Date of Meeting	28th September 2021
Portfolio	Communities and Environment Overview and Scrutiny
Report Author	Helen Chicot
Public/Private Document	

A discussion about Place Based working: What's next?
- **An all age / whole system approach to "prevention"**
- **Merger of support for multiple disadvantages**
- **Participatory approaches to developing and delivering support**
- **How and what can be challenged and scrutinised in cross system approaches**

Executive Summary

1. The Chair and members of Communities and Environment Overview and Scrutiny asked for an update on progress around Place based working, especially the reform and integration implications.

   This is an update of what has happened during summer 2021 towards the next steps for Place Based Working, support for people experiencing multiple disadvantages, prevention of crisis and participatory approaches to research, development and action.

   Part of an ongoing conversation with Overview and Scrutiny Committee for Communities and Environment (O&S; C&E), this report asks members to note the progress and to think about some of the ways in which the committee would like to scrutinise and challenge "whole system" issues such as integration, reform and prevention, as they present operationally in the work that happens in communities and places.

Recommendations

2. For scrutiny to

   (i) Consider the recommendation made through participatory action, to integrate "prevention" into "response" services for people experiencing multiple disadvantages and inequalities. This

includes merging the work of council teams who provide support for this group and also coordinating how support is planned and delivered for this group through a MEAM approach (Making Every Adult Matter).

(ii)   Be aware of the development of place based support in the context of a local prevention strategy which aims to reduce the likelihood of adversity or risk by bringing responses and opportunities together. This whole system / all age prevention strategy and workplan is currently being developed and will include a whole system workforce development pathway to enable those who work or volunteer to help people in the borough to identify and respond to potential adversity and to create opportunities through a Good Help approach.

(iii)   Be aware of the new resource, learning and system change opportunity afforded to the borough through a Changing Futures programme (funded through the government's Shared Outcomes Fund). Rochdale Borough's element is part of a Greater Manchester programme which aims to take a MEAM approach to reducing the barriers between different parts of the system that affect people experiencing multiple disadvantages.

(iv)   Note the possibility of a Partnerships for People and Place programme in the borough which would seek to define "prevention" from the lens of a small locality. (Awaiting the new minister's approval)

(v)   Note the points of difference in the findings from an anonymised participatory process which found similarities across lived experience and workforce groups, independently identified. To note the potential that scrutiny can support and enable culture change by expecting that these points are explicitly built into the value base driving support for adults experiencing multiple disadvantage and to engage with an ongoing programme of participatory action and research.

(vi)   Start to consider options for scrutiny and challenge of whole system programmes such as prevention, good help and MEAM by trialling methods of challenge that will encourage officers and services towards integrated and preventative ways of working.

Reason for Recommendation

3.   In June 2021 the (then) Place Lead met with elected members at a preparatory meeting to discuss the role of O&S; C&E in a cross-departmental and cross system piece of work. The place based programme of work was reaching a point where considerations were being had about how to move the work from "innovation"; "transformation" or "pilot" status to business as usual.

This is a complex piece of work which includes the operational nuts and bolts that are to be expected in service reorganisation (merging teams; sharing financial resources; joining up information systems; sharing risk, support and supervision processes). That work is ongoing and the phase of work during 2021-22 involves two teams currently in scope to merge (Recovery and Reablement in Adult Care and Place in Neighbourhoods). However this report focuses on the "bigger picture" that this O&S committee wanted to take account of, which is about system change rather than service reorganisation and that is the focus of this report.

In the preparatory meeting in June, in preparation for an item at O&S; C&E in September, the task was to provide an update and to consider how whole system work can be scrutinised. To identify how we can start to build in cross system analysis and methodologies into the work of the committees so that the questions asked and challenges set direct officers towards creating an environment conducive to *system* as well as *service* improvement. The specific question was:

"What are the indicators to scrutinise in a world where we blur boundaries?"

This report first provide an update on the progress of some of the key pieces of work intended to help answer that question. The good news is that much has happened! The bad news is that there are different facets that inform the discussion in this report. So, to that end the report intends to first provide some feedback on progress through the lenses of:
- Whole system / all age "prevention"
- Support for people experiencing multiple disadvantages (MEAM)
- Changing Futures funding
- How co-production and participatory approaches have supported progress in these areas

It will then go on to identify opportunities for whole system scrutiny that could drive and enable integrated approaches.

Key Points for Consideration

4. **Whole system / all age "prevention"**
   In 2020, the Prevention Programme Board (Local Care Organisation and Rochdale Borough Council) identified the need for a local / shared / whole system / all age approach to try and prevent or reduce the likelihood of people's needs escalating to the point where they require a "response". This whole system approach requires thinking about what "prevention" means through the "wider determinants" of health, crime and poverty.
   This ambitious piece of work was assigned to be collaboratively produced and to accommodate the needs of specific health and social care programmes whilst having a shared language and linking in across the whole system in Rochdale borough: all age / whole lifecourse / whole system. It has been jointly developed, aiming to engage with leadership and influence at all levels from people across public health, health and care,

voluntary community faith and social enterprise organisations, children's, adults, statutory and non-statutory agencies across the borough.

The strategy has, effectively, been built up from a starting point where each of those points of influence had a different language and definition of what prevention is and how it should be developed. This has meant that, by necessity, the strategy has gone through a process of being huge, clunky and cumbersome; saying everything and yet being too dense to be meaningful to anyone. Eventually, the content has been whittled down, taking account of the needs and familiar language of those different groups in different parts of the system and the borough, to try and ensure that the strategy is both meaningful and recognisable to everyone. This process has been time consuming and ambitious but has led to many breakthroughs in terms of developing our shared models and understanding. This puts the borough in a strong position to develop a workplan which is equally shared and understood.

To reach this point, the work towards the prevention strategy has had to take account of the definition of "prevention" to different people in different parts of the system. The shared definition is that prevention is "the things we do that help to keep life on track". The different definitions arise when you "cut" the responses by position in the system:
- Everyone defines prevention in human ways, describing what it does when it works by helping people to be resilient or to cope with adversity and how it helps people to not get into difficulty.
- System leaders also describe it through a filter of resource allocation. For example for services that deliver "primary", "secondary" or "tertiary" prevention outcomes for people at different stages of need.
- Services and workforce describe the services that "do" prevention. They describe what these services are, who they are for and what they do to help people keep their lives on track.
- People in communities also describe the things you "do" that help you keep your life on track but they describe it through the filter of experience and how those experiences help to strengthen resilience or our ability to cope. Whether this is through accessing information in a way that's meaningful; learning how to do something or taking part in an activity that's good for mental or physical wellbeing like reading for pleasure, social singing or exercise.

Our strategy is now in a position where it's been able to identify 10 "building blocks":
- Having good relationships in a good home
- Meaningful occupation and sufficient income
- Culture and Social Life
- Education and learning
- Neighbourhood and environment
- Protection from hazards
- Good start / early years
- An active life
- Improving our internal thinking
- Having services that meet needs

The workplan will consist of 3 "enablers":
- Prevention networks
- A culture of prevention
- Information

And will be framed through two "delivery models"
- Universal services
- Targeted services (aiming to not be separate and specialist but to focus on the support people might need to make the universal accessible)

The workplan is currently being developed as the strategy is being circulated for influence and approval across the system. The plan includes two significant pieces of work which will help us to roll out an all age / whole system approach to prevention.

- **An end to end prevention workforce development programme.** This will mean that those who work and volunteer in our system can increase their understanding of the various "bad things" that can happen to people throughout the lifecourse; how to identify the possibility of that bad thing happening and how to respond at an early stage so that the person's needs don't escalate into crisis. This includes everything from first aid to responding to trauma; "poverty proofing" the school day to cognitive behaviour theory; "how to argue" to "reading books to your baby". As well as "tuning" people in to the things that can go wrong and the things that protect, it includes the methodology that helps everyone: our local whole system, all age shared approach to helping people, "Good Help" (Rochdale being the first borough to be dubbed a "Good Help Place"). This affords us the potential to improve every possible point at which people have contact with formal or informal help and to squeeze opportunity out of those contacts.
- **A prevention "toolkit".** This will mean that organisations of every type across the local system will be able to take a systematic approach to identifying how well equipped they are to prevent bad things happening to people and where they can make improvements. There is always something everyone can do to improve and the toolkit should provide a range of options to start and maintain that improvement over time.

There are other elements to the workplan but the notion is that, by having these two coordinated offers for the whole system, we will always be able to find and support opportunities for prevention. The vast majority of the content of both the workforce programme and the toolkit, already exists; it is a case of providing a single point of access so that anyone who offers help to people in our public, voluntary or community services can find what they need to stop bad things happening and to create more opportunity.

This will enable the parts of the system to not only improve outcomes for their services but to learn how to "prevent" for the whole system. By providing good help to this person now, it will help the person not get into

difficulties with another issue later down the line; an issue that might be nothing to do with their service area but which is an important part of the person's life and which might generate demand for a response from another service in the future. This cultural shift in what constitutes an indicator of success is where the changes that take place in the way people are helped can directly impact on how we understand the costs and benefits of our services.

Support for people experiencing multiple disadvantages (MEAM)

The progress with this work tells a similar story to that of prevention, in that, across the system and over time, we have tasked "services" with objectives to meet a need; these services have developed a "response" to meet that objective, often defined as " help" or "support" (but for a single issue). This response has been built in the image of whatever part of the system has developed it. This has resulted in a series of "services", all of which are designed to be successful in the meeting of their individual objectives but none of which are designed to meet the needs of the whole person; especially not in the cases of people who have several needs presenting at the same time.

The result of this (with no blame whatsoever, this is an issue due to the evolution of how we organise and commission services) is that none of these services are able to take full account of the context, circumstances and experiences of people experiencing multiple disadvantages and they have to retrofit a response.

This has been an issue which was immediately identifiable when the Place Team had "permission" to go into small neighbourhoods to look at how things were working from a whole system point of view. And it is this whole system approach that has driven the pilots, tests of change and early adopter sites across the borough. There are clear cost benefits to this approach, which have been independently validated by universities or government bodies and which range from £2-£4 per £1 of cost when you join services up to better meet needs. The benefits are not "savings" in the sense that they are cashable, however. Although they are genuine fiscal benefits, they are more likely to be prevented reactive costs rather than realisable savings. It is also notable that some of those benefits are not able to be realised locally (for example, the benefits of someone moving from long term unemployment to employment are large but the only locally cashable element is through council tax payments rather than a saving on benefits expenditure).

Because of the scale of progress made in integrating services in larger locality footprints, these place based programmes of work (which have tended to be in small localities of 3-5k population) are now in a position to link with those larger neighbourhood teams (which tend to be administrated for populations of 30-50k); retaining that small case based and locality focus but supporting the whole system in that area.

Over the summer 2021, a programme of participatory research and design has been ongoing to help to shape how this support should look, so that it takes a "whole system" or "service neutral" stance in its design and, by doing so, can better represent the needs and priorities of people who are experiencing multiple needs simultaneously. We have looked in detail at some of the common issues that present across the system which show that the way resources are organised and allocated are not conducive to meeting the needs of people who are, arguably, in most need of help, because of the multiple challenges they are experiencing. Under the Making Every Adult Matter (MEAM) definition of the cohort, this includes people experiencing more than two or three of the following issues:

- Homelessness
- Domestic abuse (which can include violent or controlling relationships outside of romantic relationships – with family members or within groups of friends or associates)
- Substance misuse or addiction (this can be to drugs or alcohol, both or multiple different substances)
- Mental health issues (with a particular barrier where there is both mental health and substances and also a particular challenge in relation to personality disorders)
- Crime (this includes people who are a perpetrator of crimes or a victim, often both)
- Experience of Trauma (current and non-recent) including Adverse Childhood Experiences (ACES)

The findings from the participatory research are relevant to the design of MEAM support but also have a significant role to play in the delivery of the "targeted" element of the Prevention approach.

Changing Futures
It is also worth noting that during summer 2021, we have received notification that our application to be part of the cross government Shared Outcomes Fund, "Changing Futures" programme (part of a GM consortium) has been successful. This programme will provide additional support and connections across the system, focusing on changing the system to improve outcomes for people experiencing multiple disadvantages, between 2021 and 2024.

More detail on the programme in Rochdale, including the logic models for individual, work and system change is included with this document.

(Perhaps the Changing Futures programme in Rochdale borough should warrant its own item at a future O&S?)

Partnerships for People and Place
We are awaiting the outcome of an Expression of Intetrest for Shared Outcomes Funding for a place based study programme to understand how prevention can be developed, delivered and quantified at a neighbourhood level. This is another cross government application for which Rochdale has been shortlisted but since the cabinet reshuffle, the "hosting" department (was Ministry of Housing, Communities and Local Government; now

Department for Levelling Up, Housing and Communities), we are awaiting a final decision from the new minister.

Co-production and participatory approaches

Rochdale borough has a reputation for being "strong" at coproduction and participatory approaches, including a variety of ways of involving people in conversations about how things should be done. This includes a legacy of over 10 years of directly involving people with lived experience in design and delivery through, for example, our award winning community champions programme (cited as having a significant role in reducing the impact of health inequalities during Covid in Rochdale – perhaps another O&S report in itself?). This legacy of participation has been strengthened by Action Together's arrival in the borough, providing us with an infrastructure that enables [Cooperative Engagement](.).

The work of the place team built on that place based knowledge and insight that came from the Community Champions approach, where it was clear that people in communities, with no data whatsoever and given even just a couple of hours of being listened to, could reveal as much as a Joint Strategic Needs Assessment. They could describe the issues and challenges as they manifest in communities, the connections and intersectionality of these issues, along with the context and history that has led to them and the solutions most likely to help. In short, the Community Champions in Rochdale borough were advocating (albeit in the language of community rather than system) for place based integration 10 years before the system. The champions do not blame the system for this; they only make the point to reinforce that there is a moral as well as a financial imperative to integrate.

Keen to be influenced by this knowledge and insight, the Place Teams have continued that participatory work and now has a library of research, including published and peer reviewed academic papers, which continues the story of integration starting from the champions into the story of place based working, as it is experienced in communities.

In the development of the MEAM approach in the borough, those participatory methods were continued and this has extended into the work to develop the Prevention Strategy.

In July 2021, a participatory event was undertaken which took significant steps to assure the anonymity of participants' contributions. The result of that is that we have a significant amount of raw data revealing the views of people broken down by the lens through which they observe things rather than their name or any connection to services they work in or use. This includes:
- People with lived experience of multiple disadvantages
- Those who love and care about them
- People who experience inequalities
- People who live in communities affected by multiple disadvantages
- Active citizens
- People who work with people experiencing multiple disadvantages

- System leaders

The findings from the event revealed the following common themes:
- Integrate prevention and response work
- It's all about relationships
- Participatory approaches
- Confident and hopeful practice (not writing people off)
- Trauma informed (not just practice but the whole system)
- Building self-efficacy (developing people's skills and confidence)
- Identifying and working towards new opportunities for people
- A strong and supported workforce

It should be noted that there was a significant amount of candour shared amongst those with lived experience, the people who love and care about them, the communities and the workforce, particularly when it came to the fourth bullet point. This revealed a shared experience that sometimes people experiencing multiple disadvantages are informally "written off" by services; "parked"; "dumped" or "not prioritised" because their needs are considered to be "too complex" or that the person is "too hard to work with." Because of the anonymity in the event and the separation of participants due to covid, we were able to identify this issue being raised significant and multiple times by people who had no knowledge of it having been brought up by someone else. This issue, aside from the clear moral and equalities implication, is significant in terms of waste in the system. The way services are commissioned and paid for allows for a tolerance of failure in delivery of outcomes. However, if this failure is landing disproportionately with the same people, this poses significant implications in terms of their life chances. More detail on the findings from that event is included at the end of this report.

Please be assured that the findings from that event, synthesised with a literature of recent evidence, particularly from the Fulfilling Lives programme, has directly informed the delivery models for support for people experiencing multiple disadvantages in Rochdale borough. There was already informal activity going on between teams who collaborate to but the new design means that we're now able to explicitly change how the model works so that, as well as "response" (safeguarding, enforcement and problem solving) people experiencing multiple disadvantages can also access "opportunities" (which will prevent them .

So what for O&S? What can be measured through these programmes and how can that be scrutinised?

As part of the participatory process, we have asked people what they think should be measured. A summary of that response is: "everything!" but especially a plea to pay equal attention to the conditions for success as well as the metrics. Some possibilities are outlined below.
1. We can, of course, provide metrics from the programmes themselves but it could be possible to work towards a whole system view of those metrics – perhaps through a report card outlining numbers and outcomes (how many people are being supported through Changing

Futures; how many people have trained in what in prevention; how many people are actively delivering good help and to whom, etc.).

2. We can identify problems that have required "work arounds" at a case level; anonymise and share the difficulties in the system that are behind these problems. For example, our Changing Futures programme includes a Problem Solving budget, so that people are able to make progress through blockers that might prevent them from getting their lives settled. However, this is not a sustainable solution so we've built a learning element into that process so that the "paperwork" focuses less on the "need" of the person at the time and more on the "blockers" in the system that led to that need. These sorts of issues (sometimes known as "system conditions" or even "sub optimising system conditions!" could be summarised for O&S to consider.

3. For O&S to request the standardising of "prevention" questions in things like Equality Impact Assessments, reports, templates for committees and plans as part of the prevention toolkit.

4. Support for elected members to tune in to the features of cross system working, how they differ from single themed reports and what to look for that will encourage prevention and integration.

5. Participatory approaches. There are many opportunities for this, especially in Rochdale borough. There are also developing movements across Greater Manchester, including things like legislative theatre, which is a robust and effective way of exploring policy change as it involves all parties in understanding issues and identifying potential solutions. There is a legislative theatre movement emerging across Greater Manchester with a strong representation in Rochdale borough – not yet something which elected members appear to have had the opportunity to engage with; however there is great potential for understanding and sharing solutions in these spaces.

6. Monitoring the "conditions" for change. This would involve identifying the indicators of change through logic models and returning to those logic models to understand whether the change is taking place within the context. An example of such logic models is attached (Changing Futures outline). This identifies the problem, activites, outputs, outcomes and impact from the point of view of people, the work and the system. For example, a successful Changing Futures programme, as well as "achieving its targets" should also be able to describe the achievement of those targets in the context of the whole system: in terms of whether or not those achievements have contributed to lasting improvement in the system or whether they have just improved the life circumstances of that individual person.

7. Matrices or self-assessments of maturity in reform and integration. Such matrices identify the conditions for reform (for example from the GM white paper, coupled with local conditions such as cooperation). A review of the "maturity" of the system is undertaken, looking at the evidence and maturity of reform across a series of descriptors to get an objective view of progress. This is something that would have to be shared across the whole system but this O&S could request that it is considered.

Alternatives Considered

This report, in itself, identifies alternatives for consideration.
Several alternatives and assumptions were considered before the work to develop prevention and place based approaches commenced. For example, all the research and consultation indicates an expectation that building prevention into response services and integrating good help across the whole system will result in improved and more sustainable outcomes across the system. The evidence so far bears this out, however it should always be remembered that this is an assumption that will be difficult to ever fully prove (even with cost benefit analysis and ongoing research) because it is impossible to isolate cause and effect in an integrated system.

This work is directly connected to the Greater Manchester Model of Public Services along with the "duty to prevent" outlined in several pieces of legislation, such as prevention of crime, care needs escalation and homelessness.

What is different; arguably ambitious about this programme is that it seeks to coordinate our approach to prevention across the whole borough, in communities and places, through an all age, whole system understanding of what to prevent and what success would look like. For that to really change, it will probably take a generation but there are indicators that might support progress.

Costs and Budget Summary

5. At this point, there are no clear indications of the service costs that are in and or out of scope.

It is assumed, however, that some "low cost" elements such as pulling together the framework for workforce development across the whole system (using mostly what's already available) or developing a toolkit will result in savings. However, as described above, these savings will be difficult to "cash" as they will be in the form of prevented reactive spend and more sustainable outcomes (rather than a displacement of an output producing service with something that delivers the same outputs for less money).

To support our understanding of how savings might be realised through prevention, we are in the process of scoping a cost benefit analysis (CBA). This will be closely linked with a potential financial resource funded through Partnerships for People and Place (see above) so we are awaiting ministerial decision before commencing CBA plans.

Risk and Policy Implications

6.   For this work to be supported effectively, the system needs to "unlearn" a service driven approach to monitoring. This has significant implications for the sort of governance needed.

As things currently stand, there is no single place that could accommodate the governance for all of this. The ongoing consultation to develop the Prevention Strategy is gathering the opportunities for this and at this point it is thought that a joint governance process will be needed, combining Wider Leadership Team with the Public Service Reform group (albeit with altered terms of reference).

In terms of "driving" the ambition of the work, this requires the support of a cross system group who are able to identify and solve problems and get things done quickly in the interests of a shared vision. There is only one group identified with the potential to do this and this is, in part, why we are acting with such ambition for a whole system strategy, and why we are acting now. The "Covid Community Response" group, which had satellite groups including elected members and even a self-regulating Whatsapp group.

This approach was able to reach out across hundreds of community leaders and small groups, which, at the time was essential; it is only with hindsight that we see how unusual it is and how difficult it would have been to set this up outside of an emergency. It and was able to combine to ensure that health equalities, food, family and financial support and other important priorities were responded to outside of "normal" service silos and with authority to solve problems using the resources to hand along with those it was able to bring to bear through funding applications. This group has now transitioned into a recovery group. However, the potential for this group to do more than just covid recovery is notable. Recently, the work of that group and its coordination was highlighted through a prestigious national Municipal Journal award. In a category that was very popular, the Rochdale model stood out, according to the judges, because of its "clear application of kindness, trust and making sure nobody got left behind." The feedback from the judges alluded to "ripping up the rule books" for the right reasons. The group is confident that it can "hold the line" for prevention in a similar way as it did for covid.

It is proposed that this approach could be supported through thematic partnerships. For example, in the prevention strategy, the role of "culture" is identified as a key building block to keep life on track. This is universally supported in our participatory and consultative work. Yet there is very little evidence as to what, exactly "culture" is; why or how it can prevent bad things happening to people. A recent example of the collaborative approach to ensuring diverse groups accessed the Grayson Perry tapestries will help us build this understanding but, to maintain progress, we will need to continue to build a shared vision for prevention in this theme, along with many others.

Consultation

7.   - Participatory library from 2004 (available)
- Community Champions ongoing participatory research (2009- current)
- Prevention Strategy stakeholder consultation timetable (currently a "live document on the NHS collaboration platform for One Rochdale Health and Care)
- MEAM participatory event 15th July 2021 (summary attached)

Background Papers	Place of Inspection
8. MEAM participatory event 15th July 2021	

For Further Information Contact:	Helen Chicot Helen.chicot@rochdale.gov.uk 01706 925925