Community Commissioning Workshop - Detailed Proposals, Themes and Strands

Tower Hamlets Borough Council

27 March 2018

Agenda

Time	Activity
14.00 – 14.05	Welcome and introductions
14.05 – 14.20	Purpose and background to the session
14.20 – 14.50	Evidence of need (including discussion session)
14.50 – 15.50	Prioritising outcomes (including 2 discussion session)
15.50 – 16.00	Tea break
16.00 – 16.50	Mapping outcomes (including practical session)
16.50 – 17.00	Reflections and next steps

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Purpose of the session

- Clarifying evidence of need and stakeholders

- Identify priority outcomes for named stakeholders – informed by objective criteria

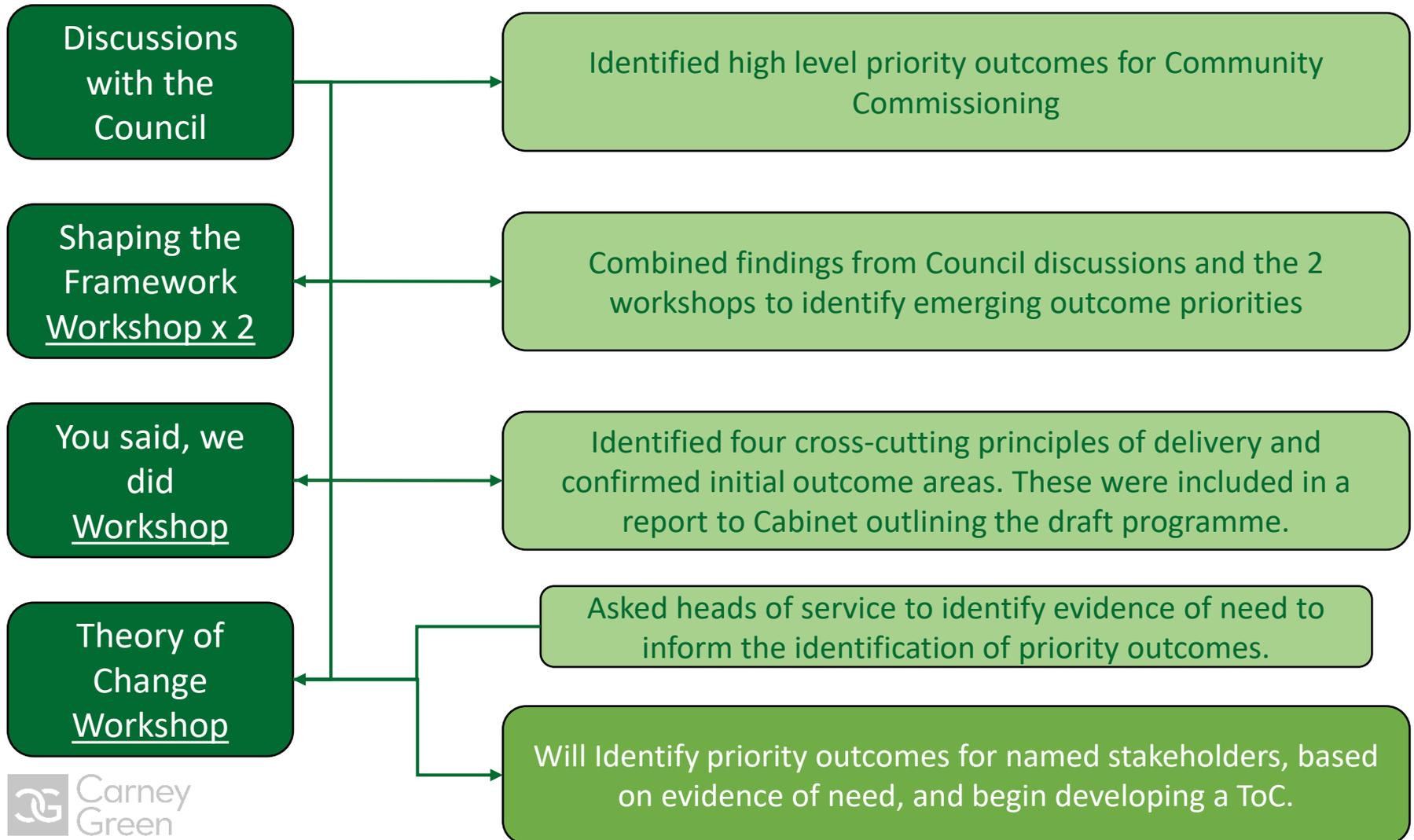- Begin mapping outcomes for priority outcomes

Timeline – Programme

	2018												2019			2020	2021	2022
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Apr	Apr	Mar
Mainstream Grants Programme	*10 month extension*																		
Community Commissioning	*Co-production process*							*Planning and procurement process*								*New programme*			

Timeline - Process

Activity	January					February				March				April				
	1	8	15	22	29	5	12	19	26	5	12	19	26	2	9	16	23	30
Discussions with the Council regarding Community Commissioning		★																
Shaping the Framework Workshop			★															
Shaping the Framework Workshop			★															
You said, we did' Wokrshop				★														
Theory of Change Workshop - Council												★						
Detailed Proposals, Themes and Strands - Workshop 1													★					
Detailed Proposals, Themes and Strands - Workshop 2																★		
Capacity Building																		
Production of Outcomes Framework																		
Production of Evaluation Framework																		

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How we have got to here

Discussions with the Council

Identified high level priority outcomes for Community Commissioning

Shaping the Framework Workshop x 2

Combined findings from Council discussions and the 2 workshops to identify emerging outcome priorities

You said, we did Workshop

Identified four cross-cutting principles of delivery and confirmed initial outcome areas. These were included in a report to Cabinet outlining the draft programme.

Theory of Change Workshop

Asked heads of service to identify evidence of need to inform the identification of priority outcomes.

Will Identify priority outcomes for named stakeholders, based on evidence of need, and begin developing a ToC.

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Strategic Plan Priorities

- **Priority 1:** *People are aspirational, independent, and have equal access to opportunities*

- **Priority 2:** *A borough that our residents are proud of and love to live in*

- **Priority 3:** *A focussed and efficient Council coproducing excellent services/A council coproducing and delivering excellent services (that are value for money) – still being determined.*
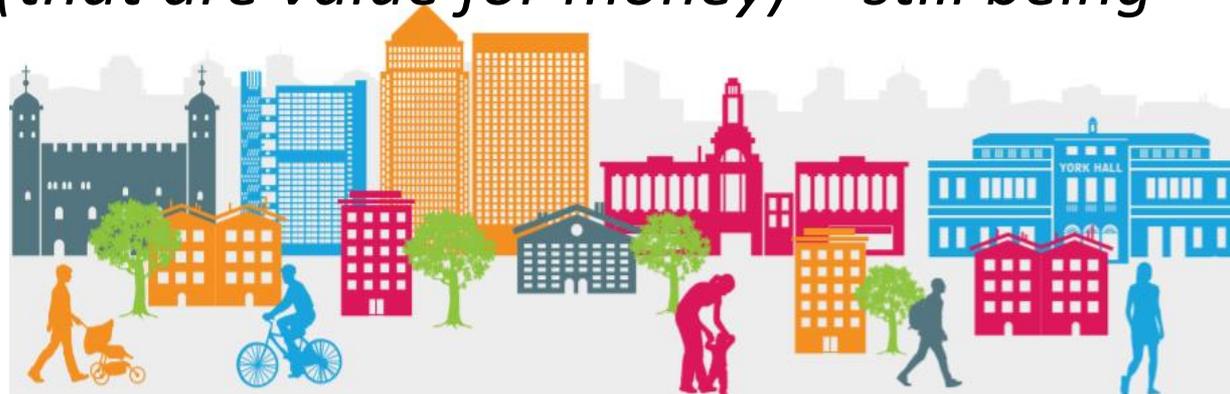
Tower Hamlets Community Plan – Emerging Priorities

1. Strong, resilient and safe communities

2. Better health and wellbeing

3. Good jobs and employment

4. A better deal for young people: aspiration, education and skills

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MSG Programme Evaluation

Key reflections from the evaluation so far:

- Lack of overall strategy for the programme – greater consideration was required for how the themes were interconnected.

- MSG programme design did not encourage innovation.

- A focus on outputs rather than outcomes, often meant the full impact of projects were not captured.

- Significant resource spent on monitoring outputs, but outcomes achieved not evidenced well.

- Engagement with beneficiaries found the programme to be having a positive effect on local communities.

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Mainstream Grants evaluation

Process

X

Did not encourage innovation and monitoring processes were not effective.

Programme delivery

✓

Beneficiaries were happy with the delivery of interventions.

Evidencing outcomes

?

Impact being achieved but greater focus on output achievement.

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Cross-Cutting Principles of Delivery

- **Overarching outcome areas:**

  - Empowerment and Community Cohesion

  - Reducing Poverty

  - Potential additional area to consider: Local value (environment, contribution to local economy)

- **Overarching outcome approaches:**

  - Preventative approaches

  - Co-production

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Initial outcome areas

Initial outcome areas:

- Inclusion

- Health and wellbeing

- Accessibility

- IT and Digital Connectivity

- Employment and skills

- Reduction in Waste

- Community safety, crime and anti-social behaviour

- **A vibrant and successful place**

- **Social value**

- **Encouraging innovation**

- **Empowerment**

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Reducing poverty (overarching outcome area)

Focused on: supporting people to access the correct entitlements, maximising their income, increasing financial sustainability, and reducing reliance on benefits.

31% of children live in poverty (highest rate nationally – almost double the rate of Great Britain)

Around **one in three** households in TH are in receipt of Housing Benefit

54% households are not in work

Challenges remain regarding the continued roll-out of Universal Credit and further cuts to welfare support.

¼ of residents are income deprived (6th highest in England, and highest in London)

Highest rate of **pensioner poverty** in England

According to IMD, the **most deprived areas** are clustered in the East of the Borough in Lansbury and Mile End area.

Empowerment and Community Cohesion (overarching outcome area)

Focused on: increasing self and community-resilience and independence (through life skills, money management, and independent travel), better able to access services, people feel empowered and better equipped to make changes in their local communities, increased sense of connectedness, people are considered as assets in their local community, and increased opportunities to come together.

1/3rd of households live on less than £15,000. Whilst the Welfare Reforms have increased demand on existing advice services across the borough)

Research shows that **participation in arts** may lead to greater social interaction and help to develop social relationships and networks.

92 per cent of residents agreed that their local area is a place where people from different backgrounds get on well together (2017, residents survey).

Integration is a shared responsibility – **two-way process** between migrants and their local communities)

Segregation in schools is exacerbated when children and young people do not have access to opportunities outside of school to mix with people from different backgrounds.

Inclusion

Focused on: reducing isolation, particularly for BME communities and older people, through increasing opportunities for social interaction

Highest prevalence of loneliness in England and Wales (Age UK)

Loneliness is associated with depression, and is a risk factor for poor physical health.

Value of volunteering in improving people's wellbeing and quality of life; as well as recipients of voluntary activity benefiting from independence, wellbeing and quality of life.

Cost implications of loneliness – over a 10 year period could range between £1,700 and £6,000 (aged 65+).

22-42% residents in care homes experience severe loneliness leading to poor health. There is a gap in provision following completion of the Action on Loneliness in Care Homes programme (2015-16).

Health and wellbeing

Focused on: *improving health and wellbeing – examples of activities could include increasing active travel, improving diet, increasing amount of physical activity, taking part in art activities, keeping people out of care for longer, preventative activities.*

Health inequalities correlate to deprivation across the borough (10th most deprived borough in the country).

One of the highest proportion of **years spent in a disability** in the country

Tai Chi recognised by Public Health England as cost-effective method to combat falls.

Good quality independent **peer support planning/coaching** improves outcomes for disabled people.

Peer coaching results in people feeling better supported and confident in their ability to manage their mental health.

Higher proportion of **older people with a long term limiting illness** than the national average

Limited green space – 1.04ha of open space per 1,000 residents (half the national average)

NICE recommends taking a **person-centred approach** when assessing people's needs and planning and developing interventions.

Accessibility

Focused on: improved access to youth services and facilities, increased uptake of existing services through support (particularly for disadvantaged groups).

Electronic communication is not necessarily the preferred way of accessing information. **Accessible information** is important for wellbeing, independence, and tackling loneliness and isolation.

Tower Hamlets is one of the **highest spenders on youth services** in London. There are 17 youth hubs across the borough – providing free activities for young people aged 12 to 19 (and up 25 with SEND).

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IT and Digital Connectivity

Focused on: improved access to, and increased use of digital technology for vulnerable and digitally disadvantaged people (links with employment, skills, connectedness, prevention, and health).

1 in 5 parents said that they were *'not very confident'* or *'not at all confident'* in monitoring their children's internet and social media use. (PAS)

92% of residents have access to the internet (Residents survey, 2017)

15.7% of **adult social care users** use email and the internet (2015, Annual residents survey)

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Employment and skills

Focused on: reducing inequalities (focused on those that have the poorest outcomes), raising aspirations, progression in education and employment, and engagement with employers.

Fewer than **10%** of people with learning difficulties are in paid employment

Ethnic gap in employment rates between White and BME women is **twice as wide** in Tower Hamlets than in London.

Disabled people are **significantly less likely** to be in employment than non-disabled people

Mental health is the leading cause of sickness absence in the UK.

Low educational attainment for White British working class pupils.

Only **1/3rd** of residents with no qualifications are in work (33%) compared with 87% of those that held higher level qualifications

The **employment rate for older workers in TH is relatively low** – 58% of those aged 50-64 were in work compared with 69% across London.

Reduction in waste

***Focused on:** reducing food waste (linked to improving health and reducing poverty), and access to activities to re-use and recycle materials (linked to improving skills and employment)*

The recycling rate for TH is **25%**, compared to 45% for England.

9% of waste sent for recycling is rejected.

Community safety, crime and anti-social behaviour

Focused on: increasing the feeling and being safe (both in communities and homes), education (preventing young people committing crimes), support for those wishing to exit gangs, reducing offending and reoffending.

36% of reported crime is for anti-social behaviour

2nd highest number of racist and religious offences in the Metropolitan Police Service (43% increase from the previous year).

56% of residents felt that people using or dealing drugs was very or fairly big problem in their local area (a rise of 5% since 2016)

92% of residents surveyed agree that people from different backgrounds get on well together

Discussion 1: Evidence of need for outcomes identified in engagement activities
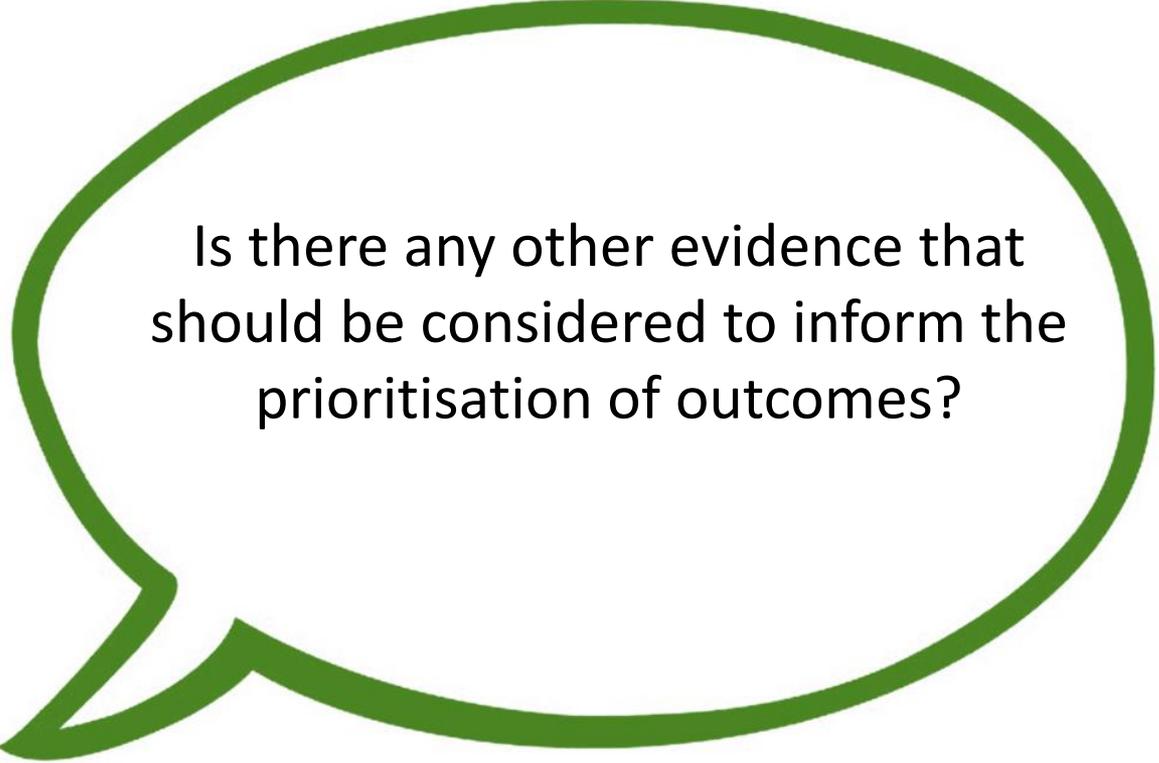
Is there any other evidence that should be considered to inform the prioritisation of outcomes?

Objective criteria

Key reflections from the evaluation so far:

- Will contribute to reducing poverty

- Will contribute to empowerment and community cohesion

- Will support the delivery of preventative approaches

- Will support the delivery of co-production processes

- Suitable for delivery via the third sector

- Strong evidence of need

Discussion 2a: Prioritising outcomes
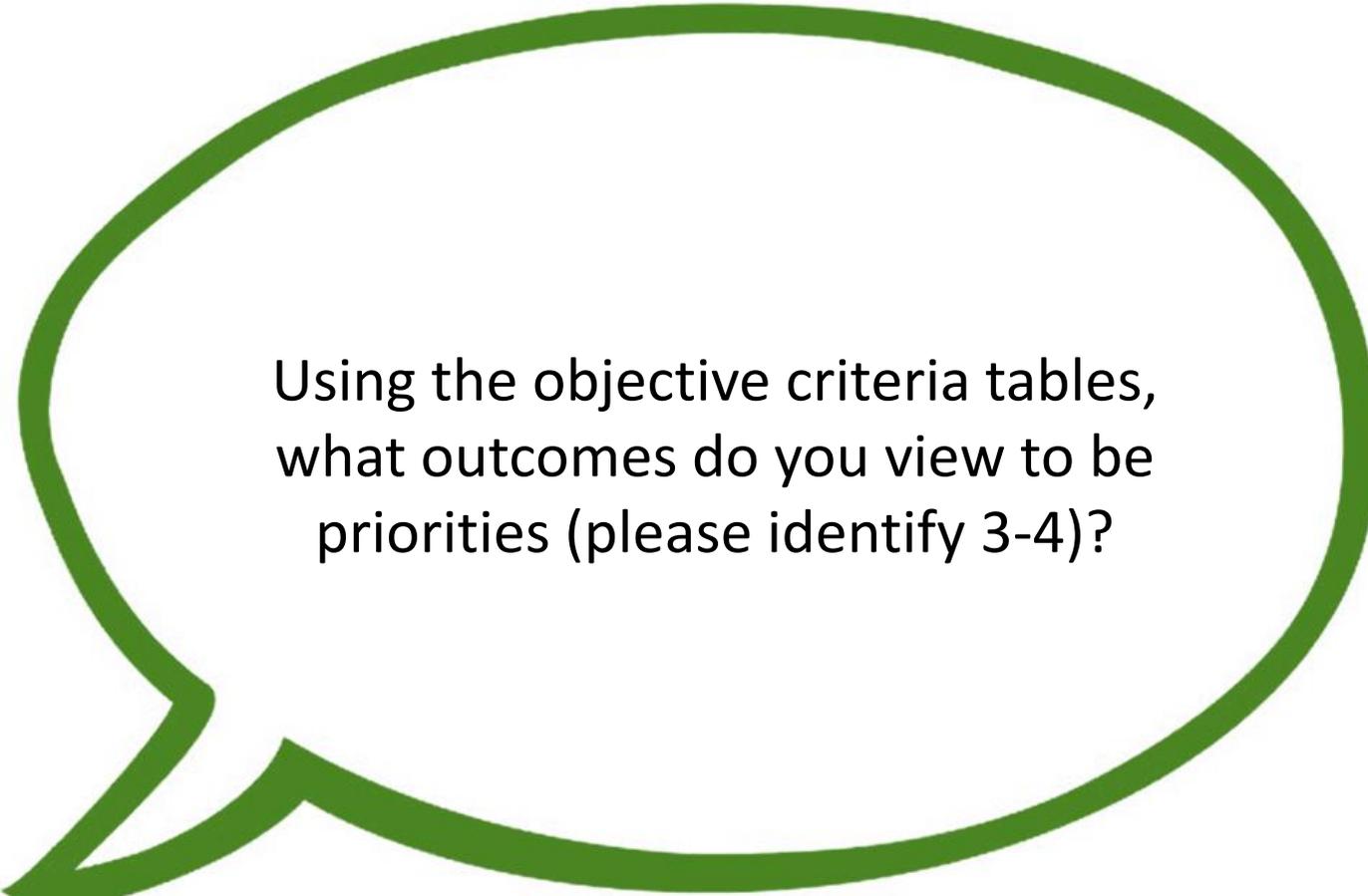
Using the objective criteria tables, what outcomes do you view to be priorities (please identify 3-4)?

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Discussion 2b: Prioritising outcomes
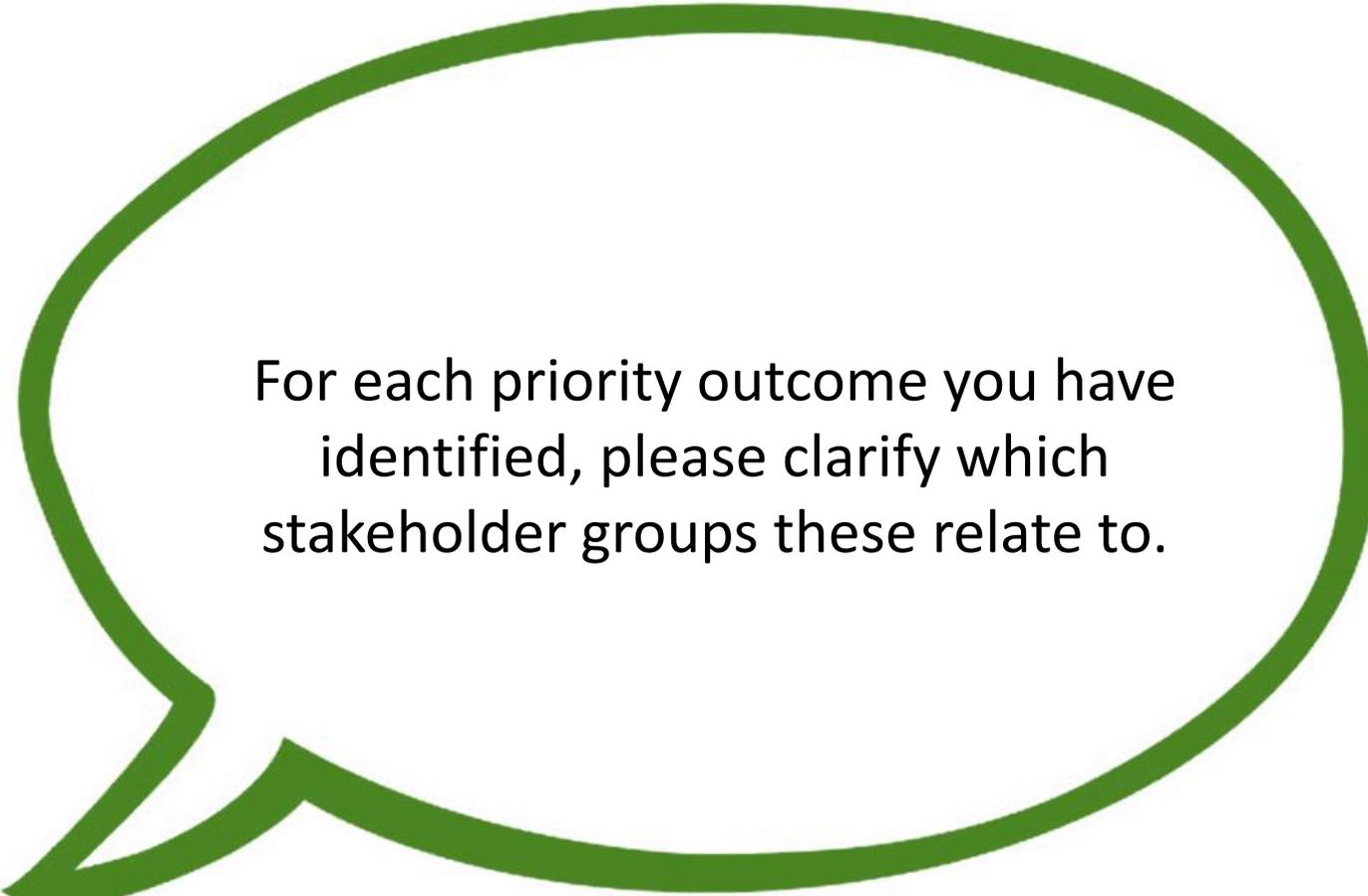
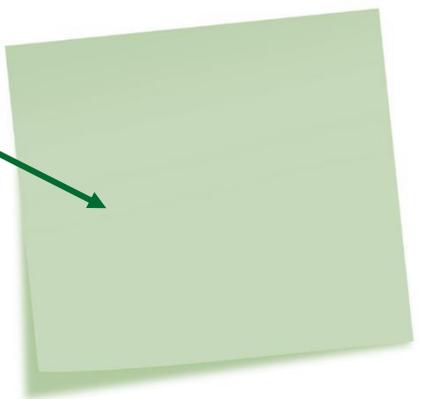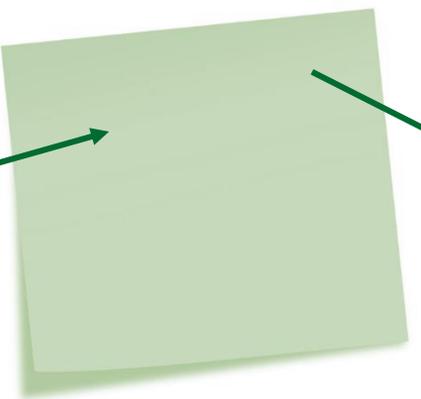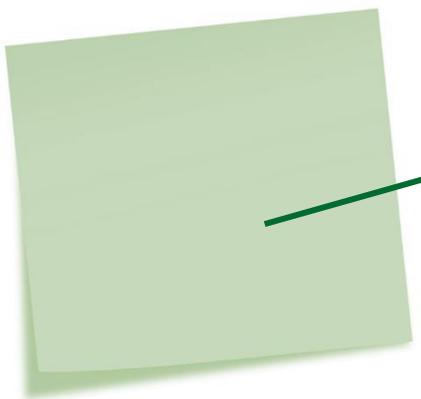For each priority outcome you have identified, please clarify which stakeholder groups these relate to.
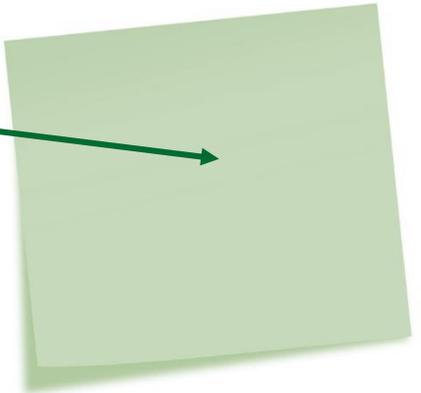
Mapping outcomes

	Short (1 year)	Medium	Long (4 years)
Stakeholder group 1			
Stakeholder group 2			
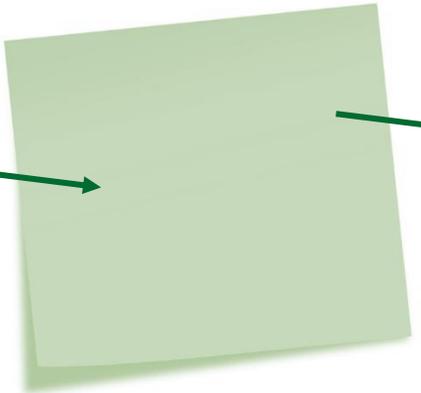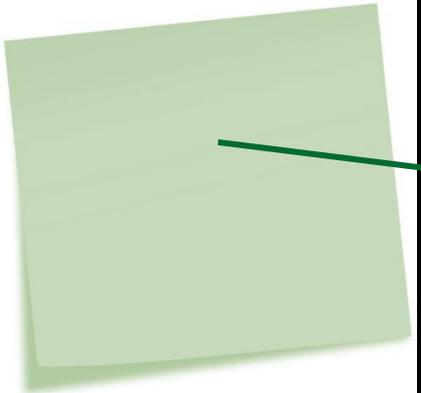
Mapping outcomes: Breakout session

Task

Map <u>outcome paths</u> for Community Commissioning priority outcomes identified

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What next….

- This workshop has been focused on identifying outcomes based on the evidence identified (stage 1)

- The next stage is linking outcomes to delivery services, existing frameworks and the Strategic/Community plan (stage 2) – in order to identify any gaps based on what is currently delivered under MSG and which there is still an evidence of need.

Stage 1 (today)

Stage 2

| Evidence | → | Outcomes | → | Delivery services | → | Links to existing frameworks | → | Links to community plan |

Example

EVIDENCE
Engagement with older people has found that the internet, and other electronic means of communication are not necessarily preferred ways of accessing information.

OUTCOME
Older people feel more informed and digitally included

DELIVERY SERVICE
Aging Well Directorate

EXISTING FRAMEWORKS
Key Theme 2 of Ageing Well in Tower Hamlets - Keeping me informed in accessible ways (including digital inclusion)

LINK TO COMMUNITY/ STRATEGIC PLAN
Tower Hamlets Health and Wellbeing Strategy /A Healthy and Supportive Community

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Next steps

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Theory of Change Workshop - Council												★						
Detailed Proposals, Themes and Strands - Workshop 1													★					
Detailed Proposals, Themes and Strands - Workshop 2																★		
Capacity Building														■	■	■	■	■
Production of Outcomes Framework														■	■	■	■	■
Production of Evaluation Framework														■	■	■	■	■

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