People Powered Commissioning for Social Action in Stockport

October 2016
This report is aimed at those involved in commissioning – particularly for social action or asset based approaches - whether in the role of commissioner or in supporting providers to engage. It will also be of value for those looking to adapt their delivery or those, such as funders, researchers and think tanks, seeking insight into approaches to and learning from significant change processes.
1 Foreword

It has been a real privilege for Stockport MBC to work with the team from Health Lab at Nesta since 2011: first as one of six sites contributing to the business case for People Powered Health; and more recently as a recipient of Nesta/Cabinet Office funding from the Centre for Social Action Innovation Fund.

Building our approach to People Powered Health demonstrated that in the world of mental health it is possible to both reduce demand in the GP surgery and referrals onwards to specialist services, and to make financial efficiencies; but most importantly we also generated better outcomes for the people in the system. Although the pilot work was relatively small scale, it led to a recognition of the value of a different approach: one which recognised that the people in the system were assets, part of the solution, and that the system was able to change its mindset from seeing the patient as a passive recipient of expertise. People Powered Health recognises the importance of solutions which are more than medicine; it demonstrates the power of peer support and reciprocity, the strength people can draw from feeling part of a greater whole, a community or network; it recognises the crucial need to take on and find solutions to the loneliness and anxiety which are so overwhelming, so successful in undermining resilience and generating the demand for provision.

The Centre for Social Action Innovation Fund allowed Stockport to take the learning from the world of mental health and scale up the development of community solutions and social action across the health and care economy. From a perspective that sees people as social beings with a need to feel part of a community and contribute to the greater good of that community, and presuming that what works for people with mental health issues would likely work for all people, our commissioning approach embraced the need for change. The local Voluntary and Community Sector agreed to support the growth of social action, moving away from its traditional ethos dominated by service delivery to an approach which is more balanced and includes the generation of social capital as a positive outcome.

This report is a summary of this journey so far, seeking to capture the learning which emerged in a way which will support the scale and spread of social action as the cornerstone of a new public service collaborative offer. I hope it offers clear direction for commissioners to embrace a new approach. Stockport is proud to have contributed in a small way to the changing face of public service provision in health and care: giving a strong message that even in the climate of austerity there is a vital role to be played by commissioners in strengthening communities and improving the lives of all their members.

Andrew Webb

Corporate Director, Services for People,
Stockport Metropolitan Borough Council
Nesta and Stockport Council have built an excellent partnership over the course of the last five years. It has been a privilege to work with and support the forward-looking and courageous leadership in Stockport which has put people at the heart of everything they do. Threaded throughout the work in Stockport are the clear values of recognising the strengths and assets that people bring, the social context in which people live and the critically important role of hope and the belief that positive change is always possible. These values permeate Stockport’s approach to commissioning, delivery and beyond in a way that genuinely adapts the hard-wiring of the system to enable people to better live the lives they want to live.

The work led by Stockport, and supported in part by the Centre for Social Action Innovation Fund, has already begun to have a wider impact across the country and in particular across Greater Manchester. This report brings together the learning from these approaches and reflects on the experience of delivering significant change in a way that will be of direct practical use to commissioners, providers of services and policy-makers.

However, this report is just the tip of the iceberg. The real story here is of remarkable community-building and the creation of shared purpose across the Council, the Voluntary and Community Sector, formal health services and the people of Stockport themselves; joining forces to undertake the challenging but critical task of creating and health and care system for people, by people and with people. Whilst this is still a work in progress, great strides have been made and the insights are generously shared here. We look forward to continuing to work alongside Stockport as they build on their achievements so far and continue to put people and communities at the heart of health, care and wellbeing.

Halima Khan
Executive Director
Health Lab
Nesta
2 Executive Summary

Stockport Council undertook a large scale project in 2014 - 2016 which used Nesta’s ‘People Powered Commissioning’ principles to take bold, brave and radical steps towards not just the commissioning of new kinds of services but entirely new models of commissioning.

This project demonstrated a scale of system change rare in the UK, putting long-term outcomes for people, not short-term outcomes for institutions, at the centre of decision-making and placing the commissioner within a visionary leadership of genuine partners and collaboratives. Instead of seeing social care commissioners as just designing and procuring services, here they shape places, enable community conversations, stimulate new social action and provide communities with the tools to begin to develop new networks of support.

Fundamental lessons were learnt through the commissioning process. Chief of these was that without relationships and building trust and alignment around a common vision change won’t happen. Strategic relationship building, flexibility and finding new ways of working is vital. It is inevitable and necessary for significant disruption to the system to take place. For the process to be efficient and successful, there is an essential role for change agents with the skills to manage positive change and ensure that an appropriate level of disruption is achieved without significant imbalances.

2.1 A preventative approach

The approach in Stockport was based on a set of principles...

- **A health and social care system that mobilises people** and recognises their assets, strengths and abilities, not just their needs
- **An ability to live well with long-term conditions powered by a partnership** between individuals, carers and practitioners
- **A system that organises care around the individual** in ways that blur the boundaries between health, public health, social care, and community and voluntary organisations

The project focused on remodelling three dimensions of prevention as identified by Stockport which are:

**Information, advice and supported signposting**

A generic service, with access to information and advice, alongside a more intensive and tailored service for people who require more support to find solutions or make positive change on their own.

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1 http://www.nesta.org.uk/sites/default/files/people_powered_commissioning.pdf
Vulnerable people
Often individuals or families with multiple, complex issues and dependencies which could include lifestyle/risk-taking, drugs and alcohol, domestic abuse, offending, people with mental health needs, homelessness, care leavers, people at risk, autism.

Support for independence
People who need support to have a good quality of life and live independently with good social and emotional wellbeing and supported to age healthily e.g. older people, people living with long-term health conditions such as dementia, stroke, diabetes; people at risk of falls, loneliness and social isolation; and carers.

2.2 Preparing for commissioning
The process of preparing providers for significant system change was challenging for all participants and challenged many preconceptions of voluntary sector provision both positively and negatively. As would be expected in a diverse sector engagement in the change process differed from organisation to organisation but two factors did seem to drive this.

Commissioning culture – The manner in which services are commissioned conditions a negative set of behaviours in many organisations. Providers used to delivering to rigid specifications, that they are discouraged from departing from, can lack the capability to innovate and adapt to changing environments. Commissioners who have been rigorous in monitoring and attempting to reduce overhead costs have exacerbated this issue, effectively pushing some organisations into becoming lean and efficient but locked into a limited mode of operation.

Leadership cultures – Organisations seem to have broadly taken two approaches to adapting to the changing economic environment. One set have started to look outwards, diversifying provision either by moving into new areas of work or into wider geographical areas. A second group have rationalised, focusing on a core area of business and have less capacity to adapt.

The challenge here for both public and voluntary sector leaderships is to recognise the weaknesses in current delivery. Traditional systems of commissioning and funding are under significant strain, and without support and active encouragement a significant minority of organisations are at considerable risk.

2.3 Commissioning Differently

There were six areas in which delivery was grouped:

1. Advocacy Casework Service
   - Giving people a voice was regarded as a key foundation for the new services
2 Wellbeing and Independence at home
   - Focusing on more practical support in and around the home to enable people to enjoy living independently for longer

3 Independent Living and Wellbeing in the Community
   - Supporting people to take part in a wide variety of social, civic, leisure, learning and work or volunteering opportunities

4 Wellbeing and Independence through Community Transport
   - A service to enable people unable to use public transport to access the community

5 Targeted Prevention Alliance
   - For those who need temporary or longer term support to access universal services or avoid crises

6 Alliance for Positive Relationships
   - For those affected by domestic violence and seeking to prevent abuse occurring
The decision to end the existing contracts and grants was not an easy one to make. There was strong awareness that this would be a difficult message and likely to cause discomfort to Councillors and the Council. Efforts were made to keep the market and public informed about the plans and rationale as they evolved.

Changing commissioning to achieve the vision for preventative services meant a comprehensive end-to-end set of changes. These had to be coherent and linked, driven by the same priority areas. From the overall strategy and all the way through to its current working with providers, Stockport Council adhered to its vision, aims and objectives, aided by external facilitation throughout.

The choice of alliancing allowed a collaborative approach based on risk, responsibility and opportunity sharing. The principles of equity between partners and harnessing the diversity of perspectives fitted with the desired values and ethos.
2.4 Strengthening communities and supporting social action

This project also recognised that an attempt to change the relationship between a local authority and its communities requires more than just a shift in commissioning approach. In parallel to the commissioning work Stockport sought to identify where there was energy and activity in communities, investing in new approaches to identify the means by which the relationship between citizens and state could be reshaped.

In Stockport this led to approaches to:

- Supporting the development of community capacity at a local level through community conversations,
- Develop the capacity of community hubs through the production of a tailored guide
- Supporting people to give time through encouraging the development of timebanks

The challenge in future is to develop social action which will impact on the demand in the health and social care system. There are many who are yet to be persuaded that community capacity can contribute a significant element of the solution to manage growing demand, believing the complexities of people’s situations and needs will require predominantly professional interventions.

It will be key that leadership organisations in Stockport are willing to embrace these developing concepts, in doing so recognising that a new relationship needs to form with the people of the Borough which is truly empowering and collaborative.

2.5 Moving from a vision to a call for action

In order to move forward in Stockport, it was recognised that a schema was required to pull together the breadth of change required for transformation of the way services are offered, in a way which was both understandable to a wide range of stakeholders and sufficiently rooted in the evidence and the learning to hold traction with System Leaders.
These four areas are now considered to be the essential ingredients for system transformation, without any constituent part then the embedding of a people powered approach will be less likely to gain traction; Stockport partners are seeking to make progress in each area and some early learning from this next phase of change follows.

In terms of the **Workforce** key areas noted include the recognition that in order to embed strengths based and ‘more than medicine’ approaches to health and wellbeing the concept of workforce must stretch way beyond the clinical teams in primary and secondary care, encompassing the Voluntary and Community Sector, wider partners including for example the Police, Rescue services and Housing and indeed the unpaid workforce including carers;

In terms of **Place based Health** it is essential to work on geographical footprints that people living in neighbourhoods identify with, to follow the principles of asset based community development and recognise every area is unique with its tapestry of resources both human and physical;

**Health as a Social Movement** is a description of the need to tap into the rich resource of people to bring about change in the system described above. On an individual level an activated patient is encouraged to take control of managing their condition, on a group and community level the power of peers and the movement of connected people mobilises passion and compassion for others. Stockport is increasingly showing the value of engaging faith groups, businesses, civic organisations, the arts and using for example food as a vehicle for generating social movement and social action.

Finally **Commissioning Differently** is a descriptor of the need for an alignment of resources across the system in reach of the shared vision. Alliance contracting has demonstrated its worth in supporting innovation and achievement of shared
outcomes, but Stockport is now exploring for example shared Investment Funding across Health, Care and Place to stimulate the community capacity and solutions all parts of the system need.

2.6 Overall Summary

- Alliance commissioning offers many benefits, including incentivising collaboration and partner engagement. It also requires investment of time in developing relationships, understanding and buy-in.
- Developing social action and community capacity is a vital part of this approach and enables us to harness emergent and innovative activity by investing strategic support in the communities it springs from. It is important to be aware of what motivates resistance to this approach, including the overvaluing of professional interventions and of traditional attitudes to giving time.
- It is vital to provide support and information to prepare providers when there is a need for decommissioning so that they appreciate and understand the extent of change required and the value of alternative options.
- We need to think about the way commissioning approaches shape provider behaviour to mitigate negative outcomes which can limit providers’ capacity, capability and resilience.
- When it is necessary, decommissioning inevitably involves difficult decisions and will not be easy for those organisations involved. Though these circumstances may limit the ability to deliver all aspects of a preventative approach immediately from the start, building new provision using collaboration and working with the community provides many benefits.
- The level of engagement with significant change processes will always be varied. This means that it is important to be strategic and reflective in building a network of change agents who will engage with the values and goals of a project and collaborate to deliver the change required.
3 Introduction

In July 2011 Stockport was chosen by Nesta to use coproduction to transform the mental health system. This was one of six sites for Nesta’s People Powered Health Programme - an eighteen-month programme that embraced the spirit of coproduction to ask teams from hospitals, GPs’ practices, community organisations and patients’ groups what would happen if a range of health innovations became an everyday part of their lives.

In Stockport’s Mental Health Pathways project:

- People were mobilised; their assets recognised
- People were able to live with long term conditions powered by a new relationship with professionals
- The health and care system was reorganised to blur boundaries between health, public health and social care

This programme demonstrated the significant potential of mobilising communities to help deliver care and to build new ways of working in a cross sector partnership. Building on this, a new, larger scale project was developed, funded by Nesta and the Cabinet Office as part of the Centre for Social Action Innovation Fund. This targeted mainstream social care provision and was designed to encourage and support friends, family and neighbours to work alongside health and social care professionals to improve the quality of life of people who are struggling to cope with the impact of their long term health conditions.

The scaled work used the principles outlined in Nesta’s ‘People Powered Commissioning’ report. This approach encourages commissioners to take bold, brave and radical steps towards not just the commissioning of new kinds of services but entirely new models of commissioning that:

- Put long-term outcomes for people, not short-term outcomes for institutions, at the centre of decision-making – a refocusing on who (rather than what) commissioning is for.
- Ensure the commissioning process reflects the lived experience of users, through processes of co-design, community research and pathway mapping.
- Re-frame the role of commissioner as one of visionary leadership of genuine partnerships and collaboratives – working in partnership with those from every part of health and social care, including people and practitioners.
- Move away from commissioning as procurement of existing services to commissioning as market making, with a focus on commissioning different types of services, supporting alliances of providers, embracing provision from outside the mainstream and building up existing provider capacity.

This guide documents the development of the significant system change that occurred in Stockport. Outlining not just the changes in commissioning processes to generate system change on a scale rare in the UK, but in investment in the development of community action. This moves the focus away from seeing social

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2 http://www.nesta.org.uk/sites/default/files/people_powered_commissioning.pdf
care commissioners as just designing and procuring services to shaping places, enabling community conversations, stimulating new social action and providing communities with the tools to begin to develop new networks of support.
4 The Vision for Prevention

4.1 Principles and interventions

The approach in Stockport was based on a set of principles…

- **A health and social care system that mobilises people** and recognises their assets, strengths and abilities, not just their needs
- **An ability to live well with long-term conditions powered by a partnership** between individuals, carers and practitioners
- **A system that organises care around the individual** in ways that blur the boundaries between health, public health, social care, and community and voluntary organisations

… underpinned by practical, outcome-focused interventions:

- New forms of consultation
- Support for self-management
- Social prescribing
- Peer support and timebanking
- Coaching, mentoring and buddying
- Health trainers and navigators
- Co-designed pathways
- Self-directed support

4.2 The prevention strategy

This project formed part of a strategic review of preventative commissioning in Stockport and sought to achieve a whole-system change in the way that preventative services are **commissioned** and **provided**. It included the recommissioning of some preventative services that were provided by a range of partners including the not-for-profit sector, voluntary and community organisations and NHS providers.

The Council worked with its partners to develop a single, evidence based, integrated prevention strategy for people who are vulnerable or at risk. At its core this strategy incorporated a number of the Council’s statutory duties in respect of public health, adult social care, supported living and support to vulnerable children and their families.

The strategy focused on:

- Building community capacity
- Increasing personal and community resilience
- Supporting action to improve health and wellbeing across the community and for the individual

Over time, commissioning needed to move from a service specific approach to one that is outcomes led. To do this, the Council looked at all preventative activity to
assess its impact on outcomes. This led to a realignment of preventative services – both within Public Health and those previously managed in Adults’ and Children’s Social Care Services.

4.3 Three dimensions of prevention

The project focused on remodelling three dimensions of prevention as identified by Stockport which are:

**Information, advice and supported signposting**
A generic service, with access to information and advice, alongside a more intensive and tailored service for people who require more support to find solutions or make positive change on their own.

**Vulnerable people**
Often individuals or families with multiple, complex issues and dependencies which could include lifestyle/risk-taking, drugs and alcohol, domestic abuse, offending, people with mental health needs, homelessness, care leavers, people at risk, autism.

**Support for independence**
People who need support to have a good quality of life and live independently with good social and emotional wellbeing and supported to age healthily e.g. older people, people living with long-term health conditions such as dementia, stroke, diabetes; people at risk of falls, loneliness and social isolation; and carers.

The concepts of universal, supported and targeted prevention have been used to help model future provision and ensure that appropriate services are commissioned at the right scale and intensity to deliver an effective preventative programme and make the best possible use of available Council funds. This model of provision would also take into account impact on delivery across the full range of public services. A key aim of the project has been to develop new, innovative and more effective ways of delivering local preventative services which target adults who are already experiencing circumstances which may make them vulnerable (as described above).

The project goal was to remodel and refocus preventative services to ensure that the people who need support most are quickly enabled to find solutions. The individual is seen to be at the heart of the process - supported to identify their needs and aspirations in the round and be encouraged to consider the assets and advantages they already have or could benefit from. Aspects of most people’s circumstances can be met at a community level, through friends, family and community resources and when this ‘natural’ help isn’t available to someone, preventative services will be offered, or a referral into statutory services could be made.
4.4 Fundamental project aims

In summary, the fundamental aims of the project were to:

- re-shape local preventative services for adults in Stockport to ensure that preventative support makes a targeted contribution to identifying and supporting vulnerable people, providing effective interventions earlier, and alleviating and delaying demand on the wider care, health, homelessness and criminal justice system;
- build community capacity and support for social action into the Council’s commissioning and adopt an approach that seeks to increase personal and community resilience through ‘natural’ assets. This involves growing the reciprocal or natural support available within communities, for and by communities, neighbours, friends, families and volunteers;
- move to a more outcomes-led approach in the Council’s commissioning which focuses on support which maintains independence, promotes self-care and self-maintenance, which ultimately enables people to live well in their own homes and communities for as long as possible. This requires a culture change in which service providers enable, support and facilitate service users to become self-sustaining and independent in the medium to long-term, which challenges the idea of them as providers of ‘services’;
- assure the Council of value for money in the deployment of public funds committed to preventing, reducing and delaying need;
- show a return on investment in terms of improved outcomes, contributing to a reduction in demand and an increase in wider community engagement. The options identified for exploring this included new contracting arrangements such as payment by results and other ways to ensure that benefits are captured along with refocusing future commissioning on the groups, issues and methods for which there is good evidence of impact (i.e. which prevent, reduce or delay need).

There has been a pressing need to ensure that preventative services in Stockport are fit for purpose going forward, with social care and NHS budgets under significant pressure and the population ageing. A gap for health and social care of £130m has been identified if there is no change to the way services are offered by 2020-2021. The Care Act also expects councils to ensure that support is in place to prevent, reduce or delay the need for care and support. This is supported by wider public sector reform strategies in Greater Manchester which recognise that given the overall picture for Adult Social Care and the local health economy, preventative provision is needed to make a much more tangible impact.

This project also explored the notion of self-management – greater use of personalisation and individual budgets so individuals can make their own arrangements and determine relevant outcomes. This is also relevant for individuals being able to manage their own long-term conditions through better information and networks of peer support, for instance people with dementia. There are also opportunities for personalised commissioning and personal budgets, building on
experiences in health and social care and transferring the principle to other settings (e.g. skills, weight management, environmental improvement, transport).

This was in part made possible by investment from Nesta and the Cabinet Office which enabled:

- Small amounts of pump priming funding to be available to test out new approaches to engaging communities
- Consultancy around Alliance Contracting
- Support to redesign commissioning through GMCVO
- A longitudinal research study on both process and impact

4.5 Alliance contracting

The alliance approach to contracting (see section 7 for more detail) played a fundamental role in the plans for the remodelling of services.

Alliance contracts are a specific, collaborative, form of contracting where the ‘owner’, in this case the Council, shares risk, along with responsibility and opportunity, with one or more providers. This is different to the usual risk allocation contracts that are typical for services - In an alliance contract, there is one contract regardless of the number of providers as all sign up to deliver the overall project and service and accept responsibility for the overall delivery, not just their part.

Alliance contracts are outcome based in that they describe the outcomes to be achieved, not the detail of which provider does what and how. This allows providers to collectively determine the best way to deliver the outcomes. They are expected to review and continuously improve the delivery model, including taking different roles and levels of activity.

Governance in alliance contracts is critical, especially the method of decision making. Collaborative decision making is based on ‘best for service’ or ‘best for people using the service’, not on the self-interest of alliance members.

Decisions are unanimous so that the perspective and influence of each member is the same regardless of size. It also means that there is constant striving to find solutions that are supported by all.

For more information on alliancing and alliance contracting, please see www.lhalliances.org.uk
5 Theory of Change

The original theory of change developed for the Stockport project is shown on the next page.
6 Preparing for commissioning

A timeline of support provided is given in 6.5

6.1 Mobilising Providers

The Greater Manchester Centre for Voluntary Organisation (GMCVO) supported commissioners within Stockport to prepare local organisations for a new commissioning approach.

Two large scale events in September and November 2014 were held for existing contract holders to help inform them of the proposed system change due to occur in Stockport and help them adjust to changing approaches. Critical to this process was the delivery of a clear message that all providers currently funded through the Stockport Main Grant Scheme would be decommissioned with a new contracting regime replacing this.

Both events took providers through the case for change and highlighted both the need to change and the positive vision of the new system. This followed a standard change management process of highlighting the fact that the ‘as is’ is unsustainable and developing a vision for an effective future model of delivery.

Whilst the first event presented the challenge and the vision the second event enabled providers to discuss how they might contribute to a new system having had time to enable earlier messages to sink in.

Reflections

Whilst most organisations recognised that positive change for local citizens would be accompanied by challenges to existing providers, a minority of providers seemed unable to engage with the conversation.

A concerning attitude encountered was summed up by one response to consultation: "when I’m told we have to change we will change." This reflects our finding that some organisations will only start to explore alternative options of delivery when any chance at maintaining current provision has retreated.

Even though many organisations instinctively understood the need to reduce dependency some providers struggled to engage with the concept. One of the toughest messages to hear appears to have been the desire to stop treating people as episodes of ‘need’, where these episodes are often seen – or at least dealt with – as isolated and one-dimensional; addressing the ongoing assumption and norm that (certain) voluntary organisations’ purpose is to be available and funded to try to accommodate these needs in an isolated or somewhat silo based way was required.

For this smaller group of providers, often with little capacity to develop strategic approaches, concerns could understandably be centred on the organisation i.e. maintaining current circumstances. This made it hard for them to think broadly about what their purpose or role was, particularly in the context of the new model that was
being outlined. There was often a focus on continuing to provide ‘the service’, and organisations within this group of providers were often resistant to attempts to steer the conversation towards the emphasis on prevention, supporting independence, social action, peer support, building resilient communities etc.

Even though a clear message was given that existing services would be decommissioned there was an assumption by some providers that the reality of this would be that funding would be continued, just with different conditions and targets. Whilst naturally commissioners will wish to dwell on the positives generated by system change it is important not to lose sight of the negative impacts of change and to try to mitigate these by ensuring that sufficient time and emphasis is placed on the need to change and by clearly communicating the impacts on funding.

6.2 Understanding the impact of change

In October 2014 GMCVO offered all existing providers a confidential health check to test their ability to manage the impact of decommissioning and system change. This resulted in 21 out of 64 organisations participating in the Impact Assessment exercise.

At this point it is worth highlighting some reasons why not all organisations engaged in this process:

1. Some organisations believed themselves to not need a health check because of confidence in their approach and circumstances
2. Some organisations did not see a health check as a priority
3. Some organisations had made a strategic decision to withdraw from delivery following the announcement of the proposed new model
4. Another group of organisations were uncomfortable in opening themselves to scrutiny in such a competitive environment despite reassurance about confidentiality.

When responding to the offer, organisations would not declare a reason for not engaging or would give a reason or combination of reasons from 1-3. Anecdotally, from informal discussions with some key staff, GMCVO clarified that reason 4 was a more common reason than would be openly reported. One staff member of a provider organisation related that the communication between organisations had reduced and made comparisons between the dialogue that did exist to a game of poker. At a time when providers needed to be looking outward at new approaches and developing partnerships, a number of providers retreated from dialogue and became more defensive in outlook.

Whilst, due to confidentiality, there is no public report on any detail of the health check findings we can identify broader issues.

In terms of viability, GMCVO estimated that 10 out of 21 assessed providers were at significant risk of closure following decommissioning, with 7 at moderate risk and 4 with low risk. Many of those organisations classified as high risk were small, had little to no capacity or capability for strategic development or income generation and were
effectively dependent on their Stockport Council funding. However in the assessment it was found that alternative sources of funding were potentially available for every provider, although some might have been difficult to achieve. The challenge many would face is that having been dependent on a dominant, single funding stream the capability and capacity to adapt to a changing funding environment was lacking.

Reflections

Once a formal notice of change was made to the sector it was noticed that in a number of cases relationships changed significantly, not just between provider organisations but between organisations and commissioners or support services. A characteristic of the change was an increasing distrust and nervousness about sharing information. Whilst many in the voluntary sector celebrate a sense of collaboration between organisations the presence of a significant change process which would have an existential impact on organisations can erode trust quickly and significantly.

Our recommendation would be that assessments of impact of change are useful but would be better made before processes are fully developed and alongside a positive offer of support, to help organisations improve and adapt to a changing environment.

6.3 Supporting Partnerships

As the programme moved towards the launch of commissioning exercises in the new year, local VCSE organisations expressed the need for support in developing partnerships.

GMCVO developed activity in two areas:

1. Partnership workshops – bringing 30 organisations together in 2 sessions in November to explore the nature of partnerships, how to identify partners, how to be an attractive delivery partner and how to scrutinise potential partners. These sessions included practical advice and support to help people construct a partnership offer and understand the challenges of the delivery of partnership contracts from GMCVO’s experience.

2. Meet the provider event – bringing 20 organisations together in early December to meet potential partners they could look to work with on an alliance contract. This was in response to feedback from organisations who were struggling to find partners.
Partnership Development Support

Two half day sessions were held with 34 participants to examine:

- The characteristics of a good partner
- How to identify potential partners
- How to make partnerships work

Participants were encouraged to examine what they would require of prospective partners and then encouraged to understand how they might model these behaviours in order to be seen as good partners themselves. This was also undertaken with the attempt to move providers from seeing negotiation as a poker game, with limited information divulged and key information kept confidential, to move to a more open approach – being able to confidently set out a stall and having enough information as part of negotiations to enable “win-win” approaches to be identified.

Initially, the discussion focused on more abstract concepts such as:

- Mutual values
- Shared interest
- Trust and honesty

However, quite quickly, participants were able to articulate more pragmatic operational factors and the following priorities were highlighted:

A good partner:

- Will offer something different to help extend your own offer
- Will have similar working practices to aid the management of activity
- Has compatible standards
- Can show expertise – either technically or in the specialist understanding of targeted communities
- Is open about cost and pricing

From this, it is important that to be an attractive partner organisations will:

- Have a clear ‘sales guide’ – e.g. areas of expertise, methods of work and standards of service
- Be willing to withdraw from some areas of activity if a more skilled provider is within the partnership
- Be clear about their costs

In addition, a good partnership will have:

- Clear roles and structures without duplication
- Clarity on accountability
- A membership which offers diversity of provision and reach
Reflections

The ‘partnership building’ events helped highlight some of the weaknesses within many established organisations. A number had become so focused on delivering public contracts that they lacked the capacity and capability to operate differing models, even though these may have been present before the expansion in public service delivery. There was an unwillingness and indeed a hostility amongst some to even discuss or explore alternative approaches ‘until the details of the tender were released’.

This was reflected in research undertaken by GMCVO at the same time as this change process, related to training and development and published in the report Skills for Change\(^3\). Organisations which feel under threat and do not have a wide spread of funding sources are those that least engage in training opportunities and skills development and focus more on operational delivery. Where organisations are making positive steps to change their approach this is often instigated by new managers brought in to transform the organisations or because an organisation is already used to working for a range of funders/commissioners with varying needs they are required to respond to. These organisations are pro-actively seeking training support in order to be competitive.

The meet the provider event was particularly useful but not in the way initially designed. Many organisations attending had not been able to find bidding partners whilst those that had done so declined the invitation to attend. In this sense the organisations attending were those least likely to successfully gain funding through future commissioning strands and the meeting was able to provide them with this clarity and ensure that they had a clear realisation of the challenge they faced. One organisation, that has since gone on to make great strides in changing its business model and moving to sustainability, has said since that this was the meeting for them where “the penny really dropped” and which galvanised them to put hopes of being recommissioned to one side and focus on new approaches.

There is some critical learning here that despite advice and support being available to support change there are instances where only when an organisation is able to put aside all hope of maintaining its status quo can it move forward. Some organisations that would benefit from change avoid doing so whilst they believe they at least have a chance of being part of a winning partnership, whether their chances of winning are realistic or not. It is important to understand that these behaviours do not exist in isolation but are often a product of existing commissioning and funding cultures that have shaped many expectations.

\(^3\) https://www.gmcvo.org.uk/skills-change
6.4 Supporting organisations to understand and develop a social action approach

What is ‘social action’ in Stockport?

Social action is used to refer to *individuals freely taking action to benefit others*. This can include many different things from informal, day-to-day actions and activities to organised, structured support. Examples are formal volunteering, running and participating in activities and events in your community or providing emotional, social or practical support to somebody who lives nearby.

In Stockport, this is built around a ‘people helping people’ model with the aim of moving beyond a utilitarian, centrally planned state-client relationship to understanding the wider ecosystem of support around a person. This is about building kinder communities; understanding how the nature of place and relationships in a place can support people to live more fulfilling lives.

Whilst the commissioning process was ongoing, as part of the programme of support to organisations, GMCVO held three events to support organisations in strategies to develop social action.

The first two events were held in succession on the same day. The first focused on describing social action and giving examples of how it can be supported, and the second looked at how organisations can build social action into their preventative work.

Response to these events was mixed, with many providers of targeted services sceptical of how such an approach could be built into their current models of operation whilst organisations with a broader community focus engaged more positively.

The third event explored the role community hubs could play in building social action and introduced the development of a Community Hubs Recipe Book for Stockport\(^4\). The ‘Recipe Book’, which has since been produced, is a toolkit or resource for community hubs which helps them consider the different elements, or ‘ingredients’ that could best be combined to strengthen and develop their hub. This event was notable in that it attracted a range of community organisations that had not previously engaged in the change process and that had little previous experience in working directly on issues related to adult social care. Whilst the scepticism of some existing providers remained this new audience generated more energy and enthusiasm as to what could be practically achieved.

\(^4\) https://www.gmcvo.org.uk/system/files/communityhubrecipebook.pdf
Reflections

Some established organisations saw their role to understand all activity around volunteering, and to attempt to build systems and mechanisms that capture this, so that levers can be pulled to increase volunteering, match volunteers to opportunities/needs etc. While this has been successful in promoting and furthering the more formal aspects of volunteering, it does not always support or add value to the aims of less formal activities, ‘giving time’, peer support and social action, which involve different levels of time in a more flexible way, in perhaps less formal settings. Increasingly however, such organisations are in a minority as many organisations supporting volunteering are also presenting a broader spectrum of roles that help to generate opportunities to help others.

The Give2Gain timebank Stockport is an alternative model of giving time which has shown great promise and enabled commissioners to think differently about how people can give time and engage in reciprocal social action. Re:dish, a community project which emerged from a food bank in Reddish, Stockport, has developed a range of initiatives that build on social action values. These include a skill share project, which involves a network of community champions who support people to make changes and achieve goals in their lives.

It became evident that much progressive activity, based around social action, community capacity building and social enterprise, is often emergent and outside of established social care service provision. This was particularly seen in some of the activity being identified and supported in established community hubs. Particularly with regard to social action and engaging the most marginalised groups, it is evident that a number of VCSE players outside of existing provision employing new or transferable models (especially those not predicated on significant levels state funding) are entering or seeking to enter this space. These models include timebanks, the use of asset based community development approaches and models which adopt a membership structure to fund programmes of peer support and social action. Of course the long term efficacy and sustainability of some of these newer approaches is untested.
6.5 Timeline of support

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stockport MBC 'Are you ready?' event</td>
<td>April 2014</td>
</tr>
<tr>
<td>Stockport MBC Future Commissioning Workshop</td>
<td>September 2014</td>
</tr>
<tr>
<td>Health check impact assessment exercise</td>
<td>October 2014</td>
</tr>
<tr>
<td>Stockport MBC Future Commissioning Workshop</td>
<td>November 2014</td>
</tr>
<tr>
<td>Partnership building workshops 1 &amp; 2</td>
<td>November 2014</td>
</tr>
<tr>
<td>Networking and meet the provider event</td>
<td>December 2014</td>
</tr>
<tr>
<td>Building social action and informal care</td>
<td>January 2015</td>
</tr>
<tr>
<td>Making the transition to Social Action</td>
<td>January 2015</td>
</tr>
<tr>
<td>Stockport community hubs for social action launch</td>
<td>March 2015</td>
</tr>
</tbody>
</table>

6.6 Summary

The process of preparing providers for significant system change was challenging for all participants and challenged many preconceptions of voluntary sector provision both positively and negatively. As would be expected in a diverse sector engagement in the change process differed from organisation to organisation but two factors did seem to drive this.

**Commissioning culture** – The manner in which services are commissioned can condition a negative set of behaviours in many organisations. Providers used to delivering to rigid specifications that they are discouraged from departing from can lack the capability to innovate and adapt to changing environments. Their staffing
capacity may be more focused on operational management of delivery with no ability to build strategic capacity. Commissioners who have been rigorous in monitoring and attempting to reduce overhead costs have exacerbated this issue, effectively pushing organisations into becoming lean and efficient but locked into a limited mode of operation.

Leadership cultures – Organisations seem to have broadly taken two approaches to adapting to the changing economic environment. One set have started to look outwards, diversifying provision either by moving into new areas of work or into wider geographical areas. By engaging in this way with a wider range of commissioners and funders they have a broader perspective of what might be possible and a greater ability to flex and adapt. A second group have rationalised, focusing on a core area of business.

The challenge here for both public and voluntary sector leaderships is to recognise the weaknesses in current delivery. Traditional systems of commissioning and funding are under significant strain, and without support and active encouragement a significant minority of organisations are at considerable risk.

It’s important to look at both these factors in context however. Whilst 64 organisations were funded through the main grant scheme in Stockport it is estimated that there are over 1000 voluntary organisations in the district, many of these receiving no public funding but with strong and sustainable connections to their communities.

It was striking that whilst there were examples where commissioning and leadership practices were resulting in organisations struggling to adapt to change, in communities themselves there was a significant store of energy and creativity that was not engaged by traditional commissioning and funding processes. Stockport Council are now developing approaches to community capacity building to support this and this has involved setting up a team of staff to work with communities and community groups.
7 Commissioning differently

As described above, Stockport Council recognised it needed to change the way it commissioned services and its role in order to realise the vision for prevention. A strategic review of preventative commissioning was undertaken, priority objectives were identified and a range of contracting options were considered. This chapter describes the key elements of the change that took place in the commissioning and contracting functions.

7.1 Strategy

In July 2014, senior members of the Council came together to undertake a strategic review of preventative commissioning. Earlier work had identified the multiple strands of funding across different departments that might be able to be pooled and used differently.

The strategic case for converting previous commission arrangements for multiple small contracts and grants was clear. However the future configuration could take a number of forms and time was spent exploring these.

Although there was a pressing need to make significant savings in light of Council budget cuts, there were other drivers – to reduce fragmentation and silo working between providers, to move from services based on ‘labels’ to generic ones, to embed strengths-based approaches throughout and to drive community action.

A series of facilitated strategy and options appraisal meetings were held with staff from the Council and Public Health. First, the overall aim was articulated:

```
We want every adult in Stockport to be able to say:
“I am living well and safely in my own home in my own community”
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Then, taking feedback from providers and engagement events, a set of values about the way the Council wanted to work with partner providers was created. The values were:

- We will work with you as you find solutions, not prescribe and specify what those solutions are
- We promote public sector values and build communities
- We are flexible and expect learning and change
- We want innovation and support those willing to try new ways
- We are aspirational and realistic in our work
The discussion then moved on to the best way to reconfigure services into coherent groups. The final version was six main areas:

1. Advocacy Casework Service
   - Giving people a voice was regarded as a key foundation for the new services

2. Wellbeing and Independence at home
   - Focusing on more practical support in and around the home to enable people to enjoy living independently for longer

3. Independent Living and Wellbeing in the Community
   - Supporting people to take part in a wide variety of social, civic, leisure, learning and work or volunteering opportunities

4. Wellbeing and Independence through Community Transport
   - A service to enable people unable to use public transport to access the community

5. Targeted Prevention Alliance
   - For those who need temporary or longer term support to access universal services or avoid crises

6. Alliance for Positive Relationships
   - For those affected by domestic violence and seeking to prevent abuse occurring
Before

64 individual grants and contracts

After

Advocacy Casework Service

STOCKPORT TPA
Targeted Prevention Alliance

Wellbeing and Independence through community transport

Wellbeing and Independence at home

Independent Living and Wellbeing in the community

WIN
Wellbeing and Independence Network
There was now a clear strategy based on the aims and values of Stockport Council.

**Reflections**

A robust analysis for the selected route was time well spent. In a complex environment with multiple interfaces it is unlikely that there is a perfect solution. Deliberation allowed a thorough review by different parties with identification of risks and issues.

There was an important moment of recognition about the way the Council wanted to work with providers. The value list linked strongly with the strengths based approach the Council was going to be asking providers to follow. This made clear that the Council had a leadership role to play in role modelling the change in behaviours.

The decision to end the existing contracts and grants was not an easy one to make. There was strong awareness that this would be a difficult message and likely to cause discomfort to Councillors and the Council. Efforts were made to keep the market and public informed (see previous chapters) about the plans and rationale as they evolved.

7.2 Finances

Cuts to the Council budget were significant and needed radical action. The Council linked this with its other drivers, recognising that maintaining services and support was only going to be possible if a transformation in style and levels of collaboration.

The overall funding for all the separate elements that constitute the six commissioned services was £3m, following a reduction of 40% required for Council savings targets. The Targeted Prevention Alliance was the largest single element with an annual allocation of £1.5m.

7.3 Outcomes

In preparation for going to the market, basic information about scope, outcomes to be achieved and commercial arrangements needed to be finalised and the contract drawn up.

The outcomes are pivotal as they would be the focus for all design, planning and performance monitoring. They needed to reflect things that matter to people and to the commissioner and reflect the four drivers:

- to reduce fragmentation and silo working between providers
- to move from services based on ‘labels’ to generic ones
- to embed strengths based approaches throughout
- to drive community action.

By going through a facilitated process of describing what success means and how people would know it had been achieved, the Council was able to create an outcome
set that is generic to all services. The resulting set is given below and is used across all of the prevention services.

<table>
<thead>
<tr>
<th>Key Results Area</th>
<th>Sub area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Establish or maintain settled accommodation</td>
</tr>
<tr>
<td></td>
<td>Physical wellbeing</td>
</tr>
<tr>
<td></td>
<td>Mental wellbeing</td>
</tr>
<tr>
<td></td>
<td>Economic independence</td>
</tr>
<tr>
<td></td>
<td>Engagement</td>
</tr>
<tr>
<td></td>
<td>Education, training and employment</td>
</tr>
<tr>
<td>Style of delivery</td>
<td>Timeliness</td>
</tr>
<tr>
<td></td>
<td>Asset based approach</td>
</tr>
<tr>
<td></td>
<td>Proactive and motivational working</td>
</tr>
<tr>
<td></td>
<td>Client satisfaction</td>
</tr>
<tr>
<td>Demand</td>
<td>Reduction in multiple presentations</td>
</tr>
<tr>
<td>reduction</td>
<td>Diversions</td>
</tr>
<tr>
<td>Cost saving</td>
<td>Actual costs</td>
</tr>
<tr>
<td></td>
<td>Counterfactual costs</td>
</tr>
<tr>
<td></td>
<td>Cost to public services</td>
</tr>
<tr>
<td></td>
<td>Welfare benefit costs for the unemployed</td>
</tr>
<tr>
<td></td>
<td>(after income maximisation)</td>
</tr>
<tr>
<td>Social capital</td>
<td>Volunteering</td>
</tr>
<tr>
<td></td>
<td>Community assets</td>
</tr>
<tr>
<td></td>
<td>Community resilience</td>
</tr>
</tbody>
</table>

Reflections

At the time of the strategic discussions, the detail of the performance indicators and measures was not determined. The priority was to describe what would demonstrate success and have a range of complementary key results areas.

Outcome development can easily be skewed towards items that are easy to measure. Stockport Council included some things that are going to be more difficult to measure or require proxy measures, such as the volunteering figure recognising that people giving of their time embraces a wide range of levels of activity from formal volunteering in a role to putting out regularly a disabled neighbour’s bins. This allowed the outcome to remain in focus.

A pragmatic approach to measurement is acceptable for local purposes. Where comparison with other localities are needed or to allow national comparisons, there may need to be a higher level of detail. There is often a trade-off between meaningful measures that are true to the intent and ‘good enough’ for local purposes, and more rigorously reliable and valid measures for other purposes.
7.4 Contract type

The contract method needed to be appropriate for the context and aims. Contracts reflect the way the parties wish to interact, the risk management and commercial arrangements. They are the written statements of the relationships agreed.

After the strategy sessions, an options appraisal was undertaken to choose the contract type for the main group of services – those for Targeted Prevention. The criteria used to assess options included a mix of strategic objectives, drivers and practicalities.

Both ‘alliance contract’ and a ‘consortium’ scored highly, with alliance finally chosen.

<table>
<thead>
<tr>
<th>Success Criteria</th>
<th>1 Move in house</th>
<th>2 Multiple single</th>
<th>3 Framework</th>
<th>4 Single provider</th>
<th>5 Prime provider</th>
<th>6 C’nsortm</th>
<th>7 Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Creates sustainable models</td>
<td>L</td>
<td>L</td>
<td>M</td>
<td>M</td>
<td>H</td>
<td>H</td>
<td>H</td>
</tr>
<tr>
<td>2. Essential element of an integrated model</td>
<td>M</td>
<td>L</td>
<td>L</td>
<td>L</td>
<td>H</td>
<td>H</td>
<td>H</td>
</tr>
<tr>
<td>3. Delivery of savings targets</td>
<td>L</td>
<td>L</td>
<td>H</td>
<td>H</td>
<td>M</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>4. Support vulnerable groups and carers?</td>
<td>L</td>
<td>L</td>
<td>L</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td>H</td>
</tr>
<tr>
<td>5. Enables statutory requirements to be met</td>
<td>H</td>
<td>M</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>M</td>
<td>H</td>
</tr>
<tr>
<td>6. Level of disruption is appropriate for the benefits to be achieved</td>
<td>L</td>
<td>L</td>
<td>L</td>
<td>L</td>
<td>M</td>
<td>H</td>
<td>M</td>
</tr>
<tr>
<td>7. Value of diversity</td>
<td>L</td>
<td>L</td>
<td>L</td>
<td>L</td>
<td>H</td>
<td>H</td>
<td>H</td>
</tr>
<tr>
<td>8. Market conditions</td>
<td>M</td>
<td>M</td>
<td>L</td>
<td>L</td>
<td>M</td>
<td>M</td>
<td>M</td>
</tr>
</tbody>
</table>

Reflections

Alliance contracting requires a different role from the commissioner. It is both the ‘owner’ setting the mandate and a participant with shared responsibility for delivering the outcomes. This differentiates alliances from other types of partnerships and consortiums.

Stockport Council already had experience of alliance contracting in mental health services so was aware of the benefits and challenges. The options appraisal was undertaken by a mix of staff, some with experience of alliance contracting and others without.

7.5 Selection of providers

The purpose of the selection process was to identify the partners with the right capabilities and commitment to a collaborative way of working. As with all procurements, it was important to ensure fairness and equitability in the process.
The alliance contracting approach was new to the market so informal market engagement was needed. An event which included information about alliancing was held well in advance of the formal procurement. Time was allocated to allow providers to talk to each other and start to create their ‘alliances’.

The values that had been developed were signalled to the market as representing a new form of relationship between commissioners and providers.

The formal tender process was supported by the local procurement team. Bids were invited from alliances of providers only.

The evaluation criteria were set to reflect the need for testing not only the overall model of delivery but also commitment to collaboration.

**Evaluation criteria**

30% Service implementation and operational delivery  
30% Approach to achieving outcomes  
20% Commitment to collaboration  
20% Cost

Selection included face-to-face sessions, scenario sessions as well as interviews. The selection panel included a lay member.

**Reflections**

Adaptations were needed to the standardised templates for contracts and procurement. Early engagement with procurement and legal teams was helpful. The scenario sessions were scored against specific competences and all scorers underwent training. This provided structured objective scoring that was fair and equitable to all bidders.
Inviting bids from alliances of providers meant that providers had to collaborate in order to compete for the contract. The winning bidders had clearly spent time understanding each other’s drivers, values and contribution. They came across as a group who were cohesive, energetic and keen to find innovative solutions.

7.6 Formation

Once the preferred bid was selected, the alliance formed.

The winning bid was made up of 6 providers. Senior people from each organisation had worked closely together in preparing the bid and developing the new service model. Once confirmed, two commissioner members joined them to form the Alliance Leadership Team (ALT).

A facilitated ALT launch workshop was held to consider the governance, roles and responsibilities in an alliance. It was important that the outcomes were emphasised throughout.

Alliance governance is predicated on equal voice and shared decision making. Members of the ALT are there to make the decisions that help achieve the best outcomes. They are not ‘representative’ of their organisation nor protecting or acting in the self-interest of their organisation. Time spent understanding this at the outset will set up the ALT for success.

The key role of the Alliance Manager needed to be filled. Unfortunately, there was a delay which meant that the ALT had to focus on management tasks rather than leadership ones in the early weeks.
Part of the transition and mobilisation planning included a communication plan for letting staff, people using services, carers and other stakeholders know about the new arrangements.

An induction event for all staff who will be involved in the new services was held at the time of the launch of the new Targeted Prevention Alliance.

**Reflections**

To avoid a delay in the key appointment of the Alliance Manager, an alternative approach would have been to ask bidders to identify the person who would fulfil this role at bid stage.

The delay meant that the ALT had to revisit its role and ways of working after a few months. Once the management team was in place it could revert to its core purpose – reviewing performance against the outcomes.

Adherence to the unanimous, ‘best for service’ decision making meant that considerable time was needed in the early stages when there are many decisions to make. While this was made more difficult because of the vacant Alliance Manager role, the time commitment from senior people was considerable. On the positive side, this engenders a strong sense of trust and understanding about each other.

Some of the discussions were uncomfortable and holding each other to a set of principles, values and behaviours as well as the unanimous decision making is needed to reach resolution.

**7.7 Summary**

Changing commissioning to achieve the vision for preventative services meant a comprehensive end-to-end set of changes. These had to be coherent and linked, driven by the same priority areas. From the overall strategy and all the way through to its current working with providers, Stockport Council adhered to its vision, aims and objectives, aided by external facilitation throughout.

The choice of alliancing allowed a collaborative approach based on risk, responsibility and opportunity sharing. The principles of equity between partners and harnessing the diversity of perspectives fitted with the desired values and ethos.

The Council is now bringing together people from the four prevention areas. A shared outcome set and strong value base will aid collaboration within and across these.
8 Strengthening communities and supporting social action

As discussed in section six, workshops on developing social action were included in the programme of support to prepare organisations for the new commissioning approach.

This project also recognised that an attempt to change the relationship between a local authority and its communities requires more than just a shift in commissioning approach. In parallel to the commissioning work, Stockport sought to identify where there was energy and activity in communities, investing in new approaches to identify the means by which the relationship between citizens and state could be reshaped.

8.1 Community Capacity

A central element of the approach in Stockport has been the development of community capacity through identifying and building upon the assets and activity present in communities. This has involved a number of elements including community conversations and work to engage and support community hubs and time banking schemes.

Additional resource was directed at creating an equivalent to a full time post by supporting capacity within three local community leadership organisations. To increase effectiveness and improve clarity on roles, after an initial trial period this was consolidated to a piece of work delivered by Redeeming Our Communities (RoC), a community development organisation, one of the original three community partners.

RoC initially focused its work on building on a community conversation in Marple, a neighbourhood in Stockport, to develop approaches to building community capacity but was able to extend work into other areas as capacity allowed.

Marple and Werneth Community Capacity pilot

There were multiple ‘community conversations’ hosted across the Marple area. Initial ‘conversations’ aimed to bring people together to draw a picture of assets and common challenges. There were some interesting findings gathered about how community boundaries and allegiances mattered and how much ‘good will’ existed, but also how little people and groups knew about each other and that they struggled to link up with the people who needed them most.

These ‘conversations’ led to two separate specific locality-based community conversations; one in Marple and one in Romiley, which serves as a natural focal point for the Werneth area. Each conversation was led by a small group of volunteers. In the build up to these two ‘conversations’, a RoC worker went out into the community and had multiple conversations with as many people, groups and businesses as possible. The worker followed up on ‘leads’ about interesting local
projects and brought stories and information back to the integrated team and the VCS staff working in the Marple hub. This resulted in staff in the integrated team having new information about alternative community based support, which opened doors and new possibilities (see reflections box below).

The two locality conversation events built on the success of the previous work - resulting in new groups taking a positive lead on developing a time bank, two steering groups, and activity and community meals pilots. The Marple group continues to hold large community conversations. While the development may seem slow, it was felt to be impressive, strong and meaningful by Local Authority staff engaged in the process. The community conversations didn’t continue in Werneth, following the withdrawal of the ROC worker as the pump priming funded ended and for lack of a mature enough local leadership to take it over. However, during events and conversations it was raised that people respond to ultra-local events and activities so if there had been more time and capacity that’s how the work would have progressed – including work around a further locality.

### Reflections on the opportunities presented through the community conversation work – Naomi Davies, coordinator of the People Powered Health 3rd sector team

The People Powered Health team, of which I was a part, were embedded within the Marple integrated team. This meant we were privy to individual cases and to gaps identified. Informed by the community conversations work, we were able to find creative solutions so that people could access support.

One example of this was a case where we found that someone open to Social Care was unable to travel about socially or look for opportunities because he had no access to funds. However, he did like cycling, and the RoC worker used contacts in the voluntary and community sector to find an organisation which could donate him a bike.

Another man with a chaotic lifestyle, mental health issues and uncontrolled diabetes was at high risk because he was not eating regularly. His circumstances were so chaotic that most other solutions had failed. This was evident when a local café had agreed to provide him with one meal a day (paid in advance) if he popped in at lunchtime. However he had a number of friends who had drug issues who would go into the café too and this offer of support collapsed. Instead, the RoC worker made contact with a ‘stall’ which provided meals and had a strong community focus. The stall agreed to provide the meals and because it was not a sit-in environment this helped resolve the previous issues.

We also helped a 90 year old lady by arranging for her to be visited by a patient volunteer with a dog; although she was lonely she ‘hated people’ but loved animals!

What I’m describing are extremely bespoke and seemingly one-off examples but that’s the point; no corporation or organisation can ‘provide’ everything – each situation needs people with enormous creativity and contacts to help shape approaches which meet the aspirations and often unique lifestyles of the person.
Reflections
The Asset Based Community Development approach taken ties in with the overall approach of this work – looking at the potential residing in local people and their communities and fostering it through community-led approaches.

Key points of learning:
- Patience and perseverance is required with this approach
- Volunteers need encouragement to accept the value of an Asset Based Community Development approach and inspiring, guiding and nurturing to develop their own vision and ideas.
- There is a great deal of untapped community capacity that can be garnered through this approach - there is a huge amount of goodwill in all communities and this can be enabled through patient, experienced leadership of groups like these.
- Without at least a small amount of funding to provide the kind of expertise and resources that have been utilised in this pilot, it is not realistic to expect to be able to recruit and support effective steering groups in other local communities. For this pilot RoC received funding of £30k.
- A co-ordinator role may be essential to enable the groups to grow and develop.
- A timebank model may be most suitable and offers the necessary elements for fruitful Asset Based Community Development.

Successes
Community Conversations:
- The first community conversation was marketed through volunteers, local community groups, community members who were regularly involved in community activities, residents and people who worked or had businesses in the area.
- One locality-based conversation took place in each area – both were well attended and focused on generating ideas for social action which are now being discussed by the steering groups.
- To further promote the initiative, a local artist created an oversized postcard with a teabag attached – the idea was to stimulate conversations and encourage neighbours to visit people or offer a friendly ‘brew’. This created a talking point and a focus to bring people and ideas together.
- Countless new relationships were forged between local people attending these meetings, many of which may well develop into expressions of peer support and other informal group activities.
- The RoC contact, along with adult social care had regular meetings with community members and the social work team. Some of the areas highlighted by long term care and older people cases included isolation and the need for more inclusive activity for people with dementia. Crafts, pets and exercise all
featured as ‘ways in’ – so rather than focusing on ‘befriending’, people’s interests / assets/ old hobbies were what steered development.

- A number of new informal initiatives were launched. These include two new cul-de-sac coffee mornings, a yoga class for dementia sufferers, a dog-walking circle and a knitting group.

Two new, locally-focussed steering groups developed through the pilot:
- Both are fully functioning and in the capable hands of highly committed volunteers; one based in Marple, the other in Romiley.
- Each group has recruited local people who are willing to serve as volunteers for new projects in their community and have signed up to receive information. The total number recruited is around 200.
- Volunteer recruitment was led by a RoC worker with the right skills and qualities to engage people. This was a particularly successful approach. The worker had charisma and was very friendly and fantastic at chatting which meant he could approach groups, contacts and links he was given and found himself. He also had strong church connections which were well suited to the area. He built relationships and inspired people at the events and from that, people were asked to volunteer for the steering group. When people are already involved with a lot of community activity or have never been involved at all this can be quite a challenging task and this shows how crucial the skills of community development workers are. Recruitment and training is often underestimated in this field.
- Volunteers were also recruited through leaflets, Facebook and word of mouth within groups and the community and through stalls at local events.
- Both steering groups began to own the vision for themselves and the organisation acting as a community catalyst was able to gradually withdraw from a leadership role to one of support.

Out of the steering groups developed a ‘people group’ in each locality:

The Romiley People group:
- The RoC worker met a number of people with long term conditions who used scooters and the Adult Social Care team had cases where people needed to use their scooters but felt nervous. The Romiley People group organised a mobility scooter rally as a way to boost confidence and create a network which could provide peer support and advice. They hope to make this an annual event and that other activities will develop out of the new relationships that are formed through the event.
- Set up a new Friends of Romiley Station group and have plans to start a number of new activities including a Romiley Reminiscences event aimed at linking older and younger local people to celebrate the community history.
The group are now working with GMCVO and the University of Manchester as part of ‘Jam and Justice’ a major ESRC Urban Transformations project examining approaches to the co-production of the governance needed for social innovation.

The Marple People group:
The Marple People group meet in a local café, who are very supportive, and have used this setting to market themselves and the Timebank to the wider community. This group held the first Big Café Morning at The Senior Citizens’ Hall, which is in a town centre location. The group are aiming to turn the Hall into a busy hub of social action, with plans for daytime and evening events that draw existing groups together and attract new people to get involved.

Informal social action and timebanking
Databases of information on the local community and local activity were being used to circulate offers and requests for volunteering opportunities and link individuals with local groups. This informal match-making activity developed into a strong desire to set up a formal Timebanking service in Marple and the 1goodturn Timebank is now up and running, connecting members of the local community and building relationships and support through time exchanges.

8.2 Community Hubs
Here, a community hub is defined as a building that is recognised, valued and influenced by the local community as a gathering place for local people. Community hubs provide an access point for a wide range of community activities and events as well as programmes and/or services which address the needs of the community.

Why was the work important?
In the context of changes to Stockport Council commissioning and potential gaps in services, it was important to look at the impact of investing in community provision and support, reducing need and encouraging peer support. An asset-based model is central to this approach and hubs, typically sitting at the heart of communities, provide a central point for a range of community assets. Hubs are well placed to offer specialised services and involve communities providing low level support at locations that people already visit, reducing dependence on other services in the long term and the need to travel greater distances for specialised support.

5 http://www.urbantransformations.ox.ac.uk/project/jam-and-justice-co-producing-urban-governance-for-social-innovation/
While this work was happening the landscape was drastically changing due to cuts, with services closing or drastically reducing, so part of the work was helping coordinate communities to provide resources and navigate through these cuts and changes.

In order to bring together different hubs and gather experiences and themes to develop community hub resources and good practice several outreach events were held across Stockport.

After an event in March 2015 and field research looking at hubs in different communities several themes were identified and a proposal for a hubs resource toolkit, or ‘recipe book’ was developed. This was in recognition that many community hubs are struggling and often underutilising an asset with a lot of potential. The recipe book was primarily aimed at helping existing hubs to be more effective and sustainable but also contains a lot of information and resources which will help new hubs to develop.

**Reflections**

<table>
<thead>
<tr>
<th><strong>Hubs field research findings – common themes</strong></th>
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<tbody>
<tr>
<td><strong>Issues and challenges:</strong></td>
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<tr>
<td>• Burn out of volunteers</td>
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<tr>
<td>• Recruiting and retaining volunteers</td>
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<tr>
<td>• Increasing need and stretched resources</td>
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<tr>
<td>• Little to no capacity for income generation</td>
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<td>• Models falling into a more enterprising category not always formally recognised as a ‘hub’</td>
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<tr>
<td>• Lack of funds to invest in long-term sustainability</td>
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<tr>
<td><strong>Strengths and opportunities:</strong></td>
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<td>• Community leadership</td>
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<td>• Trust and goodwill of community</td>
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<td>• Good asset</td>
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<td>• Diversity of models and groups using the hub</td>
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<td>• Volunteer and user ownership and investment in the hub</td>
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Key points of learning:
- Making sure there is a clear pathway for communication between support providers and community organisations is of critical importance as many organisations embedded in communities may not engage in networking to the same extent as some professional service providers
- Clarity of roles and level of involvement are important when bringing in outside support
- Defining and being clear on terms – people preferred the word ‘centre’ to hub
- A lot of good work was happening but lack of capacity, technical skill and central coordination support, such as a fundraiser or volunteer coordinator, meant potential was not being reached and not sustainable long-term.
- At the time of writing Stockport does not have an effective voluntary sector infrastructure. This is an issue at a time of change and stress, when there has been a need for new groups and for groups to adapt. Before the start of this change process began a range of local stakeholders would refer to a sense of a fragmented and dispersed sector and note tensions between organisations. Throughout the process many community organisations expressed concern at the lack of voluntary sector leadership. Following the competition process, the local infrastructure organisation, Anchorpoint, closed, being unable to secure a role within successful partnerships. Clearly, this is a longstanding issue that needs resolution especially in an increasingly uncertain environment where support and networking of voluntary organisations is critical to their ability to play a full role in supporting communities.

Challenges
- Running the hubs outreach work in tandem with the new commissioning process, although this made sense strategically, meant that there was more confusion and a greater amount of changes happening at once in the community. This had huge impacts on hubs and the people using them and brought up a lot of emotions and antagonism to any further changes, even positive ones.
- Changes brought about by the cuts raised emotions such as anger and denial. Though this was unrelated to the community hubs work, these emotions were brought to the hubs events and derailed productive conversations. This also resulted in barriers of trust being created, fostering a more ‘us’ and ‘them’ mentality in the community. The timing was unfortunate, as people were not always willing to engage in productive work, more to air their frustrations, which they felt they didn’t have clear channels to feed back to Stockport Council.
- The timing of the events over the summer meant that it was not easy to get good levels of attendance and in the context of cuts and increasing demand people often prioritised running services over attending events.
- There is a culture of informality in relation to events and meetings that needs to be challenged in the community. Often people popped in and out of events, came in late or left early without letting the organiser or facilitator know or adopted disruptive practices, such as speaking over others.
- People with no interest in the focus and discussions at these events attended because they felt they had nowhere else to express their views and frustrations. This made the focus and purpose of the event much harder to maintain.
Reflections

- The workshops were attended by a member of the neighbourhood development team. They were clearly invested in supporting the community and wanted to be there, willing to lend their experience and participate.
- Holding the events in different areas and with different themes helped focus discussion and bring a different mix of faces and contributions.

8.3 Timebanking

Timebanking was identified as an approach that aligns well with the new commissioning approach developed by Stockport Council and its focus on developing community capacity and growing social action and peer support.

Learning from other areas it was recognised that there were risks to encouraging a community to set up a Timebank by making available funding for such a purpose, in other words commissioning it. By putting forward funding, the money can become the focus for the community members to have control of rather than the ethos of the Timebank itself- reciprocity, mutuality, kindness and concern. Indeed in other areas that were looked at, the Timebank was seen to become a source of conflict and tension.

The Stockport approach was instead to seed the idea within communities, holding events at which the concept was presented by well-established Timebanks such as Paxton Green or through the organisation Spice. The potential was seen and individuals within communities chose to come together to create the model without any offer of funding. The Council then enabled the Timebanks to establish themselves through funding membership of Timebank UK and access to advice and infrastructure.

In this way Stockport now has two Timebanks established with a third under discussion, each with a different emphasis reflecting the wishes of the individuals who came together. It is anticipated that the Timebanks will eventually link together.
Case study: The Give2Gain Timebank in Stockport

The Give2Gain Timebank is a successful Timebank in the Stockport area and provides a model that can be used to help shape emerging Timebanks which are supported by Stockport Council.

Give2Gain was established in August 2014 and formally launched in December 2014. Since January 2015, 2500 hours of help have been exchanged by 114 members. Over the last year, as the membership has increased, more connections between local people have been established. These have led to friendships and reported lower feelings of isolation. It has also meant an increased opportunity for more time exchanges between members as the library of human assets has increased.

**Time Exchange:** Each hour of help earns a Give2Gain Timebank member one Time Credit. Time Credits can then be exchanged for help from another Timebank member. Time exchange, and help, has taken place between business and local community groups and organisations, as well as between individual members. Time exchange activities, over the past year, include: cooking, baking, DIY, knitting, companionship, gardening, painting and social media advice and support. A range of Timebank members have taken part in 5 group projects and 4 in hospital to home support, via their connections and friendships. In addition to this, a number of Give2Gain Timebank members have supported Timebank meetings, events and activities including: baking cakes, making drinks, visitor hosts, event door man, washing up and running workshops and meetings. There are 29 potential time exchanges currently in progress, including: 1 fund raising event and 2 group projects.

8.4 The Next Steps - formalising an approach

Building on this early work there was clearly a need for a new structure to support the building of community capacity in localities and move forward action plans based on community conversations.

Stockport Council partners have come together under the Locality Working Steering group to bring together the required coordinated approach. Under the auspices of the Steering Group, the four Localities of Stockport Together each has a Relationship Manager attached and a community connector supporting the growth of social action in that Locality and taking a lead on particular workstreams of which there are ten:

1. Development of Community Sector Hubs
2. Enabling people to give time (through formal volunteering or other)
3. Review of a small grants programme called ‘Kick Start’
4. Developing communities and building capacity
5. Developing social enterprise activity
6. Developing a communication, marketing and engagement plan to support Locality Working
7. Optimum use of public and community property at locality level
8. Engaging communities in public service design, prioritisation and delivery

9. Workforce and member development

10. Digital by Design

Coming together with the Relationship Managers are a host of other workers and resources including Community Connectors employed by the TPA, Public Health Community Development Workers, Health and Wellbeing Workers from Healthy Stockport, Wellbeing and Independence Network Workers and Adult Social Care Development Workers. Although each on their own is a small resource, impact can be magnified by working to a common vision and using a common approach and tools. To support alignment, workforce development across the public and VCSE sectors is focusing on embedding a shared asset based approach using common tools such as ‘guided conversations’, an enabling rather than providing approach to service provision, making use of the same geographical footprints to support linking services to community assets and the communities people live in.

As the Integrated Neighbourhood Teams emerge in their localities, a key preventive alignment will be required with the current and developing community hubs; the hubs are located in every neighbourhood, including settings such as cafes, church halls and community centres where it will be known people can go to receive an understanding, warm welcome and access information and guidance both digitally and through volunteers and an enhanced support offer.

The challenge is to develop social action which will impact on the demand in the health and social care system. There are many who are yet to be persuaded that community capacity can contribute a significant element of the solution to manage growing demand, believing the complexities of people’s situations and needs will require predominantly professional interventions.

It will be key that leadership organisations in Stockport are willing to embrace these developing concepts, in doing so recognising that a new relationship needs to form with the people of the borough which is truly empowering and collaborative.
9 Moving from a vision to a call for action

9.1 Assumptions

When developing the Theory of Change shown in Section 5, five assumptions were made at the outset, whose validity has since been tested.

Assumption 1: There are many potential volunteers and peers in the community who are willing and able to take on practical activities.

The idea that the community cares and will be willing to get involved was seen by many as a big assumption. All evidence gathered suggests there is that capacity but it is key to engage people in the right way.

Reflections

- To engage with the community you need to leave your institution behind and talk about what matters to the community. Stockport Council is now starting to put that into practice.
- Work done in the last two years has demonstrated that there are people who care, are compassionate and want to get involved.
- Try not to use the word ‘volunteer’ but think more creatively about how people can give time. People don’t necessarily recognise ‘volunteering’ as what they do but they do make an important contribution to the community.
- It’s important to look at the ways people give time to generate a more connected community.

Assumption 2: A focus on prevention and personalisation will lead to improved outcomes for people.

Evidence gathered supports this assumption. It is so important to have a personalised service which responds to what people individually articulate their hopes and dreams to be, to what matters to them. Adopting a conversational approach rather than a more clinical assessment of need will not only reduce demand on services but will lead to improved outcomes which matter. The pioneering work in mental health in Stockport demonstrated that a personalised approach and the use of personal budgets is effective as a way of empowering individuals.

Reflection

It’s about asking ‘what matters to’ people rather than ‘what’s the matter with’ people.

Assumption 3: Investing in prevention will reduce the need for costly crisis intervention later and can lead to longer-term savings

Evidence in relation to this assumption is growing with Stockport having contributed to the growing business case for People Powered Health identified by Nesta. There
are many variables at play and different approaches to prevention, the publishing of the findings from the research underway with five partner sites of ‘Realising the Value, Empowering People, Engaging Communities’ later in 2016 will be key. In Stockport longitudinal research with Sheffield Hallam University is due for publication in November 2016 which is expected to reinforce this assumption.

**Reflection**
There is significant difficulty in saying that preventative services alone result in reduced demand; it is necessary to look at the whole system and reflect on the alignment and the demonstrable outcomes.

**Assumption 4: Colleagues in all sectors are willing to engage in a collaborative, problem solving approach**
The assumption has been shown to be correct – there are people willing to engage in collaborative work in all sectors and at all levels. Most recently Stockport has created a Systems Leadership Group, a coming together of leaders who understand the need to leave the silo thinking behind (see 9.4). Based on developing relationships of trust, the System Leadership Group’s purpose is “to share, align and coordinate our work.”

**Reflections**
The report ‘Get Well Soon’[^6], by the National Local Government Network and Collaborate, March 2016, refers to a useful concept, that of ‘system translators’. These individuals may be based in one sector but they are nevertheless able to speak the language of all sectors and, importantly, can change their language to speak the relevant language for the context they are in. These people are the key change agents in terms of their readiness and ability to come on board with the new approach. It has been possible to identify these people throughout the process and the current System Leaders are excellent examples.

It is important to look at where people are positioned within organisations. You need to work top-down through people with influence, status and power who can make things happen AND bottom-up through people on the ground who can be change innovators, think differently and make things happen creatively. In both areas there are people who will resist, people who will go along with change if they’re told to, and people who ‘get it’.

Working on organisational development and culture and seeking champions would have all been useful at an earlier stage. Attempts were made to take these approaches but many staff were so overwhelmed on a day to day basis that they were unable to engage with these sorts of questions. When ideas of culture change and working differently were raised many overwhelmed workers chose to resist, reflecting that insufficient work had been done to win hearts and minds, in terms of the change theory, they would be said to be in the pre-contemplative stage - disconnected and not in the mind-set for accepting change.

Assumption 5: Collaboration and redefined relationships between people, providers and commissioners are beneficial

Giving the time and commitment to enable true coproduction to happen has been a constant challenge. Recent work from the People and Communities Board on putting into practice the ‘Six principles for engaging people and communities’\(^7\), June 2016 is a recommended read.

Reflections

- There has been an element of designing the model then asking what people think about it afterwards, - this is not co-design. There are often reasons for this, such as time frames and the prioritisation of limited resource in terms of where they can make the most change. There has also been a focus on creating an environment in which communities can be better engaged.
- When ‘communities’ are talked about, the concept needs to go beyond service-users and patients to the people who live in communities who care about the health and environment of those around them. These more inclusive conversations were not taking place until the community capacity work in Cheadle and Marple.
- The work in Cheadle and Marple provided a way into communities in which Stockport Council was not directing but enabling.
- When doing co-design it’s important to stand back and see what emerges. This is reflected in the approach taken to supporting social action (section eight) which was seen as ‘going where the fires are burning’ or ‘growing the spider’s web’. This activity has to emerge from those communities and can’t be forced from the outside.
- VCSE redesign was essential to thinking about commissioning differently and the approach taken was the right one. This meant recognising the necessity of thinking more about outcome-based commissioning and collaborative approaches. This approach was built into a scoping document and the vision was developed then tested with the sector.
- Although this approach had elements of co-designing, it was necessary to ‘set fire to the platform’, which is sometimes a necessary part of commissioning – difficult decisions have to be made. It’s important to recognise that this was in the context of what could then be created more positively.

9.2 Three Shifts for place-based health

\(^7\) http://www.nationalvoices.org.uk/our-work/five-year-forward-view/new-model-partnership-people-and-communities
In reflection, much of the above learning resonates well with some of the learning identified in the ‘Get Well Soon’ report, produced by New Local Government Network and Collaborate.

The three shifts they identify for a sustainable move to place-based health are of particular relevance here:

“Shift One: FROM INSTITUTIONS TO PEOPLE AND PLACES: Health and care institutions currently hold the power and determine the direction of service delivery, often at a distance from people as assets and the resources of places. If the system is to shift towards prevention and embed health as a social movement, people’s capacity and local resources need to be leveraged much more effectively and become integral to place-based health.” The reflections on assumptions one and five, along with the overarching aim related to people and place, link clearly to this shift.

“Shift Two: FROM SERVICE SILOS TO SYSTEM OUTCOMES: Separate services are currently set up to work to their own organisational priorities. Moving from the dominance of vertical silos of ‘health’ and ‘care’ to horizontal place-based systems will involve cultural and behavioural change on a completely new scale. Enablers of this change need to be recognised, developed and supported at every level, to then lead the creation of a new system from the inside out.” This shift applies closely to the reflections in relation to assumption four above, looking at culture change and change agents.

“Shift Three: ENABLING CHANGE FROM NATIONAL TO LOCAL: Changes in local practice and behaviour must be supported by the national policy framework. National bodies must focus on creating a long-term environment for prevention, approaching places as whole systems rather than reinforcing silos, and removing blockages for local practitioners.” Reflections above in relation to the specific measurable outcomes, in terms of the impact of national policies and the importance of tackling the system as a whole, demonstrate the challenges in encouraging this shift.”

9.3 Stockport ‘Call to Action’

In order to move forward in Stockport, it was recognised that a schema was required to pull together the breadth of change required for transformation of the way services are offered, in a way which was both understandable to a wide range of stakeholders and sufficiently rooted in the evidence and the learning to hold traction with System Leaders.”

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These four areas are now considered to be the essential ingredients for system transformation, without any constituent part then the embedding of a people powered approach will be less likely to gain traction; Stockport partners are seeking to make progress in each area and some early learning from this next phase of change follows.

In terms of the Workforce key areas noted include the recognition that in order to embed strengths based and ‘more than medicine’ approaches to health and wellbeing the concept of workforce must stretch way beyond the clinical teams in primary and secondary care, encompassing the Voluntary and Community Sector, wider partners including for example the Police, Rescue services and Housing and indeed the unpaid workforce including carers; the aim must be to seek to agree a single Organisational Development strategy with an agreed shared vision. Note that Leaders agree the vision and set the culture and are therefore key to identify and encourage, that transformational change can only go at the speed of trust-relationships matter so much, and resistance among staff, who are often overwhelmed and in the pre-contemplative stage of the change process, must be addressed through taking the time to explain the vision, the evidence whilst not devaluing their critical role.

In terms of Place based Health it is essential to work on geographical footprints that people living in neighbourhoods identify with, to follow the principles of asset based community development and recognise every area is unique with its tapestry of resources both human and physical; always seek to connect the service offer into community locations as a safety net and source of enabling support, not a solution to immediate need and recognise the rich resource of the Voluntary and Community Sector in bridging places people live with the land of services.

Health as a Social Movement is a description of the need to tap into the rich resource of people to bring about change in the system described above. On an
individual level an activated patient is encouraged to take control of managing their condition, on a group and community level the power of peers and the movement of connected people mobilises passion and compassion for others. Stockport is increasingly showing the value of engaging faith groups, businesses, civic organisations, the arts and using for example food as a vehicle for generating social movement and social action. Without some disruption from ‘outside in change’, from empowered people and communities co-designing and coproducing a new approach, the risk is ‘the way we do business around here’ remains the dominant approach.

Finally Commissioning Differently is a descriptor of the need for an alignment of resources across the system in reach of the shared vision. Alliance contracting has demonstrated its worth in supporting innovation and achievement of shared outcomes, but Stockport is now exploring for example shared Investment Funding across Health, Care and Place to stimulate the community capacity and solutions all parts of the system need. Apart from a shared vision and will, key to the alignment of resources is trust- Stockport has recently created a Systems Leadership Group to support the development of this essential ingredient.

9.4 System Leadership Group

Given the shifts identified in 9.2 and the necessity to embrace whole systems thinking behind the Stockport Call to Action, a System Leadership Group (SLG) was formed to bring influence to the constituent organisations.

The members of the SLG were drawn from Health, Adult Social Care, Stockport Family, Place and Neighbourhoods, Council Chief Executive Office, the Police, the VCS and Public Health, individuals approached because of their support for relationship based working, asset based approaches and recognition and willingness to act on the need for alignment.

The written and agreed purpose of the SLG is described as

“We are a collaboration of leaders in Stockport determined to share, align and co-ordinate our work. Through the decisions we make together and the examples we set we give visible leadership to work aimed at shifting the balance of power and responsibility from public bodies to communities and citizens.”

The SLG is clear it is not another information exchange, Partnership Board, Programme or part of formal governance. Instead it represents a different future for Stockport, a collaboration of people, communities, networks and organisations which values relational ways of working, grows trust and supports true coproduction.
10 Summary and Conclusions

10.1 Preparing and mobilising providers - Provider engagement

Though the process of preparing providers for significant system change was challenging for all, there was good engagement from most organisations. However, key lessons were learnt about attitudes and viewpoints that might present a barrier to more positive involvement in the process:

- Some providers would only consider exploring alternative options of delivery when it was no longer possible to maintain current provision.
- It is important to be aware that the manner in which services have been commissioned can condition a negative set of behaviours in many organisations:
  - Providers used to responding to deliver to rigid specifications can lack the capability to innovate and adapt to changing environments.
  - Their staffing capacity can often be focused on operational management of delivery with no incentive to build strategic capacity.
  - Rigorous monitoring and attempts to reduce overhead costs by commissioners have exacerbated this issue, effectively pushing organisations into becoming lean and efficient but locked into a limited mode of operation.

Reflections

Support provided in the form of assessments of impact and support needs proved valuable to providers. This type of engagement is most useful if made before processes are announced and with a positive offer of support, to help organisations improve and adapt to a changing environment. There needs to be a recognition that commissioning cultures shape market expectations and so a period of adjustment will be needed if market supply is to follow shifts in demand.

Impacts of decommissioning

During the process we examined how organisations were engaging with the change process and why some organisations thrived whilst some struggled.

- **Those who thrived** were typically led by new managers brought in to transform them or were used to working for a range of funders/commissioners with varying requirements. They were pro-actively seeking training support in order to be competitive.
- **Organisations who struggled** often lacked capacity for strategic development or income generation, were dependent on single funding streams and didn’t prioritise training and skills development.

Reflections

It was valuable to have the opportunity to identify those organisations who were unlikely to successfully gain funding through future commissioning strands, to communicate this to them and give them a clear realisation of the challenge they faced.
**Beyond public funding:** Many of the borough’s 1000+ organisations have historically received no formal public funding but maintain strong and sustainable connections to their communities. There was a significant store of energy and creativity that was not engaged by traditional commissioning and funding processes.

**10.2 Alliance contracting**

The collaborative and outcome-based nature of alliance contracts allows providers to collectively determine the best way to deliver the outcomes through unanimous decision making. This highlights the central principles of equity between partners and harnessing the diversity of perspectives.

**Reflections**

- Early engagement with procurement and legal teams was helpful.
- Structured, objective scoring supported by training provided a fair and equitable process for all bidders.
- Providers were required to collaborate to bid as an alliance and the winning bidders demonstrated they had spent time understanding each other’s drivers, values and contribution and appeared cohesive, energetic and keen to find innovative solutions.
- Commissioning for social action requires careful consideration of overall strategy and selection of procurement and contract approaches that fit with the ethos and aims.
- Time should be spent at the outset with the Alliance Leadership Team on understanding the centrality of equal voice and shared decision making to alliance governance.

**10.3 Generating social action**

In parallel to the commissioning work, Stockport sought to identify where there was energy and activity in communities; investing in new approaches to identify the means by which the relationship between citizens and state could be reshaped. This work included events to support organisations in strategies to develop social action, initiating community conversations, and work to engage and support community hubs and time banking schemes. Additional resource supported capacity within three local community leadership organisations and resulted in a community capacity pilot being delivered by one of these community partners.

**Reflections**

- A number of established organisations saw increasing volunteering and improving volunteering processes as their central role, with a lack of support for less formal activities, ‘giving time’, peer support and social action.
- Much progressive activity based around social action, community capacity building and social enterprise is emergent and outside of established social care provision.
• The challenge is to develop social action which will impact on the demand in the health and social care system. There are many who are yet to be persuaded that community capacity can contribute a significant element of the solution to manage growing demand, believing in the importance of predominantly professional interventions.
• It will be key that leadership organisations in Stockport are willing to embrace these developing concepts, in doing so recognising that a new relationship needs to form with the people of the Borough which is truly empowering and collaborative.
• Community development approaches that recognise the assets people have tie in with the overall approach of this work – looking at the potential residing in local people and their communities and fostering it through community led approaches.
• Timebanking was identified as an approach that aligns well with the new commissioning approach developed by Stockport Council and its focus on developing community capacity and growing social action and peer support.

10.4 Moving from a vision to a call to action

Engaging and understanding the community:
• Leave your institution behind and talk about what matters to the community
• Volunteering has an important role to play in supporting communities but there is a need for additional, creative thinking about how people can give time to each other rather than be restricted to only formalised activities.
• It’s about asking ‘what matters to’ people rather than ‘what’s the matter with’ people

Co-design and collaboration:
• True co-design can be difficult to attain when constrained by time frames and prioritisation of limited resources and can be limited by the need to take difficult initial decisions
• It’s important to engage communities beyond service-users and patients
• Co-designed activity must emerge from communities rather than being imposed
• Outcome-based commissioning and collaborative approaches were central to the VCSE redesign and encouraging thinking about commissioning differently
• Developing an innovative contract with the Voluntary Sector to enable a focus on achieving outcomes was vital to generating a common vision and developing how it can be achieved

Delivering change within organisations:
• Key change agents are the ‘system translators’ who may be based in one sector but can speak the language of all sectors and can change their language accordingly.
• A longer-term approach to generating collaborative working may be needed with colleagues in more structured teams or departments, e.g. with ring-fenced funding and firm plans
• It’s important to look at where people are positioned within organisations and consider different routes to encouraging change
• Change needs to happen throughout the workforce, system wide, to generate the outcomes required and also offer a new style of service
• It proved effective to start activity off then mould it, rather than trying to get whole system change in place from the outset with everyone signed up
• More time should have been given to working with people on understanding the theory of change and the importance of everyone being on same page

Reflections
• If people are assessed around need then the solution adopted is likely to be the provision of services. These are expensive and not necessarily the best solution and it’s vital to change that to a more strengths-based approach
• The focus on aligning people and place has since been supported as the connections between local government and health have been becoming increasingly evident
• Look at the whole system when assessing the outcomes of preventative services – e.g. how a crisis service, statutory services and clinicians engage with an individual

Developing relationships in a strategic way while building trust and alignment around a common vision are vital to creating the change required. We need change agents who are flexible, committed to developing new ways of working, and who have the skills to manage positive change and disruption, for innovative and radical projects to succeed.

10.5 Overall summary
• Alliance commissioning offers many benefits, including incentivising collaboration and partner engagement. It also requires investment of time in developing relationships, understanding and buy-in.
• Developing social action and community capacity is a vital part of this approach and enables us to harness emergent and innovative activity by investing strategic support in the communities it springs from. It is important to be aware of what motivates resistance to this approach, including the overvaluing of professional interventions and of traditional attitudes to giving time.
• It is vital to provide support and information to prepare providers when there is a need for decommissioning so that they appreciate and understand the extent of change required and the value of alternative options.
• We need to think about the way commissioning approaches shape provider behaviour to mitigate negative outcomes which can limit providers’ capacity, capability and resilience.
• When it is necessary, decommissioning inevitably involves difficult decisions and will not be easy for those organisations involved. Though these circumstances
may limit the ability to deliver all aspects of a preventative approach immediately from the start, building new provision using collaboration and working with the community provides many benefits.

- The level of engagement with significant change processes will always be varied. This means that it is important to be strategic and reflective in building a network of change agents who will engage with the values and goals of a project and collaborate to deliver the change required.