least 120 service users per year (150 unique participants across 7 years) will be receive intensive service user involvement training.

- At least 156 people with entrenched complex needs will receive intensive personalised support from Lead Workers over 4-5 years.

Beneficiaries will all be based in/connected to Birmingham, although their ‘home’ maybe elsewhere.

1.2 The Birmingham Partnership

Our Core Partnership comprises key frontline providers in complex needs services and includes specialists in homelessness, ex-offenders, young people, mental health, drug, alcohol and substance misuse, women, and reducing crime. It brings together stable, well-established voluntary sector experts in their fields, along with key statutory services and partnerships that will ensure the wider linkages which are essential to the longer-term system change objectives of Fulfilling Lives: Complex Needs. For example, the Partnership already includes Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham City Council, Staffordshire and West Midlands Probation Trust (Birmingham office), and West Midlands Police Service. As can be seen, some key commissioners of services, who will be central to achieving longer-term system change and service redesign, are already signed-up and wholeheartedly share the Partnership’s ambitions for this project.

The Partnership is led by Birmingham Voluntary Service Council (BVSC). Founded almost 100 years ago, BVSC is the key voluntary sector support organisation in Birmingham and one of the largest Councils for Voluntary Service in the UK.

1.3 The Service Gaps & Shortcomings We Are Addressing

Through extensive research, consultation with experts by experience and service analysis we have identified the following shortcomings in services:

- Services must be seamless and integrated.
- There must be better and earlier identification and diagnosis of complex needs so that an integrated, holistic service response is triggered sooner.
- Better tracking and monitoring of progress and outcomes is needed.
- Data needs to be shared between providers so that service users are not repeatedly required to “tell their story”.
- Support needs to be more intensive and more ‘guided’.
- Better signposting and referral pathways and mechanisms are needed.
- Service users must be at the forefront of service design and system change.
• Partners too will need support and encouragement in this challenging work.

The fundamental shaping of the project also reflects the key success priorities identified by the BIG Lottery and reiterated in Multiple and Complex Needs: ‘what works’ – A summary report from the rapid evidence assessment.¹

• Whole needs – understanding the whole person rather than a single problem.
• Creative whole systems services – services that are flexible and creative rather than ‘off the peg’.
• Single point of entry – users able to access a whole system of support through a single point of entry.
• User empowerment – recognising service users as equals and co-producers in their own care.

1.4 Our Delivery Model

Our project is therefore modelled to address these issues through the use of seven carefully selected delivery mechanisms:

• Every Step of the Way – our flagship user empowerment programme that trains, supports and facilitates service users to become experts by experience, volunteers, and peer mentors, involved at all levels of the project. Supporting 120 service-users a year (150 unique participants across the life of the Programme). See 6.2(a).

• Lead Workers & paid Peer Mentors – a group of highly skilled, empathetic frontline staff who will take personal responsibility for a small caseload of clients, formulating each client’s care plan and co-ordinating, reviewing and overseeing a multi-agency care and support package. Lead Workers will be supported by Peer Mentors – trained experts by experience, who we believe will bring a practical and beneficial perspective. See 6.2(b).

• The ‘No Wrong Door Network’ – a group of networked agencies committed to information-sharing and common approaches and standards in supporting people with complex needs; this ensures clients can access a whole system of support through a single point of entry and there is no ‘wrong door’. See 6.2(c).

• An Intelligent Common Assessment Tool (iCAT) offering a shared tool for diagnosis, service needs assessment and evaluation of outcomes. See 6.2(d).

• Outreach, Inreach & Signposting – ensuring that we reach not just those who are already engaged with services but non service-users and those at risk of disengaging from services. We will also take services to where people with

complex needs are (e.g. prisons, leaving care) to ensure we reach clients earlier and at the transition points which frequently trigger crises. See 6.2(e).

- **Beyond the Basics** – helping clients to: develop positive peer networks and relationships; access positive and stimulating leisure opportunities; and access volunteering, training, employment and business/self-employment opportunities. See 6.2(g).

- **A Virtual Professional Hub** to support the project with information and data, and to support continuing professional development. See 6.2(f).

A diagram of the project **delivery model** is included at the end of this Executive Summary.

### 1.5 ‘S.O.S’

We have paid great attention in modelling this project to ‘S.O.S’ – delivering positive change in **services**, in **outcomes** and in **systems**. Core partners were selected for their willingness and ability to lead and champion change in specific areas, their experience of working in Partnership and their knowledge of providing services for people with complex needs. Each Core Group member will champion at least one complex need ‘theme’, activity, partnership link, service user priority, or service redesign area. Learning from the project and our overall evaluation (see 10.00) will also be central to developing a stronger evidence-base regarding what works in complex needs support. See Table 2.

Robust linkages to other programmes and initiatives – including private sector partnerships – will be important not just to delivering the project but to achieving longer-term system change and we have already begun to build up these relationships. For example, we are: (i) discussing cross-referral and information-sharing with the Birmingham City Council Troubled Families Team; and (ii) working actively to link the project with DoH Sandwell, Birmingham & Solihull (the Homeless Patient Pathway Plan), the Birmingham Healthy Villages initiative, and the Royal British Legion (Pathway for Growth programme) amongst others.

Our private sector linkages include: (i) the Birmingham & Solihull Talent Match project, led by BVSC, which is considering establishing a separate ‘employment agency’-type structure to increase opportunities for young people and may extend its employment services to this project, beginning with young people that meet the Talent Match criteria (18-24s); (ii) strong existing relationships with Birmingham Chamber of Commerce and key corporate social responsibility organisations such as Business in the Community and the Prince’s Trust, all of which are involved in Talent Match; (iii) local prisons around the new resettlement prisons agenda – HMP Birmingham (a private sector prison) is already actively involved in working with BVSC and community partners and has already expressed a strong interest in developing these well established links further; and (iv) promoting the project to the Greater Birmingham & Solihull Local Enterprise Partnership, where there is already an established third sector presence.

### 1.6 ‘Beyond the usual’ Service-User Involvement
Experts by experience have been key contributors to this project right from its inception, informing, testing and challenging the original vision and helping to develop the business plan. They have already undertaken an Appreciative Enquiry to examine best practice methods in service-user engagement and involvement and are keen that we establish a ‘learning partnership’ with Bristol, following an extremely successful ‘exchange visit’ between Birmingham and Bristol experts by experience.

Service user engagement and involvement at all levels of decision-making are designed into the project from top to bottom. Our flagship user empowerment programme Every Step of the Way will train, support and facilitate service users to become experts by experience, volunteers, and peer mentors, involved at all levels of the project. We anticipate that around 120 service-users a year (150 unique participants across the life of the Programme) will be supported and empowered to take some meaningful role in the project, whether voluntary or paid, whether in its governance or as peer-to-peer advocates and communicators supporting outreach to others with complex needs, especially those who are disengaged from services or at risk. See 8.0. Experts by experience have welcomed the fact that around a fifth of project spend is devoted to service-user engagement and empowerment.

People with complex needs, service users and the wider ‘recovery community’ are also central to our plans for improved outreach and ‘inreach’ (ensuring that services reach people ‘where they are’), our Peer Mentor and peer support provision, and to promoting the success stories of individuals who have changed their lives. People with complex needs will be at the heart of changing the attitudes of the public, policy-makers and employers towards this group and we consider this a crucial element in effecting long-term change.

1.7 Sustainability & Mainstreaming

The whole thrust of Fulfilling Lives: Complex Needs is predicated on mainstreaming successful new approaches and on effecting system-change. Our partnership was developed with this in mind. The unstinting support our statutory partners have given and continue to give to the development of the project is testament to their preparedness to learn from the project and be part of system-change and mainstreaming.

We also plan to include a flexible ‘systems change budget’ from Year 2 of the project specifically to fund activities aimed at promoting, negotiating and encouraging system change. We have designed this element of the project spend as a flexible budget because at this point we do not know whether this will best be used to fund a specific post or a commissioned programme of systems change work from an appropriate specialist in the discipline.

Additional Funding

However, BVSC and the Core Group have a wide range of experience in attracting external funding to good practice and where possible we intend to attract additional funding to the project – in particular as part of the specific workstream exit strategies.
Our PEST (Political, Economic, Social and Technological) analysis at Appendix 16 has indicated that there maybe unprecedented levels of ‘churn, including two general elections,’ over the next 8 years it is difficult to predict what funding streams may be available. However, this could include Social Impact Bonds (SIBs) which enables commissioners to attract private investors to fund early and preventative action on complex and expensive social problems. In addition, European funding could be explored to ensure any good practice developed could be shared with EU partners.
Every Step of the Way – supports and enables 120 experts by experience per year (150 unique participants across the programme), as participants at all levels of decision-making.

Virtual Professional Hub – supports Project, staff and service users.

IN ADDITION TO CORE COMPLEX NEEDS SERVICES CLIENTS CAN ACCESS...

**Every Step of the Way**
- Service user involvement, engagement and enablement
  - Service design and delivery;
  - Decision-making
  - Employment and Volunteering
  - Selection of Delivery Partners and staff;
  - Community Researchers; mystery shoppers;

**Experts by Experience**
- Be trained & supported as an expert by experience

**Beyond the Basics**
- Develop positive peer networks & relationships
- Access positive & stimulating leisure opportunities
- Improve access to training, volunteering, employment & business development opportunities

INFLUENCING & NEGOTIATING SYSTEM-CHANGE • Evaluation data • project communication and promoting success • service change ‘negotiators’ in each ‘No Wrong Door Network’ partner agency • experts by experience as ‘communication workers’ • learning partnership with Bristol
2.0 ORGANISATION AND PARTNERSHIP SUMMARY

**BVSC, the lead organisation of the Birmingham Fulfilling Lives: Complex Needs Partnership, is a charity with almost 100 years of service in Birmingham. The Core Group includes specialists in homelessness, ex-offenders, young people, mental health, drug, alcohol and substance misuse, women, and reducing crime. It combines voluntary sector organisations and key statutory bodies to ensure the wider linkages that are essential to achieving longer-term system-change.**

2.1 Aims, Objectives & Legal Status of the Lead Body

The lead organisation for the Birmingham Fulfilling Lives: Complex Needs Partnership is Birmingham Voluntary Service Council (BVSC), a Company Limited by Guarantee and a registered charity. Founded almost 100 years ago BVSC is the key voluntary sector support organisation in Birmingham and one of the largest Councils for Voluntary Service in the UK.

BVSC supports, represents and advocates on behalf of Birmingham’s third sector, ensuring that it is involved in and can contribute to the city’s key decision-making structures and partnerships. BVSC currently leads the Birmingham Transforming Local Infrastructure Partnership, the Birmingham Talent Match Partnership, the Birmingham Third Sector Assembly and previously set-up Health Watch Birmingham.

BVSC has also delivered community empowerment projects, such as Birmingham Community Empowerment Network (B:CEN) and Birmingham LINk (the local involvement network), ² and has developed significant thematic networks for the third sector, such as VCS Matters for the children, young people and families sector. It has also managed major regeneration projects, such as Kings Norton New Deal for Communities (2000-2003) – at that time the first charity-led NDC programme in the UK – and Single Regeneration Budget programmes. BVSC has for many years now worked in the context of developing and supporting partnership and collaboration between third sector and public sector service providers and consequently is widely respected and recognised by commissioners.

BVSC’s Volunteer Centre provides strategic support for volunteering and voluntary action, along with thousands of individual volunteering opportunities every year. BVSC is also the primary source of third sector data and sector intelligence in Birmingham, including the single most comprehensive third sector database.

In a range of partnership programmes the third sector has consistently chosen BVSC as lead organisation or managing agent and BVSC brings this trust, experience and expertise to its role in this project. Through its resources, infrastructure, networks and organisational systems, BVSC brings significant value and additional capacity to the project, a contribution which will be a key factor in ensuring successful delivery.

2.2 Roles, Responsibilities & Experience of the Core Partnership

The Core Partnership is made up of key frontline providers in complex needs services and includes specialists in homelessness, ex-offenders, young people, mental health, drug, alcohol and substance misuse, women, and reducing crime. It brings together stable, well-established voluntary sector experts in their fields, along with key statutory services and partnerships that will ensure the wider linkages which are essential to the longer-term system change objectives of this project.

Core partners were selected for their willingness and ability to lead and champion change in specific areas, their experience of working in Partnership and their range of knowledge in providing services for people with complex needs. Each Core Partnership member will champion at least one complex need ‘theme’, activity, partnership link, service user priority, or service redesign area. Table 2 shows all core partners and indicates their specialisms as well as the ‘themes’ they will be leading on within the project.

Table 2: Core Partnership: Roles, Responsibilities & Experience

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<thead>
<tr>
<th>Organisation name</th>
<th>Relevant experience</th>
<th>Role and responsibilities</th>
<th>Partnership Lead Representatives</th>
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<tr>
<td>Experts by experience – over 120 per year (150 unique participants the Programme) and 12 Involvement Champions will have regular access to the Core Group</td>
<td>Experts by experience will be supported with training and enabling techniques to ensure that their involvement is not tokenistic and is part of lasting change. They will help bring an ‘on the streets’ perspective and commitment which help the Project remain focussed and practical. There will be at lest 12 Involvement Champions to encourage others to be involved.</td>
<td>Experts by experience will be involved throughout the project as volunteers and as paid staff but especially in contributing to: - Widening involvement - Recruiting delivery partners and staff - Training staff; - Influencing decision-making - Communicating key messages; - Research - Leading the ‘Beyond the Basics’ Workstream</td>
<td>Each expert by experience will have had experience of least two of the four complex needs</td>
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<tr>
<td>Freshwinds</td>
<td>Freshwinds has been offering care and support without charge to adults and children living with life limiting illnesses, as well as individuals from socially excluded backgrounds since 1992. Its BROhSIS service supports people with complex needs from the African Caribbean Community in particular.</td>
<td>Better Signposting and access to services (SU key issue); Feeling safe (key service user issue); Black and minority ethnic communities Active citizenship</td>
<td>Mohammed Al-Rahim was born in London of Anglo-Turkish-Egyptian-Nubian extraction, and in 1992 founded and is now Chief Executive of Freshwinds. He has also been a board member of BVSC for the last 5 years.</td>
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<tr>
<td>Organisation name</td>
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| **Midland Heart: Housing Care and More** | 32000 homes & supported housing for people with complex needs. Led Common Assessment/Data Sharing Task Group in bid development. | • Telling Your Story Once/iCAT  
• Supported Housing/hostels;  
• personalised services (service user key issue)  
• partnership link to Birmingham Social Housing Partnership | Neil Tryner has been Head of Business Development since 2008 and has extensive experience of integrating health, housing and social services. He was formerly a Birmingham City Council commissioner for Supporting People services. |
| **Birmingham MIND** | Campaigns to improve services, raise awareness, promote understanding of mental health issues and provides advice and support services | • Mental Health and well being;  
• No Wrong Door Network  
• Provision of services ‘beyond the basics’ (service user key issue) | Helen Wadley has worked for Birmingham Mind since 1995 and has been Chief Executive since 2005. Prior to this Helen worked with people with learning disabilities and mental health issues. She is also a trainer and a volunteer in her spare time. |
| **Shelter** | Campaigns against homelessness, provides advice, advocacy, housing support & family intervention. Led Future Resources Task Group. | • Homelessness;  
• National perspective;  
• No Wrong Door Network (service user key issue) | Kieron Mullens and Belinda Hoste are Service Managers of Shelter’s Advice and Support Services in Birmingham and have considerable experience in developing and growing services and partnerships, including other Shelter services in the SW and East of England and Big Lottery Fund initiatives. |
| **SIFA Fireside** | Local charity working with people 18+ to tackle homelessness and alcohol misuse | • Alcohol misuse;  
• Health and Well-being Board ;  
• ‘Every Step of the Way’  
• Active listening/training;  
• Cultural/social activities (service user key issue) | Cath Gilliver has been Chief Executive Officer EO of SIFA Fireside since 2007. Before joining the voluntary sector she worked in NHS Mental Health Services & Commissioning. |
| **St Basils** | Local charity working with over 4,500 16-25 year olds across the West Midlands per year to prevent youth homelessness by providing a range of services and supported accommodation | • Young Adults Transition;  
• iCAT;  
• Not having to "tell story more than once" (service user key issue) | Jean Templeton has been Chief Executive of St Basils since the year 2000. Jean chairs the regional homelessness forum and is Third sector Assembly champion for housing and regeneration. And has |
<table>
<thead>
<tr>
<th>Organisation name</th>
<th>Relevant experience</th>
<th>Role and responsibilities</th>
<th>Partnership Lead Representatives</th>
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| Turning Point/Birmingham Drugline         | National voluntary sector org for people with drug/alcohol problems, MH issues, learning disabilities, employment support needs.                                                                                      | • Substance Misuse/Addiction  
• E-Learning;  
• Disability;  
• Mental Health;  
• Every Step of the Way (service user key issue). | Sophie Painter has worked for Turning Point since 1999. She is Manager of two substance misuse services providing treatment and recovery interventions to drug and alcohol users with complex needs including homelessness, offending and mental health issues. |
| BVSC                                      | Lead organisation; operates Centre for Voluntary Action, convenes the Third Sector Assembly and facilitates third sector partnerships/initiatives                         | • Lead Organisation;  
• third sector engagement;  
• user-led quality framework;  
• user involvement; evaluation;  
• Sharing learning  
• System change ;  
• Communication | Brian Carr has been the Chief Executive of BVSC Since 2005 and has extensive experience of leading successful, large-scale partnership programmes, a number of which have been resourced by the BIG Lottery Fund. |
| Birmingham and Solihull Mental Health NHS Foundation Trust | Provides specialist Mental Health services across Birmingham & Solihull. including community, outreach, addictions, homeless, rehab, forensic, primary care, prisons. | • Mental Health and Wellbeing ;  
• Lead Workers | Fiona McGruer, has been Associate Director of Operations, since May 2013, has been directly accountable for service delivery relating to Solihull and Youth mental health services. She is a clinician and previously worked in personality disorder services. |
| Birmingham City Council                  | Provides and commissions a range of complex needs services such as housing, care, supporting people; drug & alcohol team & public health.                                                                                       | LINK TO BCC SERVICES inc:  
• Troubled Families;  
• Supporting People & Care;  
• Public Health;  
• Drug & Alcohol Action Team etc.  
• Reducing Gang Violence. | John Hardy has worked for Birmingham City Council for over 30 years and is now a Commissioning Manager. He brings experience in providing housing services and policies for vulnerable people and is Vice Chair of the Birmingham Reducing Gang Violence Tactical Group. |
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<tr>
<th>Organisation name</th>
<th>Relevant experience</th>
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| **Clinical Commissioning Groups** – Birmingham South Central CCG                  | Birmingham South Central Clinical Commissioning Group is appointed by the Government to design and buy local health services for approximately 250,000 people in the south and centre of Birmingham.                                      | • Health and Wellbeing  
• Confidentiality (service user key issue); This is a particular issue for women facing Domestic Violence  
• Women;  
• Disability;  
| Jenni Northcote is Partnership Lead for Birmingham South Central CCG and is passionate about patient voice shaping the services they commission. |
| **Staffordshire and West Midlands Probation Trust (Birmingham office)**            | Responsible for assessment & supervision of offenders; reducing re-offending; enforcement, community punishment & rehabilitation.                                                                                     | • Reducing reoffending  
• Links with other offender rehabilitation programmes and the Criminal Justice system                                                                                                                                     | Adrian McNulty has been Head of Birmingham in the Staffordshire and West Midlands Community Rehabilitation Company from 1st April 2014. He has been a Senior manager with Probation in the West Midlands since 2004. A qualified Probation Officer he has worked in Criminal Justice across the West Midlands since 1991. |
| **West Midlands Police Service**                                                 | 2nd largest police force; responsible for preventing/policing crime and maintaining public safety; key partner in Community Safety Partnership  
| Garry Forsyth joined as a police constable in 1994 and is now Assistant Chief Constable with responsibility for Birmingham local policing units and the crime portfolio, which incorporates Force Intelligence and Force CID. His service includes working with the assistant commissioner for territorial policing at the Metropolitan Police Service. | • Crime reduction;  
• Offenders;  
• Partnership link to Community Safety Partnership                                                                                                                                            |
2.3 Core Group Working Arrangements

A Partnership Agreement has been developed. See Appendix 1. The Core Group will meet regularly as a ‘project board’ to support and guide BVSC in its role as lead organisation. It will also have a key role in ‘safeguarding’ the Vision and Strategy of the project.

The Partnership Agreement sets out the working arrangements of the partnership including formal, legal and financial agreements, how these will ensure clear lines of authority and responsibility, and how any perceived conflicts of interest will be managed.

We recognise that Partnership working does not just happen by bringing the same people occasionally into the same room. During the both the Vision and Strategy and the Business Planning phases we have:

- Developed a ‘bottom up’ approach, which enabled a consensus to develop;
- Encouraged partners to work in small groups to develop greater understanding of shared concerns;
- Developed relationship building techniques to ensure that everyone in the room feels of equal value, facilitated away days and ice breakers, and used case studies as a means of promoting discussion and testing ideas;
- Tried to ensure that along the way it has also been fun.

We will continue to include consensus-building techniques in the Business Planning phase, including sharing learning and training, shadowing, joint visits and informal as well as formal meetings.

We also recognise the challenges involved in partnership working and the strains this can put on the capacity of smaller organisations and for this reason we propose making a small annual payment to Core Group members in recognition of their time commitment. This will be dependent on levels of involvement. Core Group Membership will also be reviewed annually to ensure its continuing relevance and strengths.

Commissioning Arrangements

For each activity that needs to be commissioned from a third party (whether a partnership member or non-member), detailed specifications will be produced. Commissioning protocols developed by BVSC and tried and tested in a wide range of programmes and contexts will be used and will meet the Terms and Conditions set by the Big Lottery Fund.

Commissioning will be transparent, based on ability to meet specified quality thresholds and capacity requirements, and will adhere to commercial criteria. We will also ensure that Core Group members do not enjoy unfair advantage or influence in the commissioning process and that opportunities are created for the involvement of smaller, specialist and niche providers where appropriate. A clear set of commissioning protocols will sit under the Partnership Agreement and these will ensure that a ‘firewall’ exists between the Board’s
oversight role and the tendering of any Core Group members wishing to bid for specific pieces of work.

A further key requirement of our commissioning will be the involvement of experts by experience in the development of service specifications, in provider selection and in quality assurance and evaluation arrangements.

2.4 Relationships with other Providers beyond the Core Partnership

In addition to the Core Group members (Table 2), a Wider Partnership of 250 individuals from more than 120 organisations exists that wishes to maintain a continuing relationship with the project (see Appendix 2). This wider grouping will be a primary audience for project learning and good practice, will be included in invitations to tender, and will be utilised as ‘critical friends’ of the project. Many of them have service delivery remits beyond Birmingham and will therefore be important in widening the audience for the learning and service change messages of the project.

We will also develop a ‘preferred supplier’ role to enable smaller and niche organisations to be quality assessed so that they are able to take on smaller pieces of work without having to go through a full tendering process. This is particularly important to ensure equality of opportunity and harness the ‘on the ground’ perspective that many smaller organisations have. This will still be a transparent and competitive process.

*Partnership structure chart*

A partnership structure chart for the operation of the Birmingham Fulfilling Lives: Complex Needs Partnership is below.
3.0 PROJECT BACKGROUND

Birmingham has high levels of complex needs, as evidenced in our Vision and Strategy document. It also has a significant concentration of skilled third sector specialists with long experience of delivering to meet these needs, as well as a strong tradition of partnership and collaboration between the third sector and the public sector. We have used this strong and widely-experienced partnership to analyse existing services and service limitations comprehensively; to review local, regional and national literature and good practice guidance; and in involving significant numbers of experts by experience to help develop, critique and ‘reality-check’ our bid development right from the outset.
3.1 Introduction

In response to an invitation to submit a bid to the BIG Lottery under its *Fulfilling Lives: Supporting people with complex needs* programme, BVSC – with the support of the sector – initiated a process designed to enable development of a bid which would be informed in every aspect by the involvement and contributions of:

- Third sector service delivery organisations expert in the field of complex needs.
- Service-users and advocacy groups/organisations.
- Statutory partners.

3.2 Work Undertaken to Develop the Project

We adopted a ‘bottom-up’ approach to the development of the Vision and Strategy, the formation of the Partnership and to the development of this business plan.

In its role as lead organisation, BVSC widely publicised the opportunity for local organisations and service users to contribute to the complex needs ‘vision’ for Birmingham (complex needs being defined as those experiencing homelessness, mental illness, re-offending behaviour and addictions). Over 120 organisations signed up to be part of the Wider Partnership and around 70 of these attended the initial briefing and consultation meetings and participated in seven Task & Finish Groups which were set up to develop specific areas of the bid. An interim steering group was established comprising the chairs of the Task and Finish Groups and BVSC which helped to fine-tune and integrate the developing proposals.

The bid development process consisted of four distinct stages:

- **Call for Expressions of Interest** A widely distributed call for Expressions of Interest from third sector organisations and statutory partners wishing to be involved in the Birmingham Complex Needs Partnership.

- **Establishment of thematic Task and Finish Groups** Selection of Task & Finish groups which would undertake information-gathering, consultation, research, service analysis etc as part of furnishing material for the bid and assisting in its development.

- **Structured service-user contributions** Service-user involvement and consultation to gather first-hand user experience, ‘reality-check’ proposals and gain real insight into the lived experience of service use and preferences.

- **Selection of Core Group** Selection of core partnership (those named in the original Vision & Strategy document). This Core Group has met regularly as part of the development of this business plan; service users and experts by experience have been fully involved in some of these meetings.
Selection of the Core Group

The Core Group comprises organisations most able to make a strategic contribution to complex needs service transformation in Birmingham and includes those that have contributed most actively in the Task & Finish Groups that developed this proposal. BVSC invited organisations to become members of the Core group on the basis of their taking responsibility for defined areas of the project (see Table 2). Big Lottery guidance that organisations forming the Core Partnership should be relatively stable with a track record in supporting Complex Needs services was also a significant factor in determining the final selection.

The Core Group also includes representatives of several significant city partnerships (such as the Health & Wellbeing Board and the Community Safety Partnership), as well as specific and supported input from experts by experience (see sections 6.0 and 8.0.)

3.3 Research, Service Analysis & Consultation to Inform the Project Development

Around 50 organisations subsequently joined one or more of seven thematic Task & Finish Groups responsible for information-gathering and research to support development of the bid and subsequently of this Business Plan.

The contributions of the Task & Finish Groups were shared across the wider partnership and tested in discussion and feedback meetings. Experts by experience were involved at all stages and were vital to the ‘reality-check’ process. The existence of the Task & Finish Groups also meant we were able to allocate tasks across the partnership and thus achieve more and cover more ground. For example, they:

- Reviewed, analysed, digested and provided commentary on a wealth of relevant literature – far more than would otherwise have been possible.
- Provided analysis and detailed understanding of the existing complex needs service landscape – its problems, blockages, limitations, linkages and lack of linkages.
- Identified, examined and explained good practice in service delivery and analysed how best this could be replicated in the context of this project.

Extensive scoping and research for the project has also been undertaken by an independent freelance researcher. This has included papers and digests on: best practice and success/failure factors in inter-agency working (including literature review on the subject); outreach and signposting; a review of the Lead Worker role in complex needs and associated services (including literature review); and definitional issues to do with multiple and complex needs. These research papers are available on request but for the sake of brevity are not included in the Appendices of this Business Plan.

In addition, the Core Group has had a number of all day/half day meetings to enable it to look at issues in detail. This has also included team and consensus building techniques to
improve mutual understanding. For example, at a facilitated away day a number of case scenarios were used to test the models under development.

In the later stages of business plan development the Task and Finish Groups were replaced by Workstreams Groups. In these two or three Core Group members (along with others) took responsibility for developing each key Workstream and carrying out any associated consultation. For example, the Lead Worker Workstream gathered the views of 150 people, while the No Wrong Door Network workstream group held meetings with organisations providing services specifically for women.

3.4 Experts by experience Involvement in the Project Development

Right from the outset we acknowledged that involving experts by experience in the design and development of the Birmingham vision was critical and we used key partners, self-help and advocacy groups and service-user activists as a means of sourcing expert user opinion, views and ideas.

From the earliest stages of bid development, then, the partnership began to work out how best experts by experience could be involved at every level of the project, their involvement supported, enabled and facilitated both during this developmental phase and as part of the long-term structure and provision of the project. Consequently, experts by experience are central to our project communications, outreach, and peer support plans. We will also use the project to create volunteering and employment opportunities for experts by experience in specified and supported roles, with clear induction, selection and performance goals. This is expanded on in section 8.0.

In the early stages of bid development we reviewed existing national and local research and consulted and ‘reality checked’ with 88 people with complex needs, using semi-structured conversations and small focus groups. Following this, 60 ‘Indications of Interest’ were received from service users interested in a continuing engagement with the project. We employed an ex-service user to engage people ‘on the street’ and help generate additional service user involvement. Twenty-three people ‘reality checked’ our project proposals in sessions facilitated by service users.

From these interactions and with the help of Swanswell – the drug and alcohol support and advocacy agency contracted by the lead agent to support experts by experience – eight experts by experience came forward and have worked intensively with us. Their involvement and contributions have been central and without them this would be a different and a lesser project.

The key messages we heard from the original 88 experts by experience included:

- Experts by experience need better signposting/information about what is available.
- They want better outreach so that services “come to us on the streets”.
- They want agencies to work together to offer a more seamless service and to share information so that they only have to tell their story once.
Local services are preferred, but not delivered from places that swiftly develop a reputation as ‘problem centres’ and are intimidating or stigmatising to use.

They want better and earlier interventions and support in order to prevent crises, including earlier identification of their complex needs.

They want support to ‘navigate’ services so that support doesn’t unravel at key transition points.

The Reality Check element was important in:

- Steering the partnership away from a ‘one-stop-shop’ solution;
- Increasing the emphasis on information-sharing while respecting confidentiality;
- Better signposting and higher quality service information;
- Emphasising the vital importance of seamless, integrated services and supported transition at critical points;
- And the necessity of people with complex needs defining and ‘owning’ their own vision of ‘fulfilled lives’.

See Appendix 3 for a short summary of service user consultation findings. A full report is also available.  

**Experts by experience in the business planning process**

Experts by experience involved in the Vision and Strategy phase were invited to a meeting to begin to plan how the vision could become a reality. Organisations involved in the ‘structured conversation’ approach were asked to invite others – especially good listeners.

We gradually identified a first cohort of experts by experience that actively wanted to be involved in the project – individuals who could utilise the insights that derive from their particular life- and service-experiences to help identify service failures and blockages and how to overcome these.

This group has become the foundation (but not the limit) of our ‘experts by experience’, a concept now well-tested in mental health services and elsewhere by Care Quality Commission and others. Working with experts by experience has improved decision-making, grounded the thinking (and actions) of professionals in the real-life experience of complex needs, and made planning and decision-making much easier.

A key proposal at their first meeting was that in order to get a wider group of people with complex needs involved an ‘Involvement Champion’ role should be developed on the premise that:

- People were more likely to get involved if invited by people with first-hand experience of complex needs.

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There should be different ways and a range of opportunities whereby people could get involved. (We first represented this as a ‘ladder of participation’ but later adopted a ‘wheel of participation’ model (Appendix 4) to emphasise that the partnership believes that all participation should be recognised as being of equal value.

It was recognised that at least some experts by experience would need support in order for full, meaningful involvement and we therefore invited tenders from appropriately-skilled agencies to provide support to experts by experience during this Business Planning phase. Experts by experience were involved in the selection process and Swanswell was chosen as the provider. This support will continue throughout the lifetime of the project and will also include advocacy to ensure that the individual needs of experts by experience are met and that user involvement is genuinely meaningful and empowering.

So far our experts by experience have been influential in the following ways:

- Proposed and developed a role description for the Involvement Champion function, which will ensure that involvement of experts by experience grows both in number and scope throughout the programme. This is based on the premise that people are more likely to get involved if invited by people who understand and share their experiences.

- Undertaken an Appreciative Enquiry to examine alternative involvement techniques. The aim of this exercise was to gain a better understanding of what works in involvement and participation beyond the standard ‘representative’ model and which methods have the potential to attract a wider range of participants than just those most interested in attending meetings. This will provide a foundation for future training of Involvement Champions.

- Visited experts by experience in Bristol to gain an alternative perspective.

- Met with the Core Group on three occasions to help shape and develop the Business Plan, with the final meeting being co-chaired by an expert by experience.

Experts by experience have so far particularly influenced:

- The proposal for and development of Involvement Champion Role (see Appendix 5).
- Involvement in the selection of the expert by experience support agency.
- The primacy of the Lead Worker role and its upgrading to be a ‘first step’ in the project.
- The proposal that people with complex needs are better reached and supported by Peer Mentors, resulting in six paid mentor roles being included in the Business Plan.
- The need to have experts by experience guiding, training and supporting Lead Workers.
- The acceptance of the Outcomes Star as a key outcomes measurement tool across the partnership.
- Reduced use of jargon in meetings.
Another example of the immense benefit of having a strong steer from people with complex needs is the early conceptualisation and development of our flagship user empowerment programme, ‘Every Step of the Way’. This will ensure that the expertise of people with complex needs informs decision-making at all levels of the project.

Our arrangements for continuing service user involvement in every aspect of our project delivery are covered in detail in sections 6.0 and 8.0.
Experts by experience have fed back independently about how they felt about being involved – here are some of their comments:

‘Although already a very confident person, confidence grew when gained a better understanding of the project – and mixing with people from outside of the recovery community.’

‘I now feel very comfortable being involved; there was a time when I felt out of my depth but not anymore.’

‘When I think of how far I’ve come, I really feel that I’m part of the project and that it’s fulfilling my life.’

‘I sometimes find it difficult to attend groups that don’t have a mental health focus, but the atmosphere at the fulfilling lives programme has always made me feel accepted and one of the group.’

‘Definitely had an influence over the decisions made at the core group and in the planning meetings.’

‘I have a gut feeling that we were being listened to’

‘Things that were said by the experts by experience were listened to.’

‘The input at the core group was good and I felt listened to when I spoke.’

‘From the first core group meeting, I wouldn’t say that they changed everything because of what we said but it certainly changed the way they looked at some aspects.’

3.5 Timeline of Key Milestones & Decisions in the Bid Development Process

Table 3: Timeline of key milestones and decisions in the bid development process

<table>
<thead>
<tr>
<th>Date</th>
<th>Key Milestone / Decision</th>
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<tbody>
<tr>
<td>7 July 2012</td>
<td>Initial Meeting Hosted by Be Birmingham. Brainstorming of key issues - which are then</td>
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<tr>
<td></td>
<td>analysed to identify seven Task and Finish Group. Leads identified.</td>
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<tr>
<td>10 Oct 2012</td>
<td>Wider Partnership: Briefing but also includes first meeting of all Workstreams</td>
</tr>
<tr>
<td>1 Nov 2012</td>
<td>Meeting to plan service user involvement. ‘Structured Conversations’ format agreed</td>
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<tr>
<td>1-13 Nov 2012</td>
<td>Structured conversation with experts by experience – various locations</td>
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<tr>
<td>14 Nov 2012</td>
<td>Wider Partnership: feedback on findings of Task and Finish Groups and the views of</td>
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<tr>
<td></td>
<td>experts by experience</td>
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<tr>
<td>22 Nov 2012</td>
<td>Task Group Leads – ensuring Workstreams links and prioritising initiatives</td>
</tr>
<tr>
<td>12 Dec 2012</td>
<td>Task Group Leads – formation of Core Group</td>
</tr>
<tr>
<td>22 Jan 2013</td>
<td>Core Group – Away Day – clarifying</td>
</tr>
<tr>
<td>29 April 2013</td>
<td>Meeting with experts by experience Agree to develop Involvement Champions</td>
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<tr>
<td>2 May 2013</td>
<td>Core Group meeting – Timetable for Business Plan</td>
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<tr>
<td>12 June 2013</td>
<td>Core Group Meeting - Away day – Scenario testing and team building</td>
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<tr>
<td>Date</td>
<td>Key Milestone / Decision</td>
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<tr>
<td>20 June 2013</td>
<td>Wider Partnership: Briefing meeting. Exploration of Psychologically Informed Environments. Participation in Workstreams meetings</td>
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<tr>
<td>21 June 2103</td>
<td>Meeting with organisations delivering services to women with complex needs re Project and Lead Workers</td>
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<tr>
<td>9 July 2013</td>
<td>Experts by experience Meeting Development of Involvement Champion Role</td>
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<tr>
<td>16 July 2013</td>
<td>Experts by experience Meeting Ground rules for meetings Further discussion on Involvement Champion role Agree to do Appreciative Enquiry Plan involvement in Core Group meeting</td>
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<tr>
<td>17 July 2013</td>
<td>Core Group Meeting involving experts by experience Detailed discussion of Workstreams looking at linkages</td>
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<tr>
<td>23 July 2013</td>
<td>Experts by experience meeting Review of Involvement Champion Role and involvement in the Programme Planning Appreciative Enquiry</td>
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<tr>
<td>24 July 2013</td>
<td>Meeting at Disability Resource Centre</td>
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<td>25 July 2013</td>
<td>Meeting with Lesbian, Gay, Bisexual and Transgender Centre Key issues for this group identified</td>
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<tr>
<td>29 July 2013</td>
<td>Meeting with organisations delivering services to women with complex needs re Project and No Wrong Door Network</td>
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<tr>
<td>30 July 2013</td>
<td>Experts by experience Meeting Appreciative Enquiry – who does what</td>
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<tr>
<td>6 August 2013</td>
<td>Experts by experience Meeting Training on Interviewing Techniques Plan involvement in Core Group Meeting</td>
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<tr>
<td>8 August 2013</td>
<td>Core Group Meeting Further developments in Workstreams</td>
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<tr>
<td>13 August 2013</td>
<td>Experts by experience Meeting Plan visit to Bristol Feedback on Appreciative Enquiry so far</td>
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<tr>
<td>27 August 2013</td>
<td>Experts by experience visit to Bristol to meet experts by experience there Propose Learning Partnership with Bristol</td>
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<tr>
<td>3 Sept 2013</td>
<td>Core Group Meeting including experts by experience Discussion of early draft of Business Plan</td>
</tr>
<tr>
<td>10 Sept 2103</td>
<td>Experts by experience meeting Review of Draft Business Plan Review of Involvement Champion Role</td>
</tr>
<tr>
<td>17 Sept 2013</td>
<td>Experts by experience Meeting – Review of experts by experience support contract Learning From Appreciative Enquiry</td>
</tr>
<tr>
<td>24 Sept 2013</td>
<td>Experts by experience Meeting – celebration and thank you</td>
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</tbody>
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4.0 PROJECT NEED

There is a high level of complex needs in Birmingham. 1,300\(^4\) people at any one time are likely to need specialist support. Within this group around 100\(^5\) at any one time have the most entrenched needs. These clients are known to our frontline partners and will be our initial priority. The guiding principle of this project is enabling service users to achieve their own aspirations for a ‘fulfilled life,’ and maximising the control and ‘ownership’ they have over the changes they need to make. We will do this by putting service users at the heart of service design/redesign and involving them at all levels of decision-making in this project. This is a process that has already begun.

4.1 The Needs of the People this Project will Target

It is estimated that there are 60,000 adults at any one time facing multiple and complex needs in England.\(^6\) They are more likely to experience homelessness, end up in the criminal justice system, to have poor mental health and to require emergency medical care. The complex needs they have, such as drug or alcohol abuse and mental health issues, are often made worse by living on the streets.

Extrapolating from this national data suggests that there is a population of people with complex needs totalling about 1,300 at any one time in Birmingham. We have had to extrapolate from the national research because detailed local data does not exist. We commissioned a mapping exercise of available complex needs data and this revealed that:

- Some organisations have partial data based on their own area of service specialism (e.g. alcohol or mental health) but historically no single organisation has ever had responsibility for attempting to collect data on those experiencing all four complex needs.

- There are also logistical and definitional issues involved: hitherto, organisations have not necessarily used compatible definitions; nor have they chosen to share or pool data (this has also sometimes been obstructed by confidentiality issues).

- Local agencies have never been able to make the investment necessary for such research and this project will make an important contribution to strengthening the local evidence-base.

These inherent problems in collating information regarding individuals who experience all four complex needs has convinced us that devoting time at the beginning of the project to a specific baselining exercise on the complex needs population would not be a useful exercise.

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\(^4\) Base on an aggregation of the national figure developed by MEAM. However, we believe Birmingham may attract a higher than average proportion of people with complex needs.

\(^5\) This is based on a guestimate of the Core Group, based on the level of clients they see on a regular basis.

In any case, we feel it is also likely that use of the Intelligent Common Assessment Tool (iCAT) as the project progresses will help establish a baseline position.

In addition, the wider literature also suggests successful interventions for those with complex needs require the “personal identification” of individual clients and that population-wide data is of only limited usefulness in this. Our partnership of frontline agencies is already able to identify at least 100 clients who experience all four complex needs and whose needs are most entrenched. About half of these clients are in hostels and about half are on the streets. These individuals will be some of our earliest beneficiaries. By employing experts by experience as Peer Mentors to work in conjunction with Lead Workers, our ‘model B’ of the Lead Worker role will also test out whether it is possible to identify a population of people with entrenched needs that is more comprehensive than that already known to our partners (see 6.2(b)).

4.1.1 Diversity and the needs of excluded and minority groups

Birmingham is a super-diverse city. 22% of its population was born overseas and 42% of the population – and rising – come from a BME or mixed heritage background. And of course, the profile of Birmingham’s ‘minorities’ is also changing.

The ethnic make-up of Birmingham is as follows: the largest ethnic group in Birmingham was White British with 570,217 (53.1%). This is down from 2001 (65.6%) and lower than the average in England (79.8%). Other large groups include Pakistani (144,627, 13.5%) and Indian (64,621, 6.0%) which have grown since 2001, while people defining themselves as Black Caribbean (47,641, 4.4%) have declined.

While White British, Pakistani and Bangladeshi remain the largest ethnic groups, growing minority groups also include those from Eastern Europe and the Baltic States, Black African, African/Arab, and Afghan. While all of these groups (and others too) may be subject to discrimination and racism, it is no longer necessarily ‘colour racism’: discrimination and ‘racisms’ are not static or unchanging. There is however very little available information regarding the differential needs and experiences of complex needs clients from excluded minority groups and those who may experience additional discrimination – because of their ethnicity, sexuality, gender or cultural background.

An assumption we need to test is that the proportion of equalities groups experiencing other forms of disadvantage is replicated amongst the cohort of people experiencing multiple and complex needs.

We have carried out an Equalities Assessment (Appendix 6) and this has identified how ‘protected characteristics’ can further reduce access to services and the impact of these services. ‘Trusted points of contact’ can be key to reaching these multiply excluded clients.

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9 Duncan & Corner, ibid.
This should not suggest, however, that we pursue an ‘ethnicised’ service delivery model (for example, with ‘black’ workers supporting ‘black’ clients, Polish workers supporting Polish clients). ‘Personalised’ services demand considerably more subtlety than this and mean getting it right for all service users, not just for certain groups.

We will, however, ensure that wherever necessary community language needs and/or interpretation needs are met and have budgeted for this. We also have in our Core Partnership a multiplicity of frontline agencies already highly skilled in meeting the needs of clients for whom ethnicity, faith, culture, gender, sexual orientation or other characteristics are significant considerations.

We also know from our consultations with service users that services need to be delivered in a Psychologically Informed Environment, and that they also need to be culturally-and-gender-sensitive. But the precise impact or differential outcomes for people with complex needs who belong to particular groups/communities is largely unexplored.

We want to learn about the impact of different configurations of needs on individuals when trying to access or stay engaged with services. For example, how women with complex needs – whatever their ethnic or cultural background – can secure services that are appropriate to their needs. Likewise, people with complex needs within new migrant communities may have different language and/or cultural barriers to overcome. Our delivery models will test out these factors and we have also included a specific emphasis on diversity-related issues in our monitoring and evaluation framework (see 9.0).

4.1.2 Services that are planned in conjunction with people who have complex needs

Duncan and Corner\(^{10}\) also emphasise that the most successful services are those that are planned in conjunction with service users and we are already significantly advanced in this process. What you read in this business plan already reflects the aspirations of service users – and we know this because they have told us what is important to them and what constitutes their own vision of a ‘fulfilled life’. Here are some of the key things experts by experience have said to us:

‘I want to feel happier and more confident at a constant level, not so up and down all of the time.’

‘Emotional stability, things not to keep changing all of the time.’

‘Just want to be Mr Average Joe Bloggs, have my own place, work 9-5, pay bills and be comfortable with things being consistent.’

‘I want as much control of my life as possible which at the moment I do not have.’

‘Living in the area I want to be in, in employment, my own rented place with a family. To have a good social network of friends and able to afford hobbies and interests’.

\(^{10}\) LankellyChase Foundation, ibid.
'Fulfilling lives means doing what you like, feeling good about yourself and being more positive. Also, not harming others (mentally or physically).’

‘Fulfilling lives means moving on, next chapter in life. Fulfilling doesn’t mean happy, it means ‘getting on with it’. Maybe you get happy in the future and relationships can make you happy. To become ‘normal’, settle down and get a job and a flat.’

‘Fulfilling lives means being happy, confident, enough money to live on, be working towards being healthy.’

‘A job, money, detox, ongoing help from people. Not just in hospital. Training and family help. Without drugs and to see my daughter.’

‘Clean and happy with my family. Working maybe, just happy away from the shit.’

‘Having stability, kids with me, a job, alcohol free, learn to prioritise issues. Learn to deal with emotions, from proper counsellors. I wake up every day anxious and have done since treatment. A nice girlfriend, to find self and sort out problems. To be a proper father.’

‘Like to be settled in a flat, that would improve my life, this would improve my health too. In the future I just want to be happy in my surroundings. I would be able to cope and to have a sense of independence and stand on my own two feet. I still need a mental health service and I will still be using it, but not as much.'

The aim of this project, then, is to enable service users to achieve their aspirations and make their own vision of a ‘fulfilling life’ a reality. Every aspect of the service transformation we propose in this project – the greatest service integration possible, earlier diagnosis and intervention, the genuine involvement of service users at all levels of the project, and Lead Workers to focus on those who are most marginalised and excluded and whose needs are the most complex – is focused on this and the extent to which we make this possible is how we will measure ourselves and the success we achieve.

4.1.3 Experts by experience as ‘communicators’

We have also learnt from our discussions with service users and experts by experience that they are both able and eager to undertake specific communication and outreach roles as part of the project and we plan to incorporate experts by experience in key face-to-face communication roles as a means of reaching those who are disengaged from services or only using them sporadically.

As one service user, an early member of our experts by experience group, said at a recent partnership meeting:

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11 Welcomed and Valued, ibid.
“We know who needs help and we know where they go. We can reach them. We can show them what we’ve achieved and what they can achieve. I’m not getting involved in this for myself. I’m getting involved because of all the others I know who so far haven’t been so fortunate.”

4.2 Research and Consultation that has informed the Project

As well as an extensive literature review, the project development has been heavily indebted to our partners, project supporters and experts by experience. In numerous meetings we have been able to probe specific service issues and limitations and consider how best these can be overcome. As well as focusing on what works we have also considered evidence regarding what doesn’t work. For example, we avoided a single access-point model because of the Bristol Hub Advice Centre experience.

We also recognised and drew on the growing body of good practice associated with delivering services in a Psychologically Informed Environment (PIE). This is essential because recent research indicates that amongst those with complex needs personality disorders are up to six times more likely than in the rest of the population, and mental health disorders, histories of neglect, abuse and traumatic life events are also all over-represented. Services which have Psychologically Informed Environments have reflective and dynamic ‘team’ approaches, training to develop psychologically minded staff, supervision by clinically trained psychotherapists, innovative client co-production, client access to formal psychotherapy and personalisation.

This research is borne out by the experience of the frontline delivery agencies in our partnership as well as by our service user consultation. Services should also be culturally- and gender-sensitive (our consultation revealed significant differences in service preferences between men/women and some ethnic groups).

And, of course, the shaping of the project has been profoundly informed by what experts by experience have told us. In the course of developing the bid we held ‘structured conversations’ with 88 individuals with complex needs and employed two service users (one paid, one voluntary) to assist with this especially in reaching those with entrenched needs and disengaged from services.

The key messages we heard from experts by experience have already been outlined in section 3.4 and a full report detailing consultation outcomes with service users is available. See Appendix 3 for a short summary of this report.

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12 For example, Birmingham & Solihull Mental Health NHS Foundation Trust has encouraged and piloted PIE approaches with a number of local agencies.
4.3 Research & Evidence from Elsewhere

In addition to the reports, working papers and discussion documents produced by our own partners – of which there were over 30 – we also ‘triangulated’ our own findings with a wide literature and good practice review and this confirmed the following:

- Better signposting and information about what is available is needed and this also needs to reach those who are disengaged from services (whether by choice or circumstances).
- Service users want better outreach so that services “come to us on the streets” and “inreach” so that services also reach them “where they are” (e.g. in prison).
- Service users want agencies to work together to offer a more seamless service and to share information so that they only have to tell their story once.
- Transition between services/providers – especially at recognised “trigger points” where crises are predictable (e.g. young adults leaving care or losing the family home, people leaving prison, during or following mental health episodes, following traumatic family events or relationship breakdown etc) – must be better and more “guided”.
- Local services are preferred, but not delivered from places that may swiftly develop a reputation as ‘problem centres’ and become intimidating or stigmatising to use.
- Service users want better and earlier interventions and support in order to prevent crises, including earlier diagnosis/identification of complex needs – and this identification should trigger a co-ordinated “whole service” response.
- Service users want support to ‘navigate’ services so that support doesn’t unravel at key transition points.
- Services should be delivered in a Psychologically Informed Environment, because amongst those with complex needs personality disorders are up to six times more likely than in the rest of the population, and mental health disorders, histories of neglect, abuse and traumatic life events are all over-represented.
- Services should be culturally- and gender-sensitive, because our service user consultation demonstrated that this is a significant consideration in encouraging and promoting service usage.
- Services should not be delivered from a single access point because such arrangements are prone to create ‘problem centres’ which are off-putting for some users and can be viewed negatively within the local community.

This Business Plan has also benefited from a significant consultation undertaken by Oxford Brookes undertaken by Oxford Brookes on behalf of Birmingham Public Health. The

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15 Birmingham Public Health: Consultation: Initial summary of the main results; Oxford Brookes University April 2013
consultation has strongly reinforced out own consultation findings. As well as the need to improve prevention services it identified that:

- Most people, whether workers, volunteers or service users felt that the system in Birmingham was too complex, hard to understand and as a result more difficult to access than it needed to be. They felt that a smaller number of agencies more effectively co-located within the community would be better.

- It was mentioned many times that Birmingham services needed to be marketed much more heavily with better and wider publicity and a common approach across agencies targeting demographic groups most in need and the whole population.

- A number of people with experience of living in large hostels said that they received little information about service while they were there and few had experienced efforts to encourage them to seek help.

- Service users and former service users involved in volunteering felt that they could play a much fuller part in the attracting of people to service and in supporting individuals from the beginning.

- There is a need for a more co-ordinated approach to outreach. If the treatment system is to be streamlined and more ‘co-located’ the design needs to incorporate a place for outreach work.

- There was real concern around the system about the waste and disincentive to clients in a failure to follow common assessment processes, so that difficult issues for clients were raised again and again in separate assessments. There was a general view that this needed to be streamlined and designed out of the new system to maintain strong engagement.

- In both the engagement and treatment domains there was a general consensus on the importance of clients having fewer doors to knock on, with services more co-located into hubs, relatively locally on 3 or 4 sites. An integral part of this idea was the notion that external services – probation, employment, social services etc could have a base or contact point in these hubs as well. There was a good deal of discussion about the need to achieve reasonably local access.

- The need for streamlining and a more intelligible pattern of service. There were inevitably different ideas about the priorities, which should be adopted within the treatment system. Most people stressed that the large number of treatment providers in Birmingham did not so much offer choice as confusion, and indeed during some focus groups both staff and service users, many of whom had been involved for some time, expressed surprise at hearing information on other services about which they had known nothing previously. This was illustrated in the survey where around one third of participants, that’s service users and alcohol and drugs workers equally, thought the current treatment system was not being delivered effectively.

- There was general consensus that pathways and referral processes needed to be redesigned and wherever possible simplified.
• Many people from all stakeholder perspectives spoke of the ‘unhelpful competition’ between agencies. Some service users felt that they had been ‘held on to’ to keep numbers up and could have been transferred earlier. Some felt that their worker had a limited sense of the available options in any event. Many said that much depended on the qualities of your individual worker, and that there were too many transfers of worker.

• There was a general feeling that ‘navigation’ was difficult and that a more obvious case manager ‘navigator’ role was needed to follow people through. Similarly the large and developing groups of former service users volunteering within agencies felt that they could assist individuals as they went through the treatment system, helping to maintain a sense of continuity.

• There was a general sense among service users and the professionals involved that shared care was working well and should be developed further if possible - may argued strongly that the ‘normalising’ of treatment in this way also enabled it to stay local. People going through shared care, though, did need to be helped to an involvement in the social networks which are developing so strongly in Birmingham through the Recovery movement and the organisations involved in it, including the traditional fellowships.

• There is some Criminal justice concern though about the consequences of not having specific Criminal justice workers within the Hubs, and a feeling that this has made liaison and a shared approach more difficult.

• Some contributors felt that the treatment system overall was very ‘medicalised’ and that it was time to look for a broader based approach with more emphasis on psycho-social approaches, peer support and a generally more holistic approach to people’s lives.

• On other areas of public care the importance of advocacy has been identified as key to the implementation of personalisation. Advocacy, currently provided in Birmingham by DATUS will need to be further developed assuming that choice and personalisation will in due course be implemented in drug and alcohol treatment.

• Prison based staff expressed real concerns about the quality of handover into the community. They felt that a more streamlined service could help, and there was also a clear role for peer support in meeting people on release. They also felt, though that an over arching aim should be the harmonisation of information exchange, and standardised assessment.

• Transition from young people’s services is not seen as particularly effective and could be improved by a newly developed pathway and better shared understanding between young people’s and adult services about transition issues and the needs of younger service users.

• Many service users and former service users expressed a strong view about the vital importance of people having access to constructive activity as part of their new lifestyle, particularly at a time when finding employment may be difficult. It was felt that a coherent approach by the Council to extending volunteer opportunities would be really helpful. While many people wish to volunteer with drug and alcohol services, as indicated above, there are others who wish to work as volunteers outside it.
• Access to support communities and networks is also seen as crucial and many NA and AA members contributed to the consultation. Some made the point that while support for NA and AA is embedded in a number of agencies there are others where staff may be less well informed about the Fellowships, or do not perceive their value.

• There was much discussion about the issue of training and employment and some contacts were made with providers and users of those services. They were generally positively regarded, but it was acknowledged generally that the constraints of the current employment situation and benefit changes were serious pressures which would affect some people’s recovery.

• The establishment of a new joint Commissioning structure seemed, to many people, to be a top priority, and that this would also offer the opportunity to ensure service user representation at all levels.

• The interface at strategic and commissioning level between Public Health and Criminal Justice is seen as a key concern particularly by Criminal justice and DIP managers who feel that dialogue has been more limited in recent times, and that there needs to be a regular agreed forum to address commissioning and planning issues.

A bibliography of the most significant literature we consulted is included in the Appendix 7.

4.4 Addressing Service Gaps

Through extensive research, consultation with experts by experience and service analysis we identified the following shortcomings in services:

• **Silo-working must be broken down** – services must be seamless and integrated.

• **Sometimes help comes too late to prevent crisis** – there must be better and earlier identification and diagnosis of complex needs so that an integrated, holistic service response is triggered sooner.

• **Clients ‘fall out’ of the system** – better tracking and monitoring of progress and outcomes is needed.

• **Information isn’t ‘pooled’ or used intelligently** – information needs to be shared between providers so that service users are not repeatedly required to “tell their story”.

• **Support needs to be improved in order to improve outcomes** – support needs to be more intensive and more ‘guided’.

• **Services need to be improved so that complex ‘navigation’ of the system is no longer necessary** – better signposting and referral pathways and mechanisms are needed.

• **Greater service user involvement is vital** – service users must be at the forefront of service design and system change.

• **This work is challenging and demanding** – partners too will need support and encouragement in this challenging work.
Working forward from this analysis, section 6.1 explains the delivery mechanisms we have identified that will address these gaps or shortcomings and help promote system change and improvement.

4.5 Links with Other Projects

Our partnership includes frontline agencies in which all of the specialisms that are key to effective services for complex needs are represented. But in addition, we have also designed core statutory services into the partnership. This is vital in order to:

- Provide the basis for the joined-up, cross-sector services that are essential to our service integration and service change model.
- Ensure better ‘reach’ by linking with the statutory services where those with complex needs will be heavily represented.
- Lay the foundations for the new referral pathways between services that will be an important feature – and legacy – of this project.
- Enable comprehensive information- and data-sharing.

In addition, the partnership includes statutory agencies to ensure that the necessary linkages with mainstream/statutory provision are ‘designed into’ the project from the outset. Our statutory agency partners include:

- Birmingham City Council (including the Troubled Families Team; Supporting People; new public health responsibilities; Birmingham Drug & Alcohol Team etc).
- Birmingham & Solihull Mental Health NHS Foundation Trust.
- Staffordshire and West Midlands Probation Trust (Birmingham office).
- West Midlands Police Service.
- Clinical Commission Groups – through the representation of Birmingham South Central CCG

We have already begun discussing cross-referral and information-sharing with the Birmingham City Council Troubled Families Team which has already developed an inter-agency data-sharing protocol. We aim to learn from this – particularly because adults with complex need may be yesterday’s or tomorrow’s troubled families. We are also working actively to link the project with:

- Department of Health (DOH) Sandwell, Birmingham & Solihull’s Homeless Patient Pathway Plan. The Homeless Hospital Discharge Fund 2013/14 is a national DoH funding programme of £10m to be bid for by Voluntary Sector organisations working in partnership with the NHS and Local Authorities. Trident Reach has successfully led a bid to the fund to facilitate the development of a wider reaching holistic programme across Birmingham, Sandwell and Solihull. The Fund aims to improve hospital discharge for the homeless after treatment and to secure appropriate facilities for those requiring ongoing medical support after discharge. As a result, reductions in readmission to hospital are
expected to be seen along with improved health outcomes for the homeless. The pathway will be delivered by a multi-agency partnership similar to the London Pathway comprising NHS Hospital Trusts, Third Sector and local authorities. The team involved have experience of working together and direct experience of the LCP, having been part of the original NIHR grant application.

• Talent Match Birmingham – Birmingham & Solihull was a successful bidder to the BIG Lottery’s Talent Match programme to support youth employment and BVSC is the lead organisation for this partnership. Talent Match Birmingham is considering establishing a separate ‘employment agency’-type structure to increase opportunities for young people. We are currently exploring the possibility that the new company extend its employment services to this project, beginning with young people that meet the Talent Match criteria (18-24s).\(^{16}\)

• The Birmingham Healthy Villages initiative – this aims to transform the way health and wellbeing is perceived and delivered, with emphasis on prevention and self-care. Against a background of significant change facing the Birmingham health and care system, a multi-partner project group has been considering how a strategic shift from treating ill health to supporting people to remain well can be designed and supported using a transformative whole system change approach. The approach is informed by learning from two Community Budgets pilots in Birmingham.\(^{17}\)

• Local prisons around the new resettlement prisons agenda – HMP Birmingham has already expressed a strong interest in linking with the project and developing its already well-established links with the local community.

• Probation services – both in view of the high proportion of people with complex needs in the probation system, and because of the opportunities arising from the proposed ‘probation service mutuals’ plans.\(^{18}\) We will do this through the Staffordshire & West Midlands Probation Trust (Birmingham office), which is a member of the Core Partnership.

• Royal British Legion’s Pathway for Growth Programme, which is planning to base its Area Office service personnel centre in Birmingham city centre. This will include providing services to ex-service personnel with complex needs.

• Birmingham City Council’s recommissioning of drug and alcohol advice services and revised service providers will be in place by August 2014. \(^{19}\) There is a commitment

\(^{16}\) In this regard we have also received helpful support and guidance from Job Centre Plus on employment and Benefits issues.


\(^{19}\) £25m-worth of drug and alcohol services are commissioned in Birmingham, with 5,700 people in structured drug treatment and 8,000 harmful and dependent drinkers receiving some sort of psycho-social support. Theses services are provided by 28 organisations across the city. One-third of domestic violence incidents are linked to alcohol abuse (3,600). Consultation with 323 users of these services identified a simplification of service provision and a need to focus on recovery as key priorities.
to reinforce the importance of connecting with the No Wrong Door Network and other aspects of the Birmingham Fulfilling Lives: Complex Needs Partnership in the commissioning specification.

In the future we will also strengthen links with the following projects/initiatives:

- Care navigator initiatives in Birmingham
- Reducing gang and youth violence, including gang and gun crime- and specifically as one of our Core Group Members is Vice Chair of the Birmingham Reducing Gang Violence Tactical Group.
- Birmingham hate crime reduction programme
- Community Safety partnership
- Birmingham Youth Board
- Birmingham City Council Social Cohesion inquiry
- Public health consultation-sexual health
- UHB patient portal pilots patients able to access their own information
- Birmingham Central Care record development
5.0 PROJECT OUTCOMES

Our project has clear, tangible outcomes designed to benefit service users now while also contributing to measurable long-term system-change. We envisage that the predominant activities in Year 8 will be implementing exit strategies and undertaking final evaluations.

Our focus is on supporting people with multiple and complex needs so that they can lead more fulfilling lives. We will do this by achieving the following Outcomes specified in the BIG Lottery guidance:

Table 4: Project Outcomes & Assessing Change

<table>
<thead>
<tr>
<th>Project outcomes</th>
<th>Change indicators</th>
<th>Levels of change</th>
<th>Timescales</th>
</tr>
</thead>
</table>
| (A) People with multiple and complex needs are able to manage their lives better through access to more person-centred and co-ordinated services. | 1) Individuals accessing the programme report and demonstrate:  
- Improved confidence, and self-esteem  
- Improved mental and physical health  
- Improved housing status  
- Reduced substance misuse  
- Reduced risk of reoffending (CFE 17 & 21) | 198 unique service users | Yr 1 |
<p>|                  |                   | 501 unique service users (as lead worker capacity and effectiveness increases and No Wrong Door Network comes on Board) | Yr 2 |
|                  |                   | 1152 unique service users (-- see Table 7: Service User Beneficiaries by Year) | Yrs 3-7 |
|                  | 2)Individuals accessing the programme reduce inappropriate use of emergency and crisis services and report easier and more streamlined access to appropriate psychologically informed services. (CFE6) | 146 unique service users | Yr 1 |
|                  |                   | 576 unique service user (-- see Table 7: Service User Beneficiaries by Year) | Yrs 3-7 |
|                  | 3) No Wrong Door Network agencies adopt a Psychologically informed Environment (PIE) approach to service delivery | 15 agencies trained in PIE | Yr 1-3 |</p>
<table>
<thead>
<tr>
<th>Project outcomes</th>
<th>Change indicators</th>
<th>Levels of change</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(B) Services are more tailored and better connected and will empower users to fully take part in effective service design and delivery.</strong></td>
<td>1) Agencies demonstrate that their services are better coordinated and fully reflect service user input in their design and delivery. (CFE 11 &amp; 12)</td>
<td><strong>15 agencies join No Wrong Door Network and commit to coordinating their service delivery methods and referral mechanisms</strong></td>
<td>Yrs 1-2</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>At least 15 agencies demonstrate improved service delivery methods, referral mechanisms and service user input</strong></td>
<td>Yrs 3-7</td>
</tr>
<tr>
<td></td>
<td>2) Individuals accessing the programme report greater involvement in service design and evaluation of delivery (CFE 25)</td>
<td><strong>120 participants 150 unique participants</strong></td>
<td>Yr 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yrs 1-7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yrs 3-8</td>
</tr>
<tr>
<td></td>
<td>3) Individuals accessing the programme report services are more tailored to their needs and better connected</td>
<td><strong>70% of individuals report improvement in service provision</strong></td>
<td>Years 2-8</td>
</tr>
<tr>
<td><strong>(C) Shared learning and the improved measurement of outcomes for people with</strong></td>
<td>1) The local system of services for people with complex needs is based on a stronger evidence-base and a greater understanding of good practice in complex</td>
<td><strong>15 service delivery agencies report a stronger inter-disciplinary</strong></td>
<td>Years 1-3</td>
</tr>
<tr>
<td>Project outcomes</td>
<td>Change indicators</td>
<td>Levels of change</td>
<td>Timescales</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>multiple and complex needs will demonstrate the impact of service models to key stakeholders.</td>
<td>needs service models (CFE10 plus local)</td>
<td>understanding of and approach to complex needs.</td>
<td>Years 4-8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Additional 5 agencies (including commissioning bodies) report a stronger interdisciplinary approach to complex needs and a greater use of outcomes evidence in future service planning and delivery.</td>
<td></td>
</tr>
<tr>
<td>2) Services for people with complex needs are planned and commissioned as a holistic ‘package’ rather than in silos (CFE24)</td>
<td>20 service delivery agencies report improved and better-connected commissioning practices</td>
<td></td>
<td>by end of Year 8</td>
</tr>
<tr>
<td>3) Robust evidence of effective practice and potential cost savings is communicated widely to key stakeholders (CFE14)</td>
<td>150 service delivery and commissioning agencies attend 5 key “communication and learning events” and report improved understanding of good practice in multiple &amp; complex needs services as a result</td>
<td>Years 2-8</td>
<td></td>
</tr>
</tbody>
</table>
5.1 Measuring and Tracking Project Progress

We have already begun the process of identifying ‘measurables’ that will offer the basis for tracking progress both during the delivery of the project and as part of the local evaluation. Please see 9.2 for further information. Project data will be reviewed at quarterly meetings of the Core Partnership.

5.2 Key Activities

Table 5: Key activities to be delivered during the course of the project

<table>
<thead>
<tr>
<th>Activity</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Infrastructure</td>
<td>Year 1 – set-up, Year 2-8 – Operational Year 8 – Final review and wind down.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Year 1-7 with final evaluation in Year 8</td>
</tr>
<tr>
<td>Every Step of the Way</td>
<td>Year 1 – contracted support commences Year 3-7 further development testing Year 8 – review and exit strategy</td>
</tr>
<tr>
<td>Lead Workers</td>
<td>Year 1 role finalised, recruitment Year 2-5 testing variants, assessment Identifying areas for system change and best practice and formal action plan to build these into other areas/organisations/commissioning Year 6 – review and exit strategy</td>
</tr>
<tr>
<td>No Wrong Door Network</td>
<td>Year 1 development and establishment of network Year 2 – network fully operational Year 3-6 – implementation and testing Year 7 and 8 – exit strategy</td>
</tr>
<tr>
<td>Outreach, Inreach, Signposting</td>
<td>Year 2 – design and development Year 3-4 – implementation Year 5-6 review and redesign Year 7 exit strategy and mainstreaming</td>
</tr>
<tr>
<td>iCAT</td>
<td>Year 1 – commissioning of Research and Development Year 2 – User Acceptance testing and implementation Year 3-7 – iCAT assessment and further development; also increasing sign up to use</td>
</tr>
<tr>
<td>Beyond the Basics</td>
<td>Year 2 – research &amp; development Year 3-5 – implementation, assessment mainstreaming</td>
</tr>
<tr>
<td>Virtual Hub</td>
<td>Year 1-2 – model finalised Year 3-7 – operational, modifications</td>
</tr>
</tbody>
</table>

6.0 PROJECT DELIVERY

By working with key frontline providers, statutory agencies, service users and experts by experience we have identified what needs to change and have structured the project carefully around seven key delivery mechanisms to ensure that the necessary change can be effected.

6.1 What Needs to Change
Key service shortcomings have already been identified at 4.4. In the Table that follows, the left-hand column explains the service shortcoming or gap identified and the right-hand column explains how each project delivery mechanism will help address these.
<table>
<thead>
<tr>
<th>Gap/Shortcoming</th>
<th>Solution</th>
</tr>
</thead>
</table>
| Pathways must be **seamless and integrated**.                                  | • **Combined expertise/services**: The Partnership brings together key third sector frontline agencies and statutory partners committed to working collaboratively, sharing data, and adopting common approaches for assessment and client outcomes monitoring. Includes clear communication streams and governance meeting  
  • **Lead Workers** have key role in co-ordinating services and integrated response for all clients allocated to them.  
  • **Improved referral pathways** between providers within an integrated support framework.  
  • **No Wrong Door Network** ensures seamless service access.  
  • Regular review and identification of gaps, block and best practice in services/ system  

| There must be better and earlier **identification and diagnosis** of complex needs so that an integrated, holistic service response is triggered sooner. | • **iCAT** a standardised and shared Intelligent Common Assessment Tool (iCAT) used by all partners who will be trained and supported in its application.  
  • **No Wrong Door Network** – will help develop an early assessment process  
  • **Lead Workers** - there will be two lead worker models developed being piloted and compared. One will have a lead worker working with a small team of peer mentors/experts by experience who would be working on the streets or with voluntary sector organisations identifying people with complex needs who are ready for this type of support.  

| Better tracking and monitoring of **progress and outcomes** is needed.         | • **iCAT and standardised/shared outcomes monitoring** using ‘outcomes star’ will enable better tracking, monitoring and comparability.  
  • **Emphasis on enabling service users to describe their own progress** in language and ways they normally use.  
  • **Beyond the Basics** will ensure services and support ‘go beyond the basics’ – also emphasise and support positive relationships, networks, skills development, volunteering and employment opportunities.  
  • Project learning and project evaluation will foreground service user involvement – enabling service users to tell the story of their own successes in their own words and methods.  
  • Individual Care Plans (developed and overseen by Lead Workers) will enable much closer tracking and assessment of progress against agreed goals.  
  • Use of standardised/shared outcomes assessment tool (‘outcomes star’) will enable better tracking, monitoring and comparability.  

| Data needs to be **shared** between providers so that service users are not repeatedly required to “tell their story”. | • **Data-sharing protocols** for inter-agency sharing of information that respects client confidentiality and privacy while enabling effective service integration – ‘informed consent’ and information sharing agreement with service users.  
  • Exploring the possibility of enabling service users to ‘showcase’ information they are happy to share (e.g. personal story and care plan) via an online portal.  

| Support needs to be more **intensive and more ‘guided’**.                       | • **Lead Workers, supported by Peer Mentors**, assigned to individual clients. Lead Workers’ primary role will be service co-ordination to ensure that clients receive an integrated, holistic service response, make successful,
<table>
<thead>
<tr>
<th>Gap/Shortcoming</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better signposting and referral pathways and mechanisms are needed.</td>
<td>• Inter-agency referral pathways, higher quality up-to-date service information and better signposting to services.</td>
</tr>
<tr>
<td></td>
<td>• Intensive service user involvement at all levels of the project.</td>
</tr>
<tr>
<td></td>
<td>• Utilisation of service user ‘experts by experience’ and <strong>peer mentors</strong>, signposting services and advocating their usage from the ground up.</td>
</tr>
<tr>
<td></td>
<td>• <strong>Improved outreach and ‘Inreach’</strong> to ensure services (and service information) reaches those who are disengaged from services or excluded/marginalised for other reasons (race, gender, disability, sexual orientation etc) – extensive involvement of service users and experts by experience in systematic and planned outreach with clear goals.</td>
</tr>
<tr>
<td></td>
<td>• <strong>Virtual hub</strong> will include a directory/database of services and an Experts Panel.</td>
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<tr>
<td></td>
<td>• Utilisation of social media, online resources, frontline agencies and key community buildings to promote services.</td>
</tr>
<tr>
<td>Service users must be at the forefront of service design and system change.</td>
<td>• <strong>Every Step of the Way</strong> – flagship user empowerment programme. We will embed a structured, supported and inclusive service user-led approach in all aspects of the programme, ensuring that service users are supported and enabled to participate in all service aspects including Quality Assessment, service monitoring, service commissioning and especially service redesign and advocating for service change.</td>
</tr>
<tr>
<td></td>
<td>• All staff will be trained in supporting and responding to user involvement and we will also utilise the experience and expertise of partners to identify and promote best practice in service user involvement.</td>
</tr>
<tr>
<td>Partners too will need support and encouragement in this challenging work.</td>
<td>• ‘Team Building’ opportunities with the Core Group and the wider Partnership.</td>
</tr>
<tr>
<td></td>
<td>• Payment for involvement in the No Wrong Door Network and involvement with Core Group.</td>
</tr>
</tbody>
</table>
6.2 Key Delivery Mechanisms of the Project

The seven key delivery mechanisms have been chosen specifically to address identified service gaps and shortcomings. These seven delivery mechanisms are set out at (a)-(g) below. For reference, see the delivery model diagram at the beginning of this business plan.

a. Every Step of the Way

The means by which we support, train, enable and empower people with complex needs will be Every Step of the Way, our flagship user involvement and engagement programme. Experts by experience will be involved at all levels and in all aspects of the project, including specialist training to undertake an Involvement Champion role to encourage a wide range of experts by experience to get involved.

To support the Business Planning process we issued an invitation to tender for an appropriately skilled agency to provide support and initial training to experts by experience and provide advice to the Partnership. The specification for this contract was developed in discussion with experts by experience who were also involved in the tender selection process. The commissioned agency – Swanswell – has already helped us to identify and support eight experts by experience who have:

- Proposed and developed the Involvement Champion role – to ensure that involvement of experts by experience grows both in number and scope throughout the programme (see Appendix 5);
- Helped devise a number of icebreakers aimed at breaking down barriers including those between professionals and people with complex needs;
- Undertaken an Appreciative Enquiry to gain a better understanding of what works in user involvement and participation beyond the standard ‘representative’ model;
- Visited experts by experience in Bristol to gain an alternative perspective and identify possibilities for shared practice and learning. Experts by experience and the core partnership have enthusiastically agreed exploring the establishment of a learning and sharing partnership with Bristol;
- Met with the Core Group on three occasions to help shape and develop the Business Plan, with the final meeting being co-chaired by an expert by experience.
- Developed ‘Valuing Involvement’ guidance to ensure that the contribution of experts by experience is valued.

While we want to build on what we have achieved so far in service user empowerment and involvement, as the project progresses we also want to challenge and change models of service user involvement, including avoiding reliance on standard ‘representative’ models, which can be divisive and exclusionary, and ‘boring meetings’.

We believe that involvement needs to be designed by experts by experience themselves and a first cohort of experts by experience has already contributed significantly in helping us to understand how involvement can be more empowering and enjoyable. More innovative approaches will enable a wider group of people to be involved, beyond those who are ‘in
recovery’. We expect that the approaches we develop will be significantly arts-based and as far as possible fun.

Towards the end of Year 1 we also intend to hold an ‘Exploration Day’ for experts by experience, service providers and commissioners to experience and understand these different approaches. This too will be filmed as a project learning resource.

In the first two years we will develop the following specific roles for experts by experience and service users (some voluntary, some employed):

**Paid- (9 paid opportunities)**

- Communication and Involvement Staff x 2: these staff will be employed and supported by an appointed agency and seconded to BVSC. They will be line-managed by the Project Management team. They will develop and co-ordinate the activities outlined in this section and in the Communications Plan (Appendix 14).

- 6 x Peer Mentors to support and work with Lead Workers – see Lead Worker section (6.2(b)).

- Beyond the Basics – Project Co-ordinator x 1 – see Beyond the Basics section (6.2(g)).

**Volunteer roles (over 100 roles for which training and support will be available)**

- 12 Involvement Champions – who will encourage and support others to get involved as well as helping to identify methods and opportunities for championing how service users get involved.

- 12 Contract and Recruitment Panel members – who will help develop contracts/job descriptions and assess tenders/applications.

- 8 Film reporters and editors – for recording meetings, events and ‘7-Up’ stories.

- 12 Participants in training for lead workers and other staff (see 6.2(b)).

- 40 Service influencers – who will participate in opportunities to be part of the development of the No Wrong Door Network, Lead Worker role and the ICAT.

- 12 Community researchers.

In following years we will also develop:

- Communicators – who talk-the-talk and assist with signposting, Inreach and outreach.
- Mystery shoppers.
- Reviewers and evaluators.
For each of these roles we will develop training and support.

In Year 2 our ‘Beyond the Basics’ workstream will commence (see 6.2(g)). Led by experts by experience with support, this will look at what opportunities and arrangements can be developed/offered to people beyond their basic needs (i.e. addiction rehab, housing and mental health support). It will include developing:

- Positive leisure opportunities that develop knowledge and self-confidence;
- Opportunities to develop positive peer networks;
- Training for life and employment skills;
- Supported employment opportunities.

A project co-ordinator will be appointed, trained and supported to take forward this workstream. Volunteer community researchers will also help identify what might be suitable opportunities for development.

We will use the power of contracting to ‘force up’ standards of service user involvement and will expect contractors to have high-quality service user involvement arrangements.

Learning will also be shared between agencies, commissioners and service users using innovative events and activities in which users are fully involved. In early discussions Birmingham City Council, BCC Troubled Families Team, Birmingham & Solihull NHS Mental Health Foundation Trust, West Midlands Police, Probation Service, and the Health and Wellbeing Board have all been receptive to these plans.

b. Lead Workers and Peer Mentors

Our Lead Worker cohort (supported by Peer Mentors) will not be ‘client-ready’ until Year 2 and this may suggest a slow start to the project. Indeed, we have already been asked by our Lottery advisor why this is the case. It is not accidental or unintentional – there are important reasons for this lead-in time:

- It is vital that the Lead Worker role is properly developed before it is implemented. Consultation with service users and especially with our experts by experience group has reinforced this. They too acknowledge that starting from a position of strength is vital to improving services and achieving wider long-term changes in the system.

- The support of Peer Mentors is central to our design of this role and therefore we need time to bring Peer Mentors along with us. Potential Peer Mentors will be identified as part of our wider user empowerment efforts (Every Step of the Way) and recruited in a fair and open way. It is important to allow adequate time for these arrangements to develop and bear fruit.

- Research with 150 managers, front line staff and experts by experience locally has stressed as being fundamental to success that the No Wrong Door Network
and its joint protocols need to be in place, before, Lead Workers and Peer Mentors are in place.

Thus it is important to recognise that as far as the Lead Worker model is concerned Yr 1 is an important preparatory year and does not mean that there will be no beneficiaries in Yr 1. In year 1:

- Core partners will continue to advise, support and care for individuals with complex needs, albeit outside of the Lead Worker model. Nonetheless, these ‘existing’ clients will be project beneficiaries because they will benefit from improved service access, outreach, referral and signposting by virtue of key frontline agencies operating in a closely networked group. The Core Group members have already indicated that they have benefitted from joint service planning, gaining a greater understanding of services beyond their remit and existence of good practice.

- Service users will from Year 1 also benefit from our Every Step of the Way empowerment and engagement programme as it begins to generate new opportunities for involvement and engagement in volunteering, decision-making, and co-production of services. Frontline partners will therefore have at their disposal more options and engagement routes than was previously the case and will be able to utilise these in their relations with service users from very early in Year 1. This also demonstrates to experts by experience the value of volunteering as a step change towards paid employment. Engaged experts by experience will also be able to spread powerful messages within for example, the Recovery Community.

MEAM (Making Every Adult Matter) has developed and demonstrated\(^\text{20}\) the Lead Worker role as a useful model in improving access to and the delivery of services. Consultation also tells us that the Lead Worker role, as well as achieving better outcomes for individuals, is also potentially useful in promoting system-change, however this latter point is less clear and we therefore plan to test more than one variant of the model to determine what works most effectively.

Research\(^\text{21}\) undertaken by our partners, which included consultation with those in Lead Worker roles and service users, revealed that the key areas in which Lead Workers may be most beneficial for people with complex needs are:

- Moving forward including education, IT literacy, benefits, completing forms finance and employment; where specific links with local colleges could be considered;
- Accommodation including 24-hour access issues;

\(^{20}\) FTI Consulting, Compass Lexecon; Pro Bono Economics: Evaluation of MEAM pilots (June 2012)

\(^{21}\) The Lead Worker: Developing the Role, Saunders K et al, Birmingham & Solihull Mental Health Foundation Trust, Step Out & My Time on behalf of the Birmingham Complex Needs: Fulfilling Lives Partnership (July 2013).
• Joining up the services that they are working with, including co-ordinating meetings, preventing multiple appointments on the same days or multiple days of the same week in different parts of the city with different people; and
• Accessing services, including information about who is out there and what they need.

Our Lead Workers will be a group of highly skilled, knowledgeable and empathetic frontline staff that will take personal responsibility for a small caseload of service users (6-8 each at any one time). They will be recruited specifically for the role or where suitably skilled and experience staff exist within partner organisations secondment opportunities will be encouraged. Lead Workers will:

• Provide a direct point of contact for each client assigned.
• Engage individuals with complex needs.
• Devise an appropriate Care Plan for each individual. (Where people with complex needs are already working with services, existing care plans may be amalgamated and/or reviewed to provide an over-arching plan. The care plan will outline the likely point at which the person with complex needs will exit the service).
• Co-ordinate and integrate different service inputs and support each client in line with their Care Plan, ensuring that the person with complex needs is aware of their responsibilities.
• Improve communication – helping to ensure that service users only have to tell their story once.
• Ensure that client outcomes and aspirations are central to the recovery process and the aims of the Care Plan.
• Collate information about what doesn’t currently work in the system e.g. gaps/blockages.
• Provide practical support – e.g. form-filling, attendance at appointments etc.

While we understand ours to be a smaller Lead Worker caseload than that adopted in the MEAM Service Co-ordinator pilots we believe it is advisable as in our project 100% of the clients supported by lead workers will be experiencing all four complex needs – they are the people that services have consistently failed to engage and help progress.

In the MEAM pilots almost one-quarter of clients supported were experiencing only two out of four complex needs. It is expected that our client group may also have additional issues: history of abuse; learning disability; low literacy, have children in care, be lonely/excluded and significant health problems. The intensive support that this group needs means that Lead Workers will become key trusted points of contact for the clients they support and it is likely that there will be fewer opportunities to devolve support to other types of workers. For example, in setting up a tenancy, we anticipate that Lead Workers will play a greater part and housing support officers a lesser part, because of trust issues.
We also undertook an extensive investigation ourselves which involved listening to the views of 150 people, ranging from experts by experience, front line staff, senior managers and commissioners. The resulting report identified key issues:

- A caseload of 6-8 would be ideal;
- The importance of having agency sign up before the lead workers try to navigate their services (i.e. the No Wrong Door Network should be in place before lead workers start taking on clients);
- The importance of practice supervision as well as line management;

In the early stages of the project the primary focus for the Lead Workers will be the 100 or so people with all four complex needs already known to our frontline partners and those identified by peer mentors whose needs are most entrenched. In order to support as many people as possible it will be vital that the agreed exit plan is clear for each individual in their care plan. This is how we will recognise when the individual no longer requires the lead worker role (although they may still require other lower level services) and a new client can be assigned to the Lead Worker.

**Two Lead Worker models being tested**

We propose to pilot two distinct models in the first 3 years:

**Model A** – A group of six lead workers who work as described above.

**Model B** – A group of six lead workers who are supported by six peer mentors who are in recovery from at least three of the complex needs.

**Peer Mentors** will have the following key roles:

- Helping to identify a group of people with entrenched complex needs who are at a stage where lead worker support would be appropriate, including those currently not engaged with services that service delivery organisations are unlikely to know about.
- Carrying out specific pieces of work with individuals to build their trust and confidence to enable them to connect with the lead worker. Some people may be distrusting of services due to past experiences and what they have heard from others.
- Support to individuals e.g. – accompanying them to appointments, being an additional/alternative ear; providing practical advice.
- Support to Lead Workers – in particular helping them set the right challenges/opportunities to help people with complex needs move forward, helping them to better understand what might work/not work for each person etc. They will

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22 The Lead Worker: Developing the Role, Saunders K et al, Birmingham & Solihull Mental Health Foundation Trust, Step Out & My Time on behalf of the Birmingham Complex Needs: Fulfilling Lives Partnership (July 2013).
also take on some more practical roles on behalf of the Lead Worker, for example, accompanying people to appointments.

We also anticipate that for some there will be a career progression route from Peer Mentor to Lead Worker.

Our rationale for testing two models is to derive greater clarity regarding the beneficial role of Lead Workers in a complex needs setting and whether these benefits can be further increased by supporting Lead Workers with Peer Mentors. We believe that Peer Mentors will:

- Add value, bringing a perspective which Lead Workers may not have.
- Bring drive, passion and understanding to problem-solving that comes ‘from the street’ and reflects the ‘lived experience’ of complex needs.
- Be able to draw out additional information which might not be revealed to professionals and which may help to inform the care plan or unblock issues.
- Identify a different group of people with complex needs to work with – potentially those who have not yet even engaged with services.
- Increase the capacity of Lead Workers, by taking on some of their more practical roles.

We envisage that in the first year of operation (Year 2) Lead Workers may only be able to support 3 people each, because they will also be involved in other important functions relating to overall project development (the establishment of protocols and ways of working, the development of the No Wrong Door Network and the iCAT). However, we would envisage that this could increase in later years to having a caseload of 6 people, especially where they are assisted by a team of Peer Mentors.

Important lessons will also be learnt from the training, professional development and personal support requirements of Lead Workers. This will be especially important as a key aim beyond the lifetime of this project will be ensuring that the most successful characteristics of the Lead Worker role are mainstreamed and embedded in the routine provision of all relevant agencies. This may include recruitment and training.

Lead Workers will also be ‘points of trust’ for service users who may otherwise find trust (and confidence) in service provision problematic. In offering this ‘point of trust’ the evidence also suggests that Lead Workers may need to reflect a particular understanding or affinity with particular client groups (e.g. women; Black and minority ethnic communities; LGBT) and we will be testing this in the selection and recruitment of Lead Workers, in the support and training that experts by experience help deliver for them, and in progress monitoring and outcomes assessment. Lead Workers will also be proactive in reaching clients who might be otherwise under-represented.
Lead workers will work in a team approach to ensure that the person with complex needs has more than one contact which will also help with cross cover, continuity if a worker leaves, change of worker if the relationship is not going well and will address lone working safety issues and allow for ‘buddying up’ arrangements. This will also help to ensure better consistency of practice amongst the lead workers.

Experts by experience will be involved in the recruitment and selection of Lead Workers and will also support specialist training for the cohort.

**Management, support and supervision arrangements**

We will develop and issue a contract for an organisation to employ, manage and support the Lead Worker and Peer Mentor Team and we envisage that they will provide a Manager and Deputy Manager to provide line-management roles. We will also ask them to consider a career structure to help develop and retain experience, both for Lead Workers and Peer Mentors. We believe that the Lead Worker and Peer Mentor role will be extremely challenging and that good infrastructure and role-modelling is vital. Containment and boundaries will be particularly important.

In addition, a training programme will be developed which will include training by experts by experience and training in Psychologically Informed Environments (PIE) which will ensure arrangements for reflective practice.

From surveys completed during the business planning stage, we know that the key things that Lead Workers currently have difficulty with and which we will need to address as part of the initial/ongoing support or training include:

- How to work better with other agencies.
- How to work with people with complex needs in the best way, including:
  - Engagement.
  - Working with unpredictability and chaotic lifestyles.
  - Raising their own thresholds to continue working with people who may at times present in a confrontational way.

Our research so far has identified three key skill-sets/competencies required by Lead Workers:

- Skills required for working with people with complex needs, including knowledge of the complex needs areas and systems in Birmingham – e.g. housing, education, employment.
- Skills required for working with other professionals/organisations e.g. problem solving, negotiating, building rapport and knowing what services are available.
- People skills e.g. ability to challenge, communicate, build rapport etc and other general skills such as planning and organisation skills, maintaining professional boundaries, IT literacy.
Particular training that we think should be provided includes training in any of the four areas of complex needs with which the worker is not as familiar as they need to be (i.e. they may have worked particularly in homelessness services, but less so in mental health); what is available in terms of services in Birmingham; culture/age/gender competence and awareness; Psychologically Informed Environments (backed up by regular supervision); working in a team approach; Benefits and accommodation provision; and exit mechanisms including training in attachment theory, management of grief etc.

Although in the main it is not envisaged that the Lead Workers will provide interventions/services themselves, it is felt that by being highly skilled in accommodation and benefits provision they will be equipped with a robust engagement tool as they will be able to support with the basics without referring on, i.e. a roof over people’s heads and money.

Feedback from MEAM, as critical friend, has also helped us identify that it is vital that Lead Workers:

- Are free and flexible to work across and between organisational silos and remits. We are focusing on enabling this while also ensuring strong frameworks for line-management and accountability to ensure that Lead Workers (and the Peer Mentors who support them) are clearly connected to each other and to wider project management/authority.

- Are recruited from amongst the most able and paid accordingly (nurse/care co-ordinator and/or higher level support worker grades are in the £25,000-£28,000 region, and this is what we have budgeted for).

- Are also strategic thinkers, recruited from all four areas of complex needs support, capable of seeing the bigger service picture and of taking their expertise and frontline learning back into organisations to promote system-change.

- Are retained and supported and that issues of burn-out are as far as possible avoided and if they occur sensitively and supportively managed.

**c. No Wrong Door Network**

Central to the functioning of the project will be a demonstrator project called the No Wrong Door Network. This will bring together a pilot network of around 20 agencies to develop a shared approach and shared standards to supporting people with complex needs. We have developed a draft ‘Agreement for Participation in the No Wrong Door Network’ (see Appendix 8). This will be a group of agencies willing to:

- Host or support lead workers.
- Sign up to an agreement that honours the care plans developed by lead workers.
- Share resources to improve support for people with complex needs e.g. staffing a 24/7 telephone line (even if initially just for other staff e.g. Police/Health staff to get access to advice and resources) or purchasing of legal advice/interpretation.
• Involve Experts by Experience in all aspects of their delivery, management and governance.
• Sign up to development of a common assessment tool (our Intelligent Common Assessment Tool – iCAT [see below].)
• Adopt similar approaches and standards including data sharing.
• Share training for staff (including service delivery in a Psychologically Informed Environment).
• Commit to improving shared standards and have some quality standards set and assessed by Experts by Experience;
• Improve service user journeys to better outcomes.
• Not to turn people with complex needs away but help to bring services to them.
• Improve inter-agency referral processes.
• Willing to undertake some sort of screening/allocation process for lead worker clients.
• Develop evidence-base for service redesign through tracking, collecting data and monitoring.
• Be flexible when evaluation indicates need to change.

Central to the working arrangements of the No Wrong Door Network will be effective data-collection and data-sharing. We have carried out an extensive audit of data collection and the issues involved.23 An executive summary from this report is included in the Appendix 9.

We recognise that the increasing usage of target driven/unit-priced contracts reduces agencies’ capacity to work in partnership. We want the No Wrong Door Network to get off to a strong start and are therefore proposing that the agencies involved in developing these new arrangements and shared ways of working will be paid (on an input basis) for their development/participation time in the first 12 months. This will also add pace to the development of this project which is key to supporting the role of Lead Worker.

We are proposing that each participating organisation identifies a senior Network Negotiator (and a understudy) who will be paid £25 per hour for up to 350 hours (approx 1 day a week) in the 18 months. After this first year it is expected that the Network will benefit from efficiencies from improved practice, and from stronger positioning in the contracts market and for this reason we do not plan to make a payment on this basis beyond 18 months.

A group of other organisations and experts by experience will be encouraged to act as critical friends, offering (unpaid) additional expertise and increasing the learning opportunities from this demonstration project. They will meet quarterly with the Network to challenge and support its progress.

We will ensure that expertise in delivering services to diverse groups with complex needs is available and will therefore ensure that specialist providers (e.g. services for women) are represented either in the No Wrong Door Network or in the critical friends group (see Equalities, section 9.0).

d. iCAT – ‘Telling our story once’

A key message to emerge in our early consultations with service users was the frustration of ‘telling their story’ over and over again as part of trying to access services. They told us loudly and clearly that they wanted to tell their story ‘just once’, and they wanted agencies to share data and information more effectively, while operating ‘informed consent’ arrangements that would respect client confidentiality.

They also wanted better and more effective services and interventions – ideally delivered earlier in order to prevent crises and pre-empt a build-up of problems. This would be possible, many service users said, if agencies identified clients with multiple and complex needs sooner and shared the information they gathered in order to enable an integrated service to be delivered. One user explained being passed back and forth:

“The mental health people say, ‘No, we can’t do anything about your mental health until your drinking is sorted out.’ The drug and alcohol team say, ‘No, we can’t help with your drinking until your mental health is sorted out.’ In the meantime I keep drinking because of all the problems I’ve got.”

An Intelligent Common Assessment Tool, which offers a joint assessment tool for complex needs to be used by all partners, will offer:

- A common assessment method, from which information can, under informed consent, be shared across agencies.
- The basis for developing a Care Plan that integrates services and responses and supports the person holistically.
- The potential for earlier diagnosis of complex needs.
- A way of obviating the need for service users to constantly retell their story to every new agency they approach (or which they are approached by).
- Provide evaluation data for the project.

However, as explained earlier in this business plan, we do not need the full iCAT in order to begin work. Our partners have already identified the 100 or so clients who experience all four complex needs and whose needs are most entrenched, and these individuals will be our primary target in the early stages of the project.

The iCAT will be a later addition, with research, development and testing commissioned from an independent provider and taking up to 30 months to reach an implementable model. We have tested a number of scenarios to help plan this and an indicative timetable is included in the Appendix 10.

The primary use of the iCAT will be with the clients of Lead Workers and systematic information-sharing amongst relevant agencies (with clients’ informed consent) will be necessary to ensure that iCAT records (and others) remain up-to-date. However, our Data Collection Audit identified a number of issues which could be barriers to participation in an iCAT and to which solutions will need to be negotiated. We will do this in the context of the
No Wrong Door Network, but service commissioners will also be key to this discussion and that is where much of negotiation would take place. Some of the main obstacles to information-sharing are:

**Lack of common definitions**  
A hierarchy of definitions – similar to the New Directions Team Assessment

**Lack of Common Assessment Forms**  
Commissioners, with service delivery agencies, could review a core set of data formats and requirements. Form supplements for specific services

**Lack of connecting unique identifier**  
e.g. NI number to ensure correct identification of the individual

**Barriers to collecting information beyond primary purpose.**  
Agreement to ‘triggers’ that would initiate collection of non-primary information e.g. housing asking about addiction issues for example.

**Lack of shared or compatible software system**  
Unique system for complex needs, deigned where possible to ‘talk’ to other software systems

**Lack of common data sharing agreements**  
Common data sharing agreement to be negotiated

**Lack of common Personal Assessment Process**  
Build upon the frequently used and liked Outcomes Star assessment.

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**e. Outreach, Inreach & Signposting**

Effective outreach and signposting to timely, quality support and information will be central to everything we do. But so too will be what we have called ‘Inreach’ – that is, taking services, interventions and information to service-users ‘where they are’. This may be in prison or awaiting release from prison, leaving care, or at other key points of ‘transition’ which the wider literature (as well as our partners’ experience) indicates are known crisis points. This will provide support and information to people with complex needs, especially at points of transition or in making the first steps to recovery.

The particular emphasis we have given this workstream arises directly from what service users told us. They said that if they had got the right help earlier, or had known where to get help, they would have developed fewer problems. They also said that they wanted services ‘to go to them’ – on the streets and in hostels and prisons. Going ‘through a door’ (especially for the first time) is difficult for many. They also helped identify the many ‘points

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24 The NDT Assessment Framework was developed by South West London and St George’s Mental Heath Trust and used in the MEAM pilot.
of transition’ where crises are triggered or service users ‘fall through’ the gaps. Under this workstream we will:

- Connect with, and ensure that accurate, up-to-date signposting and referral messages and resources are available to: Involvement and Communication staff; Lead Workers and Peer Mentors; core partnership members; wider partnership members; commissioners; No Wrong Door Network partners, their staff and governing bodies; Experts Panel; involvement champions; delivery agencies; service providers.

- Train experts by experience as key ‘communicators’, because they can be empathetic and speak the right language and may be ‘trusted’ more than professionals are by those who are disengaged from or reluctant to access services.

- Develop a range of innovative information sources to support this approach e.g. databases, apps, on line resources, leaflets, ‘business cards’, one-point telephone number 24/7 – (see No Wrong Door Network, section 6.2(c)).

- Develop protocols with key organisations to facilitate Inreach and outreach for Lead Workers, Peer Mentors and staff of the No Wrong Door Network.

Our outreach, inreach and signposting plans will also be aligned with and complement our No Wrong Door Network demonstrator project. It will commence once the No Wrong Door Network and the Lead Worker roles have been developed and are in place. We will also undertake further research and development to ensure that our outreach/inreach functions and goals are appropriate for a rapidly changing environment (e.g. resettlement prisons and the wider goals of Transforming Rehabilitation reforms).

**f. Virtual Professional Hub**

The virtual professional Hub will be the primary means of gathering and sharing information, expertise and knowledge to improve service provision, and of providing continuing professional development and support for key staff and agencies. It will be ‘virtual’ in that it does not require a specific physical location. Rather, designated staff will work to fulfil the functions of the Hub. They may be hosted by a variety of partner agencies or even be peripatetic. The functions of the Hub will include:

- Web resources and other communication tools to help develop the work of the Partnership. This will be linked to the Communications Plan and the National Evaluator’s proposed Virtual Learning Environment.

- Service mapping – this will build on work already begun during the business planning phase. An initial survey has captured basic details of organisations providing services

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to people with complex needs in Birmingham. We will continue with this data-collection until such time as we are confident of its comprehensiveness and will then transfer this service directory to BVSC’s interactive third sector database. This will be modified to enable it to be searched by ‘complex needs’ and for reports to be produced. It makes sense to build on the existing BVSC database as this is the already the single largest source of intelligence on third sector providers in Birmingham and possibly in the West Midlands.

- Real-time data on service availability – We also plan for the service directory to be linked to ‘real time’ information regarding service availability (e.g. hostel beds or vacancies in addiction programmes). This will be a later addition in year 3 and beyond but will be an invaluable component in integrating services and working towards a whole system approach.

- An Expert Panel of up to 20 professionals from amongst our partners or other agencies that can offer expert advice and guidance, for example on complex care/support issues, how to respond to specific mental health issues, cultural issues, or language support. This Expert Panel will advise Lead Workers but will also be called on by No Wrong Door Network agencies. They will be briefed/trained about the project and paid at a modest level for their involvement and provision of specialist advice.

- Research and information-gathering that helps strengthen the evidence-base for complex needs in Birmingham. This function may be undertaken by the national evaluator, but local additional information will be shared through our project website. This will be contracted to a research specialist.

- Bridging Fund Panel – overseeing access to a small fund (which will be available to Lead Workers) to enable the funding and testing of ‘bridging’ services for clients – i.e. services which are not currently mainstream provision but which could be important factors in helping service users to move on. These ‘bridging’ services will be fully evaluated in order to demonstrate the value of such provision.

- Development and maintenance of a Preferred Suppliers list – ‘quality assessed’ niche suppliers who can be called upon to provide service as and when needed, e.g. interpretation; legal advice; 1-to-1 training/coaching etc. This will be developed under BVSC’s contracting arrangements and is expected to cover services below a contract value of £5,000.

**g. Beyond the Basics**

Beyond the Basics will be led by experts by experience, its primary purpose being to ensure that the project has in place arrangements that will help people with complex needs:

- Develop positive peer networks and relationships.
- Access positive and stimulating leisure opportunities.
- Improve their access to training, volunteering, employment, and self-employment and business development opportunities.

It is about going ‘beyond the basics’ – i.e. ensuring that support and enablement doesn’t ‘fall away’ as soon as services stop or are no longer needed, but rather are reinforced with other forms of support that can help people with complex needs form positive, supportive relationships, prepare for employment, take up volunteering opportunities (both within this project and elsewhere), and develop leisure interests that aid recovery and rehabilitation.

This was identified as a clear need in the consultation we undertook with service users. Some spoke of ‘being too well’ for crisis services and suddenly finding themselves alone and without support, which precipitated further crises. This will be where some of the experts by experience already supporting the development of this project will have a huge amount to offer.

6.3 How these Delivery Mechanisms will be Managed & Co-ordinated

BVSC is the project Lead Organisation and Accountable Body for the Birmingham Fulfilling Lives: Complex Needs Partnership. In this capacity BVSC’s responsibilities will include:

1. Overall managerial responsibility for the programme:

   a) Designated BVSC staff will have responsibility for management; progress chasing and facilitation of each delivery mechanism (see 6.2).

2. BVSC will be supported in its management role by the Core Group, which comprises the organisations named in this business plan at 2.2 (Table 2). The Core Group:

   b) Will help the Lead Organisation indentify risks, challenges and barriers to the implementation of the Business Plan, but be willing to champion and promote the Birmingham Fulfilling Lives: Complex Needs Partnership to help overcome these.

   c) Will promote the Birmingham Fulfilling Lives: Complex Needs Partnership, help to enhance its reputation and manage the expectations of others.

   d) Respect confidentiality of personal data, commercial confidentiality and where ‘confidential’ appears on documents shared with them.

   e) May be asked to take on additional roles to ensure the delivery of the Business Plan.

   f) In addition, a lead organisation has been appointed to champion specific thematic issues (see 2.2 Table 2) and it will be the responsibility of each designated partner to help inform the Lead Organisation and the core partnership on the issue/theme they have responsibility for, ensuring that activities, workstreams, commissioned services and other functions reflect best practice in this area.

3. Communication with the Funder on behalf of the Partnership.

5. Submission of returns and information as required by the Funder.

6. Issuing monitoring and financial information to each partner at least quarterly.

7. Commissioning services on behalf of and in consultation with the Partners.

8. Communication with the Wider Partnership on behalf of and in consultation with the Partners.

9. Provision of administrative support.

6.4 Who will & How Many will Benefit

At least 2,000 service users will achieve better outcomes during the lifetime of the project, as shown below:

Table 7: Service user beneficiaries by year

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr 1</td>
<td>198</td>
</tr>
<tr>
<td>Yr 2</td>
<td>501</td>
</tr>
<tr>
<td>Yr 3</td>
<td>264</td>
</tr>
<tr>
<td>Yr 4</td>
<td>222</td>
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<tr>
<td>Yr 5</td>
<td>246</td>
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<tr>
<td>Yr 6</td>
<td>210</td>
</tr>
<tr>
<td>Yr 7</td>
<td>210</td>
</tr>
<tr>
<td>Yr 8</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1851</td>
</tr>
</tbody>
</table>

- At least 15 networked agencies will share approaches to assessment, outcomes, signposting data-sharing, service collaboration and increased outreach.

- At least 120 service users per year will receive intensive service user involvement training.

- At least 156 people with entrenched complex needs will receive intensive personalised support from Lead Workers over 4.5 years.

Beneficiaries will all be based in/connected to Birmingham, although their ‘home’ may be elsewhere.
### 7.0 TIMETABLE

#### Table 8: Overview of project activities – project lifetime

<table>
<thead>
<tr>
<th>Activities, Tasks, Services</th>
<th>When &amp; How long</th>
<th>Commentary/Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Infrastructure</strong></td>
<td>Year 1 – set-up, Year 2-8 – Operational Year 8 – Final review and wind down.</td>
<td>This will put in place all necessary project infrastructure, staffing and systems and will be completed in Year 1</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>Year 1-7 with final evaluation in Year 8</td>
<td>A local evaluation framework that is aligned with and builds on the national framework will be finalised by project commencement. The local evaluation will have three additional areas of focus: (a) <strong>Service Users’ Self Assessment</strong>; (b) <strong>Diversity</strong>; (c) <strong>Influencing Commissioning Practice</strong></td>
</tr>
<tr>
<td><strong>Every Step of the Way</strong></td>
<td>Year 1 – contracted support commences Year 3-7 further development testing Year 8 – review and exit strategy</td>
<td>Our flagship service user involvement programme which will provide training, enablement and empowerment support, and volunteering and employment opportunities throughout the lifetime of the project</td>
</tr>
<tr>
<td><strong>Lead Workers</strong></td>
<td>Year 1 role finalised, recruitment Year 1-5 testing variants, assessment Identifying areas for system change and best practice and formal action plan to build these into other areas/organisations/commissioning Year 6 – review and exit strategy</td>
<td>Lead Workers will be trained and support to provide a centralised service co-ordination and integration role, supporting a small caseload each of those whose needs are most complex/entrenched</td>
</tr>
<tr>
<td><strong>No Wrong Door Network</strong></td>
<td>Year 1 development and establishment of network Year 2 – network operational Year 3-6 – implementation and testing Year 7 and 8 – exit strategy</td>
<td>The No Wrong Door Network will be a demonstrator project that tests inter-agency networking and service integration – a key means of streamlining and joining up services. Our aim is not to make services more easily navigable by service users but to remove the need for service users to have to navigate them</td>
</tr>
<tr>
<td><strong>Outreach, Inreach, Signposting</strong></td>
<td>Year 2 – design and development Year 3-4 – implementation Year 5-6 review and redesign Year 7 exit strategy and mainstreaming</td>
<td>Ensuring that services go to service users rather than the other way round, enabling earlier interventions, and better managed transitions</td>
</tr>
<tr>
<td><strong>iCAT</strong></td>
<td>Year 1 – commissioning of Research and Development and option development Year 2 – User Acceptance testing and implementation Year 3-7 – iCAT assessment and further development;</td>
<td>A new Intelligent Common Assessment Tool providing a joint assessment framework for all network providers</td>
</tr>
<tr>
<td><strong>Beyond the Basics</strong></td>
<td>Year 2 – research &amp; development Year 3-5 – implementation, assessment mainstreaming</td>
<td>Ensuring that services go ‘beyond the basics’ and help people with complex needs develop improved relationships with their families and communities</td>
</tr>
<tr>
<td><strong>Virtual Hub</strong></td>
<td>Year 1-2 – model finalised Year 3-7 – operational, modifications</td>
<td>Providing support, professional development and information services across the partnership/project</td>
</tr>
</tbody>
</table>
Table 9: Project activities – detailed timetable: first year in detail

<table>
<thead>
<tr>
<th>Section in Business Plan Month</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>J</th>
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**These Work streams cover**

- **Appointment of**
  - Posts 50% with Talent Match
  - Learning & Policy Manager
  - Monitoring & Finance Manager
  - Administrator
- Posts 100% complex needs
  - P/Sh & Delivery Mgr
  - P/ & Delivery Coords x 2
  - Learning & Evaluation Coord
- Partnership Development and Support
- Contract develop. & management
- Preferred small suppliers
- Comms

- **Development and issuing of Contract to support Experts by Experience in being involved**
- Development of training for Experts by Experience to have impact.
- Development of specific roles for Experts by Experience:
  - 12 Involvement champions
  - 12 recruitment panel members
  - 8 film reports and editors
  - 12 training staff
  - 40 service influencers
  - 12 community researchers
  - Mystery shoppers
  - 7 Up’ monitors
- **Paid Experts by Experience Posts**
  - 6 peer mentors
  - Comms and involve staff x 2
- **At least 15 networked agencies committed to not turning anyone away and with shared standards.**
- **Willing to share resources to develop extended services**
- **Willing to work to develop iCAT Support lead workers and peer mentors**
- An experienced Network Negotiator will be contracted to negotiate terms and conditions.
- Participating organisations will be paid to release senior staff to ensure speed of negotiations.

- **Effective outreach, in reach and signposting service that depends heavily on ‘word-of-mouth’ communications between experts by experience.**
- **Development of contract to support this function through development of community communicators;**
- **To be in place as No Wrong Door Network opens doors**

- **A iCAT solution to people with complex needs only having to tell their story once**
- **Facilitating the sharing of information, while having confidentially safeguards.**
- Consultant will develop options report by August 2014

- **Workstream to be developed once an Experts by Experience Beyond the Basics co-ordinator in place.**
- **Experts by Experience led will look at how leisure, training and employment opportunities can be enhanced so that Experts by Experience can establish a more stable and sustainable lifestyle.**
- Community researchers test out opportunities and identify how they can be improved & made more accessible.
- Interim support arrangements.

- **This will include support arrangements for lead workers and the No Wrong Door Network**
- **This includes:**
  - increasing information on services currently available in Birmingham;
  - web resources to provide information and knowledge;
  - expert panel to provide specialist advice;
  - bridging fund and panel to help bridge current gaps in service until they can be addressed;
  - research, information and good practice linked to national Virtual Learning Environment

- **This workstream will also benefit from activity in other workstreams eg. mystery shoppers/’7 Up’ film self-evaluation.**
- **Evaluation frameworks developed for each contract/key activity**
### Infrastructure

- Every Step of the Way
  - See sections 6.2.a & 8

### Lead Workers

- See section 8.2b

### No Wrong Door (NWD)

- See Section 8.2c

### In reach and Outreach

- See section 8.2e

### ICAT

- See Section 8.2d

### Beyond the basics

- See section 8.2g

### Virtual Hub

- See section 8.2f

### Learning and Evaluation

- See section 10

---

#### Pre BIG funding becoming available – activity funded by BVSC

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
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<tbody>
<tr>
<td>Feb 2014</td>
<td>Return of offer letter and Start Up fund.</td>
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<td>Putting in place interim management arrangements until staff in place.</td>
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<td></td>
<td>Core Group meetings schedule agreed.</td>
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<td></td>
<td>Core Group meets.</td>
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<td></td>
<td>Agree Experts by Experience input into recruitment of staff and contractors and develop training.</td>
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<td></td>
<td>Recruitment to 50% post with Talent Match commences.</td>
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<td></td>
<td>Finalising Job descriptions and person specs for 100% Complex Needs posts</td>
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<td>Reconfiguration timeline for earlier lead worker roles and ICAT.</td>
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<td>Seeking expert advice on feasibility on revised timeline</td>
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<td>Consultation with Drugs and Alcohol Services commissioners.</td>
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<td>Discussion with Core Group Lead member and with full core group on options.</td>
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<td>Deferred start</td>
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<td>Arrangements to be developed once No Wrong Door Network in Place. (We already know first clients).</td>
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<td></td>
<td>Developing brief to recruit specialist to develop specification and market testing;</td>
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<td></td>
<td>Meeting with Core Group Work stream lead to discuss options to bring forward timeline</td>
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<td>Commences later</td>
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<td>Putting place arrangements to ensure data regard complex needs services are loaded on externally accessible database.</td>
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<td>Developing brief to recruit specialist to draft specification for local evaluation contract.</td>
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<td></td>
<td>Liaison with National Evaluator</td>
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<td></td>
<td>Making arrangements for BVSC and key stakeholders to meet with CFE</td>
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<td></td>
<td>Identifying evaluation specialist to draft specification for local evaluation contract.</td>
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<td></td>
<td>Evaluation Framework for involvement of Experts by Experience in recruitment</td>
</tr>
</tbody>
</table>
## Infrastructure

- Every Step of the Way
  - See sections 6.2.a & 8
- Lead Workers
  - See section 8.2b
- No Wrong Door
  - (NWD) See Section 8.2c
- In reach and Outreach
  - See section 8.2e
- ICAT
  - See Section 8.2d
- Beyond the basics
  - See section 8.2g
- Virtual Hub
  - See section 8.2f
- Learning and Evaluation
  - See section 10

### Lead In Period

**Lead in Mar 2014**

- Developed Equalities Plan submitted to BIG
- Contracting expertise in place.
- Detailed contracting timetable developed.
- Core Group meeting.
- Revisit Partnership Agreement/ Memo

<table>
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<tr>
<th>Section in Business Plan</th>
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</table>

- contracting expertise to advise/manage contracting process.
- Comms Plan commences
- Liaison with National Launch
- Comms with the wider Partnership, and interested suppliers.
- Launch of newsletter sign up.

- Recommencement of existing Support contract.
- Development of smaller diversity development Experts by Experience support
- Start of contracting process.
- Development of Lead worker contract specification in consultation with key stakeholders.
- Starts once No Wrong Door Network in Place
- Consultant to write brief for iCAT consultant in place and to support their recruitment.
- Advertise for consultant to research options
- Build up of data re complex needs organisations and what they currently offer.
- Resources in place to draft specification delivery of local evaluation plan.
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<th>Section in Business Plan Month</th>
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<td>Lead Workers See section 8.2b</td>
<td>No Wrong Door (NWD) See Section 8.2c</td>
<td>In reach and Outreach See section 8.2e</td>
<td>ICAT See Section 8.2d</td>
<td>Beyond the basics See section 8.2g</td>
<td>Virtual Hub See section 8.2f</td>
<td>Learning and Evaluation See section 10</td>
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<td>Recruitment/Induction continues</td>
<td>Temporary support contract in place.</td>
<td>Delivery Plan and specification for PIE training developed</td>
<td>Network Negotiator role developed in consultation with stakeholders.</td>
<td>liaison with CFE about sue of required software e.g. Outcomes Star and NDT Assessment</td>
<td>Liaison with key stakeholders over existing options and key requirements.</td>
<td>Contracting Process commences PIE evaluation framework in place.</td>
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<td>No Wrong Door Negotiator / Evaluation</td>
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<td><strong>See Section 8.2 c</strong></td>
<td><strong>See section</strong> 8.2e</td>
<td><strong>See Section</strong> 8.2d</td>
<td><strong>See section</strong> 8.2g</td>
<td><strong>See section</strong> 8.2f</td>
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<tr>
<td>Meet complex needs e.g. clarity around DBS check and preparation of preferred supplier process for complex needs.</td>
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<td>Development.</td>
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<td>Contracting process continues Delivery Plan and specification for PIE training developed PIE contracting process begins</td>
<td>Network Negotiator role advertised</td>
<td>Specification development</td>
<td>Build up of data re complex needs organisations and what they currently offer.</td>
<td>Liaison with national evaluator Contracting Process for local evaluation.</td>
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<td>• In preferred suppliers (especially quality standards); data protection statement;</td>
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### Year 1

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<td>1 June 2014</td>
<td>Staff in place, including Programme Manager.  Induction continues  Core Group meeting.  Day 1 report  Briefing event for Wider Partnership including information about preferred supplier process.  Advert for preferred suppliers  Assessment of preferred suppliers begins  Support in place for ‘not-contract’</td>
<td>Temporary support contract in place.  Contracting for Experts by Experience Support Contract continues.  Experts by Experience involved in:  • Appointment of NWD negotiator  • Planning mini-conference.  • Reporting on programme  • Local Launch  • Wider Partnership event  • Assessment of preferred suppliers  • ICAT market testing  • WebPages development</td>
<td>Contracting process continues.  PIE contracting process.  Review of progress on contracting arrangements and consider contingency options</td>
<td>Network Negotiator role advertised  Network Negotiator role and appointed  Mini –conference planned and organised.  Liaison with CFE required software</td>
<td>Specification/Market test</td>
<td>Report on complex needs provision in Birmingham.  Learning web pages established, links to national virtual learning environment</td>
<td>Liaison with national evaluator  Contracting process for local evaluation.</td>
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<td>Preferred suppliers come on stream/available for smaller value contracts.</td>
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<td>Advert of interested organisations/dealing with queries.</td>
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<td>Contractor Appointed/Specific negotiations around delivery.</td>
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<td>Selection of interested organisation and critical friends.</td>
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<td>Publication of first preferred suppliers list.</td>
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### 5 Oct 2014
- **Comms Staff management Contract management Core Group meeting Preferred suppliers Assessment**
- **Involvement of Experts in recruitment of:**
  - Involvement and Communication and Peer mentor staff Roles;
  - Beyond the Basics Support specification
  - Bridging Fund Development;
  - Design of ‘7 Up’ programme;
  - NWD ethos
  - PIE Training
  - Protocols
  - Recruits of lead workers

### 6 Nov 2014
- **Comms Staff management Contract management Preferred suppliers**
- **Experts by Experience Involved in Induction of Involvement and Communication and Peer mentor staff Roles:**
  - Lead Worker system established and fist beneficiaries in place.
  - Stress testing of protocols.

### Plan Notes:
- Selection of No Wrong Door orgs
- Appointment of support contractor
- ICAT development
- Protocols
- Further recruitment and induction of lead worker staff.
- Development of protocols.
- PIE Training
- Ethos/Branding process begins
- Development begins dependent on what options recommended
- Development of specification for this support contract
- Development of process for Bridging Fund.
- Local Information webpage
- '7 Up' evaluation Framework developed.
- Quarterly Report.
- Process begins to identify what expertise is needed on the experts Panel
- Development of process for Bridging
- Liaison with national evaluator.
- Local Evaluation Plan submitted to Lottery.
- Evaluation Framework for Beyond the Basics

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<table>
<thead>
<tr>
<th>Section in Business Plan</th>
<th>Infrastructure</th>
<th>Every Step of the Way See sections 6.2.a &amp; 8</th>
<th>Lead Workers See section 8.2b</th>
<th>No Wrong Door (NWD) See Section 8.2c</th>
<th>In reach and Outreach See section 8.2e</th>
<th>ICAT See Section 8.2d</th>
<th>Beyond the basics See section 8.2g</th>
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<td>• NWD Protocols</td>
<td>• Contract for '7 up' process</td>
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<td>• Beyond the basics work stream</td>
<td>• NWD Ethos/branding brief</td>
<td>• Bridging Fund</td>
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<td>Communication and involvement staff in place Communication and involvement in Involvement in • Induction of • Involvement in design of outreach role/contract • Bridging Fund Panel; • Recruitment of • NWD Protocols • 7 up starter stories – design • Branding Stress testing of protocols. Pilot Model 2 – lead workers and peer mentors team established. PIE Training Low case load Stress testing of protocols. Practical aspects of branding/public face developed Development begins dependent on what options recommended Contracting process Role description developed Local Information webpage Liaison with national evaluator Quarterly report Evaluation Framework for '7 Up'</td>
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<td>Stress testing of protocols. Branding/Information Briefing with referring orgs</td>
<td>In reach and Outreach planning starts in consultation with key stakeholders Increased beneficiaries. Development begins dependent on what options recommended Earliest delivery</td>
<td>Contracting process Expert Panel Recruitment process begins Local Information webpage</td>
<td>Liaison with national evaluator Learning event</td>
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<td>Stress testing of protocols. PIE training for organisation staff Briefing with referring orgs</td>
<td>Specification development for Inreach and Outreach process. Includes referrals to No Wrong Doors and beyond. Development begins dependent on what options recommended</td>
<td>Contracting process Contractor in place. Recruitment begins</td>
<td>Bridging Fund Process reviewed Local Information webpage</td>
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**12 May 2015**

- Comms
  - Staff management
  - Contract management

- Involvement in
  - Filming '7 Up' starter stories
  - Mystery shopping
  - Recruitment of community researchers
  - Training of community researchers
  - Recruitment of Community Communicators
  - Appointment of Outreach contractor

- Beneficiaries
  - Review of progress and adjustments proposed.

- Beneficiaries
  - Ongoing Monitoring, Evaluation and Review

- Contracting process
  - Appointment of contractor
  - Community Communicators recruited

- Development begins dependent on what options recommended

- Beyond the basis plan agreed.
  - Community researchers recruited
  - Community researchers trained

- Expert Panel in place.
  - Local Information webpage

**Year 2**

**13 June 2015**

- Core Group meeting
  - Planning learning event

- Beneficiaries
  - Protocols developed

- Community researchers in place

- ICAT at least in testing mode.

- Community researchers in place

- Expert Panel in place.
  - Local Information webpage

- Quarterly report
  - Liaison with national evaluator
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**Pre Year 3 and Year 4 Review commences across all work streams**

**Date** | **Comms** | **Staff management** | **Contract management** | **Core Group meet s** | **Filming '7 Up' starter stories** | **Mystery Shopping** | **Community researchers** | **Community communicators** | **Storytelling Training** | **Review** | **Beneficiaries** | **Out reach process begins** | **Beneficiaries** | **Research/ Negotiations begin – to make opportunities more accessible to complex needs** | **Expert Panel in place.** | **Local Information webpage** | **Liaison with national evaluator** |
14 July 2015 | Co | St | Co |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
15 Aug 2015 | Co | St | Co |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
16 Sep 2015 | Co | St | Co |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**Month:**
- **Comms:** Staff management
- **Contract management:**
- **Core Group meet s:**

**Beneficiaries**
- Assessment of capacity and impact of organisations
- Ongoing Monitoring, Evaluation and Review
- ICAT at least in testing mode.
- Research on options begins
- Latest delivery
- Research/ Negotiations begin – to make opportunities more accessible to complex needs

**Research/**
- Negotiations begin
- Still making opportunities more accessible to complex needs
- Expert Panel in place.
- Local Information webpage
- Liaison with national evaluator
### Every Step of the Way
- **Infrastructure** See sections 6.2.a & 8
- **Lead Workers** See section 8.2b
- **No Wrong Door (NWD)** See Section 8.2c
- **In reach and Outreach** See section 8.2e
- **ICAT** See Section 8.2d
- **Beyond the basics** See section 8.2g

#### Every Step of the Way

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<td><strong>Lead Workers</strong> See section 8.2b</td>
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### Section i in Business Plan Month

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8.0 ENGAGING SERVICE USERS

This project marks the first attempt to design an integrated, joined-up service response for people with complex needs in Birmingham that puts them – as “experts by experience” – at the heart of delivery, service design, decision-making and advocating for long-term service improvement. This is about more than ‘user engagement’, however. It is about maximising service users’ control and ‘ownership’ of the services that support them and of the changes they need to make in order to turn their lives around.

8.1 Service Users in the Development, Management, Delivery, Monitoring & Evaluation of the Project

A number of agencies involved in the Partnership have strong experience of involving service users and we have built on this and will continue to do so, drawing on best practice in user involvement, ‘voice’ and engagement. In developing the original application 88 service users contributed in interviews, focus groups or consultation events and over 60 indicated that they want to have a continuing involvement with the project.

From this initial engagement and with the assistance of Swanswell, the organisation appointed to support experts by experience, an early group of 8 experts by experience made a vital contribution to informing (and challenging) the thinking of the partnership, and to the development of this Business Plan. They have had regular weekly meetings as well as attending three core group meetings. Importantly, they have contributed key ideas around user involvement, outreach activities and what ‘fulfilled lives’ actually mean in practice. As one of our partners said:

“The experts-by-experience input has been invaluable. It is both stimulating and enlightening to hear their experiences of existing systems. The ideas, suggestions and realism they have contributed so far are shaping up to be a vital part of program design.”

This early involvement has been vital but our aspirations – and those of service users – are greater than this. User involvement will be at the heart of this project and its structure, delivery mechanisms, governance and decision-making processes have been designed from first principles with service user involvement centre-stage.

We are developing a comprehensive user involvement programme called ‘Every Step of the Way’ which will embed and support service user involvement at all levels and in all aspects of the project. ‘Every Step of the Way’ will:

a) Provide tailored training and/or support for 120 service users a year (150 unique participants across the life of the Programme), enabling them to be involved in:

- Appointment of contractors;
- Selection of staff;
- Developing and delivering Involvement opportunities;
• Encouraging and supporting other people with complex needs to get involved;
• Shaping and delivering communication;
• Acting as peer mentors both to people with complex needs and lead workers;
• Reporting events using film and other media;
• Training staff;
• Community Research;
• Developing and monitoring quality standards and No Wrong Door Network;
• Evaluation

b) Create opportunities in each workstream where it may be possible to support service users to form social enterprises and/or provide service delivery themselves.

All this activity will be evaluated and shared to inform future commissioning and service delivery. Not only will it provide evidence of how people with complex needs can participate in service design, it will also demonstrate how they can be supported in an empathetic environment to develop confidence, improve employability and regain control.

We have also developed a ‘wheel of participation’ to help demonstrate to service users and other stakeholders the full extent of involvement and participation that it is possible for service users to have in this project – and why they should want to be involved, what they will get out of it, and how it will benefit them (see Appendix 4).

By working collaboratively with a partnership of providers and incorporating support for user involvement into the fabric of the project right from the outset, we believe we can meet service users’ demands that “user involvement mustn’t just be tokenistic”.

8.2 Policies & Procedures to Ensure Service Users have a Genuine Role

As part of the Business Planning phase we commissioned an agency (Swanswell) to recruit and support experts by experience. As well as providing support to individuals, this has provided useful ‘third party’ advocacy which has ensured that:

• The ways of involving experts by experience have been appropriate and comfortable. Experts by experience have been supported to challenge where this has not been the case (e.g. use of jargon).
• Involvement of experts by experience is not tokenistic.
• Meetings and events held by experts by experience are written up independently.

We plan to continue with this approach, not least because it will help ensure that the commitment to ‘Every Step of the Way’ is maintained and monitored.

Building on this work and the examination of partners’ user involvement practices by experts by experience we will:

• Write a Role Description for each role or function; clearly setting out expectations and the terms and conditions under which the role is performed
(i.e. whether salaried or voluntary, any expenses payable, performance criteria etc).

- Write a specific training and support elements into the overall Every Step of the Way training a plan for each function or role we identify as necessary.

- Be clear about when Disclosure and Barring Service (DBS) checks are necessary and why, and have clear protocols regarding what will happen if DBS checks reveal previous convictions.

- Be open and clear about how candidates will be selected, the duration of their involvement, what basic standards of behaviour are expected and how and in what circumstances involvement may be terminated.

- Develop clear Volunteer Agreements that build on volunteering best practice.

- Have a clear ‘Rewarding Involvement’ policy which will set out expected rewards for getting involved. This will include always getting out-of-pocket expenses but also indicate when other incentives such as food, training and fun activities may be offered. However, this will also reinforce the ‘buzz’ of giving. It will also set out when volunteering becomes ‘employment’ so that there is no exploitation of people’s willingness to give time.

- Involving experts by experience in the development of the above.

We also anticipate that for both paid and voluntary roles the following policies and procedures will be necessary considerations:

- Safeguarding.
- Equality of opportunity and non-discrimination.
- Personal behaviour including not bringing the project into disrepute.
- Rewarding Involvement

Job/role descriptions and person specifications will actively value having personal experience of complex needs will be developed.
9.0 EQUALITIES

Equality issues are of particular concern in regard to complex needs, and doubly so as Birmingham is now regarded as being a city of super-diversity. What is known regarding the differential impact or outcomes for people with complex needs that might derive from their having particular characteristics (e.g. Black and minority ethnic, LGBT, gender) is limited. We will focus closely on equalities-related issues in our monitoring, service design and delivery, and in our overall review and evaluation.

Equality and complex needs – implications

We have conducted an equalities assessment and this is currently available in draft (see Appendix 6). This demonstrates that equality issues are of particular concern in regard to complex needs, and doubly so as Birmingham is now regarded as being a city of super-diversity.

Moreover, what is known regarding the differential impact or outcomes for people with complex needs that might derive from their having particular characteristics (e.g. BME, age, gender, sexual orientation) is limited. Duncan and Corner (July 2012) identify the need for more research on severe and multiple disadvantage in particular groups, most obviously:

- Women
- Black and ethnic minorities
- People with learning disabilities and
- Lesbian, gay, bisexual and transgender people.26

Policies and procedures

Therefore, in order to strengthen the evidence-base regarding equalities and complex needs in Birmingham and to comply with the Equalities Act 2010 the project Partnership and any contractors, agencies, partners or other bodies working for the Partnership will be required to:

- Record and monitor client information including ‘protected characteristics’ in order to ensure fair access to services and to the opportunities the project will create, and to enable analysis of service take-up including retention, outcomes and progress.

- Contribute related data to the Partnership so that research and analysis can be undertaken to examine differential service usage, outcomes, progress etc that may be associated with particular characteristics.

- Have an Equalities Action Plan and be able to demonstrate that their service delivery and other functions are monitored systematically against this.

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26 Severe and Multiple Disadvantage: A review of key texts, ibid. [http://www.lankellychase.org.uk/assets/0000/1402/CHF_Lit_Review.pdf](http://www.lankellychase.org.uk/assets/0000/1402/CHF_Lit_Review.pdf)
• Ensure staff and key stakeholders have a strong understanding of how ‘protected characteristics’ may impact of complex needs.

• Ensure that ‘trusted points of contact’ are developed that encourage people to come forward.

Reviewing and monitoring use of policies/procedures

Equalities-related information and data from all partners (and any other agencies or contractors working as part of the project) will be collected centrally by the lead organisation and will form part of the information presented regularly at quarterly meetings of the Core Group.

Openness & accessibility

However, the additional factors affecting those with complex needs go far beyond the ‘protected characteristics’ of the Equality Act 2010 and through our equality assessment we have already identified how these should inform the services and support we offer. Here are some examples:

• **Women and gender-sensitive services**: Our consultation, the experience of frontline partners and our review of the wider literature all demonstrate that particular attention must be paid to gender-sensitive services including:
  - Access to single gender hostels;
  - The extreme importance of confidentiality of information for women especially those escaping domestic violence;
  - High levels of complex needs within women’s prisons but with the additional issue of abuse;
  - The need for discreet access points for women both because of fear and for cultural reasons;
  - The importance of being able to choose to have a woman worker;
  - Provision of services for men who abuse;
  - The importance of building trusted and respectful relationships between women and men.

• **Personality disorders**: personality disorders are up to six times more likely amongst people with complex needs than they are in the rest of the population therefore:
  - Services will delivered in a Psychologically Informed Environment, recognising that mental health disorders, histories of neglect, abuse and traumatic life events are all over-represented amongst those with complex needs.
  - Incidents in childhood are frequently causal factors, in particular incidences in the family, at school and in care.
• **Black and Minority Ethnic** groups/individuals – issues of language and culture in being able to access services are well-recognised but local research has revealed other issues too:
  
  ▪ Drug use is high amongst some Black and minority ethnic groups but awareness of and take-up of available drug services low.
  
  ▪ The profile of Black and minority ethnic groups is also changing significantly with Black African (especially Somali and Zimbabwean) amongst the fastest growing communities.
  
  ▪ Some specific types of drug use – Khat, for example – are prevalent in particular communities.

• **Older Irish Community** - Research\(^{27}\) amongst this group in Birmingham, has in the past, revealed strong links mental health and alcohol misuse. However as in many other ethnic communities:

  • Knowledge and awareness of issues surrounding mental health and services available was disproportionately poor – so there was a need for better information
  
  • Respondents showed there was a stigma towards mental health in the Irish community because of upbringing, religion and a lack of knowledge in the community.
  
  • There as significant dissatisfied with statutory services and a major barrier was lack of trust.

We will try to ensure that there are better integrated services that deal with older Irish adults who have alcohol dependency problems and underling mental health problems.

We will also work with identified points of trust within the Irish Community.

• **LGBT groups/individuals** (including same sex couples): these were issues that were not mentioned at all by the service users we consulted. However, discussions with the LGBT Centre suggest that the prevalence of complex needs may be ‘above average’ amongst young men offering male/male sex on the street; gay men in prison; and transgender women and we will therefore:

  ▪ Undertake focused/targeted outreach to ensure that we do reach these groups. Again. We will work through existing ‘trusted points of contacts” – e.g. recognised and trusted LGBT organisations/groups to ensure effective communication and service take-up.

\(^{27}\) Report of the community led research project focussing on the mental health needs of older Irish adults community in Birmingham. Thee Centre for Ethnicity and Health, University of Central Lancashire, March 2007
• We will also ensure that services offered to this group are empathetic to the challenges and choices they face.

• **Newly-arrived groups** – issues of language and culture in being able to access services, but also newly-arrived people not having access to public funds. We will also:
  
  ▪ Undertake focused/targeted outreach to ensure that we do reach these groups. We will work through existing “trusted points of contacts” – e.g. trusted community-based organisations/groups with specific access to and roots in newly arrived communities.

• **Disability, learning disabilities and poor physical health**: these were issues that were not mentioned at all by the service users we consulted, however the evidence suggests that physical and learning disabilities as well as general poor health are all significant factors in the complex needs population. Therefore:
  
  ▪ We will be doing focused work as part of the project to ensure that these factors are better understood and reflected in service provision and redesign.

Across (and within) all of these groups we will also be utilising experts by experience as ‘trusted points of contact’, ensuring that people with experience of complex needs are ‘communication workers’ for the project. Wherever necessary we will try and ensure that these ‘communication workers’ share or have an understanding of the specific groups we are asking them to reach.

Our outreach and Inreach plans will also include specific provision and goals for reaching specific groups/communities and we will monitor service usage and take-up by these groups.
10.0 MONITORING AND EVALUATION

While aligning all of our information- and data-collection with the requirements of the national evaluation and making compliance with these requirements a condition of our Partnership Agreement and delivery contracts, we will also design a local evaluation framework that puts people with complex needs at the centre of the evaluation process.

10.1 Monitoring Objectives & Methods

The national evaluation team will provide the outcomes and outputs framework, an information gathering toolkit and standardised data collection templates. It also intends to make direct contact with service users and other stakeholders to collect information from the frontline to form the basis of its evaluation.

**Alignment with the national evaluation**

We will use the standardised national outcomes and outputs framework, information-gathering toolkit and data collection templates provided by the national evaluator. The Lead organisation (BVSC) will be responsible for ensuring timely completion of the data-gathering and monitoring requirements, and providing this information in an orderly, systematic fashion to the national evaluator.

BVSC will establish a central resource to co-ordinate this activity and to support core partners and delivery agencies to carry out monitoring of service users’ engagement and progression.

Lead Workers will also play a key part in completing service user records and supporting the service user surveys and interviewing activities currently set out in the national evaluation framework. Compliance with the reporting requirements of the national evaluation framework as well as our own local evaluation framework are conditions written into our Partnership Agreement (see Appendix 1) and will also form part of delivery contracts.

10.2 Local Evaluation

In addition to the national evaluation we will carry out local evaluation. Our local objectives are to capture learning in three key areas that will support and enhance the national evaluation and which are aligned with the logic-chain set out in the national framework. These three additional areas are:

(a) **Service Users’ Self-Assessment**: Complex needs service users’ perception of services, and how they have helped them or otherwise.

(b) **Diversity**: How complex needs groups with different characteristics (e.g. different ethnic or cultural backgrounds, women, LGBT groups, new arrival communities etc) experience current services; and whether service change incorporates their particular cluster of needs.
(c) **Influencing Commissioning Practice:** Factors influencing local commissioner’s redesign of local services and factors influencing local service providers.

We will do this by developing three additional monitoring frameworks and these are described below.

**(a) Service Users’ Self-Assessment**

The local evaluation will put service users at the centre of evaluation. Although positive take up of services is often individually motivated we can learn a great deal about the shortcomings of local services if we look at service users’ perceptions of those services. This will help us understand the factors involved in non-engagement and drop-off. Given the nature of the complex needs group; this approach will provide us with learning behind the numerical indicators set out in the national framework.

We will design a framework which enables service users to reflect on their past experience (and cite evidence) and state whether they feel better now than previously. The service user feedback framework will examine:

- Whether individuals feel better supported than in the past.
- Whether individuals believe the interventions they received have helped them make progress towards a fulfilled life.
- Whether individuals feel more in control of their lives.
- Whether individuals believe the quality of the services they received has improved compared to services they received in the past.
- Whether the length of time individuals have lived in appropriate housing has increased.
- Whether the length of time individuals have spent out of prison/criminal justice system has increased.
- Whether the length of time since being arrested has increased.
- Whether the lengths of time individuals have remained drug free has increased.
- Whether the length of time individuals have been without alcohol has increased.
- Whether the length of time since last visit to A&E has increased.
- Individuals feel more confident to recommend the services to others.
- Whether individuals believe they have contributed significantly to the redesign of services.
- And whether, when involved, individuals felt valued.

Research methods will be diverse and innovative. We intend to make good use of media other than paper to capture this information. This is a very hard client group to keep ‘attached’ to services so we are aware that we must use flexible recording mechanisms, maybe personal videos, maybe through the use of drama and storytelling, also cloud technology and other innovative storage methods. We will identify and trial these before selecting the most effective option.

We will involve experts by experience in devising this framework and test it out with current service users before finalising it. We believe it is fundamental that service users are
permitted to express their progress in terms that they habitually use and that this will provide significant extra learning.

We will test out the use of experts by experience as people who may be well-situated and able to capture some of this information.

(b) Diversity

Birmingham is a super-diverse city. 22% of its population was born overseas and 42% of the population – and rising – come from a BME or mixed heritage background. We need to learn about any differential impacts of services and service change on different groups within the complex needs population (and by ‘different groups’ we do not simply mean those that are defined by ‘protected characteristics’). We want to learn how women with complex needs, whatever their ethnic or cultural background, can secure services appropriate to their needs.

Similarly, people with complex needs within new migrant communities may have different language and/or cultural barriers to overcome. Our aim is to learn about the impact of different configurations of needs on individuals when trying to access or stay engaged with services. This does not mean, however, that we will pursue an ‘ethnicised’ service delivery model (for example, with ‘black’ workers supporting ‘black’ clients). Personalised services demand considerably more subtlety than this and mean getting it right for all service users, not just for certain groups.

The lines of enquiry we will pursue in this context include:

- What hasn’t worked for you?
- Why, what was wrong with that service?
- What has worked for you?
- What did they do that was special?
- How could we make it easier for you to find what you need?
- What would make it easier for you to stay with it?

Research methods will be diverse and innovative and again will make good use of media other than paper to capture the necessary information. Here too it will be vital that experts by experience help devise this framework and test it out with current service users before finalising it. It will be especially important that we involve experts by experience from excluded groups (e.g. women, Black and minority ethnic groups, LGBT groups, people with disabilities, new arrival communities) and we already have plans in place to work through other partners and providers who are trusted points of contact for these groups to ensure that we are able to do this.

Again, here it will be fundamental that service users are permitted to express their progress in terms that they would normally use and which are meaningful to them. We do not know at this stage what will be the most effective method for engaging different groups and therefore we will involve local specialist agencies, as well as experts by experience from excluded groups, in their development.
We believe it is fundamental that the diversity of people with complex needs in Birmingham is recognised and properly reflected in the evaluation. This customised element will provide significant extra learning.

**(c) Influencing Commissioning Practice**

The aim here is to learn more about the drivers for local commissioners to redesign local services and how this contributes to service providers changing their offer. This may range from commissioning cycles to the planning tools used, to the political and/or policy priorities prevailing at a given time. We also want to monitor how commissioners and providers involve complex needs service users not just when designing services, but also when letting contracts and making decisions on service arrangements.

The questions we will ask will supplement those set out in the national framework and will examine whether commissioners:

- Consider that there is improvement in the range and impact of services.
- Can identify where the Fulfilling Lives: Complex Needs programme has changed their thinking for the better.
- Are commissioning services in a better way, giving examples.

Delivery partners and providers will be asked whether:

- They think their practice has improved (citing examples).
- They feel better supported to deliver services to people with complex needs.
- By working collaboratively they have improved services, saved money or secured added value (citing examples).

The qualitative monitoring will cover the factors involved in commissioners and providers locally making their services more adapted to treating people with complex needs in a way that overcomes current limitations and barriers. Such factors we know from our research and that of others are likely to include things like the geography of contracts, the use of criteria and the processes involved in administrating change. The key learning will be to isolate what works poorly and what works well now *in our local environment* and to see if in this city with approximately 1300 people with complex needs, our situation fits with the picture that has emerged from national research.

We will begin by baselining commissioners’ and providers’ perceptions of their services over the last 18 months to 2 years. We will select a sample from the following fields as the most immediately relevant: housing, health care, mental health, drug and alcohol services and criminal justice resettlement services. We will revisit these throughout the programme and collect data on attitudes and changes. In capturing change, we intend to explore the
potential use of Psychologically Informed Environment (PIE). In addition we will seek advice from local services about the economics of local service provision, as we are aware that savings are key to influencing commissioners, but only if those generated by the national study align with local costs.

We are aware that the national evaluation is setting up a control group for each area and assume that this will include commissioners and providers as part of the whole counterfactual analysis. As these areas are unlikely to be collecting the same data the funded areas (which will be using standardised templates from the national evaluators) this in-area baselining and on-going monitoring of local factors will provide significant additional learning specific to this city and applicable to other large cities.

In the first year of the project, our frontline agency partners will have existing clients who are being supported using old service models and this will persist during the first year of the project until our No Wrong Door Network is fully established and Lead Workers are in place. We are considering whether this cohort of service users might be used as a control group – i.e. offer a comparator for those supported by old service models as against those supported using new service models as these become available.

10.3 How Monitoring Information will be used

The local monitoring information will be used to provide extra learning over the course of the programme about:

- Service users’ perceptions of services (desirability and suitability of services as offered at different stages in the programme).

- The impact of different configurations of needs on individuals when trying to access or stay engaged with services (comprehensiveness of services on offer).

- Local factors on local service design and delivery and the local appropriateness of programme responses.

Also, following an extremely successful exchange visit between Birmingham and Bristol experts by experience (in Bristol), the two partnerships concerned have in principle agreed to explore the establishment of Birmingham/Bristol learning and sharing partnership. Our experts by experience are especially keen on this idea.

10.4 Sharing findings of Evaluation and Monitoring

We will share our findings across the delivery partnership and with other funded areas through a planned and systematic sequence of learning and sharing events in which service users and experts by experience will feature prominently – both in presenting, facilitating workshops/presentations, and in helping to support and organise the events. We will use the learning and sharing process to support our overall aims of:

- Promoting the successes of the project.
• Advocating for system change and better policy.
• Changing public attitudes to people with complex needs (see 15.0).

As well as foregrounding the experience of service users and other stakeholders our learning and sharing events will make good use of innovative techniques including video, story-telling, case studies, arts/cultural activities, and enabling people with complex needs to talk about their progress in their own language.

We will seek feedback from attendees/stakeholders on the effectiveness of these events and communication methods by asking:

• Whether they have learnt something beneficial.
• Whether what they have heard has prompted changed behaviour or practices as a result.
• Whether the change resulting from the learning has generated ‘added value’, quality or cost reductions.

10.5 How Our Monitoring Complements the Work of the National Evaluation

In Birmingham our local evaluation will work within the framework of the national evaluation. We will collect and provide data in the standardised format once these are provided, and we will facilitate access to local service users and stakeholders. We note that the outcomes framework focuses strongly on service user take up of services provided at any given time as indicators. Our local evaluation will complement this but will also build on it by including extensive consideration of:

• Service users’ perceptions of service and service change.
• Diversity and its impact on provision for those with complex needs.
• Local factors driving decisions made by those responsible for commissioning services.

10.6 Involving Service Users & Other Stakeholders in Monitoring & Evaluation

Service users and experts by experience will be involved at every level and every stage of the evaluation and will be especially prominent in our learning and sharing events. We will provide training mentoring and support to enable them to take on the following roles:

• Research design and research questions
• Research methods and arrangements for storing and sharing
• Researchers and analysts
• Communicators providing feedback

The local evaluation will be contracted out.
11.0 PROJECT RESOURCES

The sector has consistently chosen BVSC as lead organisation or managing agent and BVSC brings this trust, experience and expertise to its role in Fulfilling Lives: Complex Needs. Through its resources, infrastructure and organisational systems, BVSC brings significant value and additional capacity to the project, a contribution which will be a key factor in ensuring successful delivery. BVSC and core partners are also able to draw on their existing expertise in volunteer management, user involvement, capacity-building and other relevant areas to support the project.

11.1 Staffing Structure Diagram

Job details and Staffing Structure Diagram are provided at Appendices 11a and 11b.

Staffing

The staffing resources are split between the Delivery and Accountable Body functions. The latter includes Learning and Evaluation capacity.

The staffing structure shows the BVSC management structure supporting the in-house delivery team. The complexity and the number of work streams warrant the appointment of a Manager and two Co-ordinators (this will reduce to one in year 5 as the project develops and becomes established) to ensure the activities can be delivered, managed and coordinated. The coordinators will also support experts by experience ensuring their knowledge is utilised at every point of the program to inform development, delivery and systems change.

The Learning, Evaluation and Policy Manager will be a shared post across this program and our BIG Talent Match programme and will ensure the evaluation and learning and monitoring is embedded across the whole project. This post will have a co-ordinator under each program to ensure there is the capacity and resources to put the learning and evaluation at the heart of these programs.

The Monitoring and Finance post will also be shared across the two programs and will ensure compliance and capture of information on the delivery of the project plans.

11.2 The Role of Volunteers

Volunteers will be central to the project and will be predominantly service users. Section 6.2 (item 1) sets out our plans as part of the ‘Every Step of the Way’ user involvement programme for supporting and enabling the participation of service users at every level of the project; section 8.0 sets out broader plans for engaging with and involving service users. We anticipate volunteers working as: research and field-work interviewers; facilitators; event and meeting organisers; mystery shoppers; Flip camera operators; communicators; evaluators; outreach workers and mentors.
11.3 Recruitment & Management

Service user volunteers will be extensively engaged throughout the project. They will be formally recruited and proper Role Descriptions will exist for each function, clearly setting out expectations, the terms and conditions under which the role is performed (i.e. whether salaried or voluntary, any expenses payable, performance criteria etc), how candidates will be selected, the duration of their involvement and how and in what circumstances involvement may be terminated. Clear Volunteer Agreements that build on volunteering and service user involvement best practice will be used and there will be arrangements for monitoring performance in these roles.

The specific areas where service user volunteer recruitment will be a major consideration are as follows:

(i) ‘Every Step of the Way’: volunteer roles/functions as:

- Research and field-work interviewers.
- Facilitators.
- Event and meeting organisers.
- Mystery shoppers.
- Flip camera operators.
- Communicators.
- Evaluators.
- Outreach workers and mentors.
- Experts by Experience – which will include: tailored training and support to become experts by experience who will provide advice, support and training to Lead Workers and others as part of the project; and tailored training and support to be part of an Expert Panel supporting the virtual Professional Hub and No wrong Door Network.

(ii) Outreach, Inreach & Signposting: possible roles/functions as:

- ‘Communication workers’ – contributing to outreach/Inreach.
- Peer support.

(iii) ‘Beyond the Basics’: this will be a service user-led workstream, its primary purpose being to ensure that the project develops and has in place arrangements that will help people with complex needs. There will be roles/functions for experts by experience who will help other service users:

- Develop positive peer networks and relationships.
- Access positive and stimulating leisure opportunities.
- Improve their access to training, volunteering, employment, self-employment and business development opportunities.

Around 120 volunteers a year will be involved.
We will also use our Volunteer Database and volunteering adverts to identify and encourage voluntary involvement from a wider public. Experts by experience will also be able to use these facilities (part of BVSC’s centre for voluntary action function) to develop wider volunteering opportunities for themselves.

11.4 Induction & Other Training

In addition to the tailored training and support for the specific roles detailed above, there will also be a clear induction programme supported with proper Role Descriptions, clear Volunteer Agreements and arrangements for monitoring performance in these roles. The induction will include orientation by way of shadowing in key locations including A&E, police stations, Birmingham & Solihull Mental Health NHS Foundation Trust teams, social workers, voluntary sector organisations, hostels, ambulance service.

11.5 Staffing & Volunteers: Policies & Procedures

Our draft Partnership Agreement states that partners will, as a minimum, be expected to have in place and adhere to the following policies/procedures:

- Equal Opportunities Policy
- Health and Safety policy
- Data Protection/Freedom of Information Policy
- Child Protection Policy
- Vulnerable Adult Protection Policy

These will apply to both paid and voluntary roles. They will also be expanded on or augmented with additional binding policies/procedures for the partnership as and when additional needs are identified.
12.0 PROJECT BUDGET – NOT INCLUDED

12.1 Budget Profile by revenue/overheads/capital by years:

13.0 FINANCIAL PLANNING - NOT INCLUDED

14.0 FINANCIAL APPRAISAL _ NOT INCLUDED

15.0 MARKETING AND COMMUNICATIONS

We will use plain clear, plain language communications produced in accessible formats, styles and language to ensure that we promote the successes of the project, advocate for system change and better policy, and change public attitudes to people with complex needs. See Appendix 14 for Draft Communications Plan.

15.1 Overall Marketing Objectives & Audiences

We will adopt a Communications Plan (which is already in draft form) which ensures consistent messages are conveyed throughout the life of the project. The purpose of our communication will be to:

- Promote and raise awareness of the project’s aims and progress.
- Create a strong and recognisable ‘brand’.
- Engage and build trust of service users and non-service users.
- Share lessons learnt.
- Raise awareness of the issues of the four complex needs themes.
- Celebrate milestones, successes and achievements of the project.
- Advocate for service and system change.

Key messages

Our key messages will include:

People with complex needs are at the heart of project design
- Their happiness and wellbeing are our main aim.
- Their contribution and opinions are valued.
- They are championing the project and are involved at every level in decision-making, service design and helping to change the ‘system’ for the better.
- Their confidentiality is respected and observed.
- The public understand that they are ‘real’ people who can be helped.

Core group members provide strong leadership
- Their leadership and expertise will be vital in shaping the course of the project.
- Their input, expertise and time are valued.

Delivery partners will work towards a seamless service for people with complex needs
- They will be guided by common protocols.
• Services will reach out across the city to people with complex needs.
• Lead workers are experts in their fields.

_Learning is key to achieving the project’s aims_
• Progress will constantly be monitored and learning shared.
• Honesty, openness and evidence about what’s working well and what isn’t.
We can make a difference!

- Campaigning and lobbying for system change when appropriate.
- Raising awareness of the issues around the four complex needs ‘strands’.
- WE CAN CHANGE LIVES!

Accessibility & inclusion

We will ensure that our communications reach the widest possible audience, including health care professionals, commissioners, potential and current service users and the general public. The guiding principles of our communications strategy will be:

**Plain English** – We will use Plain English principles as set out by the Plain English Campaign and will apply for the Crystal Mark to demonstrate this commitment.

**Less is more** - All communications will be clear and concise.

**Pictures speak louder than words** – We will use imagery to make our communications more engaging for all readers. This will include the use of cartoons, graphics and photographs.

**Easy read format** – Communications will be available in an alternative easy read, text and picture format to maximise accessibility and inclusion.

**Accessible** – Our website will include accessibility options for the visually impaired. All documents will be provided in large font formats on request.

**Face to face** – Communication with service users will be mainly conversational – i.e. with Lead Workers, experts by experience and peer mentors.

**Languages** – We will identify a team of community language speakers from amongst our delivery agencies that can be drawn upon to help service users who have difficulty communicating in English.

**Disability Compliant** – Our written communications, both printed and online, will conform to DDA standards.

15.2 Informing & Influencing Policy, Practice and Service Change

The key audiences that we will be communicating with are:
• Service users and potential service users.
• Core Group partners.
• No Wrong Door Network.
• Delivery agencies.
• Lead workers.
• Experts by Experience.

• Wider partnership.
• Commissioners and policy-makers.
• BVSC and related stakeholders.
• The wider voluntary sector.
• Wider public.
• Potential partners.

All of these will play a part in advocating for and promoting change in service design and delivery, in policy, and in public attitudes towards those whose needs are multiple and complex.

We will ‘segment’ our audiences to ensure that we communicate appropriate messages to appropriate audiences, and in ways that are appropriate to them.

In addition, we also have plans to hold specific events – in which service users and experts by experience are heavily involved at every level – to promote success and advocate for system change with key agencies and policy-makers.
16.0 RISK ANALYSIS

Please see Appendix 15 for detailed risk analysis.

We have conducted a full risk analysis considering strategic, regulatory, financial and operational factors.

We have identified no high impact and high probability risk areas but a number of medium risk areas or High impact/low risk. However, in each of these areas we are confident that in addition to our existing controls we also have in place plans for extra controls – in each case the responsibility of a named individual – that will successfully mitigate these risks. These medium risk areas are:

**Strategic**
- Core Group fails to sustain positive relationships:
- Commissioners do not recognise value of programme:

**Operational**
- Insufficient communication between partners, commissioners and with experts by experience.

**PEST Analysis**

We have also undertaken a PEST (Political, Economic, Social and Technological Analysis) which has identified a range of challenges including:

- At least two parliamentary elections (2015 and 2020).
- Three Comprehensive Spending Reviews.
- Possible EU Referendum.
- The degree to which public services are converted into a market and the issues that surround that (e.g. the Work Programme).
- Council elections: One third of Birmingham City Council is elected each year, followed by one year without election. The whole Council will be re-elected twice in the term of the project.
- Offender Rehabilitation Bill.
- Anti-Social Behaviour, Crime and Policing Bill.
- Reducing public donations and public sector cuts.

The full PEST analysis can be found at Appendix 16.
17.0 LASTING IMPACT

Promoting lasting change in service redesign and delivery, raising outcomes, promoting system-change and fairer, more effective policy, and ensuring that the successful models and approaches this project pioneers become mainstreamed are all crucial to the health and wellbeing of service users in Birmingham.

The whole delivery model of this project is predicated on testing new models and approaches that will:

- Improve outcomes for people with complex needs.
- Join-up and integrate services.
- Offer experts by experience an unprecedented level of involvement, decision-making and ‘ownership’ of the services they need and the changes they need to make in their lives.
- Demonstrate success and in so doing enable us – partners, supporters, stakeholders, service users and experts by experience – to advocate for lasting, long-term system-change.

Our purpose is to demonstrate by success what works and to ensure that these new approaches become mainstreamed and are the foundations for wider system change.

Promoting the benefits of the project to stakeholders and advocating for system change

We recognise the importance of promoting the benefits and successes of the project to stakeholders – see 15.1. It is vital that within this we focus in particular on promoting success and benefits to service users themselves and our communications, marketing and learning will do this. We already have a cohort of ‘experts by experience’ who recognise that one of the most powerful roles they can play in this project is to inspire other service users to achieve what they have.

We also recognise, however, that promoting the success of individual service users – by enabling service users to be at the forefront of our communications, telling their own success stories in their own words and focusing on what is important to them – will be a key element in advocating system-change to other agencies and providers.

We have plans for a range of innovative events and methods for sharing the learning and success of the project, including arts and cultural events, storytelling, video and podcasts, and ‘spreading success’ events in which service users are involved at all levels.

Widening impact

We are already working with others to widen the impact of the project and to ensure that its successful approaches become mainstreamed. Our core partnership is structured to reflect this and includes key public agencies as well as third sector specialists (see 2.0, Table 2).
We are also already working actively with others to link this project to other provision or initiatives where additional benefits for service users can be derived. (See section 4.5)

**Links with the private sector**

We are also aware that establishing strong links with the private sector will be key, not just to widening impact, but also to changing employers’ attitudes towards the complex needs community and to increasing their opportunities for employment and meaningful activity. We do not underestimate the challenge this will represent, at least amongst some sections of the business community.

However, BVSC is well placed to pursue this agenda. As the lead agent for the Birmingham Talent Match programme we already have substantial experience of voluntary sector-led employment initiatives (including Birmingham’s earlier Future Jobs Fund, which BVSC was also a prominent partner in).

We already have specific plans for strengthening links with, and the involvement of, the private sector:

- Links with the Talent Match programme bring with them access to sympathetic employers and private sector bodies, and we will build on these.

- We have a strong existing relationship with Birmingham Chamber of Commerce and will utilise this in support of the project.

- We (and other partners too) already have strong links with and in some cases working relationships too with key corporate social responsibility and business action organisations such as Business in the Community and the Prince’s Trust (both of which are involved in the Talent Match programme). We will use our existing linkages with Talent Match and HMP Birmingham (a private sector prison) to ‘leverage’ additional business involvement from programmes such as the Prince’s Trust Seeing is believing and Business in the Community’s Ready for Work.

- Key staff at BVSC already working on the Talent Match programme will also bring their expertise and contacts to the Fulfilling Lives programme in developing further private sector relationships.

- We will also promote the project heavily to the Greater Birmingham & Solihull Local Enterprise Partnership, where there is already an established third sector presence and an increasing acknowledgement amongst GBSLEP Board members that GBSLEP has more to do in order to meet the ‘socio’ element of its socio-economic function, particularly as the LEPs are, from 2013, the conduits for EU structural funds. GBSLEP brings together key employers in its territory, along with statutory public sector representation and we have spent over two years now working to ensure that the third sector has a ‘voice’ and can influence the LEP and its members.
We believe our tactic here should be to get one or two really high-profile (and/or influential) employers on-board and use them to ‘leverage’ interest amongst others. It is our experience from other third sector-led employment projects in Birmingham that you need to reach a couple of key ‘influencers’ and then access to others becomes significantly easier. We are hopeful that through some of the conduits mentioned above this can be done – and the importance of existing third sector relationships with key bodies such as Birmingham Chamber, Business in the Community, the Prince’s Trust and the GBSLEP should not be underestimated.

‘Mainstreaming’ the work of the project

The whole thrust of Fulfilling Lives: Complex Needs is predicated on mainstreaming successful new approaches and on effecting system-change. Our partnership was developed with this in mind. The unstinting support our statutory partners have given and continue to give to the development of the project is testament to their preparedness to learn from the project and be part of system-change and mainstreaming.

However, we also plan to include a flexible ‘systems change budget’ from Yr 2 of the project specifically to fund activities aimed at promoting, negotiating and encouraging system change. We have designed this element of the project spend as a flexible budget because at this point we do not know whether this will best be used to fund a specific post or a commissioned programme of systems change work from an appropriate specialist in the discipline.

Additional Funding

However, BVSC and the Core Group have a wide range of experience in attracting external funding to good practice and where possible we intend to attract additional funding to the project – in particular as part of the specific workstream exit strategies.

With two general elections being held within the lifetime of the project it is difficult to predict what funding may be available but this could include Social Impact Bonds (SIB) which enable commissioners to attract private investors to fund early and preventative action on complex and expensive social problems.

In addition, European funding could be explored to ensure any good practice developed could be shared with EU partners.
18.0 SUPPORTING INFORMATION

See Volume 2: Appendices