

# Collaborative Communities: trust-based commissioning webinar series

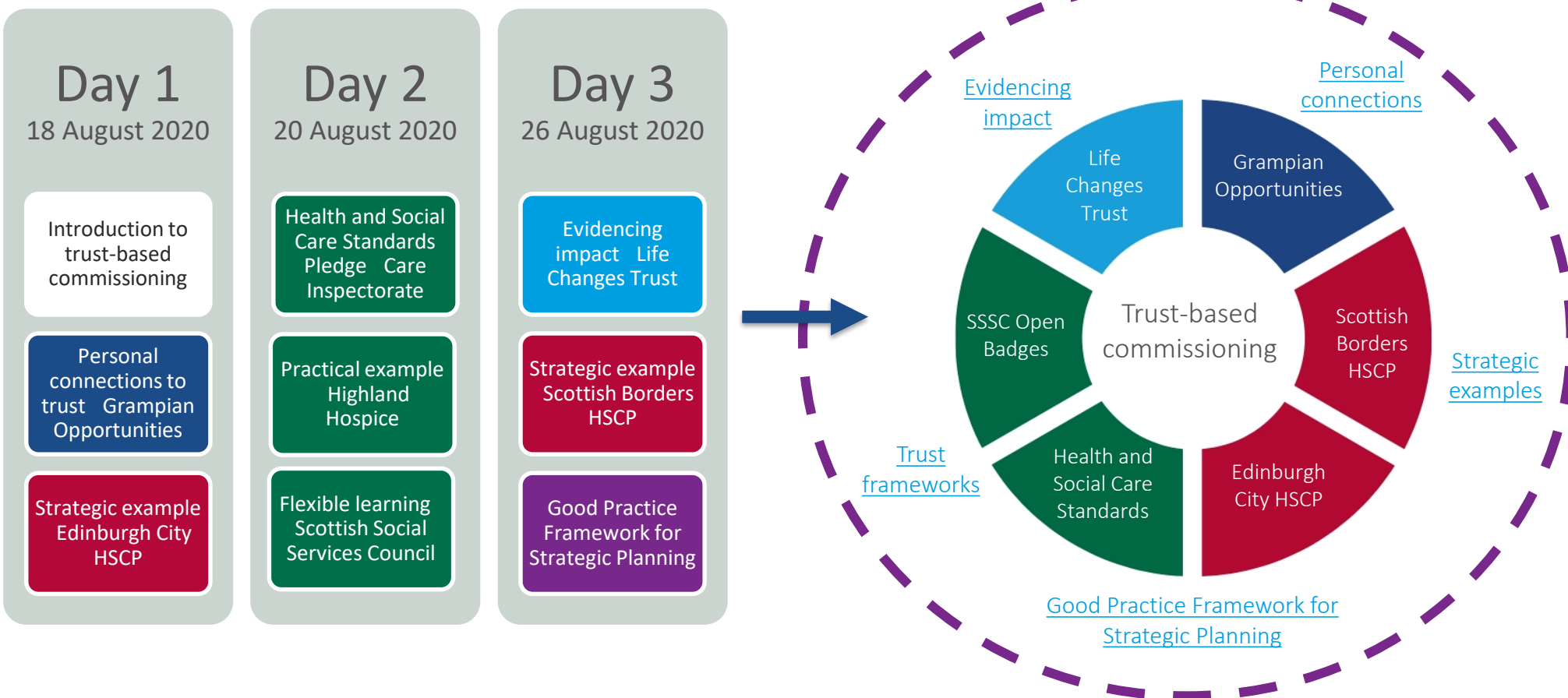
A series of online presentations and discussions exploring different elements of trust based commissioning



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This series of three webinars aimed to build a picture of the different elements that can support trust-based commissioning providing practical examples and tools.



# Collaborative Communities: trust-based commissioning webinar series

Setting the scene and background for trust based commissioning



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**“The trust we have  
in people and in  
organizations  
comes, in part, from  
believing that they  
do care.”**

- Stephen M.R. Covey, The Speed of Trust: The One  
Thing that Changes Everything

#HawaiiBBB

This webinar series emerged from reflections throughout the initial wave of COVID-19 in Scotland where **trust** was cited as a key enabler of quick responses to wellbeing needs within communities. We wanted to explore how this might influence approaches to commissioning health and social care services more widely – both in terms of traditionally commissioned services and also the vast array of small scale community responses which came to the fore during the early stages of COVID-19 lockdown.

Where commissioning has normally drawn on evidence of compliance to contracts and regulation, the small community responses sitting outwith these spheres present a challenge which is well captured in the words of Stephen Covey – **do we believe fundamentally ‘that they care’?**

## Before COVID-19

There was work being done exploring a number of different ways of supporting health and wellbeing in communities – place-based models were emerging in places such as Boleskin and Braemar. Many health and social care partnerships (HSCPs) were exploring how these models could help provide more sustainable and person-centred care and positively impact on delivering Self-directed Support by having a much wider market of options for people to draw on to support their wellbeing and meet their care needs.

## During COVID-19

So much was achieved by community groups in responding to COVID-19. This was predominantly managed either without public sector funding or was resourced through grant funding from Scottish Government distributed through community anchor organisations. This funding resource was distributed with minimal bureaucracy and relied on pre-existing trust-based relationships – providing confidence that community groups could do what would best help people stay safe and well at home – there was a belief **‘that they care’!**

So, what have we learned from these experiences that can be used to help cope with a second wave of COVID-19 or indeed to shape a health and social care system for the future?

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Developing personal connections: Trust needs to be underpinned by good relationships



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*“Don’t trust blindly but with an open mind”*

Linda Singer from [Grampian Opportunities](https://www.grampianopportunities.org/) provided some personal reflections on what having trust in working relationships means, posing some important questions such as:

“Why is it that when you work in the same organisation as people, they almost implicitly trust you, move to another organisation and suddenly everything has to be ‘proved’?”

Linda also highlighted her experience of services which were integral to people living their lives independently but which sat outside the regulatory space (not registerable with the Care Inspectorate). This resulted in the local social work teams not being able to commission them (for example, a volunteer-based transport service). This was a loss for everyone and is a scenario that resonated with many attending this session.

## Key learning

- Personal connections also need to be reflected in organisational relationships.
- Trust in yourself and trust in your colleagues.
- It is important to develop relationships with providers in a way that enables commissioners to get a true understanding of the service.



Grampian Opportunities build trust into their way of working, supporting people with long term conditions as they take control of their own lives. Their approach is to support the development of relationships and encourage people to be actively involved in their community.

*“Always deliver what you say you will deliver”*

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Strategic approaches: Examples of how HSCPs have developed trust with communities



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## Thrive - Edinburgh City Health and Social Care Partnership

[Thrive](#) is about improving the mental health and wellbeing of all citizens in Edinburgh. It is also changing the culture of planning and commissioning to support local solutions.

Thrive is part of a £20m spend for the HSCP which is using data and research, in combination with citizen participation to establish upstream, preventative services.

Engagement and participation is at the foundation of this approach. The team use a wide range of methods to speak with people, from online surveys and focus groups to storytelling and photo journaling.

### Key elements

- The [Edinburgh Pact](#) which is seeking to create a different relationship between the citizens and the HSCP.
- Building trust and relationships with non commissioned services.
- Collaboration with procurement to develop an approach which resulted in partnership working for delivery.
- Moving to longer term contracts.



Edinburgh Health and  
Social Care Partnership



*“If you want trust based relationships at service delivery level then this needs to be mirrored in relationships with providers”*

## What Matters - Scottish Borders Health and Social Care Partnership

The drivers for change in Scottish Borders include:

- the limitation of market
- community support models locally that are valued by people
- positivity about our alignment with community partnership models elsewhere
- strengthened existing and new partnerships through COVID-19 work, and
- realignment of commissioned services to what communities need.

Scottish Borders HSCP are taking a [Community-Led Support](#) approach to reshaping their services. This is underpinned by an enabling culture with the HSCP listening to what community needs are and working with local people to meet those needs. The HSCP have been keen to build on existing community assets.

### Key elements

- Establishing [What Matters Hubs](#) and pop ups to start conversations with people about their health and care needs.
- Light touch governance.
- Strong and active engagement with non statutory services.
- Providing flexible funding to community councils.



Scottish Borders  
Health and Social Care  
PARTNERSHIP



*“We stopped GDPR becoming a barrier. Issues normally arise when data is not shared”*

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Trust frameworks: Examples of how to balance trust with quality assurance



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## Care Inspectorate - [Health and Social Care Standards](#) Pledge



The Health and Social Care Standards were developed to support a shift towards a rights-based approach, with an emphasis on compassion, relationships and trust. These are all essential ingredients for good care to happen.

There is an explicit aim that these standards are not exclusively to guide inspections on regulated services but are standards that are relevant across all services and places where care is provided.

The Care Inspectorate launched a 'Voluntary Pledge' through which services, from lunch clubs to volunteer visiting, can pledge themselves to upholding the standards. Such a pledge can act as a way of demonstrating quality of unregistered services and building trust with HSCPs.

### Key elements

- It is voluntary.
- Based on self assessment.
- Outcome focussed.



**"Trust is equal parts character and competence... You can look at any leadership failure, and it's always a failure of one or the other."**

- Stephen M. R. Covey  
Speed of Trust

## Example - Highland Hospice

Highland Hospice worked in partnership with Highland Homecarers to augment the paid caring role with high quality, community based volunteer support. The use of the Standards Pledge was one aspect that helped demonstrate the quality of care volunteers provide and therefore integrate the paid and unpaid roles. This meant that there was greater overall capacity to meet caring needs during the tightest restrictions of COVID-19.

This part of the session raised the interesting question as to how commissioners could better utilise a 'whole system' of support and care which combines paid and unpaid care which is regulated and unregulated respectively. This proposition could indeed see much better value for the public pound

## Scottish Social Services Council - Flexible Learning



The SSSC have developed a range of flexible learning tools as part of their strategic priority to support a workforce that can provide new and innovative services.

Within communities there is a continuum of workforce: From sole traders who may not view themselves as part of the workforce, volunteers supporting people, to paid carers carrying out specific tasks.

Training needs to be flexible in a way that can support movement along this continuum. [Open Badges](#) are one of the examples of a way of evidencing learning and experience that is flexible and proportional to different needs.

### Key elements

- Very specific Open Badges allow a focus on supporting the work a person actually does.
- They are based on reflective practice and are therefore resource light and can be done while working.
- There is an opportunity to use the Open Badge system to underpin a relationship with commissioners. By agreeing a minimum, specified set of Open Badges for staff to complete, commissioners could have more trust in an organisation or cooperative with regards to quality assurance.



## Life Changes Trust

[Life Changes Trust](#) are a funding organisation that emphasise the importance of meaningful evaluation as a way of influencing decisions. Using the example of a piece of work around dementia, they described good practice evaluation that is grounded in co-production and partnership.

### Key elements

- Evaluation against a highly strategic approach that has been developed from the grassroots up.
- Evaluation from day 1 of webinars series – self evaluation and independent evaluation, where proportionate.
- Evaluation of outcomes for people with dementia and unpaid carers of people with dementia.
- Evaluation of growth in organisations – capacity and confidence.
- Evaluation of partnership working and its results.
- Ongoing support for those who struggle with evaluation.







## ihub Good Practice Framework for Strategic Planning

The [Good Practice Framework](#) is a response to the changing environment of strategic planning. It is now done in a more collaborative way and within complex systems. The framework aims to outline the key aspects of these systems and support people to navigate them. For trust based commissioning, the key aspects are analyse, plan and deliver.

The Good Practice Framework for Strategic Planning is a tool that allows planners to develop a full picture of their system, while giving opportunity to explore particular areas.



The Good Practice Framework includes a self assessment tool to support planners in identifying areas of focus or activity.

### Key questions for planners

- Do you have the information you need?
- Does this include information on non registered services, small community organisations and self organised groups?
- Have you thought about the ripple effects of any changes impacting other parts of the system?
- Is delivery different?
- Are you supporting diverse flexible services through market facilitation?