



**Homeless & Multiple  
Compound Needs  
Integrated Community Team**

**Compact Agreement**

**Version:**

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## 1. Executive Summary / Introduction

The HMCN Integrated Community Team (ICT) Compact Agreement establishes a framework for collaborative, trauma-informed, and client-centered service delivery for individuals experiencing multiple and compound needs (MCN) in Brighton & Hove.

This agreement aligns with the MCN Transformation Programme aims and the Brighton & Hove Health and Care Partnership, ensuring a unified approach to improving life quality and systemic efficiency. By fostering shared accountability, joint decision-making, and integrated service provision, the Compact supports a sustainable, whole-system transformation.

The agreement also supports the aims of the Sussex ICT Neighbourhood Health Plan by developing an integrated approach to improving the health and care outcomes for people with higher levels of physical frailty with complex health and social care needs

This Compact Agreement came out of the Brighton & Hove MCN Partnership Summit in November 2024 where partners committed to develop the HMCN Integrated Community Team and the principles associated with *team around me* model of integrated working

This Compact Agreement provides a formal partnership agreement that will underpin and enable partners to deliver the aims of the new Brighton & Hove HMCN Integrated Community Team (ICT) as part of the city's MCN transformation programme. The Compact is overseen by the Brighton & Hove Health and Care Partnership Executive (HCPE), ensuring continuous evaluation and adaptation to evolving needs.

## 2. Vision and Aim of Integrated Working

### Our Vision

For people experiencing multiple and compound needs to lead healthy, independent lives with value and meaning for them.

### Our Aim

Is to establish an integrated and proactive care approach to improve life quality & expectancy for people with MCN's and reduce the pressure on our statutory and urgent care systems. .

This vision is supported by the Team Around Me (TAM) model, promoting a whole-system transformation to enhance service delivery for individuals facing multiple compound needs. The Compact prioritizes co-production, equality, diversity, and inclusion to create a sustainable, integrated approach for long-term systemic change.

### 3. Principles Underpinning the Compact Agreement

#### **Trauma Informed Care**

A trauma-informed approach ensures that services are delivered with an understanding of the impact of trauma, fostering an environment of safety, trust, and empowerment for individuals with multiple complex needs.

#### **Client Led**

Clients receive control over their support through co-production, trauma-informed care, and strength-based practices

#### **Shared accountability:**

All provider partners collaborate in multi-agency working and relevant meetings to identifying opportunities, overcome barriers and improve service delivery.

#### **Service Continuity:**

Professionals remain engaged during key transitions to support clients' recovery.

#### **Innovative Practice:**

The Action Experiment is a core principle that promotes a culture of positive risk-taking, innovation, and continuous learning. It enables teams to test new approaches in real-time, refine service models based on client feedback, and drive systemic change through iterative improvements.

This compact agreement aligns with the principles of the Sussex Integrated Care Strategy *improving lives together* and in particular the ambition for the new [Integrated Community Teams](#)

The MCN programme will continue to act as Brighton & Hove's Place-based community frontrunner programme supporting the development of ICTs

### 4. Purpose of the Compact

The Compact's purpose is to ensure the successful implementation of integrated working for those with multiple compound needs in the City of Brighton & Hove. The Compact provides a framework to enhance collaboration and to govern working relationships between agencies, by:

- Encouraging agencies to work collaboratively for the benefit of the entire system.
- Clarifying decision-making processes at senior level.
- Enabling the Homeless & Multiple Compound Needs Integrated Community Team (ICT).
- Enhancing inter-agency relationships and communication.
- Promoting shared learning and systemic change.
- Enabling digital & estate integration and supporting workforce development
- Supporting joint commissioning for multiple compound needs

The Compact ensures that the care and support for people with MCN, and the health of the system in Brighton & Hove are seen as a mutual responsibility; that organisations that have adopted the Compact will do their best not to harm the effectiveness of the whole system and will, wherever possible, enhance it.

Acknowledging that some agencies have a funding relationship, the Compact is not intended to address funding issues specifically.

The development of the Compact is a learning process for all involved. It is intended to be a live document, which will evolve over the course of time.

## 5. Delivery Partners involved in the Compact Agreement

Arch Homeless Primary Care Team

Changing Futures Multi-Disciplinary Team & Rough Sleeper Navigator Team

BHCC Statutory Services

CGL SMS Recovery Team

CGL Rough Sleeper Outreach Team

SPFT Mental Health Homeless Team

SCFT Homeless Inclusion Team

Common Ambition – Lived Experience

Homeless & Rough Sleeper VCSE Network

### 5.1 Partner Commitments

1. Provide appropriate representation at all ICT meetings. Representatives should be of a suitable level of seniority, and where relevant, organizations should send both clinical and managerial members.

2. Gather and share relevant data and information regarding system and service performance to support the transformation agenda.
3. Work collaboratively with partners to make system improvements.
4. Prioritize Trauma-Informed and Client-Centered Care – Ensure all services adopt a trauma-informed approach, fostering trust, safety, and empowerment for individuals with MCN.
5. Support Workforce Development – Commit to staff training and professional development to enhance trauma-informed practice, service coordination, and reflective learning.
6. Support digital integration aims- through the development and use of the Plexus interface and ensuring the appropriate client data can be shared in responsible way across key agencies
7. Ensure Service Continuity – Maintain engagement with clients during key transitions, reducing service gaps and ensuring consistent support.
8. Promote Innovation and Positive Risk-Taking – Encourage adaptive approaches, test new service models through the Action Experiment, and refine strategies based on lived experience feedback. Representatives should be of a suitable level of seniority, and where relevant, organizations should send both clinical and managerial members.
9. Gather and share relevant data and information regarding system and service performance to support the transformation agenda.
10. Work collaboratively with partners to make system improvements.
11. Lead on specific works plans that support the city’s MCN transformation programme

## 6. Framework for Integrated Working

To enable integrated working between the partners outlined in the Compact Agreement, the following models have been developed for the ICT and the wider multiple complex needs Partnership.

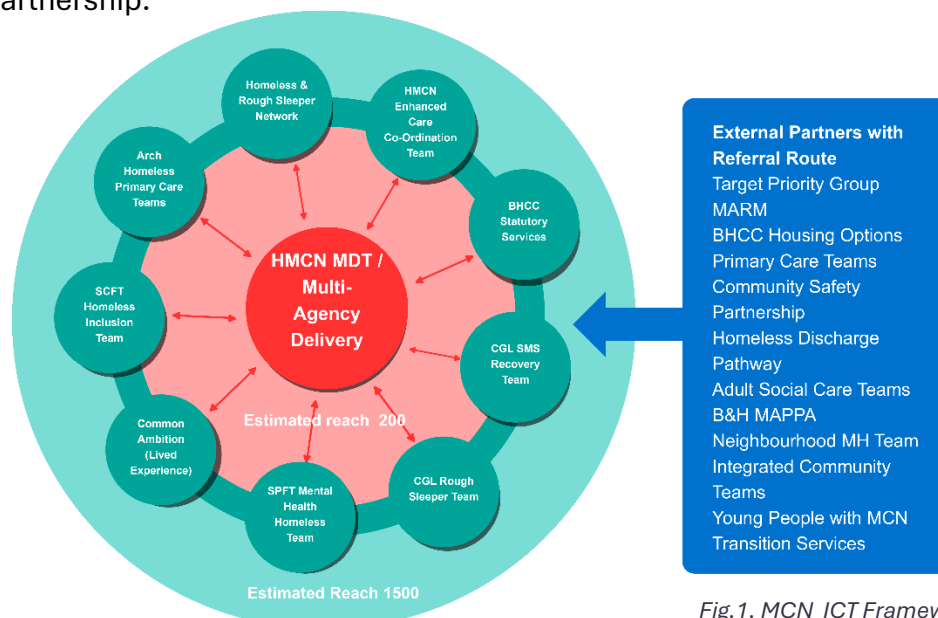
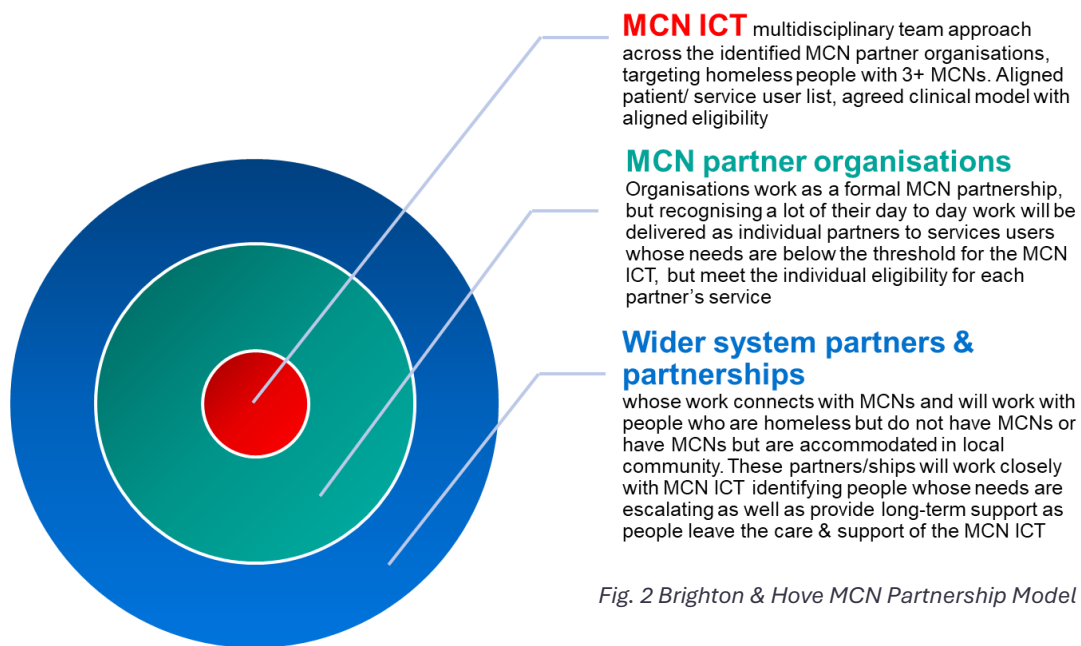


Fig.1. MCN ICT Framework



## 7. Communication Protocols

The HMCN ICT Leadership Group will meet monthly.

*To be added:*

*HMCN Multi-Agency Delivery Forum*

*Quarterly MCN Partnership Steering Group*

## 8. Funding and Resources

The Compact agreement carries with it the commitment by signatories to use the available resources within the organisations represented to support the aims and objectives of integrated working as it is outlined in the agreement. This includes relevant staffing resources.

The intention is that this Compact Agreement will be appended to any relevant commissioning contracts. Agreeing to the commitments and principles within the Compact will form part of the commissioning process for the relevant agencies.

As part of the MCN Transformation Programme it is anticipated that over time we will want to develop an joint commissioning approach for MCNs aligned to the aims of the Sussex Joint Commissioning Framework. The principles vision, principles and model of working set out in this Compact will act as a foundation for that joint commissioning aim.

## 9. Joint Decision-Making Process

The joint decision-making process follows a collaborative approach that ensures transparency, shared accountability, and client-centered outcomes.

1. **Consensus Building:** Decisions will be made through discussion and agreement among all relevant stakeholders during scheduled meetings.
2. **Multi-Agency Review:** Complex cases or systemic challenges will be reviewed in the Monthly MCN ICT Leadership Group, where service leads provide input and align strategies.
3. **Escalation Mechanism:** If consensus cannot be reached, the matter will be escalated through our Health & Care Partnership governance .
4. **Client Involvement:** Where appropriate, decisions will integrate insights from lived experience to ensure person-centered service delivery.
5. **Implementation & Monitoring:** Agreed actions will be documented, implemented, and reviewed periodically to assess effectiveness and adapt as needed.

## 10. Conflict Resolution Procedure

To ensure effective collaboration and maintain a productive working environment, the following conflict resolution process will be followed when disagreements arise:

1. **Direct Resolution** – Where possible, conflicts should be addressed and resolved at the lowest appropriate level through open and honest discussion between the involved parties.
2. **Facilitated Discussion** – If a resolution cannot be reached, a neutral third party, such as a team leader or designated mediator, will facilitate a structured conversation to explore solutions.
3. **Escalation to Leadership** – If the issue remains unresolved, it will be escalated to the MCN ICT Leadership Group, where service leads will provide guidance and a decision.
4. **Referral to the Health & Care Partnership Executive (HCPE)** – For significant disputes impacting service delivery, a final decision will be made by the HCPE to ensure alignment with system-wide priorities and strategic goals.
5. **Review and Learning** – After resolution, involved parties will reflect on the process to improve conflict management approaches and prevent future issues.
6. This structured process ensures that conflicts are addressed in a fair, transparent, and timely manner, prioritizing client needs and maintaining effective multi-agency collaboration.



## **11. Co-Production**

Partners are committed to elevating the voice of those who are, have been or will be affected by the work of the ICT. Where possible the ICT will engage co-production processes to help shape and improve services through collaboration with professionals.

## **12. Staffing and Training**

Partners are committed to ongoing professional development, trauma-informed training, and reflective practice to enhance staff skills and resilience. Partner agencies will provide regular training opportunities to the wider MCN ICT, encourage peer learning, and ensure staff well-being is prioritized to maintain high-quality service delivery.

- Staffing: Agencies allocate staff resources for ICT work.
- Digital Integration: Commitment to appropriate data sharing and integration.
- Estates: Move towards co-located working as per MCN Homeless Healthcare Summit agreements.

## **13. Undertakings by Signatories**

All agencies agree to:

- Respect the Compact's principles and commitments.
- Foster honesty, integrity, and collaboration.
- Maintain open communication and transparency.
- Share information to benefit clients and systemic improvements.
- Encourage participation in reflective practice and system learning.
- Actively resolve conflicts and work together to meet MCN needs.
- Identify a senior representative to communicate and make decisions on behalf of their agency.
- Engage in Compact and ICT reviews.

### **13.1 Enablers to the Compact and Model**

- Staffing: Agencies allocate staff resources for ICT work.
- Digital Integration: Commitment to appropriate data sharing and integration.

- Estates: Move towards co-located working as per MCN Homeless Healthcare Summit agreements.

### **13.2 Undertakings by organisations which have adopted the Compact**

All agencies agree to:

- Respect the Compact's principles and commitments.
- Foster honesty, integrity, and collaboration.
- Maintain open communication and transparency.
- Share information to benefit clients and systemic improvements.
- Participate in reflective practice and system learning.
- Actively resolve conflicts and work together to meet MCN needs.
- Identify a senior representative to communicate and make decisions on behalf of their agency.
- Engage in Compact and ICT reviews.

## **14. Governance & Review**

The Brighton & Hove Health and Care Partnership Executive (HCPE) will oversee the Compact's implementation and review its effectiveness. The HCPE will:

- Monitor, evaluate, and oversee implementation with quarterly reviews.
- Address and resolve issues that arise.
- Report to the Health and Wellbeing Board and recommend improvements.
- Promote adoption and champion the Compact's principles.

## **15. Signatories**

The following partner organizations agree to the principles and commitments outlined in this Compact Agreement:

1. Arch Healthcare
2. Changing Futures Multi-Disciplinary Team & Rough Sleeper Navigator Team
3. BHCC Statutory Services
4. CGL SMS Recovery Team
5. CGL Rough Sleeper Outreach Team
6. SPFT Homeless Health Team

7. SCFT Homeless Inclusion Team
8. Common Ambition – Lived Experience
9. Homeless & Rough Sleeper Network (VCSE Partners)

### **Signatures from Partner Organisations**

<b>Signed by</b>	[INSERT FULL NAME]
<b>Position</b>	[INSERT POSITION IN ORGANISATION]
<b>For and on behalf of</b>	[INSERT ORGANISATION NAME]
<b>Signature(s)</b>	X
<b>Date of Signing</b>	[INSERT DATE]

# Appendices

## Appendix 1: Definitions

**MCN (Multiple and Complex Needs):** Individuals experiencing a combination of homelessness, substance misuse, mental health issues, and contact with the criminal justice system.

**ICT (Integrated Community Team):** A multi-agency team working collaboratively to support people with MCN.

**TAM (Team Around Me):** A model of care coordination ensuring individuals receive holistic and person-centered support.

**HCPE (Health and Care Partnership Executive):** The overseeing body responsible for monitoring the Compact Agreement's implementation.

**Action Experiment:** A principle that promotes innovation, positive risk-taking, and real-time learning to improve service delivery.

**Co-Production:** The active involvement of individuals with lived experience in shaping and improving services.

**Trauma-Informed Care:** An approach that recognizes and responds to the impact of trauma, fostering safety, trust, and empowerment.

## Appendix 2: Data Sharing Agreement & DPIA

This appendix outlines the data-sharing principles and Data Protection Impact Assessment (DPIA) framework to ensure the ethical, lawful, and secure handling of information within the Integrated Community Team (ICT).

### Data Sharing Principles

1. Legal Compliance – All partners will adhere to relevant data protection legislation, including GDPR and the Data Protection Act 2018.
2. Purpose Limitation – Data will only be shared to improve client care, support system transformation, and enhance service delivery.
3. Data Security – Information will be stored and transferred securely, with appropriate access controls in place.
4. Client Consent – Where applicable, informed consent will be obtained for data sharing, except in cases where safeguarding concerns apply.
5. Transparency & Accountability – Partners will document and review data-sharing practices to maintain trust and compliance.

## **DPIA Framework**

- **Identification of Risks:** Evaluating potential data protection risks associated with multi-agency collaboration.
- **Mitigation Strategies:** Implementing safeguards such as anonymization, secure platforms, and role-based access.
- **Review & Compliance:** Regular assessments to ensure adherence to data-sharing policies and legislative requirements.

### **To follow:**

- Data Sharing Agreements
- Data Protection Impact Assessment to be appended
- Data Security & Protection Toolkit Compliance to be appended

## **Appendix 3: Team Around Me Principles**

The Team Around Me (TAM) model is a collaborative, person-centered approach designed to ensure holistic support for individuals experiencing multiple and complex needs (MCN). The following principles guide its implementation:

1. Client-Led – Enabling multi-agency groups to work in a person-centered and trauma-informed way.
2. Shared Accountability – Collective safety and support planning, sharing tasks, risk, and resources.
3. Service Continuity – Staying involved in a one-team approach, particularly during transitions, making collaborative, preventative, and restorative approaches.
4. Innovative Practice – Person-centered and trauma-informed solutions are enabled, and positive risk-taking is explored and learned from.

## **Appendix 4: Terms of Reference**

### **Purpose**

The Terms of Reference outline the roles, responsibilities, and operational framework for the Integrated Community Team (ICT), ensuring collaborative, trauma-informed, and client-centered service delivery for individuals experiencing multiple and complex needs (MCN).

### **Membership**

ICT membership comprises representatives from partner organizations committed to the Compact Agreement, including clinical, managerial, and operational leads.

### **Key Functions**

1. Strategic Oversight – Aligning service provision with the MCN Transformation Programme and Health & Care Partnership objectives.
2. Multi-Agency Collaboration – Facilitating integrated working and joint decision-making.
3. Service Improvement – Identifying and addressing systemic challenges to enhance service user outcomes.
4. Data Sharing & Evaluation – Monitoring service impact and sharing insights to inform ongoing improvements.
5. Capacity Building – Supporting workforce development through training and knowledge exchange.

## **Appendix 5: Meetings Structure**

- Monthly ICT Leadership Group Meetings – Strategic discussions, policy alignment, and governance. Agenda and supporting papers to be sent at least a fortnight before meetings
- Weekly Multi-Disciplinary Team Meetings – Case coordination and operational decision-making.
- Quarterly Reviews – Evaluation of ICT effectiveness and refinement of strategic priorities.

