



helping people and communities



# communities – healthy, strong and prosperous

the links between the personalisation and place-shaping  
agendas in adult social care and health





## key messages

- This report explores the ways in which local authorities and their partners are making connections between the 'place-shaping' and 'personalisation' agendas. These are two policy strands that may be seen as distinct but, brought together, could result in better outcomes for both individual citizens and the communities in which they live.
- Local Authorities and their partners in our study saw both policy strands as being fundamentally about empowerment – in the case of place shaping on a macro, community level, and in the case of personalisation with a focus on the individual.
- It is not yet clear, however, to what extent this understanding is making a difference to the planning, commissioning and delivery of public services, or whether, at this stage, it exists primarily in the thinking of senior officers.
- A possible tension was identified, in particular by public health professionals, between the need to make services as accessible as possible for all, while at the same time tailoring responses to individual needs and aspirations. However, examples exist where the two approaches are well integrated.
- The unlocking of potential within individuals and communities by tackling exclusion and promoting wellbeing acts as a unifying theme. If individuals are empowered to contribute, and to take greater responsibility for their own health and wellbeing, communities, too, will become stronger and more sustainable in the future.

A strong emphasis on place shaping, which Sir Michael Lyons describes as ‘the creative use of powers and influence to promote the general wellbeing of a community and its citizens’ is increasingly affecting the thinking and the actions of local authorities and partnerships. At the same time, within adult social care, children’s services and health services the drive towards personalisation (the process by which services are tailored to the needs and preferences of citizens) is increasing pace. But what is the relationship between these two policy strands? To what extent is their implementation being integrated in order to improve outcomes for individuals, families and communities? What tensions exist between place shaping and personalisation, and how are these being managed locally?

The IDeA commissioned the Office for Public Management (OPM) to explore the developmental and service delivery links between the place shaping role of local government as set out in the

Local Government White Paper 'Strong and Prosperous Communities' (2006) and the health and well being ambitions of 'Our health, Our Care, Our Say,' (2006). The project aimed to identify the key issues for local authorities in making the connections between engagement, Local Area Agreements (LAAs) and community strategies and in identifying how these different mechanisms could join together to produce better outcomes for service users and citizens. The project also aimed to set out a clear and compelling narrative that sets the direction for adult social care services in the future.

The project steering group included representatives from a range of partner organisations. A full list of members is appended. The project involved interviews with four local authorities, exploring their perceptions of the practical links being made locally between the place shaping and personalisation agendas.

---

## introduction

This brief paper sets out the findings and conclusions of the project, and sets a direction for a more integrated future approach that will improve outcomes for both individuals and communities.

The paper includes:

- a brief overview of the policy background
- a description of our approach
- a picture of a healthy, strong and prosperous community
- observations and lessons from the current picture
- future levers for integration
- concluding comments

## background

A number of common principles and themes underpin recent policy, including the local government White Paper, Our Health, Our Care, Our Say, and more recently, Putting People First, as well as the Lyons review, changes to children's services, health reform and the Comprehensive Spending Review (CSR) 2007, including:

- Efficiency
- Commissioning
- Personalisation and choice
- Co-production with users and citizens
- Devolved decision making and neighbourhood working
- Sustainability

- Joint place shaping, strategy planning and delivery with public, private and voluntary sector partners, especially through the Sustainable Communities Strategy (SCS) and the Local Area Agreement (LAA)
- Increased scrutiny of partnerships
- Improved collaboration across local authority boundaries

While Strong and Prosperous Communities focuses primarily on building the notion of 'place', Our Health, Our Care, Our Say, is about 'people'. The relationship between the two policy strands is not always well understood or articulated. This means that in many authorities, the opportunities offered by the place

shaping agenda, as well as by LAAs are not being fully exploited for the benefit of specific groups such as older people, or people with learning disabilities. In its analysis of the first round of Comprehensive Performance Assessment (CPA) corporate assessment inspections, for example, the Audit Commission found little evidence that councils were viewing older people as anything other than a social care responsibility. Very few councils were considering their role in helping to create communities in which all citizens can thrive, and in which their positive contribution is valued.

## about this project

The project consisted of an initial workshop with the steering group, to explore what a strong, healthy and prosperous community might look like (see box, below), and to agree the key questions that the project would seek to answer. Four local authorities of different organisational types, and in different areas were selected with advice from steering group members. The IDeA carried out initial scoping meetings with either the Director of Adult Social Services (DASS) or the Chief Executive of the four sites, while OPM then carried out follow-up telephone interviews with a small number of relevant individuals in each site. The sample included lead officers for the LSP, Directors of Public Health, a DASS and senior officers in adult social care and with responsibility for aspects of the LAA.

The four sites were:

- London Borough of Hammersmith and Fulham
- Hartlepool Borough Council
- Liverpool City Council
- Suffolk County Council.

A brief overview of each authority is appended.

The approach was exploratory, and aimed to create a snapshot of the challenges and dilemmas facing local authorities, as well as to highlight examples of interesting practice. The project did not seek to build a comprehensive or representative picture.

Discussions with interviewees explored the following questions:

- What connections are local authorities and their partners

making between the place shaping and personalisation agendas?

- What are they doing locally to make this work?
- What helps in delivering a more integrated approach?
- What are the barriers?
- What role is being played by engagement with citizens and service users?
- To what extent is the Sustainable Communities Strategy acting as a lever for change?
- What lessons would be useful for others?

Section 4 sets out our findings in each of these areas. This section is illustrated by quotations from interviewees.

## communities – healthy, strong and prosperous

---

what factors contribute to a healthy,  
strong and prosperous community?  
a vision for the future...

**The steering group's outcome-focused vision for a healthy, strong and prosperous community is set out below:**

**travel:** We can travel comfortably and safely. Car use has declined and everyone benefits from easy walking, cycling and public transport.

**environment:** The physical environment allows easy access for all. We live in a clean, safe and cared for place. There are more children playing outside. We are proud of where we live.

**safe and inclusive community:** There are conversations and understanding between communities and groups. Many people work as volunteers in the community. People with learning disabilities have families of their own, and are well supported. People feel engaged and encouraged to

engage. There is a local sense of local community – across generations, ethnicity and gender. Older people not socially excluded.

**feeling valued:** People with learning disabilities live well in the community and participate fully. Carers are listened to. We value the contribution and experience of older people and young people. Disabled people are fully included. Our different contributions are valued. We feel we have a place.

**jobs:** It is normal for everyone to be in meaningful daytime occupation. There are jobs in the local community. There is an enterprise culture and small businesses flourish.

**having a voice:** I know who my local ward councillor is and they take into account what I say. Local people run the community and feel they own it.

I can influence my local health services and what I get. I feel that people listen and act on my concerns.

**information:** Information is easily accessible. Everyone is able to find the information they need on the services and opportunities that are available.

**services:** There are greater facilities for everyone. Schools and public services open for out of hours activities. All people have equal access to services. There has been a shift of resources from hospital to primary care/neighbourhood care. People are taking more responsibility for keeping well, and if they have health problems, they work closely with health professionals to manage their condition.

## communities – healthy, strong and prosperous

---

### the current picture – lessons and observations

‘The place shaping agenda is about communities developing identities and feeling strong and sustainable. That is only achievable if individuals feel influential and able to contribute.’  
(DASS)

#### making the connections

Amongst the four local authorities, the potential connections between place shaping and personalisation were well understood and in most cases clearly articulated. Both issues were seen as being fundamentally about empowerment, in the case of place shaping on a macro, community level, and in the case of personalisation with a focus on the individual. As the quotation above illustrates, strong, empowered communities are only possible if their members have a voice and are able to make a contribution.

A possible tension was identified between the need to make services as accessible as possible for all, while at the same time tailoring responses to individual needs and aspirations. The example below shows how these two imperatives might connect.

#### local example

Hartlepool’s public health strategy has focused on developing universal services that reflect the views of local people and are as accessible as possible, at the same time as acknowledging that some individuals have more intensive need that requires a personalised approach.



For example, as well as providing a wide range of locally based health promotion activities, Hartlepool also offers a health trainer service. Health trainers provide intensive support to people who might find it more difficult to make use of mainstream, universal services. The trainer works with the individual to help them develop an action plan which will address their needs and link them into mainstream services. The health trainer might even go with the person to a clinic appointment, or to encourage the individual to implement their plan.

# communities – healthy, strong and prosperous

---

## the current picture – lessons and observations

It's about enabling people to feel in control of their life, and inclusion, participation and personalisation are very much related to that.'  
(DASS)

### making it work locally

Devolving power to local citizens at a neighbourhood level is seen to be a significant way of empowering both communities and individuals. For senior officers, showing leadership in helping staff to make sense of a complex policy environment is important. Creating opportunities to promote a whole system view that makes the connections between different services and agendas can be helpful. In terms of partnership working, proactively seeking opportunities to join up with partners, for example on public health issues, demonstrates that concerns are shared, and that creative responses can be jointly delivered.

### local example

In Liverpool, Neighbourhood Area Agreements have been developed on the basis of wide consultation, and summarise key priorities and actions which enable the Council and its partners to be held to account by local people through the new District Committee mechanisms. Four Neighbourhood Partnership Working Groups per area reflect the former LAA blocks and are lively forums

for involving people and partners at a local level in defining key issues and monitoring progress. These mechanisms are succeeding in:

- improving services on the ground, via faster, better joined up responses
- enabling people to have real influence over the decisions that affect their lives



# communities – healthy, strong and prosperous

---

## the current picture – lessons and observations

‘We are trying to understand what the challenges are as a city, not just a council, and that makes a great difference. The responsibility has come further down to neighbourhood level and that has made a huge change in trying to understand what is needed on the ground. Elected members have also tried to understand the agenda and that again makes a big difference for the success of delivering localised solutions.’ (LSP Director)

### what helps?

An approach that focuses on empowerment at both community and individual levels depends on strong partnerships to make it a reality. Partnership with the local community, and with the voluntary and community sectors is an important part of the picture. Strong strategic leadership is also required, within partner agencies, and within the local authority, both from officers and members. It is also important to ensure that the key principles behind both the place shaping and personalisation agendas are reflected in all local plans, so that the approach is embedded in local priorities. Seeking inspiration from elsewhere was highlighted as a way of developing a more integrated approach, by learning from others

about the ways of working that had helped them. In the example below, the LAA has been a catalyst in creating a more integrated approach

### local example

In Hammersmith and Fulham, the LAA has been a useful tool in building a shared agenda. It has acted as a vehicle for conversations with a range of partners including the Council, the PCT, the Fire Service, the police and the voluntary and community sectors. The LAA has genuinely been developed in partnership and the indicators put forward are those which would most benefit from a partnership approach. The process of agreeing the LAA has supported partner agencies in making the connections, and in helping to improve the wellbeing of all local people. The partnership has learned

from the experience of developing the LAA in round 1 and the process for developing the LAA has been much stronger this time.



## communities – healthy, strong and prosperous

---

### the current picture – lessons and observations

‘The art of balancing local and national priorities is tricky. How do you get people away from looking at hierarchy in strategies?’  
(Head of Service Development – Health)

‘Sometimes there have been conflicting agendas (between council and PCT) and sometimes the politics have been very difficult to handle.’ (Director of Public Health)

#### **barriers**

Many of the barriers to an integrated approach are generic, and affect partnership working in any context. For example, the relationship between local, countywide and national priorities is not always clear, and can cause confusion when shaping local services. In addition, some strategy or policy documents are perceived as having more relevance to some key partners than to others, with staff in adult social care, for example, looking to Department of Health policies such as Our Health, Our Care, Our Say, while sometimes remaining less aware of other policy strands that affect their work.

Tensions between partner agencies also influence the extent to which

local authorities can deliver an integrated approach to place shaping and personalisation. The perceived NHS focus on issues such as acute reconfiguration and service reorganisation was noted as a particular difficulty, while engaging with a diverse voluntary and community sector is also a challenge for many. In addition, the restructuring of partnership arrangements for children’s services has had an impact on the structures for adults, and new arrangements for adults, too, are being established. The time required to build and sustain well-functioning partnerships can delay progress.

Pooling resources helps to support the development of a whole system view, but this remains problematic for many.

Scrutiny can be both a facilitating factor and a barrier, depending on its perceived effectiveness. While a broad based approach that addresses health and wellbeing can be helpful in endorsing a whole system view, a narrow interpretation of the role, for example with a focus on the detail of service change, can drive activity in the opposite direction,

## communities – healthy, strong and prosperous

---

### the current picture – lessons and observations

‘We are trying to use it (Sustainable Communities Strategy – SCS) as the main driver for the 20 years vision, particular for partnership working and for LSP to plan for local implementation.’ (Head of Service Development, Health).

‘The SCS is the driver and glue to deliver devolution agenda’ (DASS)

#### **engaging citizens and service users**

All four authorities were able to point to numerous examples in which engagement with citizens and service users had led to change, at both strategic and service levels. For example, engagement with local people has refocused the themes included in Suffolk’s community strategy. Involvement in the Better Government for Older People (BGOV) programme has raised the profile of older and disabled people in the London Borough of Hammersmith and Fulham and has facilitated older and disabled people in contributing to the approach taken to prevention.

Also in Suffolk, citizens and service users have been involved in allocating resources, for example as part of the Supporting People programme. In addition, there was evidence of a growing willingness on the part of local authorities to adopt what one interviewee referred to as a ‘braver approach’, in which local people set the agenda for the conversation, rather than using more limited consultation techniques. As the role of neighbourhoods grows in importance, engagement processes in some authorities are becoming ever more localised. In Hartlepool, for example, neighbourhood forums

contributed to the development of the local public health strategy.

#### **role of the sustainable community strategy in joining up agendas**

The SCS is an important unifying and overarching document, and provides a useful starting point. It is starting to be seen not only as a lever for engagement with partners and with local people, but also as a driver for greater devolution of power to a neighbourhood level.

## communities – healthy, strong and prosperous

---

### the current picture – lessons and observations

'Trust, support and understanding each other's agendas is key.'  
(Director of Public Health)

#### wider lessons

Once again, the lessons highlighted by the project relate equally to partnership working more generally, as well as to the specific challenges of bringing together and making sense of the place shaping and personalisation agendas. A strong culture of partnership working is important, with joint structures and strong engagement. Partnerships need to be based on clear communication and good relationships between key players. Leadership from senior officers,

within partner agencies and from members is also essential. A key component of leadership is knowing when to hand back power to the community.



While this project has not attempted to build a comprehensive picture, it has highlighted a number of key themes, as set out in the previous section. The place of personalisation, and the aspirations of Our Health, Our Care, Our Say, within the broader context of community empowerment and place shaping was clearly articulated by many. However, it is not yet clear to what extent this clarity of understanding is replicated at all levels, and within partner agencies. For example, within the NHS, public health is well engaged, but for PCTs, there may be tensions between an approach that seeks to influence through collaboration and partnerships and one that operates

primarily through contracts and commissioning. Even within public health, there are some perceived challenges in reconciling a broad population-based view, which aims to increase the accessibility of services for all groups in the community, with a highly individualised, tailored approach.

However, the thread that connects these various different professional and organisational perspectives is represented by broad themes and aspirations such as social inclusion, tackling health inequalities, and the empowerment of individuals, families and communities.



### future levers for integration

A number of structures and processes are already in place that will contribute towards the development of an approach in which connections are made in order to improve outcomes. Others have been announced, or are under development. Levers for integration include:

- Local Area Agreements
- Comprehensive Area Assessment
- Joint Strategic Needs Assessment
- Strong partnership/whole system approaches, including:
  - through the LSP, and
  - greater integration with health, both in delivering services, and at a strategic level, for example through Health and Wellbeing Partnerships
- The prevention agenda – particularly as a way of engaging NHS partners
- The agenda set out in Lifetime Homes, Lifetime Neighbourhoods. Lifetime Homes in Lifetime Neighbourhoods strategy sets out the government response to challenge of an ageing of the population. The strategy outlines plans to ensure that there is enough appropriate housing available in future to relieve the forecasted pressures on housing, health and social care services.
- The move towards regional improvement through regional Joint Improvement Partnerships and Regional Improvement and Efficiency Partnerships (RIEPs)
- Leadership – both managerial and political
- Building capacity and confidence at a local level through user-led organisations, citizen leadership and experts by experience
- Engagement with citizens and service users, including through LINks, and making connections with the scrutiny process, as well as through developments such as participatory budgeting.
- The Independent Living Strategy, placing a strong emphasis on participation by disabled people, and on improving access to public services in order to maximise the contribution disabled people are able to make.

### conclusions

‘They [the personalisation and place shaping agendas] do connect, and they can each support each other as they both have the same overall aim. ‘Our Health’ takes it from a personal view and ‘Strong and Prosperous Communities’ takes it from a community view. One of the main bits of glue is the wellbeing agenda, social relationships and the opportunity to fulfill your potential in terms of job and education. When you are doing that, you will create a community that works.’

(Head of Service Development, Health)

Place shaping and personalisation represent two expressions of the same shift – the devolution of responsibility to neighbourhoods and to individuals. The unlocking of potential within individuals and communities acts as a unifying theme. As many of our interviewees noted, if individuals are empowered to contribute, and to take greater responsibility for their own health and wellbeing, communities, too, will become stronger, more sustainable, and closer to the ideal described earlier in this paper.

While, as yet, the connections are being made primarily by staff at a senior level, many levers exist to build a more integrated approach that enable people to have greater control and influence over shaping their lives and the communities in which they live.



- Suffolk County Council covers an area of approximately 3,800 square kilometres, and has a population of around 702,000. The county is a two tier area, and includes seven district councils, and 419 parish and town councils.
- Suffolk is largely a rural county, with the majority of people living in villages and small market towns. There are three major towns. Ipswich is the administrative focus of the county, Bury St Edmunds serves the western part of the county and Lowestoft is the major centre in the north.
- There are areas of prosperity but the gross weekly earnings are lower than regional and national averages. Employment opportunities are similarly varied.
- Suffolk has seen a decline in traditional industries such as agriculture and fisheries, towards service industries – with financial and insurance sectors developing in Ipswich.
- The DASS function is held by the Director of Adults and Communities, whose role covers
  - culture, information, inclusion and learning
  - independence and wellbeing
  - service access and partnerships
- The LSP, the Suffolk Strategic Partnership, works alongside the six LSPs that operate at a local level.
- Suffolk County Council's Adult and Community Services Directorate has adopted an outcome based approach to developing services, mirrored within an Adults Plan, which reflects the shared objectives across health and care, and which is owned by a multi-agency partnership. The Plan has started to provide a framework for consistency across organizations, and a way of building connections between different agendas.

- Liverpool City Council has a population of over 450,000. Black and Minority Ethnic communities make up 3.7 per cent of the population. The city has a high concentration of deprivation.
- Liverpool has experienced a long period of decline with corresponding significant population loss and low demand for housing. The city's economy, however, has a number of strengths with 209,000, or 40 per cent, of the jobs available in Merseyside.
- Unemployment has been steadily falling and currently stands at four per cent, which remains higher than the national average. The city has undergone considerable regeneration and this year celebrates being the European Capital of Culture 2008.
- The DASS function forms part of the responsibility of the Executive Director of Community Services. This role includes:
  - adult health and social care
  - adult and community learning
  - community safety
  - housing and neighbourhoods
- The LSP, Liverpool First, includes a subgroup on broad health issues, Liverpool First for Health.
- Liverpool City Council's strong emphasis on neighbourhood working is reinforcing the connections between community leadership and personalisation agendas. Neighbourhood area agreements are in place, acting as a link between city wide and local priorities.

### london borough of hammersmith and fulham

- Hammersmith and Fulham is the fourth smallest inner London borough in terms of both area (6.34 square miles) and population (171,400). The borough's residents are characterised by high population density, ethnic diversity, high mobility, and a very wide range of economic circumstances.
- The borough has the fourth highest population density in London, and in addition, the population is growing and is expected to rise to 212,000 by 2021.
- The proportion of young people in the borough is comparatively high. Nearly half the population is aged between 17 and 39.
- Mobility is also high, with half the households having lived at their current address for less than six years.
- The borough has a very diverse population – one in four residents are of Black or Asian origin, and around six per cent are Irish; about 136 languages are spoken in the borough's schools.
- The DASS function is part of the portfolio of the Director of Community Services, who has responsibility for:
  - housing
  - adult social care
  - community safety
  - community liaison
  - regeneration
  - adult education
- The Director of Public Health is a joint appointment between the PCT and the council.
- Partnership structures are organised in line with the four former LAA blocks, and a Strategic Service Partnership for Healthy Communities and Older People is in place.
- An example of where place shaping and personalisation connect is the 10 year old corporate Better Government programme (BGOV), which began as Better Government for Older People and now includes younger disabled people. This is located within community services and has been joint with health. As well as changing the profile of older people within the borough, the programme has also established a programme for over 50's, including preventative programmes.

- Hartlepool has a population of 90,000, 1.2% of whom are from Black and Minority Ethnic communities. Deprivation and health inequalities are a major challenge, with death rates varying by ten years between more affluent and deprived areas of the borough.
- Hartlepool is a small, but complex authority. An elected mayor is in place, together with a multi party cabinet.
- The Director of Adult Services has a broad role, which includes:
  - adult education
  - libraries
  - museums and heritage
  - parks and countryside
  - sports and recreation
  - strategic arts and events
- The Director of Public Health and Wellbeing is a joint appointment between the primary care trust and the local authority.
- Hartlepool is a pilot site for a number of initiatives, including In Control, the IDeA's Healthier Communities project, and connected care. All these pilot initiatives share a strong focus on working at a neighbourhood level, and on tailored local solutions.
- The strategic development of services is led by the Health and Wellbeing Partnership which is responsible for the development and delivery of the LAA. Joint outcomes for health and social care services are in place, and there is also a public health strategy, which was developed with the involvement of all partners, and with local people.
- Hartlepool's scrutiny function has also made a positive contribution by adopting a broad, whole system view of health that goes beyond the scrutiny of NHS services. For example, the committee has been actively engaged in a range of health issues, including alcohol, drug treatment, and primary care access.

steering group members

Janet Walden Department of Health (DH)

David Monk Symmetrics

Anne Williams Association of Directors Adult Social Services (ADASS)

Simon Williams ADASS

Jo Webber NHS Confederation

David Ellis Social Care Institute for Excellence's (SCIE)

Anne McDonald Local Government Association (LGA)

Matthew Hibberd LGA

Carolyn Denne Commission for Social Care Inspection (CSCI)

Carl Petrokofsky DH

Zoe Porter DH

Ben Morrin DH

Andrew Larter DH

Duncan Tree Community Services Volunteers (CSV)

Improvement and Development Agency

Layden House

76–86 Turnmill Street

London EC1M 5LG

t: 020 7296 6600

f: 020 7296 6666



The Local Government Association is the national voice for more than 500 local authorities in England and Wales. The LGA group comprises the LGA and four partner organisations which work together to support, promote and improve local government.



author: Jane Carrier

July 2008 IDT 2618