

Bradford District Partnership (BDP)

Report: Prevention and Early Intervention – Locality Solutions



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1. Summary

The report summarises proposals for the development of a locality approach to oversee prevention and early intervention related activity in Bradford taking into consideration the recent Bradford District Partnership review.

2. Context / Background

In 2016, the Council and its partners agreed the District Plan which provides a high level framework for collaboration working to managing future needs of residents within the district. The plan sets out the district's priorities for 2016–20, which are structured around the following outcomes:

- Better skills, more good jobs and a growing economy
- A great start and good schools for all our children
- Better health, better lives
- Safe, clean and active communities
- Decent homes that people can afford to live in

The delivery of our District Plan (and Council Plan) priorities is predicated on managing the growing demand of service needs, reducing costs and maximising the use of resources. This requires a greater emphasis on prevention and early intervention in how we deliver services both at a locality and district wide level.

3. Approach – vision and aim

The strategic challenge facing the Public and Voluntary sector is to enable a way of working that enables people and communities who live in Bradford District to take a lead role in shaping and developing services which result in improving outcomes. This will require a rebalancing of relationships and expectations, between the public, voluntary, private sector and communities, leading to:

- Devolving power and control to communities.
- Public and (leading) voluntary sector organisations becoming comfortable with communities directing and delivering priorities.
- Local people taking greater ownership of actions supporting themselves and their communities.

- Working practices and policy development initiatives supporting bottom up decision making and responsibilities.
- Communities driving and leading the change process through collaborative service development, design and implementation.
- Drawing on community knowledge of needs supported by public sector intelligence and insight to enable evidence based service design and development.
- Working with communities to identify and support people and groups within their localities who could act as the natural connectors to lead on this work to ensure the approach is sustainable and viable in the long run.

4. Working principles / methodology

Partners in the district have recently shown their support for working to a set of principles, as outlined through the BDP Board commissioned Prevention and Early Intervention Review. These principles are outlined below:



The review also highlighted the different approaches across the Council and partners on how they operate within localities around the prevention and early intervention agenda – this now requires further work to develop and deliver a shared framework that helps deliver the outcomes outlined within the District Plan.

It is also essential that our approach incorporates the good practice and lessons learnt from current and previous examples of neighbourhood level partnership working, volunteering and community led social activity within the district. For example:

- Neighbourhood Action Plans (NAPs) – the NAPs were set up as part of the delivery of the Bradford’s Neighbourhood Renewal Strategy. In total 60 NAPs were set up in deprived communities across the district, enabling local people to work together to identify what they felt needed improving within their areas. The NAPs received a small amount of funding to facilitate the improvement plans which focused on a wide range of community led initiatives including: set up of

new play areas, environmental projects, training and development opportunities for young people and intergenerational activity.

- Participatory Budget: Resources were allocated by community groups to their peers through a participatory budget exercise. The approach was community led and allowed community groups to prioritise activity that they thought would have the most positive outcome for the wider community.

The approach we are proposing builds upon these examples of good practice, enabling us to align resources of the key public sector agencies and voluntary and community sector anchor organisations. It also ensures that key supporting initiatives such as PeopleCan and Self Care are essential components of the new working arrangements.

As such, we are proposing that each locality will have its own Locality Plan, which will set out what they believe is important for their community and what actions need to be taken to address this need (e.g. health and wellbeing, economic, housing, education and skills development, environment and safety). We believe this will help secure community engagement and buy in at an early stage, which will then help the longer term engagement from the community in the process and most importantly help change perceptions and expectations.

It is critical that the Locality Plan is developed from ground up engagement activity enabling the wider community to participate in and lead the shaping of the Locality Plan. Different areas of the district would need different levels of support and enablement from the public and voluntary sectors to achieve this. The public sector agencies will use this information and align it with their own intelligence and insight to provide a collective view of the needs of the locality and then work with the communities to shape and deliver services.

As a starting point we are proposing that the development and roll out of the Locality Plan is tested out in a few areas across the district. This will help refine the methodology for the development and implementation of the Locality Plan while allowing us to focus on the alignment of governance, commissioning, infrastructure and workforce arrangements.

Appendix 1 of this report provides a more detailed explanation of our approach, which has been structured around the following work streams:

- Evidence and intelligence
- Governance, collaboration – service design and delivery
- Self care / independence
- Communication and awareness

We recognise that some of these work streams will run in parallel with each other so have included an outline project plan as appendix 2 which summarises the timelines for the key strands of work.

5. Programme governance oversight

The BDP review, recommended that prevention and early intervention required a body to provide it with oversight, shape the strategic policy direction and allocate resources while ensuring momentum is maintained. This was suggested as a role for the BDP Board, however further consideration has suggested it might sit more effectively with the Health and Wellbeing Board. Bradford District Partnership arrangements are therefore being reviewed in parallel to this work, with consideration being given to the Health and Wellbeing Board taking a lead on the prevention and early intervention agenda.

6. Next steps

A more detailed outline of the next steps is provided in appendix 2. However the immediate critical areas for focus are:

- a) **Strategic governance** – pending agreements on governance, hand over to HWB to provide oversight.
- b) **Strategic operational delivery** – it is proposed to set up a strategic task and finish group to undertake the practical and operational delivery of this work. They will feed back to the Health and Wellbeing Board for strategic oversight and would commence work on locality solutions with immediate effect. Partners are requested to nominate a representative from their organisation to contribute to this group – ideally at Operational Manager level (Council equivalent of Assistant Director).
- c) **Planning workshop** – A multi agency workshop is proposed to be held in January 2018 to develop and firm up implementation plans. This will also enable us to continue collaborative working and re-engage with those who contributed to the BDP review. This paper along with previous BDP Board members' discussions will provide a guide to the areas that the workshop could explore and cover.

We are proposing that the key issues to be covered at the workshop include a reminder of the outcome of the BPD review, confirmation of the accepted recommendations including the guiding prevention and early intervention principles, and a look forward to delivery in localities.

Peopletoo have committed to supporting the workshop to help with continuity and hand over.

Appendix 1 – Early intervention and Prevention – Work streams

	Workstream	Description	Activity / work required	Lead
a.	Evidence and intelligence	Gaining an understanding of the needs of residents, what works well already and what needs to be improved with the localities	<ul style="list-style-type: none"> • Locality Plans – engagement with local communities to identify issues they feel are important and need addressing based on their local knowledge. • Build upon existing ward plans and assessments (e.g. Joint Strategic Needs Assessment), and build a detailed picture of which people, families or Neighbourhoods have the greatest needs in each area and what those needs are. This needs to include a shared and integrated view of intelligence from all partners along with analysis of the issues. • Review impact of current interventions, benchmark (best practice) with other areas to inform service delivery plans – identify what works well, gaps and areas improvement • Modeling for predictive risk 	tbc
b.	Governance, Collaboration – service design and delivery	Aligning decision making and resources, while working with community groups to design, develop and deliver services which are flexible and meet the needs of localities	<ul style="list-style-type: none"> • Map out the different governance and operating structures to develop an aligned approach / agreed framework of operating – focusing on streamlining processes and securing efficiencies. This will need to reflect the pace of work taking place across the Council and partners around the development of prevention and early intervention activity, where work is more advanced we could use this to test approach and ideas to bring forward immediate change, with those less well developed being able to shape their programmes according to the proposed community models. • Review of available resources in each area, and in particular any ‘hot spots’ identified through the needs assessment. This should include: <ul style="list-style-type: none"> ▪ <i>Community assets – the ‘capabilities’ of local people</i> ▪ <i>Funding directed to the area</i> ▪ <i>Physical assets – any buildings that could be used by communities, be that public sector, VCS or privately owned. (schools, community centres, health centres, libraries, shared business property etc)</i> ▪ <i>Services being delivered in an area (GP surgeries, youth outreach, study spaces, social care etc)</i> • Having mapped the needs and resources available in each area, a local solution would need to be created in collaboration with those communities affected. This would allow bespoke solutions to be created for each area of the district. This acknowledges that some areas might need greater public service intervention in an enabling capacity that others through specialist expertise and as a safety net. It is suggested that these actions, alongside the evidence base will be brought together in a locality plan – a draft outline structure of the locality plan is detailed in appendix 3 • Our approach would lead to a channel shift in how we work with partners, community services to meet the needs of residents, which would in the long term lead to: <ul style="list-style-type: none"> ▪ <i>Common approach on geography / place</i> ▪ <i>Commissioning & streamlining support</i> ▪ <i>Information management and technology</i> ▪ <i>Estates management – hubs, touch down points</i> ▪ <i>Workforce development</i> ▪ <i>Co-production and social value</i> ▪ <i>Research and innovation</i> ▪ <i>Public engagement and communication</i> 	tbc
c.	Self care / independence	Supporting self care and independence by enabling individuals and communities to look after themselves	<ul style="list-style-type: none"> • Building on the “People Can” and “Self Care” initiatives develop a framework that enables individuals, communities and support groups (businesses, voluntary, community and faith groups) to take a proactive role in doing things for themselves. • This would require removing barriers and blockages, providing some initial support to help develop ideas which make best use of the physical and human assets, financial resources and community spirit that thrives within our localities. 	tbc
d.	Communication and awareness	Improving communication between the different Council and Partner agency services and the community	Development of engagement and communication framework that enables information flow between Council services/partners and local communities. This will need to factor in both digital platforms and traditional forms of communication and engagement building on and enhancing existing platforms	Tbc

Appendix 2: Prevention and Early Intervention – Locality Delivery Plan

This work is based on the overarching vision as agreed through the BDP review. This includes:

- *Integrated public services meeting community needs*
- *Building on community strengths*
- *Communities taking a more proactive role in meeting their own needs*

DATE	ACTIVITY	LEAD - PARTNER
Governance		
Mid to end November	Implementation plan development - Council led, with input from Strategic Directors	
21/24 November	Leader and Council Chief Executive briefing	
7 December	BDP Board Sign off the vision and implementation plan and pending BDP governance review, hand over to Health & Wellbeing Board for delivery. Agree resource commitment from partners with the on going programme development.	
January	Partner workshop – check out the implementation plan with wider audience. Opportunity to feedback to those engaged in Peopletoo BDP review.	
January	Set up strategic task and finish group to manage the implementation – representatives from all partners. Group to: <ul style="list-style-type: none"> ● Identify resources for delivery ● Manage and agree a more detailed implementation plan ● Provide direction and shape communications ● Provide direction and shape evidence development ● Provide direction and shape locality assets/service mapping 	
Evidence		
From January	District wide locality evidence and intelligence analysis <ul style="list-style-type: none"> ● Desktop assessment of needs and local infrastructure available (community assets, strengths, capabilities) ● GIS mapping ● Identification of hot spots ● Current interventions outlined 	
Work streams to incorporate		
	ADL Smartcare life curve launch	

	People Can	
	Place based social action bid	
Locality Delivery Commence work in two areas (as recommended by BDP Board) – Holme Wood and BD8 – to align delivery		
From February	Stakeholder mapping and consequent engagement approaches	
	Locality action plans (in response to needs assessments)	
	Gap analysis and solution	
	Conversations with communities	
	Identification/creation of mechanism to share publicly how individuals can connect, are listened to, and can contribute (link to PeopleCan) – likely a web based solution	
Activities that will take place throughout the process		
BDP Governance Review		
Communications (with plan developed)		
Workforce development (one contact counts capabilities)		
Viability and possibilities for any co-location – needs a practical solution that takes in to consideration issues such as technology		
New resource identification – including drawing on opportunities for funding from outside the district, and non public sector opportunities (e.g. Place based social action bid).		