Fulfilling Lives: Supporting people with multiple and complex needs

Birmingham

Vision and Strategy
(Excerpts from Big Lottery Bid – to form a working document)
December 2012
Part one: Your vision

1.1 Which area are you applying from?
Birmingham

1.2 What does your project involve?

Our vision for complex needs services in Birmingham is of: improved quality and outcomes; better client access; improved referral and tracking; better diagnosis; an integrated and co-ordinated service response; & joint working with all stakeholders to develop a new evidence-based strategy for complex needs - with service redesign at its heart.

A group of 'networked partners' will collaborate to deliver integrated services based on shared information and a common assessment tool and standardised outcomes measurement.

Lead Workers will act as personal 'navigators’ to guide clients to the best support choices and help them take ownership of the change they need to make.

Service user participation will be embedded at every step of the way – in user advocacy and challenge, service design and delivery, future service commissioning and in sharing our project learning.

By the end of Year 8 lasting system change will have been created through working jointly with all stakeholders to develop a new evidence-based strategy for complex needs services in Birmingham – a key legacy of the project.

WE WILL:

- Establish a networked group of complex needs lead agencies committed to information-sharing and collaborative service delivery.
- With service user input, develop appropriate data-sharing protocols so that clients only have to "tell their story once" and do not fall through the net.
- Support a group of Lead Workers who will provide intensive support and act as service ‘navigators’.
- Demonstrator projects will test a social impact approach, as well as the use of discretionary awards to enable clients to purchase ‘missing’ services.
- Develop a shared Intelligent Common Assessment Tool (iCAT) to identify complex needs, test and standardise outcomes measurement tools and train/support staff in their use.
- Embed an inclusive service user-led approach in which clients are supported and enabled to participate in all service aspects including Quality Assessment, and staff are trained in supporting and responding to user involvement.
- Establish new signposting and referral pathways.
- Establish a virtual ‘Professional Hub’ to support service-improvement, data-sharing, and service-user involvement.
- Learning will 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.

1.3 How long will your project last?

- Eight years

1.3 When are you planning to start and finish your project?

- Estimated start date: 06/01/2014
- Estimated finish date: 31/12/2021

1.5 How will people benefit from your project?

1.6
2. At least 15 networked agencies will share approaches to assessment, outcomes, signposting data-sharing, service collaboration and increased outreach. They will also adopt a user-led Quality Assessment Framework, to enable at least 1,500 users to achieve better outcomes.

3. At least 120 service users per year will be intensively supported to participate in decision-making, service redesign, and development of a cross-agency service user-led Quality Assurance Framework. Users' influence and confidence will be raised enabling them to contribute to long term system change.

4. At least 150 clients per year will receive intensive personalised support from Lead Workers, the iCAT and outcomes measurement tool, improved referral pathways and better-managed transitions.

5. The partnership will work together with statutory providers to develop a new evidence-based strategy for complex needs support in Birmingham, embedding service redesign and lasting system change.

1.6 How many people will benefit from your project?

- 1,500¹

1.7 Where will your project take place?

- Across Birmingham

¹ This was reduced from 2,000 following discussions the Big Lottery
1.8 On what basis have you chosen to target your project’s services and activities?

(a) Give details of the needs of the people who’ll benefit, where they are located and why you have targeted these people.

Extrapolating from national research suggests that there are about 1,300 individuals with complex needs in Birmingham. However, migration, settlement patterns, the anonymity of a big city and the city's super-diversity suggest the number could be substantially greater than this.

There is also some ‘overlap’ with troubled families (perhaps as high as a 20%-30% according to the ‘Troubled Families’ lead analyst).

Research, which included a significant Birmingham sample (Multiple Exclusion Homelessness Across the UK, 2012), indicates that homelessness is the greatest common denominator for this group, and our partnership includes key homelessness charities which will ensure that we do reach these groups.

However, homelessness is also a late-presenting cause and one that doesn’t ‘capture’ the whole of this client group. Therefore rather than targeting only the homeless we will adopt the following inclusive three-fold approach:

1. Our standardised iCAT will identify those with complex needs already being supported by frontline partners as well as those entering the system. A shared outcomes measurement tool and improved data-sharing will enable service-users to be tracked and progress evaluated;

2. We will target support and interventions at key transition points where we know many of those at risk because of complex needs experience crises (e.g. young adults leaving/losing the family home, or people leaving prison);

3. We will target intensive outreach and ‘inreach’ to those who are outside the system or disengaged from services, because we know that a ‘drop-in’-style service will generally only reach those who are engaged and mobile.

These priorities very much reflect what our extensive consultation with service users has told us:
- Service users 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.
- Some want local services, but equally they do not want places that swiftly develop a reputation as ‘problem centres’ that are intimidating or stigmatising to use.

In modelling this response we have considered what does and what doesn’t work – e.g. we avoided a single access-point model because of the Bristol Hub experience, but recognise that services must be offered in a Psychologically Informed Environment (PIE), and should be culturally- and gender-sensitive (our consultation revealed significant differences in service preferences between men/women and some ethnic groups).
(b) Describe how the people who’ll benefit from your project have had their say on the needs and issues you are tackling.

We reviewed existing national and local research and consulted and ‘reality checked’ with 86 people with complex needs, using semi-structured conversations/small focus groups. We employed an ex-service user to engage people ‘on the street’ and to drive service user involvement throughout the bid development.

Key messages included:
- lack of signposting;
- being able to access services where they feel safe (e.g. not mixing ‘wet /dry’, ‘clean’/drug pushers);
- the frustration of waiting lists;
- repeatedly giving the same information but wanting control over how information is shared;
- travelling distances for services/wanting local services;
- variation in the quality of services;
- the importance of being respected as an individual/not being prejudged;
- need for consistency of staff contact in order to build trust;
- wanting ex-service users in service delivery as they ‘connect’/understand better;
- more outreach/‘inreach’;
- the importance of going beyond the basics of food/shelter - i.e. support to build positive relationships, access to training and social activities.

Many participants were keen to be ‘experts by experience’ in the next stages.

There were strong similarities in views but also diversity. Women tended to have greater concerns about confidentiality, while Asian participants highlighted the need to stay ‘hidden’ from their own communities and the importance of culturally sensitive services.

Twenty three people ‘reality-checked’ our project proposals in sessions facilitated by service users.

While there was generally strong support for the proposals, key messages included:
- increased emphasis on signposting and confidentiality;
- reassurance that service user involvement was not token; and,
- if waiting lists could not be reduced, then ‘support while you wait’ should be offered.

The views offered help shape the bid e.g. steering us away from a ‘one-stop-shop’ solution; increasing the emphasis on signposting and respect for confidentiality, and the importance of services users defining their own ‘fulfilled lives’.
1.9 How will you improve overall provision for the people who’ll benefit from your project?

People with complex needs will benefit from accessing a Network of quality-assured services where they feel welcome, safe, are treated as individuals, actively listened to and have confidence in staff.

They will have greater ‘ownership’ of the ‘journey’ they need to make. The network will be made up of partners who have are willing to work collaboratively and committed to long-term service redesign and lasting system change.

Improved data about complex needs, supplied through our Professional Hub, will strengthen the evidence-base and improve service commissioning and design. The project will build on the learning of the BCC Troubled Families Team, possibly bringing together data held by individual service providers.

We will build on the wide range of experience many partners already have in user involvement. Our 'Every Step of the Way' user involvement programme will ensure that service users are better equipped to influence commissioning, service design and their local community. One CCG has already indicated that it wishes to work with us so that service-users can be involved in the 'co-design' of health pathways for people with complex needs.

Service users will develop consistent and stronger relationships by being allocated Lead Workers to help them navigate services. The development of Lead Workers will build on the experience of a number of partners who already operate similar arrangements. Good practice will be shared, assisting partners to review and develop their own practice and thus driving change and the positive redesign of services.

Development of a service-user-led Quality Assurance Framework will help commissioners identify where resources can be best directed. We will build on and compare existing quality assessment frameworks, such as the Supporting People QAF.

While development of the Intelligent Common Assessment Tool (iCAT) for complex needs will build on Birmingham’s existing Family CAF (fCAF), as well as other assessment tools used by some partner agencies, the great advantage here will be in the development of an assessment tool that is tailor-made for complex needs and is amenable to use across the network. If there are instances where partners must continue to use an existing tool (e.g. because of national commitments), then other ways of enabling cross-sharing of assessment information will be identified.

Training will help to empower service users, staff and commissioners and will build on and integrate with existing training provision and accreditation. Because of the intensive training and support the project will provide to partners and frontline staff we think it may be worth exploring the potential for accreditation-based training for staff and service users.
### Part two: Your strategy

#### 2.1 Who are the organisations in your core partnership?

<table>
<thead>
<tr>
<th>Organisation Name</th>
<th>Relevant Experience</th>
<th>Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE USERS- to champion ‘key issues’.</td>
<td>Service users will be supported with training and enabling techniques to ensure involvement is not tokenistic and part of lasting change.</td>
<td>Service users champions will be identified for each of the ‘key issues’ identified in the service user consultation. E.g. importance of consultation.</td>
</tr>
<tr>
<td>EACH CORE PARTNER</td>
<td>Specialists in their field- chose for Partnership based on ability to lead and champion change in specific areas.</td>
<td>At least one partner will ‘CHAMPION’ a complex need, activity, partnership link, service user priority or service redesign area. SEE BELOW.</td>
</tr>
<tr>
<td>Fry Housing Trust</td>
<td>Provides accommodation and support to over 300 homeless/ex offenders. Actively involved in bid development.</td>
<td>CHAMPION FOR: Risk of reoffending; better signposting and access to services (service user key issue); Guns and Gangs.</td>
</tr>
<tr>
<td>Midland Heart; Housing, Care and More.</td>
<td>32,000 homes including supported housing for people with complex needs. Led Common Assessment/Data Sharing Task Group in bid development.</td>
<td>CHAMPION FOR: Data Sharing; Hub; ICAT; Supported housing and hostels; personalised services (service user key issue); partnership link to Birmingham Social Housing Partnership.</td>
</tr>
<tr>
<td>MIND (Birmingham MIND)</td>
<td>Campaigns to improve services, raise awareness, promote understanding of mental health issues and provides advice and support services.</td>
<td>CHAMPION FOR: Mental Health; Wellbeing; Provision beyond the basics (service user key issue).</td>
</tr>
<tr>
<td>Shelter</td>
<td>Campaigns against homelessness, provides advice, advocacy, housing support and family intervention. Led Future Resources Task Group.</td>
<td>CHAMPION FOR: Homelessness; national perspective; ‘no wrong door’ (key service user issue).</td>
</tr>
<tr>
<td>SIFA Fireside</td>
<td>Practical homeless/alcohol misuse support. Lead for User Involvement in bid development. Third Sector Assembly Representative on Health &amp; Wellbeing Board.</td>
<td>CHAMPION FOR: Alcohol misuse; Active listening/training; Cultural/social activities (service user key issue); Partnership link to Health and Well-being Board.</td>
</tr>
<tr>
<td>St. Basils</td>
<td>Local charity working with 16-25 year olds to prevent youth homelessness by providing a range of services and supported accommodation.</td>
<td>CHAMPION FOR: Young adults transition; iCAT; Not having to &quot;tell story more than once&quot; (service user key issue).</td>
</tr>
<tr>
<td>Turning Point/ Birmingham Drugline</td>
<td>National voluntary sector organisation for people with drug/alcohol problems, mental health issues, learning disabilities, and employment support needs.</td>
<td>CHAMPION FOR: Substance misuse; learning disability; mental health; service users involved in service delivery (service user key issue).</td>
</tr>
</tbody>
</table>
Fulfilling lives: Supporting People with Multiple and Complex Needs: Birmingham: Vision and Strategy Extracts

<table>
<thead>
<tr>
<th>Women Acting in Today's Society (WAITS)</th>
<th>Local women’s education charity providing supported housing, advice, employment support, business Development, citizenship training.</th>
<th>CHAMPION FOR: Women; active citizenship; confidentiality (service user key issue); feeling safe (key service user issue); disability.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVSC</td>
<td>Lead organisation; operates Centre for Voluntary Action, convenes the Third Sector Assembly and facilitates third sector partnerships/ initiatives.</td>
<td>CHAMPION FOR: Third sector engagement; user-led quality framework; user involvement evaluation; dissemination; communication.</td>
</tr>
<tr>
<td>Birmingham and Solihull Mental Health NHS Foundation Trust</td>
<td>Provides specialist mental health services across Birmingham and Solihull, including community outreach, addictions, homeless, rehab, forensic, primary care, prisons.</td>
<td>CHAMPION FOR: Mental health; Lead Workers.</td>
</tr>
<tr>
<td>Birmingham City Council</td>
<td>Provides and commissions a range of complex needs services such as housing, care, supporting people; drug &amp; alcohol team &amp; public health.</td>
<td>CHAMPION FOR: Link to Birmingham City Council Services especially Troubled Families; Supporting People, Care, Public Health, Drug &amp; Alcohol Action Team etc.</td>
</tr>
<tr>
<td>Staffordshire and West Midlands Probation Trust (Birmingham office)</td>
<td>Responsible for assessment and supervision of offenders; reducing re-offending; enforcement, and community punishment and rehabilitation.</td>
<td>CHAMPION FOR: Reoffending; Links with other offender and offender rehabilitation programmes.</td>
</tr>
<tr>
<td>West Midlands Police Service</td>
<td>Second largest police force; responsible for preventing/policing crime and maintaining public safety; Key partner Partnership in Community Safety Partnership.</td>
<td>CHAMPION FOR: Crime reduction; offenders; Partnership link to Community Safety.</td>
</tr>
</tbody>
</table>

2.2 How will the core partnership operate?

Because our proposal consists of a number of interdependent workstreams, the Core Partnership will meet regularly as a 'project board' to support & guide BVSC in its role as lead agency. It will also have a key role in ‘safeguarding’ the Vision and Strategy. Specific Core Partners will 'champion' specific elements of the programme based on their expertise and service-user cohort (for details see 2.1 & attached diagram).

Terms of Reference and a Partnership Agreement for the Core Partnership will be developed and adopted. These will be based on tried and tested procedures used in other BVSC-led Big Lottery-funded partnerships such as Talent Match and Transforming Local Infrastructure. Individual role descriptions will be agreed for each core partner.

Over 30 organisations have indicated that they want to be actively involved in the next stage of developing the Business Plan and we envisage they will continue as a Supporting Partnership being active in developing the project work streams. In addition, there will be a Wider Partnership of at least 60 organisations which will take part in sharing and learning and will be kept up-to-date with

C:\Documents and Settings\helenc.BVSC.000\Local Settings\Temporary Internet Files\Content.Outlook\ZSXLDBLX\Complex Needs Strategy and Vision - word version 130320.doc
the progress of the project. Since many of the organisations have service delivery remits beyond Birmingham, we anticipate that they will be able to spread good practice and programme information via their wider territories and/or strategic relationships.

Detailed service specifications will be designed and written prior to commencing delivery. Specific Delivery Partners for these services will be chosen using tried and tested contracting/commissioning protocols. Their selection will be transparent, based on ability to meet specified quality thresholds and capacity requirements, and will adhere to commercial criteria. A key requirement of our commissioning will be the involvement of service users in the development and delivery.

Specific operating protocols will be designed as part of the project planning stage - e.g. referral and data-sharing protocols. A Memorandum of Understanding will be developed to guide relationships with statutory providers whose co-operation in the project ’supply chain’ will be vital.

2.3 How were the organisations within your core partnership selected?

We have adopted a ‘bottom-up’ approach to the development of the bid and also to the formation of the Partnership. The Core Partnership is made up of those from the Wider Partnership who have been active in contributing to the development of this proposal and those organisations best suited to make a strategic contribution. It includes representatives for several significant and relevant city partnerships (such as the Health & Wellbeing Board and the Community Safety Partnership) to help ensure integration. It also includes specific and supported input from Service Users (see attached diagram).

In its role as lead agency, BVSC widely publicised the opportunity for local organisations and service users to contribute to the Complex Needs “vision” for Birmingham. 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 & Finish Groups and BVSC who helped to fine-tune and integrate the developing proposals.

BVSC invited organisations to become members of the Core Partnership on the basis of their taking responsibility for defined areas of the developed proposal (e.g. Birmingham City Council will ensure that the Complex Needs initiative is properly connected to other related initiatives in the area, such as Troubled Families, with defined referral mechanisms in place). BVSC also considered Big Lottery guidance that organisations forming the Core Partnership should be relatively stable with a track record in supporting Complex Needs services.
### 2.5 What are the most important services and activities you expect to deliver during your project?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Project Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish baseline data about complex needs in Birmingham Work closely with the national evaluation partner to monitor the impact of the project and share lessons.</td>
<td>1 and beyond</td>
</tr>
<tr>
<td>Design/implement data collection framework and information-sharing protocols.</td>
<td>1 and beyond</td>
</tr>
<tr>
<td>Design and test Intelligent Common Assessment Tool (iCAT) and provide training/ support in its use together with a shared Outcomes Assessment Framework.</td>
<td>1 and beyond</td>
</tr>
<tr>
<td>Design framework for integrated services including referral pathways and transition routes, collaborative delivery.</td>
<td>1</td>
</tr>
<tr>
<td>Develop an ‘Every Step of the Way’ approach to service user involvement to enable full service user participation at all levels including service user-led Quality Framework and long term influence in system change. This will include training/ support for staff and users.</td>
<td>1 and beyond</td>
</tr>
<tr>
<td>Design, development and implementation of the Lead Worker role, followed by recruitment and training. The design will include service users and front line staff already undertaking these or similar roles.</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>Improve signposting, including targeted outreach and inreach.</td>
<td>1 and beyond</td>
</tr>
<tr>
<td>Establish Virtual Hub for professional support/development, user enablement, data-sharing, best practice, development of psychologically informed approaches, and data analysis.</td>
<td>2 and all years</td>
</tr>
<tr>
<td>Mainstreaming the approach by service redesign and system change briefings; bi-annual ‘story-telling’ conferences for service users, providers, and commissioners to report success and learning.</td>
<td>Year 2 onwards</td>
</tr>
<tr>
<td>Design and develop support arrangements so that service users can be employed or Volunteer within the project. These will be evaluated to demonstrate effective models and benefits.</td>
<td>2 and onwards</td>
</tr>
<tr>
<td>Develop a formal Network of Agencies committed to common information sharing standards, blended/integrated services and supporting multiple access points to services but in a managed and focused way. This will evolve primarily during years 1 &amp; 2.</td>
<td>1,2 and all years</td>
</tr>
<tr>
<td>Design, implement and monitor a Demonstrator Project involving discretionary awards which will assist the purchase of services currently not provided. Lead workers need to be established for this to happen.</td>
<td>2 and ongoing</td>
</tr>
<tr>
<td>Evaluation and comparison of a cohort of service users who do not have Lead Worker with those who do.</td>
<td>3 and onwards</td>
</tr>
<tr>
<td>Monitoring the individual ‘journeys’ of service users using ‘flip camera’ interviews at key points. This will allow clients to see their own progress; with clients’ permission use these video diaries to showcase achievement/lessons learnt.</td>
<td>All</td>
</tr>
<tr>
<td>Joint training for commissioners, front line staff and service users to build understanding about the difficulties and challenges they each face. Contribute to wider cultural and system change as part of developing new evidence-based strategy for complex needs in Birmingham.</td>
<td>All</td>
</tr>
<tr>
<td>Development of a fundraising and ‘match funding’ strategy both to enhance what the project itself can achieve but also to sustain positive outcomes from (and legacy for) the project.</td>
<td>All</td>
</tr>
</tbody>
</table>
2.6 How will your activities help you achieve your project outcomes?

Partnership working by at least 15 frontline agencies, their use of shared assessment and outcomes measurement tools, and their commitment to data-sharing will enable services to be joined-up and integrated, thus ensuring that where complex needs are identified there is a service response personalised to each client's needs. This will enable a greater number of clients with complex needs to be identified while also reducing the potential of them 'falling out' of the system. It will also be central to bringing about the service transformation and culture change the BIG Lottery wants this programme to help achieve.

In a service area where users typically report feeling disempowered rather than empowered, innovative new approaches to user involvement are vital. 'Every step of the way', our comprehensive user involvement programme will empower clients at all levels and in all aspects of the services they require, thus ensuring that they have a greater 'ownership' of the changes they need to achieve and the 'fulfilled lives' they aspire to.

Our new iCAT and outcomes assessment tool will enable those with complex needs already 'in the system' to be better supported and their lives turned around. However, we have acknowledged from the outset that this project must also reach those who are disengaged from the system and those for whom 'institutional distrust' (as one user expressed it) is a barrier to their use of services. Therefore intensive outreach and 'inreach' is modelled into our project to ensure that those who are disengaged from services or at risk of disengagement are identified and supported with earlier interventions or intervention at critical transition points between services where they are at increased risk (e.g. leaving prison).

Service users have told us they need more intensive support at various times and that overall there needs to be significantly better signposting of services on offer. For these reasons a key staff member in each delivery partner will be designated Lead Worker. Lead Workers will be developed and supported to provide intensive support and personal contact for small group clients (we will test the ideal ratio of client to Lead Worker caseloads but anticipate that 12 Lead Workers would have a combined caseload of around 75 intensively supported clients at any one time). Lead Workers will also act as individual service 'navigators' and case workers for each client in their caseload. This will be a demanding role and must be well-supported.

Our Professional Hub will provide professional support/development, especially (but not solely) for Lead Workers, as well as supporting user involvement, data-collection, data-sharing and usage/interpretation.

The Hub will also be our primary focus for the promotion / sharing of best practice, influencing wider system change and the development of a new evidence-based joint strategy for complex needs services in Birmingham.
2.7 How will the people who will benefit from your project be involved in shaping it?

A number of agencies involved in the Partnership have strong experience of involving service users and we will build on this; but we will also introduce a greater range and more creative of ways of involving people, making it a central part of quality services, project development and wider system change.

Some service users who have taken part in consultations have indicated their willingness and enthusiasm for being involved in the next steps of this project; others are currently less keen or confident. It is clear that we need to provide a range of ways for people to be involved - e.g. commenting on service quality or design; providing views/feedback in video-clips/podcasts; being part of workstream development groups; involvement in 'sounding-board' groups/reality checks or in innovative participation techniques (e.g. arts-based), being 'service influencers'. Early in the business planning process we will work with groups of service users to design a meaningful and empowering package of training and support entitled 'At Every Step of the Way'.

We will also be proactive in identifying opportunities where people with complex needs can be employed within the project (paid or voluntary) and will design and implement a project-wide training and support programme to enable this. Job descriptions and person specifications will actively value having personal experience of complex needs. Examples of such opportunities include: research and field-work interviewers; facilitators; event and meeting organisers; mystery shoppers; Flip camera operators; communicators; evaluators; outreach workers and mentors. Employing people with complex needs will be key to reaching people who currently do not access services.

We will also be proactive in identifying opportunities in each workstream where it may be possible to support service users to form social enterprises and/or provide service delivery themselves (e.g. one service-user group is already considering establishing a social enterprise offering 'mystery shopping' services in mental health services). Key to this will be to develop models of support.

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.

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".

2.8 How will you record your learning and share it with others so they can benefit from what you've done?

We will capture learning by working in conjunction with the national evaluator to establish a social impact model of evaluation for our project from the outset. This will enable cost benefits to be identified and encourage investment across and between organisations. Key to this will be capturing service users’ progress by engendering a culture of willingness for service users to freely share information - this must be founded on trust and respect.
By sharing our learning we aim to:

i) Change the culture of services, including the way people with complex needs are considered and how they consider themselves. Development of a joint evidence-based strategy for complex needs services is central.

ii) Influence and improve the range, depth and quality of service provision and commissioning;

iii) Inform the continuing strategic development of this project.

Therefore, during the life time of the project WE WILL:

i) Make written evaluations of all aspects of the project widely available.

ii) Use 'story-telling', arts-based approaches and events that help showcase and communicate the achievements of service users and service providers. E.g. a ‘7-Up’ style film tracking a group of service users throughout the lifetime of the project, so that they can see for themselves the progress they have made and, if they are willing, to share their stories with the wider world.

iii) Produce 'legacy' products, e.g. models of service redesign; evaluated models of service provision; toolkits for service redesign, model quality assurance frameworks; key worker job descriptions and guidance, employment and volunteer models for service users; evaluated iCAT; service user involvement models; statistical models of the nature, range and interaction of complex needs in Birmingham; and design and develop training courses (possibly accredited) for people who are part of the project and beyond. This will promote system change and inform the proposed joint strategy for complex needs services in Birmingham.
Part three: Funding

NB: Slightly amended from original submission following discussion with Big Lottery

<table>
<thead>
<tr>
<th>Revenue Costs</th>
<th>Total cost (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development costs (project plan)</td>
<td>50,000</td>
</tr>
<tr>
<td>Co-ordination of delivery (staff and running costs)</td>
<td>745,016</td>
</tr>
<tr>
<td>Training</td>
<td>619,800</td>
</tr>
<tr>
<td>Communications and promotion</td>
<td>210,000</td>
</tr>
<tr>
<td>Budget to commission redesign</td>
<td>550,000</td>
</tr>
<tr>
<td>User Involvement (including Every Step of the Way)</td>
<td>1,353,756</td>
</tr>
<tr>
<td>Lead professionals</td>
<td>2,390,000</td>
</tr>
<tr>
<td>Building Awareness (signposting; in reach and outreach)</td>
<td>1,000,000</td>
</tr>
<tr>
<td>HUB development</td>
<td>800,000</td>
</tr>
<tr>
<td>Learning, evaluation and dissemination</td>
<td>250,000</td>
</tr>
<tr>
<td>Management and overhead costs</td>
<td>1,050,000</td>
</tr>
<tr>
<td><strong>Capital costs</strong></td>
<td></td>
</tr>
<tr>
<td>IT hardware and software</td>
<td>410,000</td>
</tr>
<tr>
<td><strong>Total costs</strong></td>
<td><strong>10,000,000</strong></td>
</tr>
</tbody>
</table>

END

For more information please contact:

138 Digbeth
Birmingham
B5 6DR

t: Tel: 0121 643 4343

e: admin@bvsc.org

w: www.bvsc.org