

REPORT OF THE GOVERNANCE AND RESOURCES SCRUTINY COMMISSION

Delivering Public Services - Whole Place, Whole System Approach

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Appendices
BDRC Report
Frontline Staff Feedback

1. FOREWORD

This report is intended to help the London Borough of Hackney deal with two fundamental challenges: first, a radically reduced resource base, and second complex social challenges that require a very different approach from the council, other public agencies and the wider community.

It is a report of two halves. The first half focuses on the broad question of how we in Hackney can manage huge reductions in public expenditure imposed by the government, while also trying to improve the lives of our local residents. During the course of this review we spoke to a range of experts about how we can rise to this challenge. Our conclusions are that the council and its partners need to take a 'whole place' approach to dealing with complex (and therefore costly) areas of social need. This should be characterised by:

- Looking at problems holistically and breaking down organisational silos in order to tackle them, which in practice can mean common outcomes and accountability, much greater information sharing and if appropriate organisational integration;
- Starting from the citizen's point of view: understanding their concerns and designing the mix of service provision around their goals and aspirations;
- A bias towards early intervention to prevent need becoming severe and acute;
- Co-production: services should work with people rather than simply delivering interventions to them.

The Commission wants Hackney Council to embrace this vision for redesigning services as we believe it is the best way to achieve the outcomes we want for our residents at a time of radically reduced funding.

The second part of the report takes the form of a 'deep dive' into one complex social problem in the borough that has remained stubbornly persistent over the last thirty years: several thousand residents who have mental health problems and who have been unemployed for more than two years.

We commissioned in depth interviews with a sample of residents to understand the challenges they face. We also spoke to service providers and commissioners to understand their views. Our aim was to see how we could re-design local services to better support our residents in some cases find work, but also lead more fulfilling lives more generally. To achieve this would be a good thing in itself, but it would also reap social and financial benefits as well. We make a range of recommendations as to how the council and other agencies such as JCP and the work programme providers can better support people who have mental health problems and have found themselves unemployed for a long period. Perhaps most importantly we call on these agencies to pilot a new model of support for this group, based around the principles we set out above: integration, personalisation, early intervention and co-production.

Like the rest of the country Hackney faces huge social challenges while at the same time having to deal with them in a context of austerity. However, the message from this report is one of hope: we have found that there are ways to better serve our residents and improve people's lives, while also saving money. We now want to work with all relevant organisations in the borough to grasp this prize.



Cllr Rick Muir

Chair- Governance and Resources Scrutiny Commission

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1. INTRODUCTION

Overview of the review

This report starts with the recognition that Hackney faces two major challenges in the years ahead: we need to tackle complex social challenges that require a new approach to service provision, and we have to do so in a context of radically reduced resource. The Governance and Resources Scrutiny Commission has spent the last year and more considering how these two challenges can be met.

- 1.1 Our review came in two halves: first we explored how in general these challenges can be met, and second, we undertook a 'deep dive' to look at one complex social problem in particular: the large number of our residents who have mental health problems and who have been out of work for more than two years.
- 1.2 The Commission believe that in general the way to meet the challenge of 1) less money and 2) rising and more complex demand on our services, is to take a 'whole place' approach. The most entrenched and costly social problems we face require a more connected and holistic approach than that taken so far. Problems such as mental illness, homelessness, anti-social behaviour and support for an elderly population require public services to be more 'joined up' both in terms of the outcomes they seek to achieve and the forms of provision they deploy. They require solutions that are built around people and places rather than around traditional bureaucratic silos. This means four things: connecting up around the citizen; understanding the citizen's goals and aspirations and designing responses from there; taking action earlier before problems become more severe; and finally achieving what we want to achieve with people rather than simply delivering service *to* them.
- 1.3 The Commission undertook a deep dive into the problem of long term unemployment linked to mental illness. We concluded that a radically new approach is needed to support people facing these challenges. This must be based on the principles set out above: connecting up services around the person, properly understanding what they want to achieve; intervening early; and encouraging the full participation of citizens in achieving the outcomes we want. We call on the council and its partners to pilot a new model of employment support for this group, based on these principles.

2. Key questions and methodology

- 2.1 For the first phase of this review looked at the more general question of reforming services in a context of changing, and in some areas, rising demand and reduced funding. We wanted to answer the following question:
 - How can Hackney's public services continue to improve people's lives with less money around?
 - Are there merits in a 'whole place' approach to achieving the outcomes we want, which works across traditional organisational silos?

- What lessons can we learn from where such approaches have been tried elsewhere?
- 2.2 The Commission spoke to a wide range of experts on public service reform and looked at a range of different examples of 'whole place' approaches to change. We spoke to John Atkinson, Sue Goss, (previous leaders of Total Place programme) Early Intervention Foundation, LankellyChase Foundation, London Borough of Lambeth, and went on a site visit to London Borough of Lewisham to view their Community Budget pilot in operation.
- 2.3 For the second phase, the Commission looked at areas of high need and high spend and took advice from senior officers as to where it should focus. The Commission decided to carry out 'deep dive' exercise looking at long term unemployment, linked to mental illness.
- 2.4 The core questions phase two of the review set out to answer were:
- Are the principles developed from phase one of our review relevant to the challenge of improving the lives of those unemployed residents with mental health problems?
 - What are the barriers to work and wider social participation for those residents themselves?
 - How could services be redesigned to better help these residents meet their goals and aspirations?
- 2.5 This review drew on evidence from previous scrutiny reviews 'Tackling worklessness'; 'Impact of welfare reform and housing benefit'; and more recently Anxiety and Depression in working age adults; and programmes such as Total Place, Troubled Families and Community Budgets. This review will feed into the Council's cross cutting work programme on Employment and Opportunities.
- 2.6 Initial evidence sessions highlighted the importance of the service user voice to help identify why the system was not working. For this review we carried out qualitative research and conducted 24 in-depth interviews with people who have been: long term unemployed in Hackney for 2 years or more; between the ages of 33-57; with and without a mental health illness. The individuals were recruited through organisations who worked with the long term unemployed in Hackney.

2. SUMMARY, RECOMMENDATIONS AND OUTCOMES

Summary

- 2.1 This report is intended to help the London Borough of Hackney deal with two fundamental challenges: first, big cuts in public expenditure and second more complex social challenges that require a very different approach from the council, other public agencies and the wider community.
- 2.2 It is a report of two halves. The first half focuses on the general question of how we in Hackney can manage huge reductions in public expenditure imposed by the government, while also trying to improve the lives of our local residents. The second half takes an in-depth look at one major challenge we face as a borough: the large number of residents who have mental health problems and who have been out of work for more than two years.
- 2.3 The first phase of the review found that if we are to both deal with the challenges of austerity and the more complex social challenges we face we need to take a radically different approach to commissioning and providing public services. On the basis of the evidence presented to it, the Commission advocates taking a 'whole place' approach to tackling entrenched and costly social problems. This is characterised by four things:
- breaking down silo working and organisational barriers to look holistically at the challenges facing people and places, which means shared outcomes, greater sharing of information and where appropriate organisational integration;
 - designing services around the person: understanding the citizen's aspirations and designing services around them rather than expecting people to fit into pre-defined programmes;
 - focusing upstream on prevention so that problems can be dealt with before they become acute and costly;
 - embracing co-production, so that services are not simply delivered to people but involve them as an empowered participant throughout.
- 2.4 The second phase of the review took an in depth look at the challenge of the large number of Hackney's residents who have been unemployed for more than two years and who have mental health problems. We sought to understand whether the 'whole place' principles set out above could help this group in some cases get into work but also lead more fulfilling lives more generally. After carrying out 24 in depth interviews with unemployed residents who face mental health problems, we concluded that a 'whole place approach' has great potential for this group. We therefore make a number of recommendations aimed at developing a new model of support.

Recommendations

2.5 The Commission makes the following recommendations, the findings for which are presented in Section 5 of the report:

Recommendation One - the whole place approach

Hackney faces the challenge of dealing with more complex and rising areas of demand on its public services, while also facing major cuts in government funding. We need to radically re-think how our public services are provided in this context.

Recommendation 1

The Commission recommends the Council and its partners conduct ‘whole place and whole system’ reviews for service changes adopting the principles in the order outlined in the report.

- a. Identify all service providers in the system and bringing them to the table to discuss changes to the service provision holistically. This should include statutory and commissioned provider so all parties can understand how the service provision currently operates.
- b. Identifying the root cause of demand to be able to shift spending, action and support from late (crisis) to prevention (reducing the demand for specialist and expensive support services).
- c. Identify the point for early intervention to provide access, to support as early as possible in the pathway. Making support available at the point of need (timely and effective support) and not at crisis e.g. for an individual to remain in work to manage their condition and find a resolution.
- d. Starting with the service user not the services themselves: understand the person’s aspiration and their journey through the system
- e. Making all services providers across the system jointly accountable for achieving the outcomes
- f. Commissioning for progression. Having outcomes that enable a person to develop their journey and achieve their goals
- g. Implement co-production and co-design in the organisation’s commissioning cycle and service redesigns, so that services are designed through a partnership between service users and frontline staff
- h. Consider how professional roles and disciplines might be deployed in different ways to achieve better outcomes;
- i. Build trust between organisation and staff and the staff and citizens to enable greater innovation and flexibility at the frontline;
- j. Champion the value of sharing information across public services and beyond;
- k. Develop joint analysis to inform the Council’s policies and enable services to reduce demand. Ensure the data being collected includes information about outputs and the quality of the service and how the service user interact with the service. Build up community insight on the characteristics of the people using the services to identify who uses it more and their specific needs. Capturing service user experience to help the organisation understand demand and where it manifests.

We recommend the Budget Scrutiny Task Groups refer to the ‘whole place, whole system’ approach in their budget scrutiny work for phase 2.

Recommendation Two - pilot a new model of support for unemployed residents with mental health problems

Hackney has a persistently large number of residents who are out of work due to reasons of mental ill health. These numbers have remained unchanged for decades. The current fragmented patchwork of provision has not worked. It is time to try something new.

We found that too often residents' experience of service provision is that it is fragmented, it is insufficiently personalised and support is not provided early enough to avoid problems becoming more and more severe. Therefore, we recommend that the council apply the principles set out in Recommendation One to pilot a new model of support for those who have been unemployed for more than two years and have mental health problems. Once this pilot has been tested it should be evaluated to see if it could be the basis for a different model of employment support for this group.

Recommendation 2
The Commission recommends the service redesign principles outlined in the report are used in service areas of high need and high spend such as mental health, disabled working age adults and homelessness.

Recommendation Three - appoint an information sharing champion

To transform services and outcomes, particularly for those people who present the greatest risks and create the biggest demands, information needs to be shared across agencies to a much greater degree than at present. To do this effectively service providers need to tackle cultural and organisational barriers to sharing information.

The default assumption for local public services should be to bring all existing data together and analyse how they can use the information effectively to cross-check information provided by service users to ensure it is correct, or share information to establish a better understanding of the service users' needs and the underlying causes.

Recommendation 3
The Commission recommends the Council has an information sharing 'champion' to encourage the development of integrated systems/processes and promotes joint analysis across the whole system for service change.

Recommendation Four - encourage employers to give people a chance and lead by example

The long term unemployed often struggle to secure work because employers perceived them to have been out of the labour market too long and to therefore constitute too much of a risk to take on. Helping people into work cannot be just about education and training, but we must also realise demand among employers.

If progress is to be made in this area, public sector employers must be seen to set an example. As one of the largest employers in the Borough the Council has a role in ensuring employers have access to information. The Commission would like the Council to provide support for employers to enable them to employ people who are long term unemployed.

Recommendation 4
<p>a. We recommend the Council works with local employers to encourage them to employ people who have been long term unemployed. We recommend the Council provides access to information or support and advice for employers and looks at what incentives could be offered to employers.</p> <p>b. The Commission recommends the Council leads by example as an employer with a programme that provides volunteering or employment opportunities for people who are long term unemployed and people who have experienced an episode of mental illness.</p> <p>c. The Commission requests information from JCP about how they ensure work programme providers develop employer networks and forge relationships with employers to secure access to a range of job from entry level job to specialist jobs.</p>

Recommendation Five - support progression and reach out to different settings

The review has shown it is not about one destination but the journey for the individual as well as the need for ongoing support for people with mental health. The key to moving people on may be to start with the place where they have a positive experience, where they have built relationships to support their journey. Services also need to understand what appropriate intervention is needed and when; as well as identify the trigger points for prevention services and the appropriate point at which to provide intervention. The Commission believes services need to factor in ongoing support to ensure the person has transitioned into employment.

Recommendation 5
The Commission recommends the Council and JCP work with commissioned organisations to bring moving on support services out to the setting where the individual has a positive experience; to enable discussions about progressing their journey.

Recommendation Six - changes to the way the workforce is deployed and managed

The biggest shift being driven by austerity is developing a different relationship with citizens: *'we won't have the money so we will have to focus on the enabling and facilitating, enabling the rest of community to do it.'*

As public sector services become smaller more skills will be needed not just professional skills but facilitators, good questioners and coaches. We need to provide existing and future staff with the opportunities to develop their skills, and work effectively across different organisations, to provide that holistic support at the initial contact.

Public services can only be more responsive to the needs of service users if employees on the front line are trusted to innovate and empowered to act with more autonomy. This requires a fundamental culture change away from traditional command and control models of leadership to one in which leadership is distributed across organisations'. However the need for accountability will be a challenge when changing the culture of how a system and organisation operates.

There is a need for integration not just collaboration. The challenge now is breaking down silos to have integrated services/teams in localities with shared systems and processes. The system needs people with the ability to provide in-depth personal support and build relationships with people. Changing the system requires a shift in mind-set for the professionals and the organisation. This may mean cultural and structural change.

Early intervention is everybody's business and delivering effective early intervention will require thinking about the role of the wider workforce and having an understanding of the total costs across the system / sector. To make better use of

core public sector workforce through involving them in identifying need and providing basic information to help keep people out of expensive specialist services.

It's recognised that accountability is needed at some level, but a more mature relationship with risk and trust in the system is required. Changing the system and being successful with the change will depend on the skills of the frontline staff and their ability to build relationships, identify need and provide the appropriate support or opportunity at the point of need. Essentially we need to give front line officers the tools to address need at the first point of contact.

Recommendation 6
<ul style="list-style-type: none">a. The Commission recommends the Council (including commissioned organisations) and JCP (including work programme providers) explore how frontline staff can work holistically with service users to address need at the first point of contact.b. The Commission recommends the Council and DWP's Jobcentre Plus to explore conducting a randomised whole system pilot to build up evidence of service delivery models across a whole place that will effect change for the long term unemployed to get back into employment.c. The Commission recommends the Council and its partners identify a place that has many of the profiles that fall into high need and high spend and do a place based pilot. A place based pilot will enable the Council to build an evidence base for whole place, whole system service delivery models.d. The Commission recommends the Council takes an iterative approach to service change, trying out new ideas on a small scale and properly evaluated their impact.

3. FINANCIAL COMMENTS

- 3.1. As set out in this report, this review was initiated in order that the Commission take a longer term view of the Council's financial position and ways of delivering services across the public sector that would look to ensure that reducing resource could be used more efficiently. This was taken forward via the "deep-dive" into the specific issue of long term unemployed people with mental health issues.
- 3.2. The recommendations in this report look to agencies across the sector to work together to deliver services in a way that will improve the experience of the end user whilst moving to a preventative model dealing with the cause of issue and thereby reducing demand for more expensive reactive support further down the line. This is going to be key as we move forward with significantly less resource.
- 3.3. Whilst the recommendations look to agencies and organisations to work together to deliver more joint up service, we need to recognise the budgetary issues this in itself can cause. It needs to be recognised that changing practice in one organisation and closer working might result in physical savings elsewhere. There needs to be some discussion amongst all parties regarding how these savings could be equitably "shared" in order that all can reap reward of an improved overall service for the end user at ultimately lower cost.
- 3.4. It will be extremely important in moving forward with these recommendations that the financial impact of different working relationships is fully understood and taken account of, particularly if the move to work more co-operatively with other parts of the public sector are successful. It will be vital that in "breaking down the silos", that the financial aspects of this are dealt with in an equitable manner, not putting the Council's own financial stability at risk.
- 3.5. It is clear that there could be real opportunity for the Council to work with other organisations to deliver better outcomes for service users by encompassing this "whole place" approach whilst making more efficient use of the reducing resources available.

4. LEGAL COMMENTS

- 4.1. This report has been drafted following the work done by the Governance and Resources Scrutiny Commission to see how due to the severe reductions to budgets as a result of central government austerity measures the council can review service provision, to explore the merits of taking a 'whole place, whole system' approach to public service redesign, in the face of increasing demand and reduced resources.
- 4.2. A number of specific evidence gathering exercises have been undertaken as well as evidence having been drawn from previous scrutiny reviews in particular: 'Tackling worklessness'; 'Impact of welfare reform and housing

benefit'; and more recently Anxiety and Depression in working age adults; and programmes such as Total Place, Troubled Families and Community Budgets.

- 4.3. The recommendations themselves evolve around the Welfare Reform Act 2012. The Act puts into law what has been one of the governments flagships bills, which ministers have claimed marks the biggest overhaul of the benefits system since the 1940s. It replaces a large number of different types of benefit with a single benefit with the aim of making the system fairer, easier to enforce, and one that encourages people to work. It is being implemented in stages over the next five years. One of the aims of welfare reform is to simplify a complex array of benefits available to people who are unemployed, disabled, unable to work, with childcare responsibilities or who are on low incomes.
- 4.4. The Social Security (Information-sharing in relation to Welfare Services) etc Regulation 2012 sets out the purposes for which the Secretary of State may supply relevant information to a qualifying person in order to determine their eligibility for a particular benefit or grant. The 2012 regulations also set out the purposes for which relevant information can be held (for example, to determine homelessness applications and in relation to involvement in the troubled families programme). The Regulations prescribe the purposes where information can be shared in accordance with section 131 of the Welfare Reform Act. Previously, the Department for Works and Pension (DWP) could share social security data with local authorities for the purpose of administering housing benefit and council tax benefit, but there was no "legal gateway" which meant that information could not normally be shared without the individual's consent. Now data sharing of benefit departments such as the DWP and Housing Benefits sections is extended to include other services that charge for services, such as supporting people, care and residential care services. It will also extend to other welfare services: such as the local schemes that replace the Social Fund and schemes that are linked to receipt of benefit such as the blue badge scheme, discretionary housing payments. Data sharing can also be between the DWP and councils providing support services for young people such as skills and training. This is connected with the "tell us once" scheme where, for example, registrars are able to share birth data with the DWP. People applying for prescribed services will do so knowing that some of their data will be obtained from DWP or shared with the local authority. Data can only be supplied to local authorities where it is in accordance with the provisions in this new legislation. Section 132 of the Welfare Reform Act 2012 Act makes it a criminal offence to unlawfully disclose information supplied under section 131.
- 4.5. The Care Act 2014 introduced a single, national threshold to accessing care and support across England. The Care Act made changes to Section 117 of the Mental Health Act 1983 by Section 75 of the Care Act 2014 and for the first time provided a definition of what comprises "after care services".
- 4.6. Troubled Families are characterised by there being no adult in the family, children not being in school and family members being involved in crime and anti-social behaviour. These families always have other long-standing

problems such as domestic violence, relationship breakdown, mental and physical health problems and isolation which can lead to their children repeating the cycle of disadvantage and makes it incredibly hard for families to start unravelling their problems. As part of the Troubled Families programme, the Government has put in resources to incentivise and encourage local authorities and their partners to grasp the nettle; to develop new ways of working with families, which focus on lasting change, recognising that these approaches are likely to incur costs but that they will result in a shift in the way we work with families in the future – reducing costs and improving outcomes.

- 4.7. 'Personalisation' is the term used for an approach to personal care and support in relation to adult social care which treats people as autonomous individuals and responds to their personal needs and wishes. Central to this vision is the principle that when people need ongoing support, they do not cease to be citizens or members of their local community. The support they use should therefore help them to retain or regain their roles and the benefits of community membership, including living in their own homes, maintaining or gaining employment and making a positive contribution. Personalisation means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy, to enable them to make good decisions about the support they need. The Integrated Personal Commissioning (IPC) programme, starting from April 2015, will bring together health and social care funding around individuals, enabling them to direct how it is used for the first time. This represents a step change in ambition for actively involving people, carers and families as partners in their care.
- 4.8. Data sharing is a common part of modern governance and the delivery of public services. Public bodies collect large amounts of data from individuals and other organisations in the exercise of their various functions and share these data with other public bodies. Due to reported obstacles to effective data sharing the Law Commission undertook a consultation in order to decide whether there are inappropriate legal or other hurdles to the transfer of information between public bodies and, potentially, between public bodies and private bodies engaged in public service delivery. In July 2014 the Law Commission published its report with an analysis of the responses to the Law Commission's Scoping Consultation Paper, *Data Sharing Between Public Bodies*. The report made 3 principled recommendation: 1) The Law Commission recommended that a full law reform project should be carried out in order to create a principled and clear legal structure for data sharing, which will meet the needs of society. These needs include efficient and effective government, the delivery of public services and the protection of privacy. Data sharing law must also accord with emerging European law and cope with technological advances. The project should include work to map, modernise, simplify and clarify the statutory provisions that permit and control data sharing and review the common law. 2) The scope of the review should extend beyond data sharing between public bodies to the disclosure of information between public bodies and other organisations carrying out public functions. 3) The project should be conducted on a tripartite basis by the Law

Commission of England and Wales, together with the Scottish Law Commission and the Northern Ireland Law Commission.

- 4.9. The Information Commissioner's Code of Practice for Data Sharing is a statutory code issued by the Information Commissioner after being approved by the Secretary of State and laid before Parliament. The code explains how the Data Protection Act applies to the sharing of personal data. It provides practical advice to all organisations, whether public, private or third sector, that share personal data and covers systematic data sharing arrangements as well as ad hoc or one off requests to share personal data. Adopting the good practice recommendations in the code will help organisations to collect and share personal data in a way that complies with the law, is fair, transparent and in line with the rights and expectations of the people whose data is being shared.
- 4.10. The Cities and Local Government Devolution Bill 2015-16 forms part of the Government's policy of devolving the powers and budgets of public bodies to local authorities and combined authorities. The wider policy priorities of both the Government and local areas extend beyond the Bill itself, which is largely technical in nature. A government briefing note accompanying the Queen's speech said the Bill was intended to boost growth and to increase productivity and efficiency in local government. In a speech by Chancellor George Osborne he announced that government would legislate to "pave the way for ... cities ... to take a greater control and responsibility over all the key things that make a city work, from transport and housing to skills, and key public services like health and social care".
- 4.11. There are no immediate legal implications arising out of this report and its recommendations.

5. FINDINGS

5.1 Phase one: why we need a 'whole place' approach

- 5.1.1 Local government is facing unprecedented challenges associated with service delivery; reduced finances; managing staff; engaging citizens; forming new partnerships; changing demand and demographics and rapidly evolving technologies.
- 5.1.2 To set local government expenditure and income in context, local government accounts for 24% of the UK public sector's expenditure. In England, local authorities' total expenditure was £154bn in 2012-13 compared with £162bn in 2011-12 and £172bn in 2010-11.¹ To date it is estimated local authorities in England have lost 27% of their spending power since 2010.
- 5.1.3 Despite this councils have managed to set balanced, legal budgets by delivering the required savings each year. Local Authorities have attempted to shelter front-line services by loading savings onto 'back-office' functions and making other kinds of efficiency saving. They have also embarked on redesigning services in ways that not only makes savings; are forming new collaborations and service models that have the potential to be more efficient and effective.
- 5.1.4 Local government is under pressure to maintain services and cope with increasing demand. Councils deliver a range of services but in the face of funding cuts and expenditure pressures each year, councils have continued to balance their budgets and fulfil their statutory obligations. Most council services are mandatory. This means that the council must do them because they are under a duty to do so by law. Some of the mandatory functions are tightly controlled by central government, other mandatory services (e.g. the library function) have some discretion over the level and type of service provided. There are also some council services and functions which are discretionary. These are services a council can choose to provide but does not have to, they range from large economic regeneration projects - to promote growth and community cohesion - to the removal of wasp nests.
- 5.1.5 Councils work with their communities to determine and deliver local priorities. Council services, are either provided directly or commissioned from outside organisations. Services can be delivered in partnership with local partners, including charities, businesses and other public service providers like the Police and the NHS. The table below provides a summary of the main services and responsibilities of local authorities in London.²

¹ Local Government Financial Statistics England No.24 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/316772/LGFS24_web_edition.pdf

² (Adapted from the Department for Communities and Local Government, 'Local Government Financial Statistics England No. 22 2012', pps.16-17.)

Principal service Includes	
Children's services	<ul style="list-style-type: none"> • schools – nursery, primary, secondary and special (but not academies or free schools) • pre-school education • youth, adult and family and community education • children's and families' services – including welfare, fostering and adoption and child protection • children's public health from age five onwards • youth centres
Highways, roads and transport	<ul style="list-style-type: none"> • highways – non-trunk roads and bridges roads and bridges • street lighting transport • traffic management and road safety • public transport – discounted travel schemes and local transport co-ordination • some airports, harbours and toll facilities
Adult Services	<ul style="list-style-type: none"> • services for older people including nursing, home, residential and day care and meals • services for people with a physical disability, learning disability or mental health need • asylum seekers • supported employment
Housing	<ul style="list-style-type: none"> • social housing • housing benefit and welfare services • homelessness • housing strategy
Cultural services	<ul style="list-style-type: none"> • culture and heritage, including museums and galleries services • recreation and sport, including leisure centres and sports facilities • open spaces – parks, playgrounds and allotments • tourism – visitor information, marketing and tourism development • libraries and information services
Environmental services	<ul style="list-style-type: none"> • cemetery, cremation and mortuary services • community safety – including consumer protection, coastal protection and trading standards

	<ul style="list-style-type: none"> • environmental health – including food safety, pollution and pest control, public toilets • licensing – including alcohol, public entertainment, taxis • agricultural and fisheries services • waste collection and disposal, recycling and street cleaning
Planning and development	<ul style="list-style-type: none"> • building and development control • development • planning policy – including conservation and listed buildings • economic investment and regeneration • environmental initiatives
Protective services	<ul style="list-style-type: none"> • community safety services • fire and rescue services • court services such as coroners
Public health	<ul style="list-style-type: none"> • a wide range of mandated public health services, including weighing and measuring children, sexual health, drug and alcohol treatment, and NHS health check programme • advice and information to the NHS • other health improvement measures
Central and other services	<ul style="list-style-type: none"> • local tax collection – council tax and business rates other services (business rates set centrally) • registration of births, deaths and marriages • election administration – local and national, including registration of electors • emergency planning • local land charges and property searches

5.2 Whole Place, Whole System Approach

- 5.2.1 An ageing population, welfare reform and an increasing demand for social care services means local government is facing an uncertain future and funding gaps so large that there will barely be enough resource to provide basic statutory services. There is pressure to reduce high costs, high need and complex dependency cases for public sector services.
- 5.2.2 No agency by itself can drive the change needed to address this. The traditional approach to public services, in which individual agencies focus on just one element of a complex problem, for which they are accountable to Government departments, is simply not working. Approaches which ignore the complexity of individuals' lives as well as local community circumstances and instead deliver one-size-fits-all solutions are failing to meet local need.

- 5.2.3 A different approach is needed because there is less money, changing demand and demographics and technological advancement.

Less money – following cuts to a large number of public services during the past five years, we note the government is committed to continuing the pace of deficit reduction during this Parliament. Based on existing plans to return the public finances to balance in 2018/19, day-to-day spending on public services as a share of national income is expected to fall to its lowest level since 1948.

Changing demands and demographics – medical and health advances, combined with wider, social change means that people are living much longer and, increasingly spending a smaller proportion of their life in work. We know that health related problems such as diabetes, obesity and mental illness are growing sources of long term pressures. The persistence of more complex social problems entrenched in a relatively small number of people will exacerbate pressures on services.

Technology – digital channels are transforming almost all aspects of life, including everything from banking to how we interact day-to-day with friends and family. These changes have raised public expectations and changed behaviour about the way services are accessed and consumed. People now expect more personalised, joined up and convenient ways to access the services they require.

- 5.2.4 The rising demand, changing demographics and increasingly stretched finances mean that the choice for local authorities and public service providers is stark. Rather than simply salami-slicing budgets or managing decline, councils must fundamentally rethink the way they deliver services and use public money. Public sector services must change the way they work, or face the possibility of service retrenchment, increasing irrelevance and perpetual crisis management.
- 5.2.5 Public service transformation itself cannot deliver the scale of public funding reductions required. But it does have a pivotal role to play and, without transformation, deep cuts in funding will feed directly through to deep cuts in services. This review shows that change needs to go beyond the council and will require the breakdown of silo working.
- 5.2.6 Independent analysis for the Local Government Association has suggested significant net savings are achievable if ‘whole place’ approaches to the integration of public services are adopted nationally.³ More importantly, this approach indicates radically improved outcomes for people – helping to overcome societal challenges that have persisted for many decades.
- 5.2.7 To date public sector service redesign has ended up adding or changing parts of the system. What is needed now is a systematic review of the whole place and whole system. Taking a ‘whole place’ approach will be critical to breaking down organisational barriers and shifting emphasis and funding towards integrated solutions rather than single-agency, costly interventions. Fundamental to this success is being able to bring partners to the table who

³ Ernst and Young for the LGA Whole Place Community Budgets: A review of the potential for aggregation

have the authority in decision making and agreement. Taking this approach will help to look at the changes required for staff, residents, organisation culture and service provision.

- 5.2.8 Where responses are not joined up early enough this can result in costly interventions and ultimately poorer outcomes for people. For some people, contact with multiple public services is a regular part of life or a feature of their lives at a particular stage. LankellyChase Foundation reported 'what people with multiple difficulties need is a multi-agency response that is centred around the individual'.
- 5.2.9 The Government recognises that joining up local services to remove duplication in the system and prevent problems before they happen is vital to the reform of public sector services. There have been several pilots aimed at this such as Total Place, Community Budgets and Troubled Families.
- 5.2.10 Prior to Total Place pilots existing attempts to change public services were incremental and made changes to specific parts of the system. Total Place enabled service providers to start thinking in a different way about collaborative working to make the system better. This new way of thinking led to the development of the Troubled Families model and Community Budgets. The Neighbourhood Community Budget evaluation emphasised the need to work towards breaking down silo-based working, and for services to be designed, around the needs of the community or neighbourhood.
- 5.2.11 Our discussion with experts during the evidence sessions of this review highlighted this process was a journey and should not be an audit. The Commission was advised to be led by the evidence, because this was likely to identify the service area(s) that needed changing. There was also great emphasis placed on hearing the views of service users' to identify how and why the system was not working.
- 5.2.12 We learned the process of system change has not end point but is about changing how things are done. There should be thinking about the different skills and knowledge needed for the journey of change. Learning is critical and the target set at the start may change as the journey of change progresses. The elements of system change are:
- Learning
 - Culture change
 - Using a range of different approaches
 - Not applying one size fits all.
- 5.2.13 Even though the case for change is strong a number of barriers exist to conducting this type of change these are:
- Understanding the total costs across the system to make the case for early intervention
 - The ability to pool local budgets and share information - for local service providers to change the whole system they need to be incentivised to work better through public service reform. Better sharing of information across the system to keep people out of and progressing into expensive specialist services.

- Breaking down silos to have integrated services/teams in localities with shared systems and processes. This is a call for genuine service integration; not partnership working or co-ordination of services across the whole system
- Accountability and a different use of power – evidence suggests a need for shared leadership.
- Shifting the mind-set of professionals and the organisation to view residents as assets to get the changes implemented to meet the needs of the service users
- Being able to involve people in the process of co-designing, co-commissioning and co-delivering to get improved outcomes. Talking to them to identify their desired outcome. The stories of the service user will help to understand the nuances of how they use the service or what they find useful or important
- Taking the approach of learning and understanding there are risks with unknown outcomes but the need to manage those risks.

5.2.14 The Commission believes whole place, whole system thinking will be crucial to managing future demand. This approach is about scaling up isolated service based practice and embedding a culture shift across public organisations. Interviewees in the RSA report *Managing Demand Building Future Public Services* pointed out where public managers are able to look across a 'whole place' and commission service preventively, the biggest gains could be found.

5.2.15 Moreover, the recent report of the *Service Transformation Challenge Panel (2014)* gives prominence to the need to develop new, 'person-centred', holistic approaches to service provision, particularly for people with multiple and complex needs.

5.2.16 Taking this approach means it does not focus on achieving saving for one particular organisation but the key aim is to make the system better, accessible and to meet the needs of service users for improved outcomes. Changing the system by taking a whole place, whole system approach will lead to a change in culture in the system rather than just a change in methodology or delivery of the service.

5.2.17 Austerity has catalysed council's efforts to find more efficient ways of working and encouraged new forms of partnership, particularly with health services. But it has also fragmented services and created barriers to collaboration due to the scarcity of resources and the strain on basic services.

5.2.18 During the review the Commission spoke to a range of stakeholders about their approach to conducting a whole place, whole system redesign and the principles they would recommend when embarking on this type of review. This is what our key witnesses said:

Total Place

The Total Place initiatives set a new direction for local public services and local authorities. These pilots demonstrated that through bold local leadership and better collaborative working, it would be possible to deliver services which meet people's needs, improve outcomes and deliver better value for money. The Total Place approach – putting the citizen at the heart of service design - helped to open the door for local partnerships to discover what could be done to improve the system and to push forward innovative ideas and solutions to change the way services are delivered. It looked at new ways of co-operation, at local level and a new relationship between the local area and Whitehall.

John Atkinson and Sue Goss implementers of Total Place advised political support for change was crucial and it was imperative to be clear from the start the outcome to be achieved.

The Total Place pilots conducted a money mapping exercise in a bid to establish the exact spend of a services in the whole system locally, they found doing a forensic audit of the money flow required significant resources and did not help to achieve the desired change. Nevertheless, it was not a completely useless exercise because it did help to highlight the percentage of the total funding each service providers was in control of, as well as show up if there were parts of the system that were counter intuitive to the desired outcomes for service users.

The biggest lever for change was conducting a deep dive exercise which started with hearing the stories of the service user. This enabled services to understand the nuances of how service users used the service and what they found useful or important. This proved to be most valuable to the pilots than the mapping of total spend.

They explained to take the work of the pilots further would be to implement co-production and service redesign. True co-production would require a cultural shift for an organisation and professionals. The professional would need to give up their expertise and sit in a room with people who have various opinions. Co-design was pushing the boundary further, following this process through would mean all the views were taken seriously and used to design the service.

The purpose of doing this type of work was to understand what changes were required for staff, residents, users and organisations. They pointed out it was important to have the correct staff with the right skills.

The biggest challenge the pilots encountered was implementation of the changes to meet the needs of the service users.

LankellyChase Foundation

LankellyChase Foundation is an organisation that funds projects and uses the findings from the projects to bring about change that will transform the quality of life, of people, who face severe and multiple disadvantage. Their focus is particularly on the persistent clustering of social harms such as homelessness, substance misuse, mental and physical illness, extreme poverty, and violence and abuse.

LankellyChase Foundation take the findings from research projects to influence policy and decision makers to inform system change.

LankellyChase Foundation projects have shown the process of system change is not about reaching an end point but changing how things are done. System change is a journey that requires a learning approach. Learning is critical and when embarking on this journey it should be noted the target identified at the outset may change as the journey of change progresses. There was also indications that the system would require shared leadership resulting in a different use of power.

LankellyChase Foundation expressed the importance of service providers and commissioners building an evidence base which informs them about the problems, the barriers and the needs of the people.

LankellyChase Foundation recognised the importance of achieving some quick wins but disagreed with having a key worker. In their view a key worker was not always the answer because it can prohibit the organisations within the system from changing. They wanted organisation to think about the different skills and knowledge needed for the journey of change. The process of system change is about:

- Learning
- Culture change
- Using a range of different approaches
- Not applying one size fits all.

London Borough of Lambeth

Lambeth Council is one of the pioneers of the co-operative approach to local government. The Council set out its vision for a co-operative way of working in the final report *Co-operative Council Commission*. This report laid out a series of recommendations for rebalancing the relationship between citizens and the Council, putting residents at the heart of council services and giving them a more direct role in influencing, delivering and co-producing public services.

In our discussion with Lambeth (co-author of RSA report *Managing Demand - Building Future Public Services*) they found a small number of council's building collaborative approaches however these were within borough boundaries. There were no examples of councils taking the whole place, whole system approach and building collaborative strategies based on local circumstances to influence behaviour; addressing need outside of the service lens; and reconfiguring service delivery mechanisms through understanding how demand manifests across a whole place and whole system.

The report highlighted a different approach was required between the citizen and state relationship. Therefore system change would mean going beyond partnership working; to start with the people and work backwards. In some cases this may mean new relationships and collaborating across agencies and sectors because the drivers for demand are often the same across the system. Evaluations in Lambeth has shown that citizens are willing and ready to work with the Council however the council has to create the right opportunities to get people engaged.

In order to put co-operative thinking into practice, a number of 'early adopter' projects were implemented so the Council could understand how working more closely with citizens would work in practice. Some were projects were successful and some unsuccessful. These projects helped Lambeth to see that changing the behaviour in the system is a challenge. To change the system requires a shift in mind-set for the professional and the organisation. It required a change to the cultural of the organisation and may even require structural changes to the organisation too.

Lambeth Council decided to embark on this change and has changed their focus to 'cooperative commissioning' as its core operating model. Lambeth Council has put its citizens at the heart of the commissioning cycle and is looking beyond costs and value for money to put greater emphasis on the social costs and benefits of different ways to run services. Changing a big organisation is a big task and the need for accountability when changing the culture of an organisation can bring some tension as the organisation transitions. The key to implementing this change in Lambeth was strong local political support.

Fundamentally services need to start closer to the community to

understand their needs and the drivers for demand because changing behaviour is often critical. People understand their problem and are part of the solution therefore residents should be viewed as assets and supported to get involved in the service redesign. Organisations need to get better at involving people in the process of co-designing, co-commissioning and co-delivering to get improved outcomes.

Early Intervention Foundation

Early Intervention Foundation (EIF) is an independent organisation set up to champion and support the effective use of early intervention to tackle the root causes of social problems for children from conception to early adulthood. The Early Intervention Foundation was established in 2013 and has 3 main functions: to assess the evidence; advise commissioners on how to apply the evidence; advocate for early intervention. The focus of their work has been on children and families.

EIF explained providing effective early intervention in a local area requires commitment across the relevant partners in a place. To change a whole system local public services need to be incentivised to work better together and have the ability to pool local budgets and share information. Integration not collaboration is the requirement and the challenge will be breaking down working silos to achieve integrated services/teams in localities with shared systems and processes.

The call is for genuine service integration; not partnership working or co-ordination of services. Through this way of working early intervention can be used to:

- Tackle the root causes of social problems
- Improve life chances, breaking the intergenerational cycle of disadvantage – persistent societal challenges
- Reduce the cost of failure to the taxpayer.

Early intervention is important to all providers in the system and to deliver effective early Intervention you need to understand total costs across the system / sector, whilst also thinking about the role of the wider workforce.

Early intervention requires careful commissioning, high quality implementation and effective systems to identify individuals with needs.

EIF highlighted an organisation should make better use of the core public sector workforce through involving them in identifying need and providing basic information to help keep people out of expensive specialist services. Essentially giving front line officers the tools to address the need first time.

EIF advised the key elements of an effective early intervention strategy to

reduce demand are:

- Using evidence and data about where the real need is
- Breaking down silos - integrated services/teams in localities with shared systems/processes
- Evidence based interventions that meet local priorities
- A focus on frontline practice – permissive environments in which professionals have the flexibility and scope to deliver what's needed and make real change
- Using the reach and contacts of wider services
- Building community capacity to solve their own problems.

Although a strategy is key being able to evidence the change or impact of change is now imperative to realising improved outcomes.

London Borough of Hackney Chief Executive Projects and Programme Delivery

London Borough of Hackney's corporate Projects, Programmes and Policy teams support the council directorates to deliver service reviews and lead on big change programmes within the Council. They are leading on the Council's Cross Cutting Programmes outlined in the Council's Corporate Plan for 2015-2018.

Projects and Programmes told us from experience they are developing the following principles for service transformation reviews:

- Taking a whole system approach
- Looking from the outside in
- Looking at culture and trust (residents and staff)
- Understanding where demand manifests – root cause
- Prevention and investment
- Experimentation – conducting experimental change e.g. pilots.
- Aiming for a perfect service to 'get it right first time' and if you do not achieve it, make continuous improvements to get there.

In their view the key to change management is approaching the review from the bottom up; hearing the suggestions for change from the frontline staff up to management. They are using this approach to establish where the demand is in the system and identify to what extent there is failure to meet demand in the system.

London Borough of Lewisham

Community budget pilots have been introduced to improve services and outcomes for vulnerable groups, particularly those with complex needs. The Commission went to visit the Tri-Borough Community Budget Pilot of Lambeth, Lewisham and Southwark Council. This pilot is aimed at ensuring residents with complex needs get the right intervention at the right time from Universal Credit (UC) application through to employment.

The Commission visited London Borough of Lewisham to view the pilot set up because their pilot closely resembled the service user cohort we were looking at in our deep dive. The pilot is operational and the Commission wanted to find out about the joint approach they have set up. The pilot works in partnership with JCP and referrals are made once a UC application has been made and the individual meets the service criteria.

The vision for this pilot is to break through the silos residents can get caught in and to provide a service that was flexible to meet the fluctuating needs in an individual's life. A key driver for the Tri-Borough collaboration was the need to work with JCP's national work programme (they believed this could not be achieved on an individual borough basis) and access employment opportunities in neighbouring Boroughs with a growing local economies. This pilot shares the Section 106 opportunities giving residents the opportunity to cross borough boundaries. The changes in the labour skills market has led to this pilot working closely with JCP because the UC front end became their primary referral route into the pilot. Using this front end enabled JCP to be involved but they have implemented a key worker role. The key worker role they feel is hugely important to support the people referred who often have high need (low level mental health) but varying employment skills and ability. Their key focus is on removing the barriers to employment and success is measured on the progress journey of the individual.

- 5.2.19 The Commission encountered scepticism about the ability to get a large Government department like the Department of Works and Pension (DWP) involved in 'whole place' style approaches to local system changes. It was highlighted achieving changes to local DWP services, in most cases, was reliant on an innovative manager. London Borough of Lewisham explained they managed to get DWP engaged with their Community Budget pilot and they believe this was due to the large geographical area (Tri-borough).
- 5.2.20 Employment is central to improving the financial resilience of the population and current welfare to work service provision (such as via the Work Programme) is not meeting the needs of the most vulnerable and this cohort is likely to be significantly impacted by the welfare reform changes once fully implemented.
- 5.2.21 To look at how services can work better together we need to adopt a 'whole place' approach. This means:

- breaking down silo working and organisational barriers to look holistically at the challenges facing people and places;
- sharing information across public service silos and using that data to understand the causes of the biggest social problems we face;
- understanding the citizen and their aspirations rather than looking at them simply as a single service user;
- focusing upstream on prevention so that problems can be dealt with before they become acute and costly;
- putting in place shared outcomes and objectives that all the key players are accountable for achieving together;
- embracing co-production, so that services are not simply delivered to people but involve them as an empowered participant throughout.

Recommendation 1

The Commission recommends the Council and its partners conduct ‘whole place and whole system’ reviews for service changes adopting the principles in the order outlined in the report.

- Identify all service providers in the system and bringing them to the table to discuss changes to the service provision holistically. This should include statutory and commissioned provider so all parties can understand how the service provision currently operates.
- Identifying the root cause of demand to be able to shift spending, action and support from late (crisis) to prevention (reducing the demand for specialist and expensive support services).
- Identify the point for early intervention to provide access, to support as early as possible in the pathway. Making support available at the point of need (timely and effective support) and not at crisis e.g. for an individual to remain in work to manage their condition and find a resolution.
- Starting with the service user not the services themselves: understand the person’s aspiration and their journey through the system
- Making all services providers across the system jointly accountable for achieving the outcomes
- Commissioning for progression. Having outcomes that enable a person to develop their journey and achieve their goals
- Implement co-production and co-design in the organisation’s commissioning cycle and service redesigns, so that services are designed through a partnership between service users and frontline staff
- Consider how professional roles and disciplines might be deployed in different ways to achieve better outcomes;
- Build trust between organisation and staff and the staff and citizens to enable greater innovation and flexibility at the frontline;
- Champion the value of sharing information across public services and beyond;
- Develop joint analysis to inform the Council’s policies and enable services to reduce demand. Ensure the data being collected includes information about outputs and the quality of the service and how the service user interact with the service. Build up community insight on the characteristics of the people using the services to identify who uses it more and their

specific needs. Capturing service user experience to help the organisation understand demand and where it manifests.

We recommend the Budget Scrutiny Task Groups refer to the ‘whole place, whole system’ approach in their budget scrutiny work for phase 2.

5.3 Principles for Service Redesign

5.3.1 It has been said that the current approach to service change and redesign by public sector services is not working and will not deliver the scale of savings needed or meet the future needs of service users unless they start to look across the whole system and aim to manage future demand.

5.3.2 The Commission embarked on this review to identify a set of principles we believe will result in more efficient and effective services for citizens during a time of increasing demand and diminishing resources.

5.3.3 The principles and approach outlined in this report will seem familiar, but for the Commission the steps and order in which these principles are applied will play a key role in successfully implementing whole place change across the system. After reviewing the information the Commission recommends for service redesign locally the principles and order below are followed:

Principle 1 - All Partners to the Table

5.3.4 It is well rehearsed that the scale of efficiency and saving required cannot be achieved by a single agency. Certain social needs cannot be met by any one department, service or provider and, service users require the collaborative endeavour of a range of service providers, with a unifying purpose which supports individuals in a way that supports their lives, not existing services. To drive forward the changes will require the collective resources of all partners in the system.

5.3.5 After speaking to service providers in Hackney the Commission sensed there was a real desire to work collaboratively to achieve the efficiency and improved outcomes for their local population. However the Commission is of the view critical to this success is bringing key service providers in the system to the table who have the authority in decision making and agreement.

5.3.6 Although many of the barriers to effective partnership working –different budget, reporting and accountability systems, ring-fenced funding etc – are well-rehearsed; close collaboration and alignment of the work of different agencies is necessary, to reduce duplication and enable services to be made available at the point of need for the service user not the organisation.

5.3.7 If a big part of managing demand involves re-shaping citizen-state relationships, evidence is suggesting the state-to-state relationships should be considered too. This will require breaking down the silo working of organisations and adopting a different approach to shift emphasis and funding towards integrated solutions rather than single-agency, costly interventions.

5.3.8 Fundamentally now all parties need to work out what is required to remove duplication of support, secrecy, wasted resources and static and unresponsive

services. We encourage service providers to work out, how they can work collectively to reduce demand in the system. The Commission recommends:

- Identifying all service providers in the system and bringing them to the table to discuss changes to the service provision holistically. This should include statutory and commissioned provider so all parties can understand how the service provision currently operates.

Principle 2 - Demand management - Prevention and Early Intervention

- 5.3.9 There is growing interest in changing the culture of public services from reaction to early intervention, addressing root causes rather than symptoms, with the aim of avoiding poor outcomes and high costs later on. Investing in prevention is fundamental to shifting from a model of reactive to proactive services.
- 5.3.10 Prevention entails using all public resources to prevent harm rather than coping with acute needs and problems that could have been avoided. Prevention services are aimed at preventing harm before it occurs and usually focus on whole populations and systems.
- 5.3.11 Early intervention entails making access to support and services at the point of need or as early as possible. The aim being to mitigate the effects of harm that has already happened and focus on groups and other things considered at risk or vulnerable.
- 5.3.12 The theoretical financial case for savings predicts that the level of savings that are possible increases as interventions move from short to longer term, and from small, bespoke projects towards whole system change.
- 5.3.13 Research shows that future demand for public sector services will not only outstrip current supply, but is likely to overwhelm public agencies with a set of needs that do not correspond to the service models of today. Managing future demand will be about scaling up isolated, service-based practice and embedding a culture shift across public organisations. At the same time as building up high levels of trust between service provider and service user - developing a two way relationship to effect long term behaviour change.
- 5.3.14 EIF highlighted effective early intervention in a local area requires commitment across the relevant partners in a place. LankellyChase Foundation reported their research showed the support provided is time limited and not available as and when a person needs it.
- 5.3.15 Public agencies need to look outwards, creating the methods to generate deeper insight into the needs, wants and aspirations of citizens. Changing behaviour is critical and residents need to be viewed as assets and supported to get involved in the service redesign. Therefore the default assumption for local public services should be for outcome-focused collaboration around the holistic needs of citizens (thus the root causes of demand).
- 5.3.16 The Commission recommends:
- Identifying the root cause of demand to be able to shift spending, action and support from late (crisis) to prevention (reducing the demand for specialist and expensive support services).
 - Move away from reacting and meeting demand to providing support at the point of need.

- Identify the point for early intervention to provide access, to support as early as possible in the pathway. Making support available at the point of need (timely and effective support) and not at crisis e.g. for an individual to remain in work to manage their condition and find a resolution.

Principle 3 - Co-production

- 5.3.17 Repeatedly we heard during our evidence session about the importance of starting with the community to understand their needs and the drivers for demand. It was pointed out, the people who use services are in a unique position to articulate their needs and to help design and deliver appropriate support to meet these needs. Currently the system looks at each need individually rather than seeing the whole person. There is a growing evidence-base that the involvement of citizens and/or service users in the commissioning, design and delivery of services can lead to better, more effective services by creating better alignment between user need and provision.
- 5.3.18 To achieve the desired aim of long term transformative change in public services it will mean truly engaging and enrolling the community in the design and delivery of services. This type of change to the system goes beyond partnership working; it means starting with the people and working backwards. In some cases this may mean new relationships and collaborating across agencies and sectors.
- 5.3.19 True co-production and service redesign requires a cultural shift for an organisation. Professionals would be required to give up their expertise and sit in a room with people who have various opinions. Co-design means following through and taking all the views seriously to design the service.
- 5.3.20 LankellyChase Foundation reported their research showed, a person with multiple disadvantages - depending on where a person sits in the system - could experience an overlay of different factors. Their multiple disadvantages often meant they received the least support and were more likely to be subject to punitive and/or coercive interventions. Their analysis showed that people in contact with more than one system were less likely to have good short term outcomes from the support programmes. Resulting in attempts to address these issues, having failed because the services and systems are so firmly entrenched. Also, as a result of being continually failed, the groups' behaviour can result in further exclusion and being labelled as "hard to help".
- 5.3.21 London Borough of Lambeth talked about how they have invested in co-production. To start this they entered into a dialogue with the community about how they could manage assets and commenced building an evidence base on how they could manage assets with less resources. Lambeth Council believe co-production will bring new solutions and the Council has a role to facilitate and enable that change. When thinking about service design, they believe it is important to start with people, families, communities and relationships, rather than the service and professional silos.
- 5.3.22 The Commission is of the view co-production will be the most effective method to achieving improved outcomes and inform the commissioning of the most appropriate support services. We highlight that this must go beyond engaging people in the traditional ways e.g. consultation after service design. It means

involving local residents / service users from the start of the service redesign to help to articulate the solutions to their problems, aspirations, outcomes and inform the quality characteristics of the service.

5.3.23 The Commission recommends:

- Starting with the service user not the services themselves
- Developing services in partnership with service users and frontline staff
- When dealing with complex needs, start by understanding the service user journey and how they access services
- Acquire an understanding of the service user's aspirations.

Principle 4 Commissioning for outcomes that matter to the individual

5.3.24 It has been stated that outcomes cannot be provided for people; people must be active in achieving outcomes for themselves with the support of others.

5.3.25 Central Government and Local Authorities are recognising that new and more strategic approaches to commissioning are vital for ensuring the long-term sustainability of public services and driving better outcomes for citizens. In the public sector, strategic commissioning is more common place however, a range of commissioning models are starting to emerge.

5.3.26 Councils are exploring new ways of meeting the needs and aspirations of their residents. Although many councils have moved towards the 'strategic commissioning' approach – focusing on commissioning for outcomes (such as improved economic well-being and quality of life) rather than outputs and balancing cost with social value - some councils are exploring alternative approaches such as the co-operative commissioning. Lambeth Council have implemented outcome based commissioning using the co-operative approach. We heard about Lambeth Council's new approach to commissioning, which they see as the way to unlock innovation, whilst meeting local resident needs.

5.3.27 Co-operative commissioning is an approach that puts citizens and outcomes at the centre of commissioning and creates stronger relationships between key stakeholders. It looks beyond cost and 'value for money' to put greater emphasis on the social costs and the benefits of different ways to run services.

5.3.28 Co-operative approaches to commissioning are distinctive and in some cases going a lot further than most councils' using the 'strategic commissioning' approach. The unique features of co-operative commissioning are:

- Prioritising social value, not just cost
- Putting citizens and co-production at the centre of commissioning
- Thinking beyond service structures and investing in outcomes
- Co-operative commissioning offers a solution to reactive mutualisation. Rather than spinning out services as an ad hoc response to fiscal and management objectives, co-operative commissioning can help ensure evidence and input from service users, citizens and staff, drive decisions to consider spinning out a service.
- Managing the mutualisation process is key. Mutualisation can offer real value – but the process needs to be skilfully managed. In the right setting public service mutual can unlock the creative potential of services and generate social and economic benefits for communities. However, the spinning-out process itself can be extremely challenging and difficult.

- 5.3.29 The New Economic Foundation has recommended working collaboratively with local people and providers to maximise the value created by public spending across the social, environmental and economic sector. NEF worked with several authorities to test different ways of commissioning that involved a greater focus on well-being and prevention, and that provide a stronger role for the people intended to benefit from the service in the commissioning process itself. NEF's recommended approach is based on commissioning for outcomes and emphasises the role of co-production in the design and delivery.
- 5.3.30 Despite the many challenges that discourage leaders in the public sector from working together more collaboratively partnership working across the public sector will become even more important as a means of designing services which fit local need and creates efficiencies. To enable successful local partnerships to achieve system change requires putting the user experience of the whole system first, and taking joint accountability for service quality and outcomes.
- 5.3.31 LankellyChase Foundation flagged if organisations want a different dialogue with people they have to find a better way of working with them and having the right commissioners, public values, and principles. Their research showed outputs and outcomes from funders made services focus on the people who seem to be the easiest to help. They recognise that accountability is needed at some level but a more mature relationship with risk and trust in the system was required.
- 5.3.32 The emergence of London devolution discussions are encouraging because devolution would give public service providers the flexibility and freedom in a locality to commission outcomes to meet population needs. The Commission is of the view service providers locally should develop joint outcomes and we endorse the role of co-production in the design and delivery of a service.
- 5.3.33 The Commission recommends local commissioning to involve:
- Making all services providers across the system jointly accountable for achieving the outcomes
 - Working collaboratively with local people and providers to maximise the value created by public spending across the sector
 - Commissioning for progression. Having outcomes that enable a person to develop their journey and achieve their goals.

Principle 5 Culture Change – system and organisations

- 5.3.34 New methods of delivery and infrastructure are required - the current status quo of operation is not sustainable long term – and in the delivery of service the voluntary and private sector will become key to delivering better services through investment and new delivery models.
- 5.3.35 Adopting more flexible, organic structures could challenge traditional professions and services. Organisations need to explore how to marry different traditions and disciplines in a way that respects them but doesn't lead to citizens being pushed from pillar to post. *'Public services can only be more responsive to the needs of service users if employees on the front line are trusted to innovate and empowered to act with more autonomy. This requires a fundamental culture change away from traditional command and control*

models of leadership to one in which leadership is distributed across organisations'.

- 5.3.36 The move towards more commissioning rather than delivery makes serving a place even more important. The 21st Century Public Servant research suggests service to place should be the fundamental role of councils. Although public servants need to have a vision of place this is challenging if they are trained to view the world through the perspective of services rather than the place: *'We need to get people to look after the place rather than just meet their professional responsibilities. People need to get out of their professional silos and work with voluntary groups, people in the area, do their best for the neighbourhood regardless of their professional role.'*
- 5.3.37 We recognise that quick wins are important to build confidence - Lambeth Council used prototype projects to get things moving in communities, whilst changing the Council's culture and structure.
- 5.3.38 We learned about Lambeth's journey of culture change for their organisation. To begin this process Lambeth Council established 40 early adopter projects in 2011. The projects helped the Council to understand how community networks operated. Some projects were successful at embedding the new thinking and some were not. In 2012 the Council embarked on a system change focused on changing their internal operations and thinking to develop co-operative commissioning. The Council split the organisation into two (commissioning and delivery) and abandoned service departments for 'clusters' concentrating on outcomes creating a flexible organisation.
- 5.3.39 Changing the culture of the organisation was challenging and has involved changing the mind set of staff, developing new skills and strong political support from local politicians. This process has included changing staff job descriptions in a radical way to challenge the traditional ways of thinking for staff and to change their behaviour. The key driver to progress with change for Lambeth Council has been the strong political support and clear narrative from the local politicians.
- 5.3.40 There is no defined end point and no master plan, but a call for leadership to promote shared endeavour across the whole system. Organisations will need to be receptive to the learning that comes from exposure to other ways of working - it is a learning process and a way of thinking and working. Success as we heard will depend on frontline staff having the skills to identify need and the ability to build relationships, to provide appropriate support or opportunity at the point of need.
- 5.3.41 The Commission recommends:
- Implement co-production and co-design in the organisation's commissioning cycle and service redesigns
 - Consider how professional roles and disciplines might be deployed in different ways to achieve better outcomes;
 - Build trust between organisation and staff and the staff and citizens to enable greater innovation and flexibility at the frontline;

Principle 6 Information sharing and measuring impact

Information Sharing

- 5.3.42 Sharing information and data across agencies can act as a powerful driver to improve service outcomes. The issue of sharing data is a recognised challenge and we noted in our evidence sessions that some early intervention projects overcome this obstacle and some continue to struggle with this issue.
- 5.3.43 Service providers hold information about the clients they serve. It is often the case that people interacting with a number of services have to repeat their story to different providers. This is often exacerbated by the fact that providers do not cross-check information to ensure it is correct, or share information to establish a better understanding of their client's needs and the underlying causes. This is particularly the case when different agencies provide tailored services to individuals with multiple and complex needs.
- 5.3.44 We are aware that initiatives like the Troubled Families Programme and the integration of Health and Social Care rely on much better sharing of case-level information in order to identify, assess and target the right intervention at the right time. EIF highlighted a pilot in Lancashire that managed to identify the root cause behind frequent callers to emergency services, by bringing all the information (from various service providers) that already exists together. The point is the system may not need to collect new data but use existing data more effectively across the whole system.
- 5.3.45 Much more needs to be done to shift attitudes so that sharing becomes the default position. When we questioned service providers about information sharing they advised there is a legal requirement to state if they share information and why and that the ability to share information is dependent on the individual. During the review the Commission experienced the complexities around information sharing between organisations. Options need to be explored about how the barriers to sharing information can be overcome for example having the information travel with the service user in the form of a 'passport' so it can be transferred from organisation to another.
- 5.3.46 It has been reported some major barriers to this progressing are:
- A lack of leadership about the importance of information sharing;
 - A lack of public awareness about the benefits;
 - Different and often incompatible information management systems;
 - Uncertain interpretation of the Data Protection Act, compounded by conflicting guidance issued to different organisations about what can and cannot be shared; and conflicting approaches about how information can be safely shared.
- 5.3.47 To use existing data more effectively service providers need to tackle cultural and organisational barriers to better information sharing.

Measuring impact

- 5.3.48 It was highlighted that for models, systems and programmes being developed they need to be tested for impact. EIF reported reflection and evaluation are essential components but they are rarely applied consistently to fully evaluate the sustainability of discrete project claim.
- 5.3.49 When embarking on a whole place, whole system change we should remember the journey is experimental - the outcome is unknown. Although there is limited evidence to demonstrate what models work; this is not a

reason to do nothing. Council's still need to move forward and try different options.

5.3.50 EIF suggested mapping in house and commissioned provision to consider the strength of the evidence, to ascertain what is known about its effectiveness and fit with local priorities. EIF confirmed for early intervention projects they were focusing on the evaluation of impact. This work was showing that projects delivering effective early intervention did not always evidence change or impact.

5.3.51 Evaluation of the impact of projects and pilots is essential to understanding if the outcomes are sustainable and addressing local need to ensure the savings and improved outcomes are being delivered.

5.3.52 The Commission recommends:

- Champion the value of sharing information
- Develop joint analysis to inform the Council's policies and enable services to reduce demand. Ensure the data being collected includes information about outputs and the quality of the service and how the service user interact with the service
- Build up community insight on the characteristics of the people using the services to identify who uses it more and their specific needs. Capturing service user experience to help the organisation understand demand and where it manifests.

5.4 **Phase two: deep dive looking at long term unemployment and mental health**

5.4.1 Austerity is part of a wider political and policy agenda, which has bestowed both opportunities and challenges to local government. Negatives in the sense of diminishing resources and positives in the possibility of devolution that could give greater flexibility over spend and the provision of services.

5.4.2 Aspects of the wider agenda include:

Public service reform – a long standing agenda for shared ambition to find ways of working that are smarter, more integrated and collaborative. This includes finding ways to pool budgets and data between agencies. Such ambitions have underpinned a variety of service redesigns as well as driving the continuing search for innovative models of service delivery.

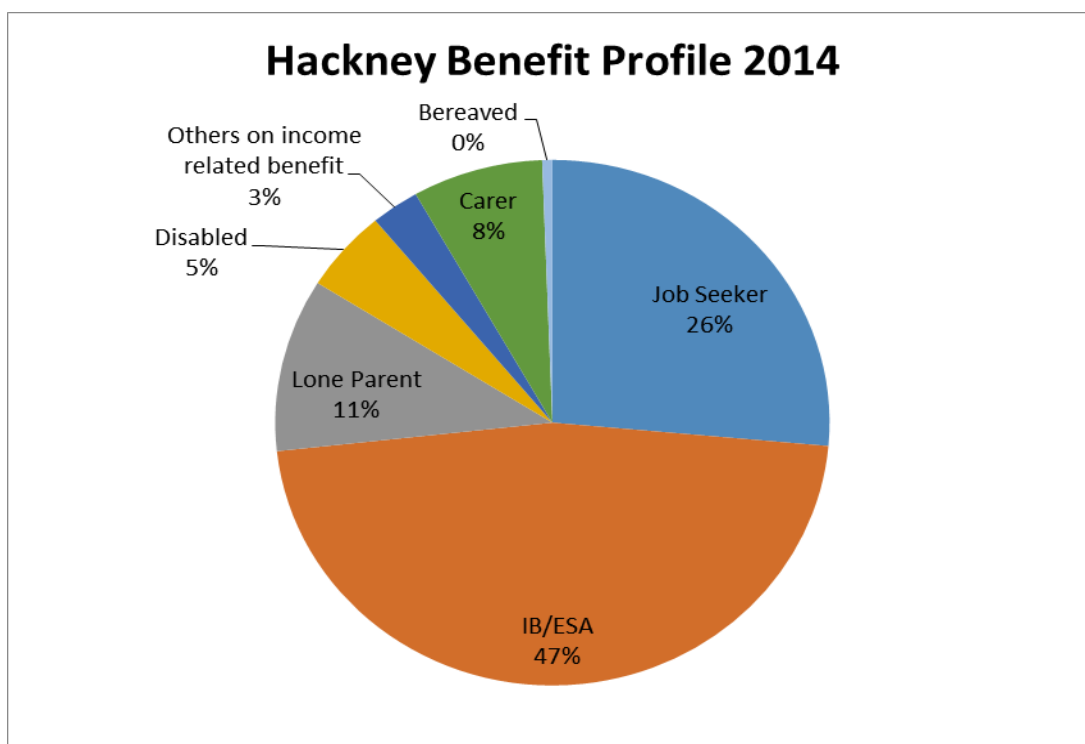
Devolving more powers to local government – currently this is responsibility and flexibility. Local authorities have been given greater financial freedoms through reductions in the ring-fencing of funding streams from central government. Systems of central performance monitoring have been removed or scaled back.

Reform of the welfare system to 'make work pay' as well as reducing the cost of welfare to public spending.

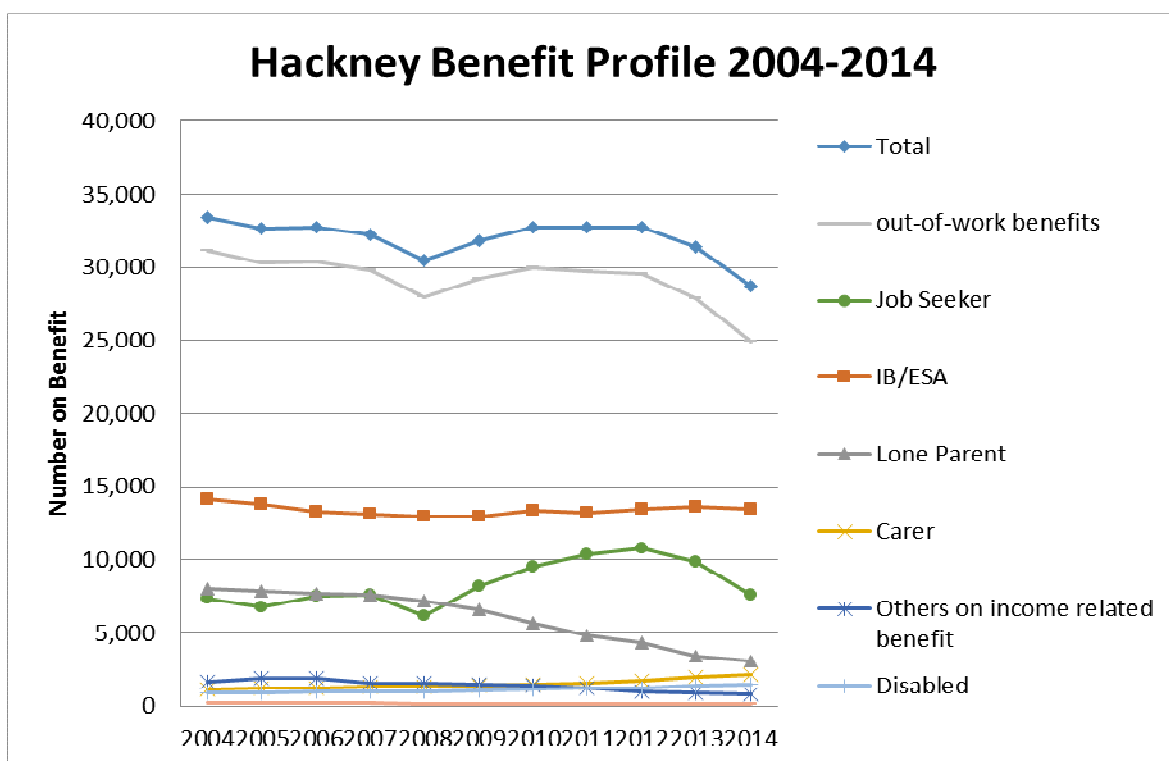
5.4.3 To make a change across the system the Commission was informed a deep dive would provide the information needed to design services that meet service users' needs.

- 5.4.4 The service area selected should be one that would deliver the most impact (although it may be difficult to manage). In addition it was important to identify quick wins to demonstrate the learning and assess the impact of the change and sustainable outcomes during the evaluation stage.
- 5.4.5 The Commission decided to look at areas of high need and spend to conduct a deep dive. In tandem the Commission would consider the principles required to carry out a service redesign across a whole place and whole system. This led to the Commission exploring service areas of high need and high spend. The area chosen was long term unemployment with mental health.
- 5.4.6 In Hackney approximately 27,000 people are in receipt of welfare benefit, of this 13,400 are long term unemployed. This figure is higher than the national and London average. Approximately half of this group experience mental health problems and existing programmes for support into work for this group have not impacted on the local unemployment level in the last decade. The reasons for claiming, falls into the following categories:
- 6,420 48% is for Mental and Behavioural Health
 - 1,820 14% is for Musculoskeletal.
 - The remainder cover a range of conditions including injury, poisoning, nervous system, circulatory and symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified.
- 5.4.7 The levels have been relatively static over the decade with an average of 13,400 claimants every year. Incapacity Benefit (IB) /Employment Support Allowance (ESA) has reduced by 5% over the decade (or a total of 660 residents). 57% of benefit claimants have been on benefit for 5 years or more (up 6%). The majority of claimants are aged between 45-64 years old. The gender split for this cohort was 60% male and 40% female in 2004 and now the gender split has become more even 54% male and 46% female. The number of women in the IB/ESA cohort began to increase in 2010.⁴

⁴ [London Borough of Hackney Local Economic Assessment](#)



5.4.8 Overall the graph below shows a decreasing trend for the numbers claiming benefit, which has seen a 14% reduction since 2004 or 4,650 less residents claiming benefit than a decade ago.



- 5.4.9 The Government's objective for implementing welfare reform is to promote work and personal responsibility to make work pay; reduce welfare dependency and reduce the cost of the welfare budget. The largest category claiming welfare support is people with mental ill health and behavioural health. Welfare reform is expected to have a significant impact on this group. The changes to date have led to reassessment of claims and it is widely known that the work programme assessment favours physical disability and not mental health.
- 5.4.10 Potentially when the reassessment for incapacity benefit is complete and the changes to disability living allowance are implemented, this is expected to have a significant impact on Hackney's residents. Our research found that 7 of the research participants had completed a work capability assessment. Of these, 3 had been placed into a support group, and 3 had been placed into a work related activity group. Those placed in support groups were receiving Employment and Support Allowance.
- 5.4.11 Evidence suggests that people who experience mental ill health accessing the work programme do so quite chaotically, resulting in some drop out from the programme. The economic downturn in 2008 and changes in the labour market means it is even harder for this group to enter into employment, coupled with employers not always treating them as employable.
- 5.4.12 The Governance and Resources Scrutiny Commission (G&R) was convinced they needed to start with the service users' voice and not with service providers. We noted that Total Place and Community Budget pilots that came up with new service delivery models carried out a deep dive exercise to build their evidence base. G&R commissioned qualitative research to talk to Hackney residents who were long term unemployed.
- 5.4.13 In tandem to the qualitative research the Commission talked to service providers to find out about the current services provision and support available for the long term unemployed with mental health.

5.5 Support Services

- 5.5.1 There is a mixture of statutory and commissioned service provision to support local residents who are long term unemployed with and without a mental ill health.
- 5.5.2 The type and level of support received varies if the individual has a mental illness. In Hackney the main budget holders for support services are:
- London Borough of Hackney Adult Social Care
 - London Borough of Hackney Public Health
 - East London NHS Foundation Trust (ELFT)
 - City and Hackney Clinical Commissioning Group (CCG)
 - Ways into Work (WiW)
 - Jobcentre Plus (JCP).
- 5.5.3 **London Borough of Hackney Adult Social Care** - The ASC service provision is a mixture of in-house and commissioned services. Service providers accessing these support services have reached the threshold for support services from ASC.

Adult Social Care commission two employment support services they are:

- **Lee House** - an employment and training service for people with a mental illness
- **Hackney Recruitment Partnership** (also known as Hackney One Team) - supports people with learning disabilities.

5.5.4 Public Health – The Public Health team work to tackle wider health issues like obesity and sedentary lifestyles, to cut the numbers of people smoking and to reduce the burden of long-term conditions. Local Public Health services are also responsible for monitoring and contracting sexual health and substance misuse services and the NHS Health check programme - which identifies risk factors for ill health in those of middle years - and tackling obesity, particularly in children.

PH work closely with ASC and the CCG. PH provide funding support for prevention services too. Organisations providing this support are to fill gaps in service provision.

5.5.5 East London NHS Foundation Trust - East London NHS Foundation Trust provide mental health and community mental health services. This covers a wide range of community and inpatient services to children, young people, adults of working age, older adults as well as forensic services to the City of London, Hackney, Newham and Tower Hamlets.

ASC, ELFT and PH commission services jointly and/or in partnership.

5.5.6 City and Hackney Clinical Commissioning Group (CCG) - The CCG is responsible for the planning and buying of local NHS healthcare across the borough to meet the needs of the local population; ensuring effective accessible healthcare for all. The CCG is led by local GPs and made up of 43 GP practices who commission local healthcare services in the city and LBH. The CCG has a duty to ensure the pathways for referral from primary care services are sufficient and meet the local population needs. The CCG work closely with statutory service providers in the borough and the Public Health team in the Council to ensure they are referring residents to services available. The CCG refer to 2 mental health employment support services Lee House and Hackney Community College Vocational Co-ordinators.

5.5.7 Ways into Work - Ways into Work is an employment programme to support unemployed Hackney residents into jobs, apprenticeships and training. The programme provides intensive, holistic 1-2-1 support for residents and works closely with local businesses to help ring-fence local jobs for local people.

The WiW team provide a non-statutory services which means they apply for funding to support the service provision. This means their funding can come with restrictions such as dictating the client group they must target or work with.

WiW offer employers a single point of contact and deliver training programmes in consultation with businesses. The programme works with a range of partners to deliver training programmes to ensure local people have the relevant skills and qualifications to take advantage of job opportunities in key growth sectors in the Borough.

- 5.5.8 **Jobcentre Plus** – JCP is a government-funded employment agency and social security office. JCP's role is to help people of working age find employment in the UK. It was formed when the Employment Service merged with the Benefits Agency and was renamed Jobcentre Plus in 2002. It is a part of the Department for Work and Pensions (DWP). In the past, JCP would help people who were currently in employment, as well as the unemployed. Now they only provide assistance to those who are unemployed and claiming benefits.
- 5.5.9 There are a number of organisations (by the voluntary sector) in the borough that deliver both targeted and preventive employment support services. Some of these organisations are commissioned by LBH, PH, or CCG and some are not. The pathways of support offered by these organisations are: pre-employment, training, work experience, paid employment and in-employment support for people with mental health issues.
- 5.5.10 A scrutiny review by our colleagues in HiH identified that the support services for people with depression and anxiety was recently transformed. Lower level community-based mental health services were, provided via a number of small contracts with a range of local voluntary sector organisations. LBH Adult Social Care developed a new model of support for working age adults with mental health. The new model is called the *Integrated Mental Health Network* (IMHN). It provides integrated support, signpost services and is designed to ensure that every person who needs help for a mental health problem is given a coordinated plan for their care.
- 5.5.11 The IMHN will be accessed via a 'single entry process' but with multiple access points from the various network members. The IMHN comprises two time-limited service components:
- Mental Wellbeing and Prevention (provision for up to 1 yr.)
- Recovery and Social Inclusion (provision for up to 2 yrs.)
- 5.5.12 The aim of this new network is to bring the voluntary sector organisations together (commissioned and not commissioned) to work in a co-ordinated way to improve mental health and wellbeing. The range of activities provided by this network include job club, work skills, employment and education and building confidence. The key aim of this new service model is to help people recover and move on.

5.6 Budget and performance information

- 5.6.1 Understanding the cost flow of funding for the whole system is useful but if not acquired it is not a show stopper. EIF advised to make the case for early intervention the cost of services should be known. This would enable service providers to look across the whole system and see where the saving would materialize from early intervention or service redesign across the whole system.
- 5.6.2 We asked all the main service providers listed above to provide the cost / budget details for the service and the number of people referred and supported into employment.

5.6.3 The Table below gives some indication of the high level costs/spend associated with local service provision for the long term unemployed with mental health.

Service provider	Number of people accessing/referred	Number of people supported into employment	Cost / budget for service £
Adult Social Care Lee House Hackney One Team (2012/13)	136 141	80 28	£517,185 £296,063
Ways into Work (2010-2014)	8300	700 (439 26 weeks and 261 for 52 weeks)	£1,400,000
Hackney Community College Vocation Co-ordinators			£80,000
Benefit Advisors (based in community Mental Health Team and Inpatient Services)			(FTE in inpatient services) 40,000 CMHT Project cost 45,000

- ASC advised known to LBH there are 760 residents with a learning disability and 2520 residents with a mental health illness.
- WIW advised between April-September 2014, the WiW programme registered and assisted 878 clients, with 449 supported into a job, 132 entering an apprenticeship role and 99 attending accredited training. There are 100 companies signed up to the WIW programme.

5.6.4 Universal services and access to unemployment support services are delivered by DWP. JCP deliver the local services of the national work programme commissioned by DWP. This is the first point of call for people out of work to acquire a source of income. JCP informed us they were unable to provide local information about local spend or budget for the national work programme. Budget information is provided from DWP directly to each work programme provider for the borough.

5.6.5 For this review we were unable to obtain specific local data in relation to the national work programme. The national figures published by DWP relate to large geographical areas in this instances they are presented for East London. It is not unusual to experience challenges when trying to obtain data from partner organisations. Although obtaining specific local data can be a challenge particularly with DWP we were told there may be some ability to effect change in areas of spend within DWP's national work programme but this would be reliant on an innovative local partnership.

- 5.6.6 The London Borough of Lewisham Community Budget pilot works in partnership with JCP to support people with complex needs into work from Universal Credit application to employment. Referrals are made once a UC application has been made and the individual meets the support service criteria. LB Lewisham are convinced JCP have engaged with this pilot because of the large geographical area (Tri-borough).
- 5.6.7 Theoretically financial savings are expected to come from the provision of service, at the point of need (before crisis point). However, being able to demonstrate the financial savings becomes difficult if the full costs or budget for the service(s) are not fully understood.

5.7 Research Findings

- 5.7.1 The cohort we were focusing are a vulnerable group that may have or recently recovered from a mental illness. Therefore it was decided the most sensitive way to carry out this research would be to conduct one to one interviews with participants. Research participants were recruited from various support agencies in the Borough. The views captured in this research may not be reflective of the views held by individuals who are not in contact with support organisations. *(The full report is in appendix 1 of this report)*
- 5.7.2 To understand how local residents' use and access unemployment support services the Commission carried out a deep dive review to look at long term unemployment and mental health.
- 5.7.3 The Governance and Resources Scrutiny Commission (G&R) commissioned qualitative research to engage with people who are long term unemployed, with a mental health disorder. This research was commissioned to understand the triggers, barriers and interaction with services. For this deep dive emphasis was placed on hearing the service user voice to understand the customers' journey. The objective being to give the Commission an understanding of:
- The service user experience of services and their knowledge of where to go to get support and access services
 - The triggers, barriers and interaction with services for the long term unemployed with mental ill health
 - Service user's experience of services and support from statutory and non-statutory service providers. To assess the effectiveness of current service provision
 - The service user journey and to see the point at which they access support services
 - What the cohort sees as successful outcomes for them and what support they may require to achieve these outcomes.
- 5.7.4 BDRC carried out 24 in-depth interviews with people with and without mental ill health that were unemployed for 2 years or more. The reason for selecting 2 years or more was because the individual should have triggered accessing the JCP work programme or other forms of support services locally.
- 5.7.5 The research participants ranged in age from 33-57 years. All the participants were in receipt of either JSA or ESA (with mental health issues) or ESA (with other health issues). For those participants with a mental illness they often

had more than one condition for example depression and schizophrenia. *(Full details of the types of conditions can be found in appendix 1 of this report)*. For those receiving ESA for other health conditions these included Cancer, Ankylosing spondylitis and one person had a combination of conditions.

- 5.7.6 The interview respondents were pretty evenly spread across gender groups with 14 male and 10 female. As indicated in the table below just over half of the respondents lived in Council rented accommodation. This presents an opportunity for the Council to access those individuals through a place based pilot.
- 5.7.7 The table below shows the tenure of the research participant's accommodation.

Council Rented	14
Housing Association	7
Private Landlord	2
Part ownership	1

- 5.7.8 While everyone we spoke to had very unique experiences and reasons for their current unemployment. Many had taken part in short courses in the past year, for most who were not mentally ill, these were short courses that the Job Centre had referred them onto – usually to improve their CV or interview skills. Those taking part in full time courses were all recovering from mental illnesses.
- 5.7.9 We found that the sample did divide into four distinct segments in terms of current needs i.e. the level of support needed to find employment.

Unemployed and feel little more can be done (Segment 4) – highest need

This segment tends to be older and in receipt of JSA. Some of them may be signed off on ESA. They are a bit more jaded with the system and tend to feel their age is a barrier to them finding any work in the future. They are worn out by being unemployed and are close to giving up.

Unemployed and want training and support (Segment 3)

Although not exclusively so, this group tend to be at the younger end of the age range. They are in receipt of JSA. They are more confident and determined to gain employment. They are usually fairly confident in themselves and most likely to ask for help if needed, pushing the JCP to see what is available for them in terms of training courses and other opportunities, but they tend to feel that currently the support or training they need isn't available.

Mental health condition and looking for work (Segment 2)

This segment has suffered a mental illness but are now coming out the other side and starting to get their lives back on track. Although mental health problems persist, there is a desire to get on with their life and try to find employment. This group tend to be getting support in terms of looking and applying for roles as they have good support from current agencies, but may need further support in terms of what to tell employers and finding part time positions to ease themselves back into work.

Mental health condition and not ready for work (Segment 1) – lowest need.

This group is not ready to work yet or not at all. This segment is still in the process of receiving therapy and do not feel they will be ready to start working again for the foreseeable future (or ever). Their goal is to keep busy and active to keep their mental health issues at bay. While this group do need a lot of support to progress them along their recovery journey, they are generally already getting the support they need and tend to feel well looked after by the agencies they are in contact with as part of their health recovery.

- 5.7.10 We asked residents how they accessed support service to understand if they were referred or sign posted to support. Those with mental health issues almost automatically had a support network around them (*'team of people around me'*) to support with rehabilitation through to getting back to work. This seemed to mostly stem from health agencies (hospitals or GP) focused on a health recovery where referrals are made to other agencies. From here individuals have the opportunity to speak to other people about their experiences and referrals to other agencies came by word of mouth.
- 5.7.11 For those without mental health issues, accessing support is part of a formal process. The JCP is their first port of call to apply for benefits. Once individuals have met the criteria for their income from the JCP, they are then required to attend and search for jobs and receive some statutory training as and when required. After being with the JCP for a period, they can then be referred to other agencies, locally this is organisations such as Renaisi or Shaw Trust, for more intensive job searching. There seems little opportunity to find out about other support organisations so this information either comes from word of mouth talking to other unemployed people or from their own searches. Support for these individuals is time limited (usually 2 years) before they are referred back to JCP.
- 5.7.12 Although the cause of unemployment differed the research uncovered the main causes for unemployment were:
- Being made redundant and after being out of work a mental health issue emerged
 - They left a job to pursue another career and again, a mental health issue emerged
 - A mental health issue brought about them losing their jobs.
- 5.7.13 The review highlighted that on average work programme providers were allocate 2 years or less to work with individuals to get them back into employment after being out of employment for at least 12 months (following an episode of illness or long term unemployment). The support time provided to

service users was highlighted by LankellyChase Foundation as not long enough. In our discussions with frontline staff they highlighted the time it takes to support an individual with a mental illness back to full employment can take as long as 6 years.

5.7.14 The Shaw Trust are piloting a new service provision call Health and Wellbeing Hubs. One pilot hub is based in Hackney. This means unofficially clients can still access the service provision they used on the work programme because they are a local resident. Shaw Trust confirmed some clients - who continued to access the Hub's services after they completed the work programme period - did secure employment. A demonstration again that the time period for support service may not be sufficient to see a client through to a sustainable change in their life. This the Commission considers is an area service providers need to review.

5.7.15 We asked our research participants to highlight the barriers to finding employment. The main barriers to employment summarised in the research were:

- **Lower paying roles:** there was a fear of looking for or accepting lower paying roles as individuals perceived they would be worse off than they currently are on the benefits they receive. This was more of an issue for those in private rented accommodation where there was more risk of rents spiralling.
- **Costs associated with looking for work:** The main issue was paying for training courses as opposed to the smaller ticket items such as clothes for an interview and travel expenses. Many respondents mentioned career aspirations that involved training that would come at a cost and they would like to receive financial support for.
- **Perceptions of feeling marginalised:** There were several examples of this:
 - Age issues where some felt they were perceived as 'too old' to be employed. Also that support appeared more available for younger people (18-24 year olds)
 - Observationally, those with mental health issues have a greater support network than those without. Support includes health-related agencies as well as agencies offering other forms of rehabilitation.
 - There is more pressure on those in receipt of JSA (Job Seekers Allowance) compared to IB (Incapacity Benefit) or ESA (Employment and Support Allowance) to look for work. However, those with mental health issues may be better to have a 'halfway house' where they are encouraged to look for work.

5.7.16 We presented this information to frontline staff and asked them about the barriers to employment for this cohort. The frontline staff added a few more barriers to the list above (full details of the discussion with frontline staff is in appendix 2):

- There is insufficient information available to help a person move on from services like Core Arts
- Service users fear benefit sanctioning and instability
- The aspiration of social care services is to secure welfare benefits, housing and get the service user stable on their medication

- The clients care co-ordinator may not encourage the person to progress especially if they have tried and failed at some point. They are reluctant to encourage the person to try again, instead they are encouraged to remain stagnant
- There is a lack of part time and volunteering roles so that people can progress and move on
- Gaps in CVs – How to explain this to employers particularly for people who have had a mental illness
- Having access to support and the right advice. There is limited information on money advice, better off calculation and learning budgeting skills as they transition from benefits to work
- Employers receive funding for an apprentice aged between 18-24, but they do not receive any financial assistance for an apprentices aged 25 years and over
- There is a lack of unpaid opportunities and employment opportunities in the borough or provided by the Council for this cohort
- There is no handover of information about the person or their support needs prior to their arrival to intensive job search support services
- JCP do not provide information about the person after they leave intensive support services. Therefore work programme providers are unable to confirm if a person progressed into employment after accessing their support service.

5.7.17 We heard research participant express frustration with the system, more so those who are long term unemployed without a health condition. Their frustration lied with the support provision being largely generic and being aimed at young people under 25 years old. The biggest frustration was with the national work programme particularly for segment 3 and 4 (no mental health issues) who appeared less supported by agencies involved in helping people into employment.

5.7.18 JCP's support was viewed as a generic approach to job seeking support with assistance provided for CV writing and interview preparation. There was little opportunity to speak to advisers, although there was some praise for individuals working at JCP.

5.7.19 The issue of sanctioning made individuals feel wary of JCP. The main criticism we noted related to access to specific types of training, but often the training offered was too generic, too simple or inappropriate for their skillset. Many commented on being made to apply for jobs they were not qualified to do. Referral to work programme providers did not improve the experience for clients, the computers were perceived as slow and help and support was limited.

5.7.20 The work programme provider Renaisi was perceived as being target driven. In our discussion with work programme provider Renaisi they explained they engaged with a range of long term JSA or ESA claimants. Renaisi highlighted prior to the claimant's arrival there was no handover of information about the person or their support needs. This work programme provider has advisors working with on average 60 clients at any one time and in some locations this ratio could be higher. Although they recognise the need to support a person

holistically their focus for support and key deliverable for the programme related to the client securing employment.

- 5.7.21 The longer people are out of work the harder it becomes for them to get back into employment. Perceived appropriate work opportunities appear limited, with individuals experiencing few and inappropriate jobs for their skill or ability level. When helping unemployed people find work, this would be better achieved if appropriate employers could be found.
- 5.7.22 In relation to the job seeking methods used. Many of those in receipt of JSA mentioned applying for numerous jobs each week. There appeared to be an emphasis on quantity over quality in relation to job applications with applicants applying for jobs they had little chance of getting. This suggests the methods used are a numbers game, where the more CVs sent out and job applications completed will eventually lead to 'striking lucky' with gaining employment. Perhaps a more quality-based approach is needed to focus on appropriate jobs which are more likely to result in a positive outcome.
- 5.7.23 WiW advised they provide a service that supports local residents and employers (in the growth industries) to ensure appropriate job match. WiW deliver their service in connection with a number of RSLs and VCS organisation and reported the clear difference between WiW and JCP was their relationship with employers. The research participants did not indicate they were aware of this service particularly for those without a mental illness.
- 5.7.24 Addressing systematic long term unemployment became more challenging as unemployment rose resulting in the increased competition for jobs, thus favouring those with skills, qualifications and a positive track record of employment. Therefore people who were recently in employment are more likely to be re-employed than those out of work for over a year. The system appears to be organised in a way that is contradictory to how people find employment. Normally people build up their skill sets through volunteering when seeking employment.
- 5.7.25 What appears to be missing in the system is quality jobs and having agencies that provided access to employers to help clients secure employment. Alongside this, there needs to be access to jobs too. For instance, an agency building relationships with employers who are willing (perhaps as part of their corporate social responsibility approaches) to employ people who have been out of work long term or have experienced mental illness. The agencies involved in helping long term unemployed people find employment would ideally have personnel who have employer networks or can forge relationships with employers. There is also needs to be a better range of jobs available from entry to specialist. The Commission sensed that many of the jobs on offer were low paid or low skill which was the one of the key barriers to employment the research participants highlighted. Perhaps a more quality-based approach is needed to focus on appropriate jobs which are more likely to result in a positive outcome.
- 5.7.26 If progress is to be made in this area, public sector employers must be seen to set an example. As one of the largest employers in the Borough the Council has a role in ensuring employers have access to information. The Commission would like the Council to provide support for employers and

incentivise them to employ people who are long term unemployed. E.g. employers to get support to help support an individual who they employ that has been long term unemployed and/or had an episode of mental ill health.

- 5.7.27 Knowing where to go for help and advice appears limited. It is important there is clear signposting and navigation for individuals towards appropriate support. The work programme alone will not solve it.
- 5.7.28 Based on the findings from this research, the Commission is of the view the Council and its partners should test a new model of support for this group, based potentially around a key worker model dedicated to a particular geographical area.

Recommendation 2
The Commission recommends the service redesign principles outlined in the report are used in service areas of high need and high spend such as mental health, disabled working age adults and homelessness.

- 5.7.29 To transform services and outcomes, particularly for those people who present the greatest risks and create the biggest demands, there needs to be changes in the statutory basis for sharing information. To do this effectively service providers need to tackle cultural and organisational barriers to sharing information.
- 5.7.30 The default assumption for local public services should be to bring all existing data together and analyse how they can use the information effectively to cross-check information provided by service users to ensure it is correct, or share information to establish a better understanding of the service users' needs and the underlying causes.
- 5.7.31 To enable successful local partnerships is putting the users' experience of the whole system first, and taking joint accountability for service quality and outcomes. Working out what is needed to bring the different services together to work collectively to reduce demand in the system.

Recommendation 3
The Commission recommends the Council has an information sharing 'champion' to encourage the development of integrated systems/processes and promotes joint analysis across the whole system for service change.

Recommendation 4

- a. We recommend the Council works with local employers to encourage them to employ people who have been long term unemployed. We recommend the Council provides access to information or support and advice for employers and looks at what incentives could be offered to employers.**
- b. The Commission recommends the Council leads by example as an employer with a programme that provides volunteering or employment opportunities for people who are long term unemployed and people who have experienced an episode of mental illness.**
- c. The Commission requests information from JCP about how they ensure work programme providers develop employer networks and forge relationships with employers to secure access to a range of job from entry level job to specialist jobs.**

5.7.32 The research report identifies several cohorts with differing needs according to where they are on the ladder towards gaining employment. Some are very much job ready and others are a long way off of working. For those looking for work, being out of work for too long had had a negative impact and caused self-confidence issues, therefore escaping unemployment becomes even more difficult.

5.7.33 The experience of the long term unemployed with mental or health condition were more positive about the advice, support and information they received from the support organisations they interacted with (Peter Bedford, Core Arts, Mind and Hackney Community College). This group was provided with access to non-generic course or further education and volunteering opportunities. The approach of case worker or individually tailored support and advice worked well and was provided by the organisations listed above. These clients developed a trusting relationship with their support workers and the environment was perceived as providing a positive experience leading clients to be open to making further steps in their recovery.

5.7.34 The challenge frontline staff pointed out for people with mental ill health was insufficient information or services available to help a person move on. For service providers like Core Arts (who worked with people with severe and enduring mental health) and HCC Mental Health Case Workers (who worked with people from low to severe mental health) they reported that the fear of benefit sanctioning and instability curtailed this group's aspirations and journey. They found that clients were not encouraged to move on especially if that individual failed at some point. Their clients had usually been through the DWP process and were at a place where they were stable (housing and medication) and comfortable therefore they too wished to remain at their current place and not continue their journey.

- 5.7.35 The ability to progress and move on was picked up as an issues. Frontline staff in VCS organisations are of the view, health professionals and social workers were reluctant to encourage a person to continue their journey beyond a certain point of stability.
- 5.7.36 Around half of all respondents across all segments had undertaken some form of volunteer work. Volunteer work was also mentioned by many research participants as a desirable goal. It was also recognised as something important to do to feel valued. For those with mental ill health, this tended to be via the agencies they were in touch with as part of their rehabilitation (for example Peter Bedford, Core Arts and Hackney Community College). However there was no progression onto other volunteering roles or job opportunities. The frontline staff cited this was due to the lack of part-time and volunteering roles in the Borough (in the local job market or through the Council). The frontline staff pointed out they need placements and volunteering roles that would support the individual's recovery journey. These should be interesting and most importantly not affect their benefits before they have worked up a plan to transition.
- 5.7.37 Adult Social Care informed their support services were holistic but out of date. A review of ASC employment support services concluded the service should work more with employment services like WiW and, redesign an employment pathway that builds on the success of other services rather than replicate it. It should offer a specialist target service for residents who are long term unemployed regardless of the type of disability. ASC believed their social workers were proactive but the challenge was getting service users into sustainable employment.
- 5.7.38 In addition ASC made changes to lower level community-based mental health support services, this resulted in it being re-commissioned to bring voluntary organisations together to work in a co-ordinated way, to improve mental health and wellbeing; to make more effective use of resources and to support both the Council's own 'Promoting Independence' and its 'Personalisation' agendas.
- 5.7.39 For the majority of unemployed people, getting a job is their end goal. This particularly applied to segment 3 who are continuously searching for jobs. Segment 2 and 4 also wanted to find employment, but appreciated that it might be more difficult because of their skill sets (segment 4) or there were some limitations because of their mental health (segment 2). Segment 1 realistically knew they could not work. For segments 1 and 2, occupying time with activities was very important, as it helped to keep their mental health stable. To this end social interaction was important for the majority.
- 5.7.40 Personalised support appears to be a more successful route forward. Many respondents' experienced a generic type of support to look for and prepare for employment. If personalised support is provided the support should be in the form of helping individuals find appropriate job vacancies, advice and help in getting the right type of training. The success with support workers comes from those that are trusted therefore they would need to be knowledgeable and empathetic towards individuals.

- 5.7.41 The structure of support for people should focus on the place not the person and end to end support is required not just to the point of getting a job. The place where unemployed people can access this support may also need to be considered - a trusting environment. The right approach to continuing a person journey may be to take the moving on support out to the place where the individual has a positive experience to enable those discussions.
- 5.7.42 Appropriate Interventions are necessary too, for example, people who are in receipt of restorative help may eventually be ready to move up to a next stage, perhaps vocational training for work if the intervention is appropriate and well timed. As such, waiting too long to offer appropriate support or intervention can be harder for the individual as well as the agency involved in helping the person into employment.
- 5.7.43 The review has shown it is not about one destination but the journey for the individual as well as the need for ongoing support for people with mental health. The key to moving people on may be to start with the place where they have a positive experience, where they have built relationships to support their journey. Services also need to understand what appropriate intervention is needed and when; as well as identify the trigger points for prevention services and the appropriate point at which to provide intervention.
- 5.7.44 The research showed a need for ongoing support for people with mental health. The Commission believes services need to factor in ongoing support to ensure the person has transitioned to into employment.

Recommendation 5
The Commission recommends the Council and JCP work with commissioned organisations to bring moving on support services out to the setting where the individual has a positive experience; to enable discussions about progressing their journey.

- 5.7.45 A number of comments were made about staff and the skill sets required to support the long term unemployed. We recognise that if staff do not have the tools or flexibility in the system to meet a person's needs they are likely to become desensitised to the person in front of them or their circumstances. Research for the 21st Century Public Servant highlighted officers would prefer to work co-productively or in partnership with citizens. Being able to relate humanly to each other, in the way they deliver services and in the way they assess people for services too. *'Individuals need the power to resolve a resident's problem – We need a mechanism to identify those things they want to change and come together to work on them.'*
- 5.7.46 The biggest shift being driven by austerity is developing a different relationship with citizens: *'we won't have the money so we will have to focus on the enabling and facilitating, enabling the rest of community to do it.'* One clear finding from the research was, the widespread calls for whole person approaches to care and support which necessitates working practices in which staff are also able to be 'whole people'. If workers can crack this more human way of engaging with people it will enable citizens to be treated more holistically – as a whole person rather than a set of conditions or needs.

- 5.7.47 As public sector services become smaller more skills will be needed not just professional skills but facilitators, good questioners and coaches. We need to provide existing and future staff with the opportunities to develop their skills, and work effectively across different organisations, to provide that holistic support at the initial contact.
- 5.7.48 They system may need a key worker so we explored the idea of a 'key worker' role - a key worker who is a person with empathy and knowledge about where to navigate people, a person working inside the system or a trusted professional. This was met with mixed views.
- 5.7.49 EIF confirmed for complex cases key workers were part of the model. It was noted people have key workers because of the different levels of need. The reason for this is to have a person who can build relationships, challenge and navigate the system to help the family. LankellyChase Foundation advised although a key worker may be necessary having a key worker is not the answer because it can prohibit an organisation from changing.
- 5.7.50 Public services can only be more responsive to the needs of service users if employees on the front line are trusted to innovate and empowered to act with more autonomy. This requires a fundamental culture change away from traditional command and control models of leadership to one in which leadership is distributed across organisations'. However the need for accountability will be a challenge when changing the culture of how a system and organisation operates.
- 5.7.51 There is a need for integration not collaboration. The challenge now is breaking down silos to have integrated services/teams in localities with shared systems and processes. The system needs people with the ability to provide in-depth personal support and build relationships with people. Changing the system requires a shift in mind-set for the professionals and the organisation. This may mean cultural and structural change.
- 5.7.52 Early intervention is everybody's business and delivering effective early intervention will require thinking about the role of the wider workforce and having an understanding of the total costs across the system / sector. To make better use of core public sector workforce through involving them in identifying need and providing basic information to help keep people out of expensive specialist services.
- 5.7.53 The default assumption for local public services should be for outcome-focused collaboration around the holistic needs of citizens (thus the root causes of demand).
- 5.7.54 It's recognised that accountability is needed at some level, but a more mature relationship with risk and trust in the system is required. Changing the system and being successful with the change will depend on the skills of the frontline staff and their ability to build relationships, identify need and provide the appropriate support or opportunity at the point of need. Essentially we need to give front line officers the tools to address need at the first point of contact.
- 5.7.55 Many of the challenges experienced by the long term unemployed require a holistic approach from a range of services. Our research has shown the long term unemployed (particularly those with health conditions) need support from a range of service providers alongside the Work Programme. This support

needs to cover soft skill development through to active job seeking. It is unlikely the Work Programme will be able to achieve innovation and local experiments alone. This report makes the case for local innovative service delivery to complement the national Work Programme. We encourage the Council and JCP to draw on national and local experience of what is successful to support the long term unemployed into sustainable employment. We encourage the council and local providers to take an iterative approach to service change, trying out new ideas on a small scale and properly evaluating their impact to avoid perverse incentives and unintended consequences.

Recommendation 6

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| <ul style="list-style-type: none">a. The Commission recommends the Council (including commissioned organisations) and JCP (including work programme providers) explore how frontline staff can work holistically with service users to address need at the first point of contact.b. The Commission recommends the Council and DWP's Jobcentre Plus to explore conducting a randomised whole system pilot to build up evidence of service delivery models across a whole place that will effect change for the long term unemployed to get back into employment.c. The Commission recommends the Council and its partners identify a place that has many of the profiles that fall into high need and high spend and do a place based pilot. A 'place based pilot' will enable the Council to build an evidence base for whole place, whole system service delivery models.d. The Commission recommends the Council takes an iterative approach to service change, trying out new ideas on a small scale and properly evaluated their impact. |
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6. CONCLUSION

- 6.1 There are complex societal challenges that have not been solved for decades. In Hackney some of the persistent issues relate to mental health, disabled working age adults and homelessness.
- 6.2 The National Audit Office published its study, *The impact of funding reductions on local authorities*, in November 2014. This shows an overall picture of real-terms reductions in spending power. Although the main cuts are triggered by grant reduction, the NAO report points out that the semi-frozen state of council tax means a real-term reductions in that source of income, while income from fees and charges have also fallen in real terms over this period too.
- 6.3 Public service reform has been on the agenda for some time, but the scale and pace of change has been slow. The pace is urgent now and the scale of change required needs to go beyond public sector's traditional efficiency based approaches to savings and service reductions.
- 6.4 The Commission is calling for genuine service integration not just partnership working or co-ordination / collaboration of services. The challenge will be breaking down silos and to have integrated services/teams in localities with shared systems and processes. We believe the scale of savings required will not come from traditional collaboration or multi-agency working. As it is recognised that it's not sustainable to keep paying multiple professionals to sit in the same room and talk to each other. A shift to deliver really integrated public service is required.
- 6.5 The Commission believes what is needed now is a system based approach and not repeated cycles of organisational restructures and our evidence suggests this should take the form of a 'whole place, whole system' review. Taking the whole place, whole system approach means building collaborative strategies based in local circumstances to influence behaviour; addressing need outside of the service lens; and reconfiguring service delivery through understanding how demand manifests across a 'whole place' and 'whole system'. This process will be iterative and experimental. We recognise there may not be a defined end point or master plan, but that the process will involve learning and changing the way professionals in their current organisational silos think and work across the system. This means starting with the people and working backwards. In some cases this may mean new relationships and collaborating across agencies and sectors.
- 6.6 The new landscape will include services beyond the Council itself and require fundamentally different organisational cultures and behaviours. In the delivery of services the voluntary and private sector will become key to helping the public sector deliver services. Long term will see success as the development of joint working and budgets across the whole system with public, private and voluntary sector organisations.
- 6.7 Investing in prevention and early intervention will be fundamental to shifting from a model of reactive to proactive services.

- 6.8 Public service leadership will need to promote shared endeavour across the whole system rather than merely enabling others to do things. The need for accountability is a challenge because we recognise that except the Council the majority of public sector providers are accountable to central government department and have limited local accountability. But barriers to this need to be removed and we see devolution as a possible solution. While local devolution and greater reliance on civic responsibility are welcomed by local government, without coherent central support and investment, such efforts can only ever be ad hoc, and risk leaving gaps in services through which the poorest and most disadvantaged in society will fall.
- 6.9 Employment is central to improving the financial resilience of the population and current welfare to work service provision (National Work Programme) is not meeting the needs of the most vulnerable and this cohort is likely to be significantly impacted by the welfare reform changes once fully implemented.
- 6.10 Access to employer networks is key to getting people into employment. We acknowledge the WiW team have a service model that forges networks with employers but this is not consistent and shared across the system to benefit local residents. Therefore could benefit from more joined up working across the system.
- 6.11 Overwhelmingly in all our evidence sessions we heard that local political support was crucial. It is important to be clear from the start of the outcomes to be achieved because transformative change requires political buy-in, and it is vital that local politicians lead a new conversation with citizens that is more collaborative. The commission hopes the Council and all local partners will be willing to come together and work with citizens and make strides to change the whole system for service redesigns.

7. CONTRIBUTORS, MEETINGS AND SITE VISITS

The review's dedicated webpage includes links to the terms of reference, findings, final report and Executive response (once agreed). This can be found at [here](#).

Meetings of the Commission

The following people gave evidence at Commission meetings or attended to contribute to the discussion panels.

8 th September 2014 ⁵	John Atkinson , Independent Consultant (previously the leader of the Total Place Programme) Sue Goss , OPM (provided system-leadership for Total Place and Community Budget programmes)
10 th November 2014 ⁶	Shawnee Keck , Policy Advisor, London Borough of Hackney Joanna Sumner , Assistant Chief Executive, Programme, Projects and Performance, London Borough of Hackney
19 th January 2015 ⁷	Genette Laws , Assistant Director Commissioning, London Borough of Hackney Rob Blackstone , Adult Social Care, London Borough of Hackney Gareth Wall , Public Health Manager, London Borough of Hackney Stephen Hanshaw , Borough Relationship Manager (Hackney), Department for Work and Pensions Jobcentre Plus Amina Begum , DWP Borough Relationship Manager (Tower Hamlets), Department for Work and Pensions Jobcentre Plus Andrew Munk , Programme Manager Ways into Work, London Borough of Hackney
16 th March 2015 ⁸	Alice Evans , Director System Change, LankellyChase Foundation Anna Randle , Head of Strategy, London Borough of Lambeth

⁵ [G&R Meeting September 2014](#)

⁶ [G&R Meeting November 2014](#)

⁷ [G&R Meeting January 2015](#)

⁸ [G&R Meeting March 2015](#)

19th June 2015⁹

Donna Molloy, Head of Implementation, Early Intervention Foundation.

Site Visits

The Commission made the following site visits for this review.

20th January 2015 Site visit to London Borough of Lewisham to see the Tri-Borough 'Pathways to Employment' Community Budget Pilot located at The Green Man.

23rd July 2015 Frontline staff workshop to discuss BDRC research findings.

8. MEMBERS OF THE SCRUTINY COMMISSION

Councillor Rick Muir (Chair)

Councillor Rebecca Rennison (Vice Chair)

Councillor Will Brett

Councillor Laura Bunt

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Relevant Cabinet Member: Councillor Geoff Taylor

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The following documents have been referred to in the preparation of this report or were presented to the Scrutiny Commission as part of the investigation.

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⁹ [G&R Meeting June 2015](#)

- Service Transformation Challenge Panel (November 2014). Bolder, Braver and Better: why we need local deals to save public services
- [A. Randle and H. Kippin. Managing Demand Building Future Public Services: RSA](#)
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- [Health in Hackney Scrutiny Commission \(March 2015\). Preventing depression and anxiety in working age adults: London Borough of Hackney Health in Hackney Scrutiny Commission.](#)

10. GLOSSARY

Below is a list of abbreviations used within this report and their full title.

Abbreviation	Definition
ASC	Adult Social Care
CCG	Clinical Commissioning Group
DWP	Department of Work and Pension
EIF	Early Intervention foundation
ELFT	East London Foundation Trust
ESA	Employment Support Allowance
G&R	Governance and Resources Scrutiny Commission
HCC	Hackney Community College
HiH	Health in Hackney Scrutiny Commission
IB	Incapacity Benefit
IMHN	Integrated Mental Health Network
JCP	Jobcentre Plus
JSA	Job Seekers Allowance
LBH	London Borough of Hackney

LGA	Local Government Association
NEF	New Economic Foundation
NHS	National Health Service
PH	Public Health
RSL	Registered Social Landlord
UC	Universal Credit
VCS	Voluntary Community Sector
WiW	Ways into Work

