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Collaborative Communities
Catalyst for Change series

Community-led models:
Innovation in health and social care

Learning from new approaches in Scotland and the UK

Spring 2021

> "Evidence […] demonstrates that some new approaches – characterised by collaboration between organisations and partnerships with people and communities –are making a real difference and can provide positive models for the future."
>
> *Dr. Campbell Christie, Commission on the future delivery of public services, 2011*

Strength in community
What have we observed?

Increased Access

Access to services was increased in many sites through decreased waiting times and low-barrier entry points for care (including community hubs)

Person-centred design

Different approaches highlight person-centred care through increased flexibility for support, personal goal-setting, and improved care-coordination.

Preventing negative outcomes

Many approaches enabled effective prevention of disease or ill health in communities.

Resource Efficiency

Examples of cost savings were observed, including through reductions in unscheduled care and statutory services, and by preventing negative outcomes

Empowerment

People are empowered individually through greater control over their care and collectively via increased involvement of community groups

Purpose

Purpose of this report:

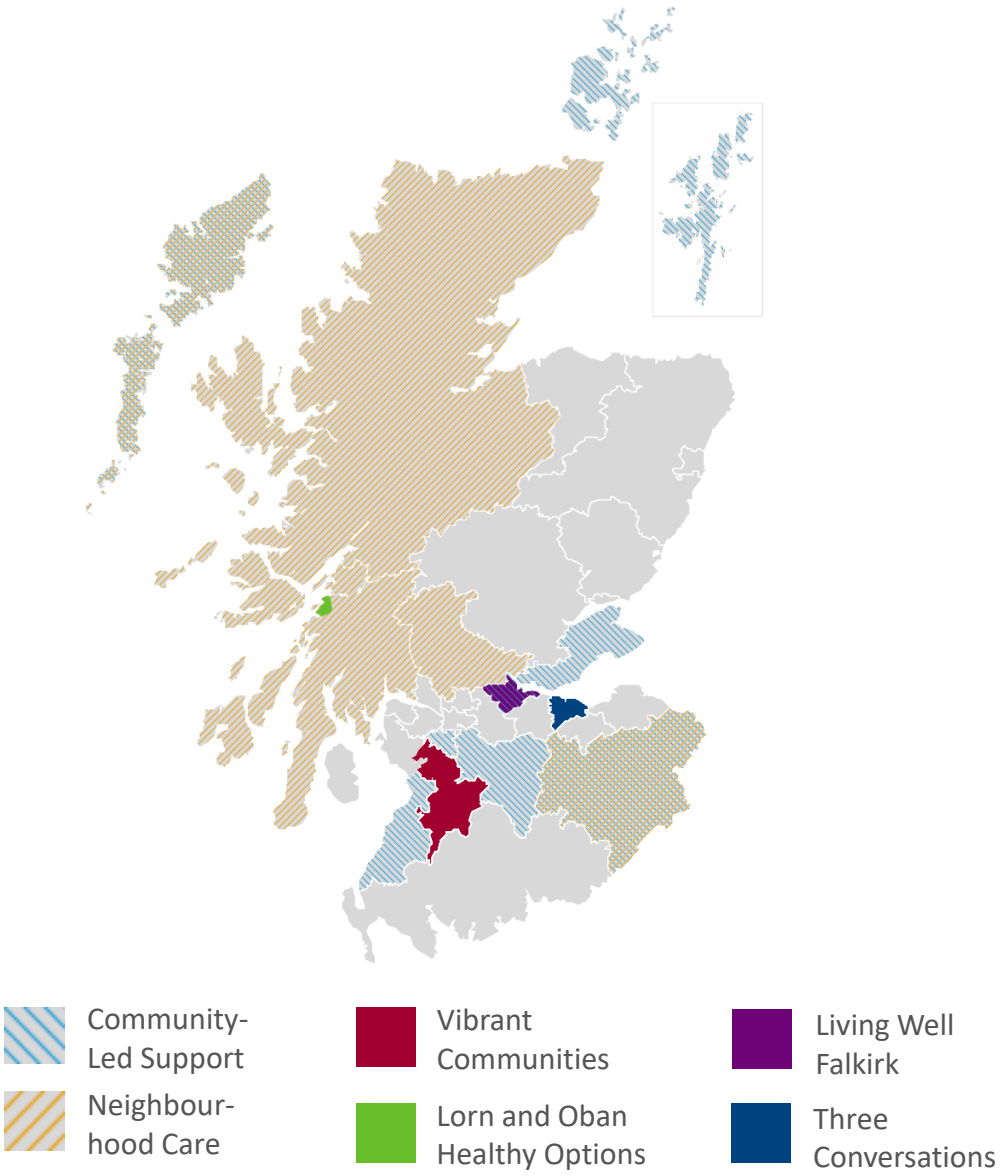
This report shares learning from innovative approaches to community-led health and social care provision with a focus on the Scottish experience. Examples are highlighted at the level of Health and Social Care Partnerships (HSCPs), local councils, and third sector organisations. Scottish Government commissioned this report which will be useful for those aiming to work differently in their own locality or to learn about possibilities for integrating community alongside health and social care. The report is structured according to the following sections:

What do we mean by "community-led"?

We refer to "community-led" approaches as those that leverage community assets (such as community groups) within health and social care provision, and those that work differently to empower people to improve community wellbeing. The approaches outlined here are diverse but reflect common elements of service design, and common enablers and barriers (see pages 19-20). These ways of working are not mutually exclusive (see right).

Methods:

Learning shared in this report was drawn from informal interviews with local leaders and available publications, including both pre-COVID-19 and current perspectives. The purpose of this report is not to evaluate different approaches, however we do provide examples of reported impact to showcase key findings.



Community-led approaches in Scotland. Examples described here do not reflect every locality offering community-led health and social care.

Background and context

Why act now?

Important advances have been made since the 2011 Christie Commission on the Future of Public Services, but challenges remain in providing sustainable, person-centred health and social care amidst increasing demand. COVID-19 has dramatically changed practices in service provision and will continue to place immense pressure on services in the future. During this same period, community action has provided crucial and diverse means of support for people in need.

In light of this context and existing policy that mandates more involvement of community groups, more choice for those receiving social care, and more flexibility in primary care delivery, there is an opportunity to build back better with these principles in mind.

Ongoing research and evaluation

A recent systematic review (Haldane et al., 2019) examined studies of community participation in health service development, implementation, and evaluation. The authors found that community involvement has a positive impact on health, particularly when supported by strong organisational and community processes. The Institute for Research and Innovation in Social Services (IRISS) also carried out an evidence review in 2018 to investigate the contribution of community-led approaches in social care and support to human rights and equalities outcomes. Findings indicated a lack of practice-based evidence and a need for more measurement of the impact resulting from these interventions. However, the authors noted that an absence of evidence does not necessarily indicate an absence of impact, but 'speaks to' difficulty associated with identifying and measuring 'soft' outcomes in diverse interventions. Where publically available, evaluation reports devoted to specific approaches have been linked in the following pages. Additional resources have also been linked on page 21.

2011

Christie Commission on the Future of Public Services

This commission, which outlined a need for radical change in the design of public services, highlighted collaboration between organisations and with communities as an opportunity for improved outcomes.

2013

The Social Care (Self-directed Support) (Scotland) Act

Self-directed support (SDS) aligns with community-led health and social care as it enables alternative support options and reflects a change in power dynamics with individuals receiving care.

2014

The Public Bodies (Joint Working) (Scotland) Act

This act, which resulted in the formation of integration authorities, represented a push for collaboration in health and social care, which is further embodied in approaches outlined here.

2015

Community Empowerment (Scotland) Act

This act enabled community groups to take greater responsibility in management of local resources, an approach also modelled in many approaches outlined here.

2018

Scottish General Medical Services Contract (2018)

This contract increased responsibility for multi-disciplinary teams, and the increased involvement of physiotherapy services, community mental health services, community link workers, and others in primary care.

2021

Independent Review of Adult Social Care

This review highlighted shortcomings in implementing SDS and emphasised a renewed focus on rights-based, people-powered ways of working in adult social care.

We outline key examples focussing on the Scottish context*:

1. Community-Led Support
A model for health and social care Implemented in 27 sites across Scotland, England and Wales

2. Neighbourhood Care
An approach inspired by the success of the Buurtzorg nursing care model in the Netherlands, trialled across several sites in Scotland

3. Vibrant Communities
A model for community wellbeing in East Ayrshire that supports people and community groups as local leaders

4. Lorn and Oban Healthy Options
A charity promoting community wellbeing through exercise, one-to-one support, and group activities in Lorn and Oban

5. Living Well Falkirk
An approach to social care and support in Falkirk promoting healthy, independent living

6. Three Conversations
An approach to health and social care structured around three distinct types of conversation, developed by Partners for Change

7. Wigan Deal
A new way of working, shaped by strengthening relationships between Wigan Council and its constituents. Wigan Council is located in Greater Manchester and offers an example external to Scotland.

Examples included in this report do not reflect an exhaustive list of approaches to community-led health and social care in Scotland. In cases where support is provided both locally and elsewhere in the UK (see Community-Led Support; Three Conversations), we focus primarily on learning from a Scottish context.

1. Community-Led Support

A model for health and social care Implemented in 27 sites across Scotland, England and Wales

"Don't call it a project, Don't even call it a Programme. It's really a principle-based, or value-based approach to cultural change"

-- Phil White
Partnership Facilitator, South Ayrshire HSCP

37.5%
Decrease in the social work waiting list (Scottish Borders)[1]

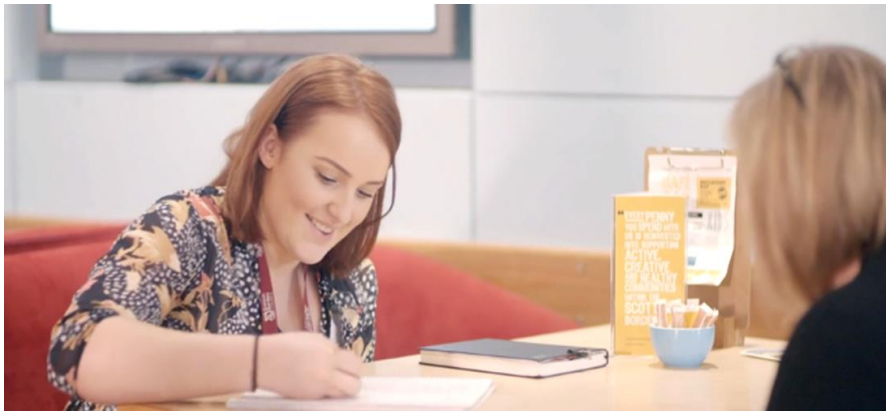
20%
Decrease in social work team caseload (Ayr South)[1]

107% (age 18-65), and **89%** (age 65+)
Greater instance of new clients receiving universal services or signposting.[2]

"People who have refused a service for years engage with CLS" *- a social worker involved in CLS delivery*

[1] see CLS in Scotland

[2] based on a comparison of CLS and non-CLS sites in England



Katie Waugh, Occupational Therapy Assistant, Scottish Borders HSCP, completing paperwork as part of CLS work.

What are the defining elements of the model?

Community-Led Support (CLS) is not prescriptive and may look different according to the setting in which it is implemented. All CLS sites adhere to the following principles:

- Coproduction brings people and organisations together around a shared vision
- There has to be a culture based on trust and empowerment
- There is a focus on communities and each will be different
- People are treated as equals, their strengths and gifts built on
- Bureaucracy is the absolute minimum it has to be
- People get good advice and information that helps avoid crises
- The system is responsive, proportionate and delivers good outcomes

Common aspects of CLS implementation include close working with third sector and community organisations in delivery of health and social care, hosting informal talking spaces that can act as an entry point for care, and focussing on person-specific outcomes when offering care. Each CLS site receives substantial bespoke support from the National Development Team for Inclusion (NDTI) to initiate and embed change at a local level.

What are the strengths and potential challenges?

Key strengths

- Adaptability – CLS is one of the most established models for community-led social care in the UK and has been adapted in many different locations.
- Evaluated impact – evaluation supports CLS as a successful way to enable positive outcomes for people and improve value for money in many contexts.

Potential Challenges

- Resources required for start-up – significant time and upfront resources are required for successful implementation

What are the enablers and barriers?

Enablers

Starting small: Starting with a small number of innovation sites, rather than changing the whole system at once, is likely to achieve better results. This allows time to understand local priorities and adapt the approach accordingly.

Dedicated staff for rollout: Dedicating staff members whose role is to help facilitate CLS rollout can result in better outcomes. The exact role of these staff members may vary (for example, Scottish Borders developed a community capacity-building team, whereas Falkirk employed community link workers, and Fife employed local area co-ordinators).

National and local leadership: Support from national organisations (such as NDTI and Healthcare Improvement Scotland) supported effective implementation. Local leadership, including visible senior leadership and natural leadership from community members and organisations was key. Senior leaders in the CLS model are said to be "guardians of the CLS flame," supporting the process but allowing it to be primarily led by the community.

Barriers

Resources: Significant time is required for the system-level change that CLS demands and there may be additional costs early on.

What's Next?

NDTI is continuing to support the development of CLS in sites across Scotland, England, and Wales. New sites are being actively welcomed to join the CLS network.

How has this model responded to COVID-19?

Learning from CLS in Scottish Borders suggests challenges as well as innovations that helped respond to the threat of COVID-19:

- Low-barrier entry points to CLS, termed "What Matters Hubs" had to close down as a result of the lockdown. Community assistance hubs, led by social work managers, were created instead. This prompted engagement with more partners from the NHS and third sector.
- A red/amber/green system was developed between services and clients to help address those most in need.
- Daily virtual meetings were set up with partners (later switched to three times per week), and people working in other sectors such as adult education helped support work where possible.
- New services were commissioned to help the most vulnerable, including telephone support and "garden gate visits".

This change in working allowed greater understanding for social care and NHS colleagues about shared client groups and areas of overlap. Future plans include reopening What Matters Hubs and working more closely with NHS and third sector partners identified during the COVID-19 response.

Eight key elements for successful CLS implementation, found as a result of evaluation of local sites in Scotland, England, and Wales.

More information on Community-Led Support is available on the National Development Team for Inclusion webpage, including specific information on work in Scottish Borders.

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2. Neighbourhood Care

An approach inspired by the success of the Buurtzorg nursing care model in the Netherlands, trialled across several sites in Scotland

"…the potential was you had an occupational therapist going in to do an assessment, followed by the district nurse […] followed by a carer who was going in to make tea and toast …"

- A staff participant on opportunities for improved integration

68% Of staff agreed that this model facilitated knowledge on how to best provide person-centred care

"We're respecting each other's roles better" *- a staff member involved in Neighbourhood Care in NHS Highland*

"The care that I got was much about the mental health as it was my physical health" *- a person supported in Argyll and Bute*

For more information, see the ihub Neighbourhood Care evaluation report.

What are the defining elements of the model?

The Neighbourhood Care approach is inspired by the Buurtzorg nursing care model developed in the Netherlands and adapted to the Scottish context. Support is provided across disciplines including nursing, social care, and allied healthcare, and team huddles are typically involved to improve care coordination. The ihub's Living Well in Communities programme supported implementation according to 5 principles developed in collaboration with health and social care organisations in Scotland:

- putting the person at the centre of the integrated holistic care, promoting wellbeing and independence
- building relationships with people to make informed decisions about their own care
- enabling person-centred care at the point of delivery
- small, self-organising, geographical-based teams
- professional autonomy

While the above principles grounded the implementation of this work, Neighbourhood Care has been applied in different ways depending on the local site. Neighbourhood care teams in Stirling, for example, work with a community reference group and a community link worker, and people can be referred to community activities including exercise groups. Others have expressed difficulty in integrating community resources amidst other commitments, including high caseloads for clinicians.

What are the strengths and weaknesses?

Key strengths

- Person-centred design – there is an emphasis on continued personal relationships. People are enabled to make more informed decisions about their care and self-management is promoted.
- Keeping people at home – People are supported to live independently and within their community.

Potential Challenges

- Local adaptation – adapting the model to local contexts in not always seamless due to cultural and logistical challenges.
- Integration – Challenges emerged when integrating health and social care teams made up of staff from different organisations.

What are the enablers and barriers?

Enablers

Co-location: While multidisciplinary teams were not co-located in every site (see bottom right), co-location enabled a variety of benefits including common work processes, shared roles and responsibilities, improved IT access, and information sharing amongst the team.

Strong leadership: commitment from leadership was required to develop infrastructure to support teams and, in some cases, to secure resources for community link workers.

Barriers

Lack of shared infrastructure: because multidisciplinary teams were brought together from different organisations and funding streams, there was a lack of shared infrastructure. For example, different IT systems posed challenges for records keeping and referrals.

Jurisdiction: In some areas, local geography presented challenges aligning the neighbourhood zone or jurisdiction to the primary care practice. This made it more difficult to design seamless coordinated care in some areas.

Challenges for staff: some staff found it difficult to break away from traditional professional boundaries in the way required by the Neighbourhood Care model. Some nurses also found it difficult to engage in this way of working because of their complex and demanding caseloads. For some multidisciplinary teams, it was difficult to achieve self-organisation.

What's Next?

While Neighbourhood Care has not been maintained in every site since initial implementation, some sites including Western Isles and Stirling hope to continue with this approach as COVID-19 pressures and social distancing restrictions relax. More generally, learning from this approach may add value in informing future community-led approaches to health and social care in Scotland.

How has this model responded to COVID-19?

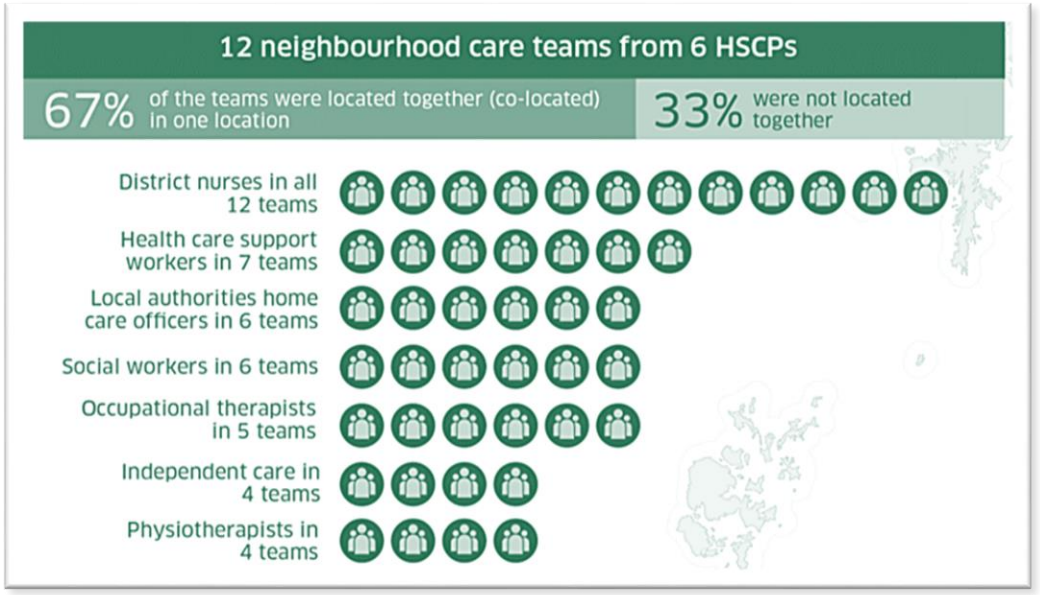
Evidence from Western Isles and Stirling suggests challenges maintaining the Neighbourhood Care approach during COVID-19:

Western Isles:

- Many clinical staff weren't able to participate fully due to pressures from COVID-19 and high demands on their time.
- Some unpaid carers were less able to engage with multidisciplinary teams as a result of increased pressure in their lives.

Stirling:

- Staff were not able to meet in-person to start their workday, creating challenges with collaborative, multidisciplinary working.
- The community link worker was able to continue connecting community members with available services as appropriate.



Composition of Neighbourhood Care teams in Scotland at the time of the 2019 evaluation report

For more information on Neighbourhood care in Scotland, see the ihub evaluation report. More information on the Buurtzorg model for nursing is available at https://buurtzorg.org.uk/.

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3. Vibrant Communities

A model for community wellbeing in East Ayrshire that supports people and community groups as local leaders

"The approach in East Ayrshire almost inverted how we work with communities. They're the number one focus. They're determining the agenda."

- Katie Kelly,
Depute Chief Executive, East Ayrshire Council

10,000 additional hours of support provided **per year** by 207 volunteers (Apr 2017)

17 community-led action plans produced

£5,415,000 additional funding secured from external sources across 213 community projects (Apr 2015–Mar 2016)

Find out more in The Next Chapter, a report from East Ayrshire Council

The Community Health Improvement Partnership (CHIP) van acts as a mobile healthy living centre and offers a diversity of health services

What are the defining elements of the model?

Vibrant Communities strives to take a whole council approach, involving all council services to support community wellbeing. An emphasis is placed on community action; individuals are encouraged to take local leadership roles and resources are provided to community groups and organisations. The main services provided by Vibrant Communities include:

- Events
- Funding advice
- Youth empowerment
- Health and wellbeing
- Literacies and learning
- Play and parental bonding
- Sport and physical activity
- Community empowerment
- Befriending and volunteering

Communities are also supported in a variety of other ways:

- Community workers help with identifying local assets, bringing local groups together, and prioritising actions through surveys and consultation.
- Support is provided for communities to create their own 5 year action plans, which are leading to various outcomes such as village clean-ups and improved signage.
- Community asset transfers are offered, allowing community groups to take responsibility for assets such as community facilities and green space.

Vibrant Communities aims to "[work] with, rather than for communities" and engage diverse groups of people. For example, the young ambassadors programme provides training for young people to promote and deliver sports in schools. A clear set of principles and standards has also been formalized for community engagement.

Strengths and potential challenges

Key strengths

- Empowerment – community groups and individuals are empowered to respond to local issues. There is infrastructure to support them doing so.
- Maintaining wellbeing – A wide-reaching approach to wellbeing may prevent negative health and social outcomes before they occur. Specific programmes exist for both stroke and suicide prevention.

Potential Challenges

- Resources required for start-up – Significant time was taken to understand the local context and adapt the council's way of working. It may be difficult to adopt the model without these resources.

What are the enablers and barriers?

Enablers

Senior leadership support: Buy-in from the executive team, including the chief executive at East Ayrshire Council, was an important enabler for system change. The Vibrant Communities model required many changes to council processes and senior leadership was able to support this new way of working.

Investing time to understand the local context: Katie Kelly, Depute Chief Executive at East Ayrshire Council, spent 18 months when the model was first established to meet with communities and lay the groundwork for system change.

Flexibility with resource planning: Working flexibly with available resources has enabled new ways of working and helped increase impact. Examples of flexible resource planning include community asset transfers and agreements for certain East Ayrshire Health and Social Care Partnership staff to be line managed within the Vibrant Communities team.

Barriers

Responding to high demand: Vibrant Communities receives a large volume of requests for services and support. The individualised nature of this support and compromises sometimes required with community groups has stretched resources. As a result, Vibrant Communities are assisting partners to deliver in a similar way and therefore reduce dependency on the service.

What's Next?

Vibrant Communities is preparing to integrate more closely with Outdoor Services and Waste Management within in East Ayrshire Council's Housing and Communities division. This will expand their team, their remit and available opportunities. The team also aims to take forward learning from COVID-19 and continue to support community groups to take leadership over local resources.

How has this model responded to COVID-19?

Vibrant Communities has continued services where possible according to local restrictions, and has provided additional support to communities in the following ways:

- Over 100 community groups have been individually supported to provide relief within their communities. This includes food pantries and local initiatives to arrange food shopping and telephone calls for shielding neighbours.
- There has been a decrease in bureaucracy. The need to act quickly and remobilise resources has meant that requests have been processed very quickly. For example, community grants have been issued in a matter of days, rather than weeks or months.

Vibrant Communities volunteers celebrating Volunteers' Week in 2017

For more information on Vibrant Communities, visit their webpage, or follow them on twitter (@VibrantEAC).

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4. Lorn and Oban Healthy Options

A charity promoting community wellbeing through exercise, one-to-one support, and group activities in Lorn and Oban

"Because of Healthy Options, I can stand up out of a chair, I remembered how to swim and I got my driving license back"

- Simon A, age 60, on his experience with Healthy Options

26%
fewer unscheduled care contacts*

17%
fewer GP appointments*

£439,699
Estimated collective cost avoidance for four case study clients over five years*

*based on a cohort study of clients referred through Lorn Medical Centre

"For me what I saw in Oban was taking what we knew in theory and putting it into practice. It is what we need to replicate across Scotland…"

-Graham Ellis, Senior Clinical Advisor on Ageing and Health to CMO (Scotland)

A Healthy Options participant benefiting from one-to-one instruction with an exercise professional

What are the defining elements of the model?

Healthy Options provides opportunities for people with chronic conditions to manage or improve their health and wellbeing by empowering them to live active, healthy lives in their community. Support is provided through three pathways (see below) according to client's conditions, need and desired outcomes. This work is done in collaboration with local health professionals and community partners, and reflects an integral part of the Oban Living Well Support Services model.

Mainstream support: Clients create unique goals during an hour-long consultation with an exercise professional. This results in an individual programme including exercise (with initial one-to-one support) developing towards group activities, education, and social interactions. This works to build up people's ability to self-manage their own health and wellbeing

Social prescribing: When clients are ready to move on from targeted services, they are supported and encouraged to be involved in community-based activities according to their interests and needs. This is carried out within the SPRING social prescribing project.

Reablement: This programme is run in partnership with the local physiotherapy department. It provides people a focused support programme to offset frailty and enable normal activities. People going onto this programme have a high risk of hospital admission.

Strengths and potential challenges

Key strengths

- Person-centred design – people are offered flexible programming based on their unique interests, needs and desired outcomes.
- Resource efficiency – Healthy Options interventions provide cost savings and cost avoidance to the local Health and Social Care Partnership

Potential Challenges

- This model of support might not be suitable for certain groups, such as those experiencing a high degree of frailty who have passed a specific point on the LifeCurve™.

What are the enablers and barriers?

Enablers

Advocates: Clients, exercise professionals and local physiotherapists have helped raise awareness and advocate for this model. The quality of Healthy Options work has also been recognized by national figures in Scotland including the current Chief Medical Officer (CMO), National Clinical Director, Senior Clinical Advisor on Ageing and Health to the CMO and a previous Health and Sport Minister.

Being flexible: As the model developed, flexibility in services offered and the range of conditions among new clients helped Healthy Options to grow. For example, modifying services to accommodate neurology patients allowed increased impact and led to a stronger partnership with physiotherapy colleagues.

Investing in staff: Continuous investment in staff development has enabled support for people with more complex conditions. For example some staff had not worked with frail people before and this initially presented a challenge. Developing a community social prescriber role also allowed continued support for clients moving from Healthy Options to other engagement in their community.

Barriers

Funding: Short term funding streams have created challenges relating to sustainable planning. Healthy Options receives about 25% funding from the Argyll & Bute Health and Social Care Partnership applied on a year-to-year basis. Additional funding is provided by grants from local and national sources.

What's Next?

Healthy Options aims to develop more sustainable funding opportunities to continue employing highly skilled members of staff, and to provide long term support for clients.

How has this model responded to COVID-19?

Healthy Options has continued to run programmes during the COVID-19 period and has provided additional support for clients through the following means:

- Consultations were performed using telephone or video calls, ensuring co-produced programmes could continue remotely through one-to-one sessions. This support also included individualised videos created by exercise professionals.
- WhatsApp groups were formed to keep clients connected and reduce isolation.
- Over 100 motivational videos and educational blogs were hosted in an online library and shared using social media platforms.
- A telephone-based support service was set up, including daily "messages from Mull" recordings that discussed issues relating to health and wellbeing.

The Healthy Options team includes exercise professionals, social prescribing staff, and staff focussed on development and organisational management.

For more information on Lorn and Oban Healthy Options, visit their webpage, or their page on SENScot.

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5. Living Well Falkirk

An approach to social care and support in Falkirk promoting healthy, independent living

"Part of the HSCP remit is to bring services together to support people in their own homes, and Living Well Falkirk is an important way that we can do this well"

-Patricia Cassidy, Chief Officer, Falkirk HSCP

Since the onset of COVID-19…

45 grants have been given to third sector organisations for services offered through a partnership with Falkirk Council

I personally received support for my dad and brother who both suffer mental health and physical issues […] it made such a difference and allowed me time to organise things better […] thank you, thank you, thank you" – *A carer on receiving services through a community centre during COVID-19*

What are the defining elements of the model?

A core component to the Living Well model is health promotion and injury prevention using the LifeCurve™, which is an assessment for activities of daily living developed by ADL Research and Newcastle University. In Falkirk, this assessment, conducted in person or online, serves as an efficient way to address equipment needs (such as shower rails) and an opportunity to connect people to other support available in their community.

Living Well Falkirk also signposts to initiatives such as Neighbourhood Networks, which offers person-centred support for people with learning disabilities, and the Carers' Centre, which offers supports such as Time to Live grants. Connections are made through different means:

- **A community link worker pilot project** connects people with community resources following an initial GP consultation, reducing the need for further GP appointments.
- **Signposting or referral** to third sector and community organisations occurs online and through the Living Well Falkirk Centre. This is further supported by Community Learning and Development staff, who have in-depth knowledge of local community services.
- **Community hubs** are beginning to be organised as part of Community-Led Support in Falkirk, which can connect people to the Living Well Centre and to other services.

The Living Well model emphasises empowerment of individuals within their community and runs a steering group with strong representation from third sector groups in Falkirk, including the third sector interface. This group has oversight on community-based developments in Falkirk, Community-Led Support work in the area, the Carers' Centre, and other initiatives.

The Living Well approach emphasises people's ability to stay active and participate in their community.

Strengths and potential challenges

Key strengths

- Preventing negative outcomes – By focussing on empowerment and self-help, Living Well keeps people active within their community and prevents injury and other negative outcomes
- Increased Access – Living Well has increased flexibility in accessing services and reduced waiting times by providing quick access to a range of supports for people just starting to notice difficulties with everyday tasks.

Potential Challenges

- Reporting – Living Well represents a shift away from traditional statutory services, and positive change may not be reflected in traditional reporting mechanisms.

What are the enablers and barriers?

Enablers

Valuing third sector stakeholders: Falkirk HSCP has emphasised positive relationships with third sector partners and the third sector interface, including through the Living Well steering group. This has resulted in strong partnerships, and an improved support network for people, families, and carers.

Leadership: Strong leadership and a shared understanding of goals has resulted in a culture conducive to positive change. Falkirk HSCP has strived to create an environment where staff can identify and lead change that will result in improvements to services.

Barriers

Performance reporting - Current performance reporting arrangements focus on statutory services. Positive change, including structural changes and support provided with third sector partners, is less evident in existing reporting mechanisms. This is an area the service is looking to develop.

Time required to manage change: Introducing new ways of working has required increased planning and time commitments from a range of staff. This has taken place alongside other changes, including the introduction of new IT systems.

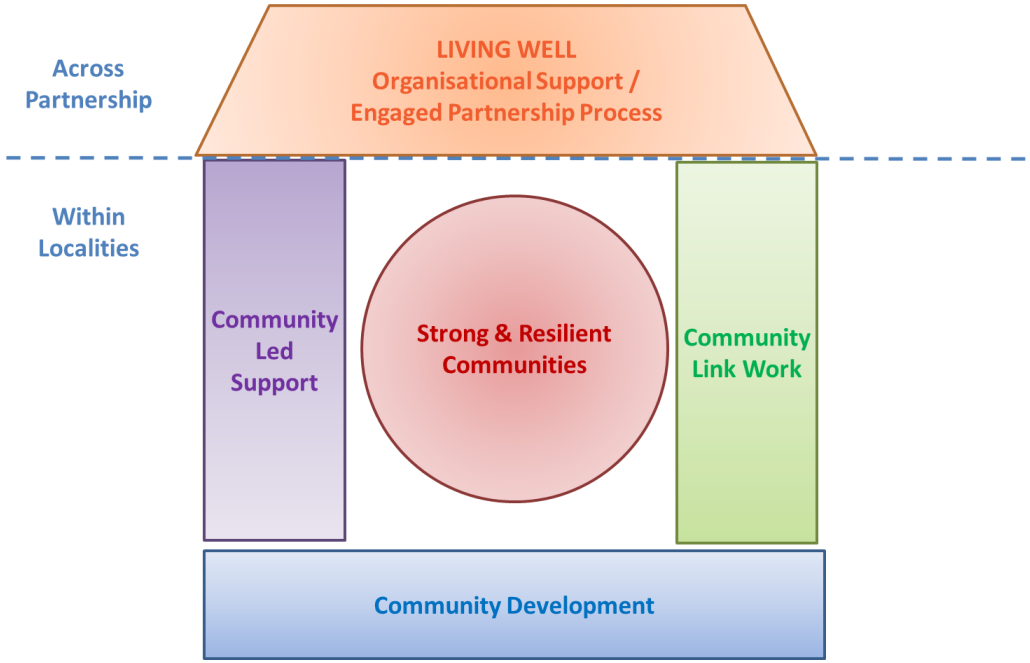
What's Next?

Falkirk HSCP aims to continue working closely with third sector partners and expand the network of community organisations they work with. There is also an aim to take forward learning and positive changes from COVID-19, including increased flexibility of support hours and greater opportunities for engagement through virtual hubs and phone consultations.

How has this model responded to COVID-19?

While Falkirk HSCP experienced certain challenges relating to COVID-19, support was still able to be provided through the Living Well model alongside community and third sector initiatives:

- The Living Well Falkirk Centre had to close for certain periods in line with national guidance and local restrictions.
- Online resources remained available on the Living Well website, and people were able to access information and to request equipment through the LifeCurve™ online tool.
- Laptops and iPads were provided to community members and carers as part of the Connecting Communities Programme. This enabled them to access online classes and stay more connected as part of the community.



Elements supporting current working in Falkirk HSCP. Visual adapted from the House of Care model.

More information on Falkirk Living Well can be found on the Falkirk HSCP website, or the Living Well Falkirk website.

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6. Edinburgh Three Conversations

An approach to health and social care structured around three distinct types of conversation, developed by Partners for Change

"It got me out and about again. I have been missing going out"

- A person supported by the Three Conversations approach in Edinburgh

90.5%
Decrease in average wait time to see a support worker.[1]

37 days
Average time from first contact to end of the last conversation

"working in the innovation team has provided me with the ability to enjoy my work more than any other working environment"
- A professional working in a Three Conversation site in Edinburgh

"The workers have been admirable. They really make a point of getting to know you"
- A person supported by the Three Conversations approach in Edinburgh

[1] pre vs post-implementation data from innovation sites in Edinburgh

What are the defining elements of the approach?

Edinburgh HSCP began to apply Three Conversations in April 2019 as one part of an ambitious transformation programme to achieve the Edinburgh Integration Joint Board Strategic Plan objectives (2019-22). This approach, developed by Partners for Change, supports staff to have open and interested conversations with people who need support and to use a collaborative approach to improve outcomes. It is structured around three types of conversations:

- Conversation One – listen and connect. This conversation is used to find out what is important to the individual, and to support them to live life independently.
- Conversation Two – work intensively with people in crisis. This conversation involves putting together an emergency plan, and keeping connected with the individual to identify the cause of crisis and ensure changes happen quickly.
- Conversation Three – build a good life. This conversation relates to long term support and occurs in situations where conversations one and two are not able to provide appropriate solutions.

By organising distinct conversations around the needs and values of individuals, this approach is person-centred and promotes people's active involvement in communities. Partners for Change acts as a consultant group, offering resources and coaching to support the Three Conversations approach and establish local innovation sites.

What are the strengths and Potential Challenges?

Key strengths

- Person-centred and collaborative design – conversations are designed to support individuals' needs and values, and stakeholder engagement is emphasized to inform the local approach.
- Empowerment – individuals are supported to live independently and engage with their local community. This approach improves outcomes with less reliance on traditional purchased services.
- Worker satisfaction – While cultural change has been challenging for some (see below), many staff appreciate this approach. Positive reflections relate to reduced bureaucracy and a greater ability to do the role they aspired to.

Potential Challenges

- Changing culture – this approach requires new ways of working that may represent significant cultural change for staff. Edinburgh HSCP aims to adopt person-centred principles from Three Conversations, even at sites where this approach is not implemented fully

What are the enablers and barriers?

Enablers

Strong leadership: Support from Edinburgh HSCP senior leadership was valuable in promoting the overall vision at the outset of this work. Leaders were also involved in regular "Making it Happen" meetings thereafter, which helped to facilitate change and address issues as they came up.

Linking in local partners: Involving partner organisations in the planning of Three Conversations work promoted collaborative working early on. Partner organisations included EVOC, the council for voluntary services in Edinburgh.

Taking time to understand the local context: Staff at innovation sites were encouraged to take time early on to explore their local area and interact with members of the community.

Barriers

Cultural change: The Three Conversations approach represented a cultural change for many people. Certain staff worried that Three Conversations would change the scope and remit of their work.

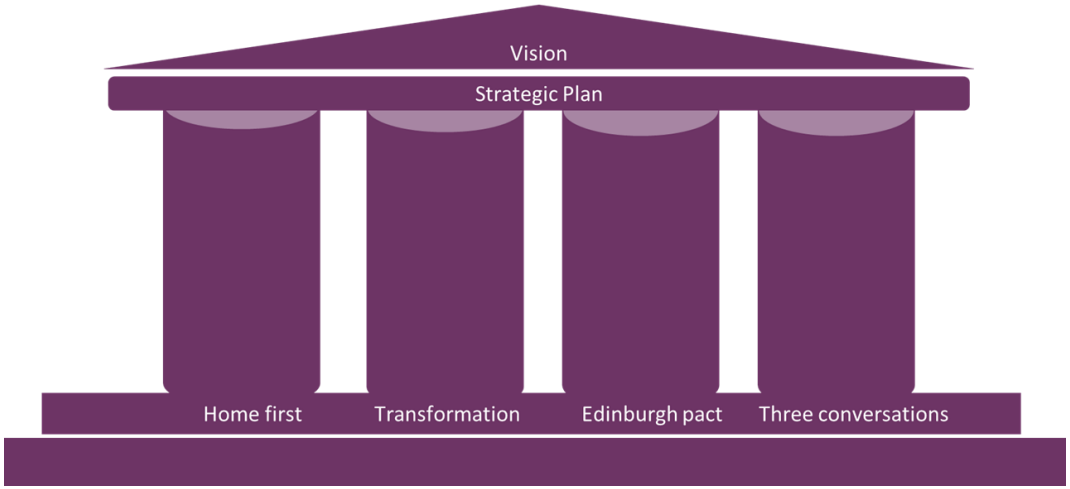
What's Next?

Edinburgh HSCP aims to scale up and expand existing Three Conversations innovation sites. There is also an aim to embrace the approach across all aspects of the Partnership including areas such as social care, rehabilitation, and hospital-based care. A dedicated post is being introduced to support the implementation and expansion of this work going forward.

How has this approach responded to COVID-19?

Three Conversations work in Edinburgh had been active for about one year prior to the start of the pandemic and development of the approach continues alongside local partners. COVID-19 presented new challenges for work in Edinburgh HSCP, however progress was able to be made during this time:

- Staff were under significant pressure to respond to rapidly changing situations as the implications of the pandemic took hold.
- New ways of working were established, including through social distancing, increased use of PPE, and mitigating the impact of service provision which had to be disrupted to ensure safety.
- Edinburgh HSCP was able to continue planning additional innovation sites alongside other aspects of Three Conversations implementation.
- Planning and collaboration with third sector partners continued throughout the COVID-19 period.



Three conversations represents one pillar in the Edinburgh HSCP strategic plan, and is used as a rallying point for wider system change.

More information on the Three Conversations approach is available on the Partners for Change website. See also, a Social Care Institute for Excellence (SCIE) case study on Three Conversations.

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7. The Wigan Deal

A new way of working, shaped by strengthening relationships between Wigan Council and its constituents

"The Deal has built on the strengths of our residents and communities to improve health and wellbeing and forge an equal partnership between people, the council and the local public sector."

- Councillor David Molyneux, Leader, Wigan Council

82%
Of residents support the principles of the Wigan Deal according to a public consultation

Healthy life expectancy
significantly increased in women to reach the England average for the first time.

£155 million
In collective cost savings

Find out more about the experiences of people in Wigan through Rekindling Hope: The story of the Wigan Deal (Video) from the Kings Fund

What are the defining elements of the model?

Wigan Council had to change local operations following massive cuts to funding in 2011. New ways of working were established while council tax was frozen and health outcomes improved. The Wigan Deal, launched in 2014, represents a shift in relationship between the council and its constituents, based on the principles below. More detail on these principles is available in the Lessons from the Wigan Deal report.

- **asset-based working :** Emphasis is placed on individual and community strengths. All council staff are trained to have different conversations with people that emphasize this approach.
- **permission to innovate:** Efforts have been made to foster a working culture that allows innovation. This culture is supported by senior leaders in Wigan Council and is encouraged among frontline staff.
- **investing in communities:** Community groups and third sector organisations are supported through a community investment fund and access to expert advice. Collaborative commissioning is also promoted with community groups, and leadership among individuals is supported through roles such as community health champions. Community link workers help develop connections through involvement in general practices.
- **place-based working:** Place-based working is supported across partner organisations, including health and social care, police, housing, and other services. Working flexibly within local neighbourhoods has allowed for greater opportunities in addressing the determinants of health and wellbeing.

Strengths and potential challenges

Key strengths

- Shared vision – A strong vision was established from the outset, common to Wigan Council and local politicians.
- Cost savings – The Wigan deal has successfully responded to funding cuts, achieving significant cost reduction while maintaining or improving outcomes.

Potential Challenges

- Investment of resources – Financial investment was required at the outset in order to achieve long term cost savings.

What are the enablers and barriers?

Enablers

Political support: Buy-in from the local politicians and a shared vision helped in making difficult changes to local services, including closing day centres for elderly people and people with learning disabilities.

Investing in local community: Investing in community organisations has helped to shape the relationship between the council and its constituents, and Wigan Council has observed a cost savings of £2 for every £1 invested in community organisations.

Long term strategic commitment: A significant period of time was devoted to planning before the Wigan Deal was officially launched, and an emphasis has been placed on continued adaptation according to local need.

Barriers

Coordinating prevention of negative outcomes: A collaborative focus on preventing negative outcomes was difficult to coordinate at times due to high demand for responsive services and a national NHS strategy that addressed other areas of need in the system.

Cultural change: Significant changes in working practices presented challenges for some staff. Radical change meant that some council staff chose to leave and some senior staff worried about losing their jobs.

What's Next?

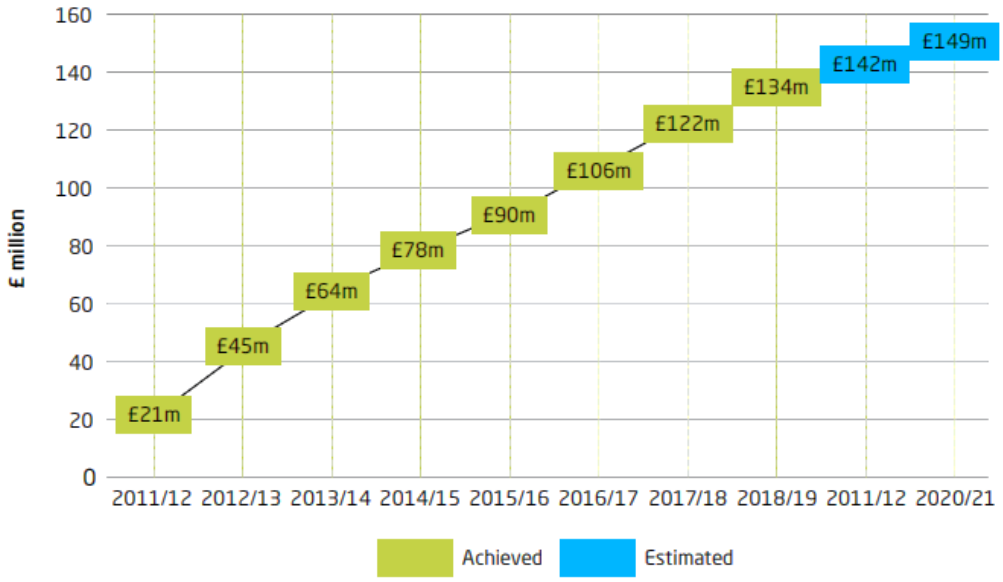
Wigan council aims to continue innovating and responding to local need, and have released a 2030 strategy based on consultation with members of the local community. Priorities include support for carers, employment opportunities for all, and continued collaborative working with individuals and organisations.

How has this model responded to COVID-19?

While Wigan has faced challenges in offering support during COVID-19, aspects of the Wigan Deal have enabled an effective response:

- Place-based working allowed for effective communication and meant that individuals most likely to need support were known by relevant local staff members.
- Existing relationships with community groups and third sector organisations allowed for a coordinated response early on in the pandemic.

Staff in Wigan also reached out to individuals according to a risk stratification framework. This involved reaching out individually to over 4000 people and helping make connections with local supports.



Estimated and achieved cost savings since 2011. Figure reproduced with permission from the King's Fund report, Lessons from the Wigan Deal. Current collective cost savings have reached £155 million.

For more information on the Wigan Deal, see the Wigan Council website, or resources produced by the Kings Fund and the Centre for Public Impact.

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Considering these approaches together – common design elements

Common Design Elements

Adaptation to the local context

During implementation

- Approaches were tailored to local need and community assets (see next page, "understanding local contexts"
- Approaches applied across different sites still emphasized certain local adaptations (see CLS, Neighbourhood Care, Three Conversations)

Ongoing adaptation

- After implementing approaches according to local need, adaptation continued in many sites alongside stakeholder involvement.

Staff acting as community connectors

To foster connections within local community

- Staff devoted to these roles understood local communities and in some cases were able to make new connections between local groups

To reduce barriers to accessing support

- Community connectors, along with local hubs, helped to navigate and recommend local services for people

More involvement for community groups

In supporting service delivery

- Community and third sector organisations were involved in new ways, including through social prescribing and integration in existing models of care

In promoting community wellbeing

- An emphasis was placed on collaborative working with community groups and third sector organisations focussed on wellbeing. Examples from some areas include youth groups and befriending programmes.

Different Conversations

With communities and local groups

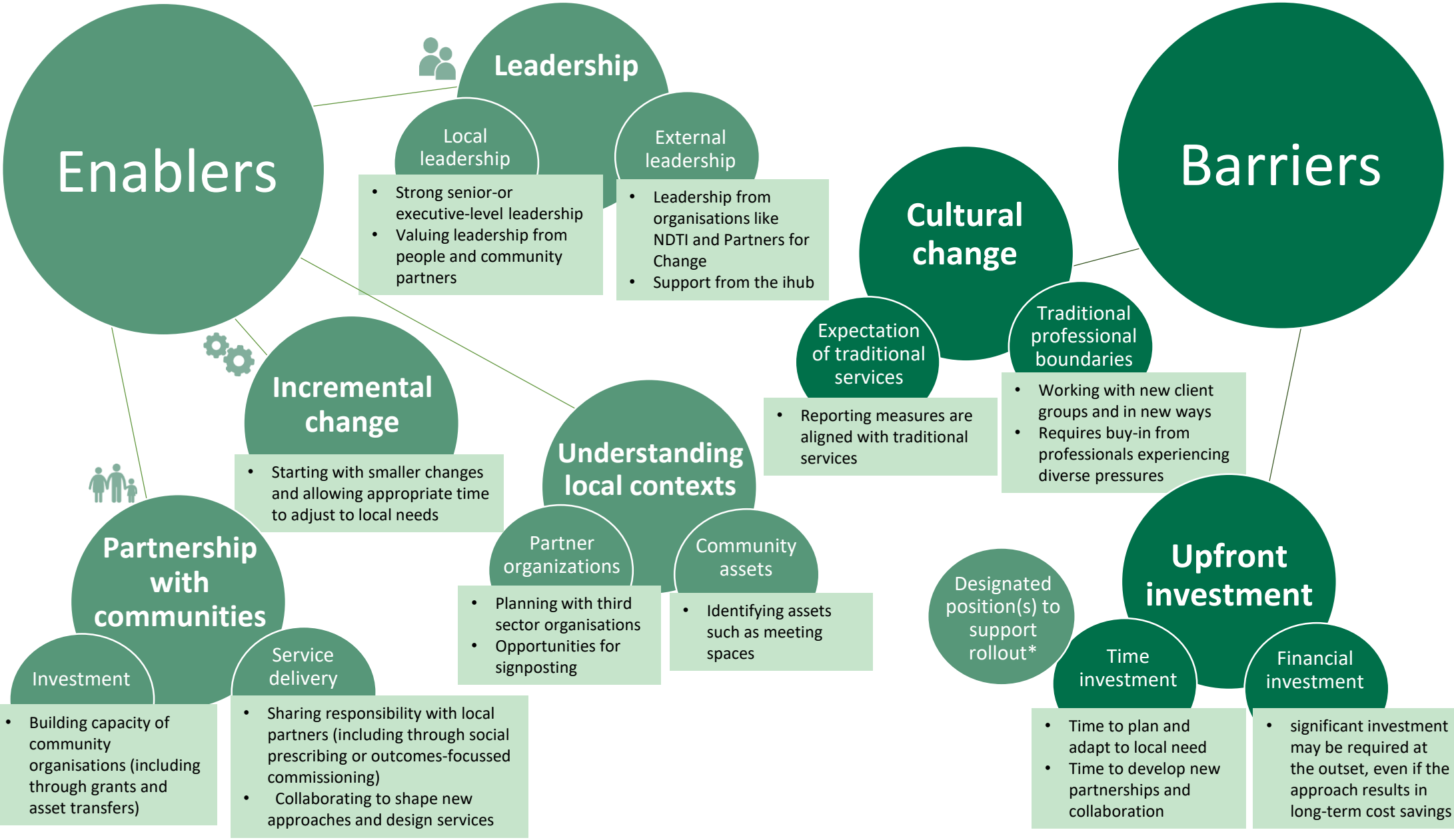
- Councils and HSCPs emphasised collaborative conversations with both community groups and local constituents, which helped to develop a shared vision

With people accessing services

- New language and different types of conversations were sometimes used to promote respect and person-centred care

While approaches varied in method and mandate, several common factors emerged with respect to design.

Considering these approaches together – enablers and barriers



While enablers and barriers were specific to each approach (outlined in pages 5-18) common experiences were observed.

Designated positions to support rollout were seen as an enabler that helped account for time investment as a barrier to implementation.

Summary

We present seven approaches to community-led health and social care in Scotland and the UK, informed by informal interviews and published information. In addition to these examples, we highlight key contextual factors:

Common Strengths:
- More accessibility
- Person-centred design
- Active early intervention and preventing negative outcomes
- Resource efficiency
- Empowerment

Why now?
Diverse policy supports new ways of working, and contextual changes during COVID-19 may present an opportunity to "build back better"

Common elements in service design:
- Adaptation to the local context
- Staff acting as community connectors
- More involvement for community groups
- Different kinds of conversations

Common enablers:
- Local and external leadership
- Partnership with communities
- Incremental change
- Understanding local contexts

Common barriers:
- Cultural change
- Upfront investment

> **We need a new narrative […] that replaces crisis with prevention and wellbeing, burden with investment, competition with collaboration and variation with fairness and equity. […] In her Programme for Government speech that launched this review, the First Minister said, "this is a time to be bold."**
>
> *Derek Feeley, Independent Review of Adult Social Care 2021*

Additional Resources

In addition to resources specific to certain approaches (see pages 5-18), a variety of resources are available to learn more about community involvement in health and social care:

- The *New Power: The Evidence* report, produced by New Local, outlines the concept of community power, and its associated benefits. Shifts required for implementation and recommendations are also outlined.
- The Together We Help report and accompanying video, commissioned as part of the Social Action Inquiry, presents research on social action, or "how people come together to improve their lives and how this can be harnessed to create a fairer Scotland".
- A guide to community-centred approaches for health and wellbeing, developed by Public Health England and NHS England, outlines evidence and considerations for working with communities to improve wellbeing.
- Health, Wellbeing and the COVID-19 Pandemic, a report on the impact of COVID-19 on people in Scotland, produced by Alliance Scotland.

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Find out more about the Collaborative Communities team on our webpage.

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