Your host today will be:

Diana Hekerem, *Head of Transformational Redesign Support – ihub*

Diana is the Head of Transformational Redesign for the Improvement Hub of Healthcare Improvement Scotland. She leads work in Strategic Planning, Collaborative Communities, Person Centred Design & Improvement, Housing and Homelessness in Healthcare, and, Evidence and Evaluation for Improvement.

Previously Diana was Marie Curie's Divisional Business and Service Development Manager for Scotland, and Head of Partnerships & Commissioning for Scotland, Wales and Northern Ireland.

Her work demonstrates a human rights based commitment to person centred service redesign and improvement in health and social care to improve outcomes for people, families and communities.

Diana has a Masters in Economics and has previously worked in international development in the Ukraine and Nigeria, and fundraising for Marie Curie and the Red Cross. Diana is founder of Chukwu, a charity supporting investments to end poverty in Africa and was a Trustee with SCVO and the National Wallace Monument during its Scottish Heroine Project.

Speakers

Des McCart, Senior Programme Manager, ihub, Healthcare Improvement Scotland

Des joined Healthcare Improvement Scotland in 2017 to lead outcome-based commissioning as part of ihub's aim to develop capacity to support HSCPs in their integration journey. Most recently Des has been leading work on developing good commissioning practice for a more person-centred approach to supporting people in meeting their health and social care needs. He is particularly interested in how public sector commissioners can best facilitate change and support communities to achieve what matters most to them.

Anne Connor, Chief Executive, Outside the Box

Anne Connor has been Chief Executive at Outside the Box since 2004. She has led and developed the charity to provide high quality community development support to people and community groups who want to make positive change for their communities and tackle equalities issues.
Outside the Box is working alongside people in locations across Scotland to make communities more inclusive, including links between generations and people in equalities communities contributing their experiences. This includes work with people in equalities groups, New Scots families who came as asylum seekers and other immigrants, people with poor mental wellbeing, people living with dementia and other older people, and people living in rural and remote communities.
Previously Anne worked in the voluntary sector, NHS planning and commissioning roles and in the Scottish Government. She is a member of the Older People's Strategic Action Forum and has been part of previous Scottish Government working groups.

Speakers

Christine Owen, Senior Manager, People Powered Results,Nesta

Christine joined the People Powered Results team (PPR) at Nesta , the UK Innovation for social good, in 2020 to lead the team's work in Scotland, working closely with the Nesta in Scotland team. Drawing on a range of methods PPR programmes mobilise senior leaders and people closest to the issues to spread and scale what works and embed capability for innovation in systems.

There is now a portfolio of programmes established in Scotland, harnessing people powered results approaches, supporting place based learning and innovation. Much of the portfolio's work has been focused on support for organisations following on from covid-19, adopting People Powered approaches to listen and learn from staff and empowering communities. You can find examples of our work across the UK here.

Christne trained as an occupational therapist and has a clinical leadership, academic, user research and improvement science background. She has used these different modes of working to support large scale change programmes across the public sector and communities.

In her spare time she is a trustee on the Board of Directors for Carr Gomm a leading Scottish social care and community development charity and has worked as a volunteer therapist for a charity which supports migrant Myanmar families with children who have cerebral palsy.

She loves the great outdoors, travelling and music (please note zoom background!)

Ffyona Taylor, Policy and Events Officer, Corra Foundation

I joined Corra Foundation back in 2015 shortly after completing an MSC in Applied Social Research at the University of Stirling. I have a background in social research, and I have a strong interest in participatory approaches and human rights. As Policy & Events officer I support Corra's influencing activity and I work with the team to amplify voices of those furthest from power and showcase the insights and impact from the charities and communities we work alongside.

Speakers

Catherine Garrod, Programme Officer, Collation of Care and Support Providers in Scotland (CCPS)

Catherine Garrod is the Programme Manager for the Commissioning, Procurement and Self Directed Programme at CCPS. CCPS is the Coalition of Care and Support Providers in Scotland which represents and promotes the interests of not-for-profit, third sector social care and support providers in Scotland.

Catherine currently leads the CCPS Commissioning, Procurement and SDS programme team which is focussed on improving the way social care in planned, purchased and delivered to ensure better outcomes for individuals and families. The programme takes a cross sector, collaborative approach to bringing about change in the way social care is commissioned and works with public authorities, third sector providers, disabled people's organisations and others.

Prior to working for the Commissioning & Procurement Programme, Catherine worked for the Providers and Personalisation (P&P) project at CCPS supporting the implementation of Self Directed Support.
Catherine also spent many years working for Disabled People's Organisations promoting rights and equality for disabled people and managing a disability and welfare rights advice service.

Dr Tara French Technology and Innovation Lead, Scottish Care

Dr. Tara French is Technology and Digital Innovation Lead at Scottish Care where she is exploring how participatory and human rights-based approaches can support transformation, enabled by technology, across the independent care sector. Tara works collaboratively with the Technology Enabled Care Programme in relation to digital approaches in social care and has also co-led the Scottish Care 'Collective Care Future' programme which recently published a future landscape for social care – 'Coileanadh'. Tara is an experienced design psychologist with an interdisciplinary research background. Her previous work has involved large scale co-design in the context of transitions in palliative care and exploring design-led, system-wide transformation in the context of health and social care integration.

Housekeeping

Mute your microphone and have your video off on entry and throughout the meeting. To give an update
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- o   turn your video on

and then
- o   mute your mic
- o   turn your video off

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We will use slido for any questions or comments. Please download the app or use the webpage: www.slido.com
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What category best describes your organisation?

slido

Please fill in the survey

Community-Led Models

Des McCart, Senior Programme Manager, ihub, Healthcare Improvement Scotland

Community-led models:
Innovation in health and social care
Spring 2021

Learning from new approaches in Scotland and the UK

"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

"We need a new narrative {…} that replaces crisis with prevention and wellbeing, burden with investment, competition with collaboration and variation with fairness and equality ."

Derek Feeley, Independent Review of Adult Social Care 2021

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 and statutory care, and by preventing negative outcomes

Empowerment
People are empowered individually through greater control over their care and collectively via increased responsibility for community groups

What do we mean by "community-led"?

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

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

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

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

Lorn and Oban Healthy Options
A charity promoting community wellbeing through exercise, one-to-one support, and group activities in Lorn and Oban
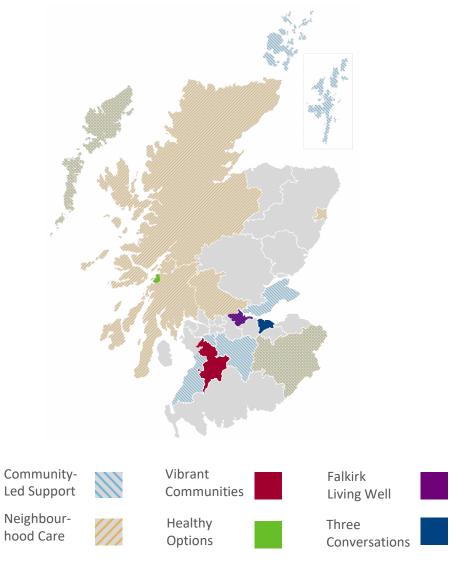
Living Well Falkirk
An approach to social care and support in Falkirk promoting healthy, independent living

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

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

Community-Led Support		Vibrant Communities	
Neighbour-hood Care		Healthy Options	
		Falkirk Living Well	
		Three Conversations	

Example community-led approaches in Scotland involve HSCPs, local councils, and third sector organisations.

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

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, simplifying assessment paperwork, 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 two years of bespoke support from the National Development Team for Inclusion (NDTI), after which they become CLS network members with opportunities for additional support according to their needs.

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

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 newer 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.

Healthcare Improvement Scotland | ihub

Healthy Options

26% fewer unscheduled care contacts*

17% fewer GP appointments *

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

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

"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…"

"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

Edinburgh Three Conversations

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

"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

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

- A person supported by the Three Conversations approach in Edinburgh

Vibrant Communities

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

17 Community Led action plans produced

£5,415,000 Additional funding secured from external sources across 213 community projects (April 2015-16)

"The approach in East Ayrshire almost inverted how we work with communities. They're the No. 1 focus. They're determining the agenda"

**Katie Kelly,
Depute Chief Executive, East Ayrshire Council**

Considering these approaches together – common design elements

Adaptation to the local context

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

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)

Common Design Elements

Staff acting as community connectors

To reduce barriers to accessing support
- Community connectors, along with local hubs, helped to navigate and recommend local services for people

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

More involvement for community groups

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.

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

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

Enablers

Leadership

Local leadership
- Strong senior-or executive-level leadership
- Valuing leadership from people and community partners

External leadership
- Leadership from organisations like NDTI and Partners for Change
- Support from the ihub

Incremental change
- Starting with smaller changes and allowing appropriate time to adjust to local needs

Understanding local contexts

Partner organizations
- Planning with third sector organisations
- Opportunities for signposting

Community assets
- Identifying assets such as meeting spaces

Partnership with communities

Coproduction
- Collaborating to shape new approaches and design services

Service delivery
- Sharing responsibility with local partners (including through social prescribing or outcomes-focussed commissioning)

Barriers

Cultural change

Expectation of traditional services
- Reporting measures are aligned with traditional services

Traditional professional boundaries
- Working with new client groups and in new ways
- Requires buy-in from professionals experiencing diverse pressures

Upfront investment

Designated position(s) to support rollout

Time investment
- Time to plan and adapt to local need
- Time to develop new partnerships and collaboration

Financial investment
- significant investment may be required at the outset, even if the approach results in global cost savings

While enablers and barriers were specific to each approach common experiences were observed

Community Solutions: Finding the Right support & Showing the Impact

Anne Connor, Chief Executive, Outside the Box

Outside the Box

Supporting people and communities to start new things

What we do and how we do it

www.otbds.org/about/
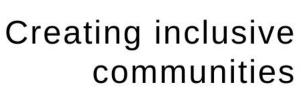
Having different conversations

People having more choice in their lives

Building strong sustainable organisations

Creating inclusive communities

What it means for access to social care

Challenges

- Difficult to provide care in conventional ways
- Can be difficult to find people to work as a PA/care worker
- Some people get no support - have to move away to get services
- Many people have little or no choice in what support they get or when
- People at risk
- HSCP not meeting obligations

Opportunities

- Scope for innovation
- Small providers and micro enterprises as part of mix and good networking
- Partnerships/working together between services and community
- Using local facilities
- Good quality work for local people
- Keeping communities resilient and sustainable – 20 minute Communities and Community Wealth Building

Learning from experience

Before Covid

- Looking at what helped innovations get going and keep going
- Role of HSCPs in supporting it in some places
- Processes getting in the way –much more common

Covid

- Highlighted difficulties – now affecting most places
- Showed strengths and impacts of local responses
- People working together - public sector and communities and wider range of service providers
- Showed how systems and processes can be more flexible and could change

Community Solutions

Finding the right support

- Initial contact – what people said made the greatest difference: easy, no stigma, don't need to know this is called social care
- Ways to encourage more capacity – community solutions and partnerships

Showing the impact

- Barrier when services are not able to show the impact and when HSCPs don't know their impact (income, part of support, wider planning)
- HSCPs not clear or consistent
- Examples of visual/participative methods and Principles in Care Standards

For all

- Main findings that came from many local examples (thanks to everyone)
- Learning what helps make it work and what gets in the way

Here to get you started

- Action points on how to make it happen
- Start of process – For people to use, have your own conversations
- Share what happens in your areas – how you do it and new things you create

What is the Island Wellbeing Project?

?

Supporting the **health**, **economic** and **social** wellbeing of island residents in Orkney, Scotland.

https://www.islandwellbeing.org

Harry.Johnson@vaorkney.org.uk

Q&A Session

Community Health & Wellbeing

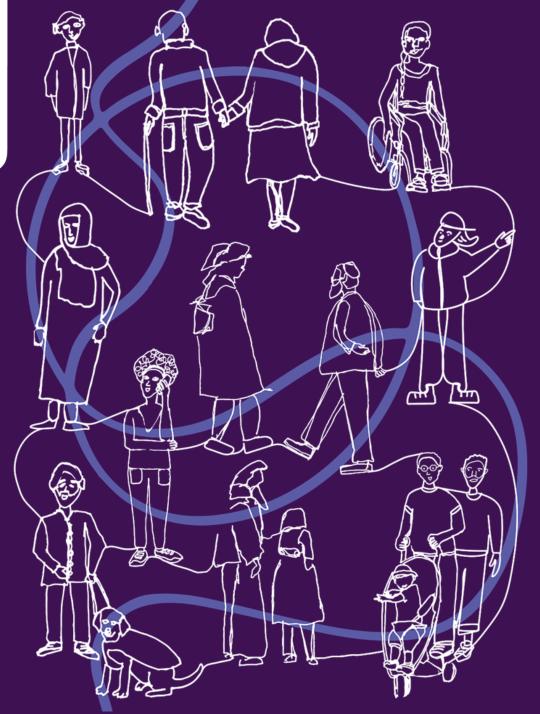**Christine Owen, Senior Manager**, People Powered Results @ Nesta

Community Health and Wellbeing

Sustaining and strengthening the role of community organisations beyond the initial Covid-19 response

June 2021

The People Powered Results Team at Nesta
We believe in...

...everyday innovation
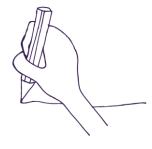*fresh ideas applied to everyday problems can achieve real change and anyone can be an innovator*

...shifting perceptions of what is possible
challenging assumptions, taking risks and facing the future with optimism and hope

...collective power
connecting and collaborating with others sparks energy and moves people into action around common goals

...putting all people at the heart of change
when unique perspectives are visible and diverse voices are heard, we create a world where new ideas can ignite change

...creativity making complex issues clearer
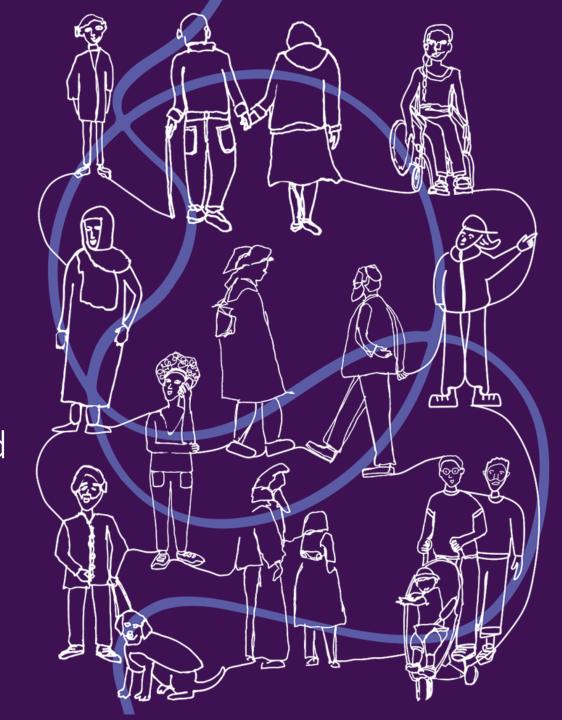*imagination and creativity are powerful tools for reaching beyond known solutions to solve problems*

nesta
People Powered Results

1. Setting the scene

1. What we heard

1. Key factors enabling a positive response to Covid-19

1. What needs to happen to sustain and scale positive shifts

Who did we hear from?

133 people participated from **106 organisations:**

45 community organisations: incl. local food banks, hubs, faith-based organisations and wellbeing programmes

20 local citizens and activists

14 national charities: incl. Amina, Alzheimer Scotland, Carr Gomm, Macmillan, Parkinsons UK, Rowan Alba and Trussell Trust

8 Third Sector Interface Organisations

4 community forums and networks

4 Local Authorities: incl. City of Edinburgh, Dundee and East Ayrshire

3 Health and Social Care Partnerships

2 community transport organisations

4 cultural institutions: incl. University of Aberdeen, Edinburgh and V&A Dundee

National event

Inverness

Aberdeen

Dundee

Edinburgh

West of Scotland

Place-based workshops

103 people participated

Survey

28 people responded

National event

47 people participated

What did we hear?

Community organisations played a **distinct and crucial role supporting people's health and wellbeing** during Covid-19, by:

Tuning into communities' **changing needs**

Rapidly reshaping support to meet changing needs

Mobilising **community response**

They were **supported by statutory organisations** and **national bodies**, who provided:

Opportunity to participate in local strategic planning

Flexible reporting and governance mechanisms

New ways of funding and delivering support for communities

Underpinned by growing trust between community organisations and statutory services.

The illustration and themes outlined here are based on the experiences people and community organisations shared during the workshops and events we held between January-March 2021.

Tuning into communities' changing needs

Community organisations took an open and responsive approach to listening to people, which helped build trusting and independent relationships locally.

This helped to strengthen relationships with people who didn't feel trusting of statutory services, and yet often were the people who most needed support or were at risk of being "left behind". Having the ability to build independent, trusting relationships with people locally helped community organisations understand people's changing needs and rapidly respond as gaps emerged.

"Often **on the doorstep people want to chat and offload** about problems they are having and how they are feeling."
Food bank, Aberdeen

Rapidly reshaping support to meet changing needs

Through trusting and independent relationships with local people, community organisations were able to rapidly understand and respond to people's changing needs as they emerged, reshaping the support they offered and joining up efforts with other organisations to provide a coherent local response.

Relaxed regulations and flexible funding helped them adapt their support offers quickly to meet these emerging needs.

"People just wanted to help and we had 500 people sign up to volunteer. Organisations were **quick to respond** because they **didn't have as many restrictions as statutory organisations**. Quick funding access helped as well."
Third Sector Interface, West of Scotland

Mobilising community response

We heard from community organisations that **the crisis created a sense of unity between community, statutory organisations and businesses, removing some of the usual barriers to collaboration.**

This, alongside community organisations' strong local roots helped to mobilise large numbers of volunteers and establish new and different partnerships to facilitate the sharing of assets and resources.

"Government needs to be aware that lots of services went on through volunteers, so the **true cost will not be known**."
Third Sector Interface, East of Scotland

Community organisations were supported by statutory organisations and national bodies, who provided:

Opportunity to participate in local strategic planning

Flexible reporting and governance mechanisms

New ways of funding and delivering support for communities

"People learn to trust us.. we have the skills to build those relationships. **This should be part of community planning.**"
Community organisation, Aberdeenshire

"We found we can put in quick systems with less bureaucracy. What made the work better was by trusting staff and people.. **There does need to be governance - but we create it so we can adjust it.**"
Local Authority, West of Scotland

"The application processes didn't treat communities as commodities and we were able to just get on with it. It was the **first time I've felt trusted by a funder.**"
Community organisation, Edinburgh

Underpinned by growing trust between community organisations and statutory services.

The illustration and themes outlined here are based on the experiences people and community organisations shared during the workshops and events we held between January-March 2021.

What do we need to do next?

The PPR team at Nesta include a series of key recommendations based on what we heard for different stakeholders to implement new ways of working to sustain and scale community organisations' role in supporting people's health and wellbeing in the longer term.

	Space to participate in local strategic planning	**Flexible reporting and governance mechanisms**	**New ways of funding and delivering support**
Community organisations	**Participate in local collaborative infrastructures** with statutory organisations. **Share expertise** as part of local strategic planning.	**Maintain a focus on local outcomes** in service delivery and reporting, making the most of flexibility to adapt to changing needs. **Explore new effective partnerships** to share assets and resources.	**Share information** about support available and volunteering opportunities through local communication channels. **Test and try out** new ways of **demonstrating outcomes and impact.**
Statutory organisations	**Develop and participate in local collaborative infrastructures** to facilitate partnership working. **Continuously integrate community organisations' expertise** into local strategic plans.	**Focus on shared local outcomes rather than outputs** in local commissioning to underpin service delivery and reporting requirements. **Produce simple partnership agreements** so community organisations can reimagine roles, bid for funding and work together quickly.	**Establish quick, simple funding processes Test new communication channels** to facilitate joint-working. Find ways of continuing to **share, information, assets and resources** to best meet local needs.
Scottish Government			

Learn from change efforts within local systems to:
- **Inform national and local policies** that help organisations form new partnerships, share resources and manage risks together;
- **Invest in sustainable, longer term funding** to address the long-term consequences of Covid-19;
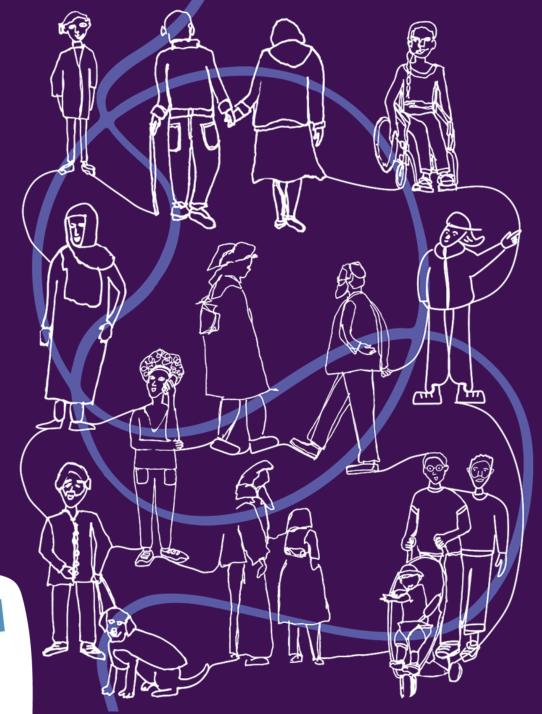- **Continue to invest in equitable access** to digital infrastructure.

Thank you, and stay in touch!

Have a question or an idea? Reach out to
christine.owen@nesta.org.uk

Together, We Help

Ffyona Taylor, Policy and Events Officer, Corra Foundation

together,
we help

to build forward
better

Social action during the coronavirus pandemic:

Learning from the crisis to help build forward better

(part of the Social Action Inquiry Scotland)

Social Action Inquiry

The Social Action Inquiry is being set up to find out more about how communities can take action that makes a difference.

It will look at what helps, and what gets in the way.

It's hoped that it will help influence how Scotland rebuilds after the coronavirus pandemic.

The Together We Help research explored the ways people came together during Covid-19 and aimed to:
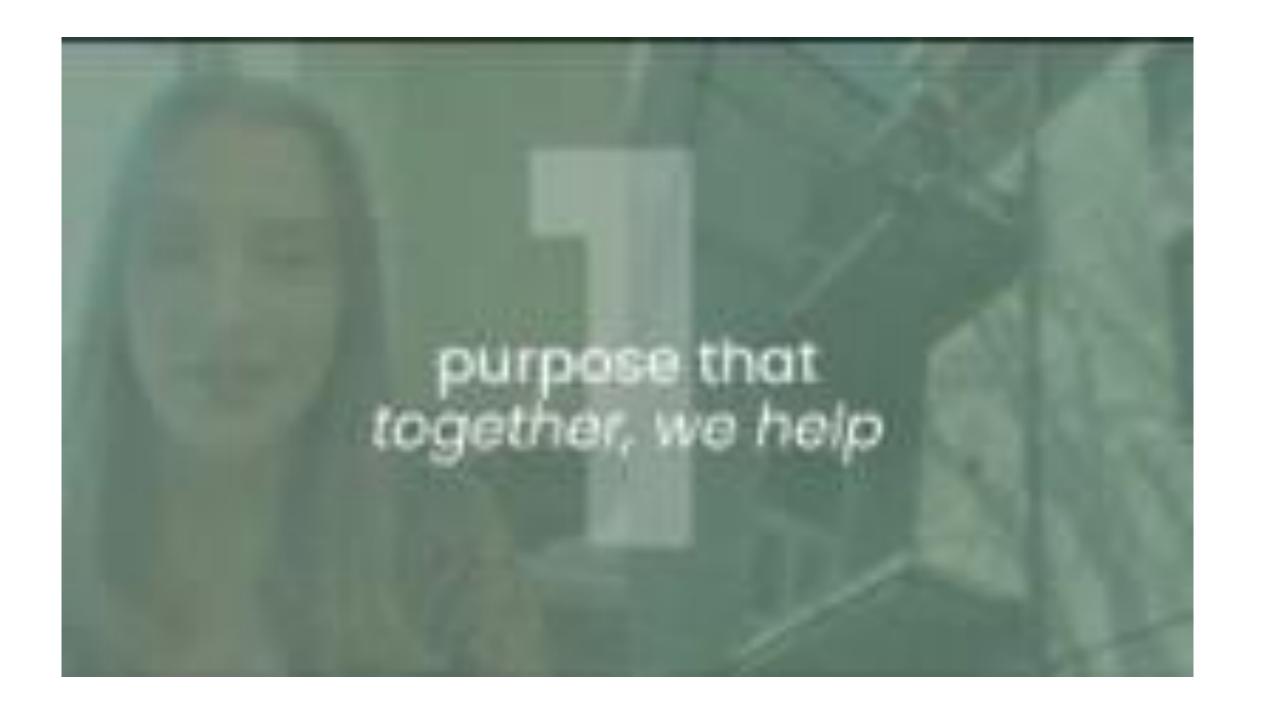
- Listen and learn from those involved in community responses to Covid-19
- Be collaborative and work alongside communities to understand the challenges and opportunities for change presented by the pandemic.
- Recommend ways we can build a fairer Scotland through community action.

Community researchers surveyed in the following areas of Scotland:

→ Wishaw
→ Bonnybridge
→ Glenrothes
→ Cumnock
→ Glasgow North East
→ Rural South Lanarkshire
→ Govan
→ Biggar
→ Drumchapel
→ Edinburgh Leith
→ Dornie
→ Pitlochry
→ Perth
→ Castlemilk
→ Larbert
→ Edinburgh South

- 18 community researchers
- Over 350 participants
- 22 creative stories
- 2 focus groups

together, we help
to build forward better

"People came together....we wanted to find solutions, we just wanted to do something to make it a bit better. Doesn't matter how small."

together,
we help
to build forward
better

"

It gave focus to the community and the opportunity to offer help and be helped as we went through the restrictions and anxiety together.
I believe it has improved the sense of community on our street.

"

together,
we help
to build forward better

"It's been a blessing and a curse.

Glad I can help, but wish I didn't have to."

together,
we help
to build forward
better

→ community action can't be in place of state support when tackling systemic issues

During COVID-19 communities responded to a crisis but cannot themselves solve the issues that created these circumstances and the poverty that created or exacerbated the situation for so many. Support systems must continue and be better resourced to improve people's lives.

together, we help
to build forward better

→ Make space around the decision making table by valuing local expertise

Communities should not have to shout to be heard or feel that they have to ask for permission to participate in, influence policy and development at local and national levels.

together,
we help
to build forward
better

Recommendations for funders, local government and charitable organisations:
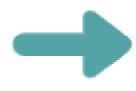
→ Trust those doing the work

→ Take away bureaucracy

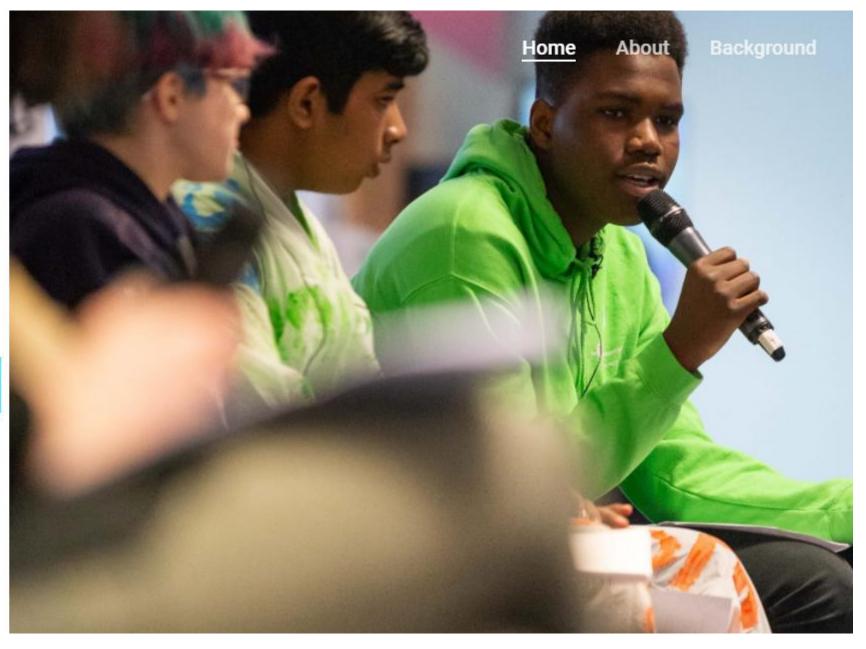→ Mix and match expertise between hyperlocal and national organisations.

→ Create easy ways for communities to share the lessons they have learned from COVID-19

together, we help
to build forward better

Social Action Inquiry Scotland

Unleashing the potential of social action in Scotland.

together,
we help

to build forward
better

Q&A Session

Break

We will be asking you this question after:

From all the ideas and discussion you have heard this morning what would be the first item on your action plan for your organisation?
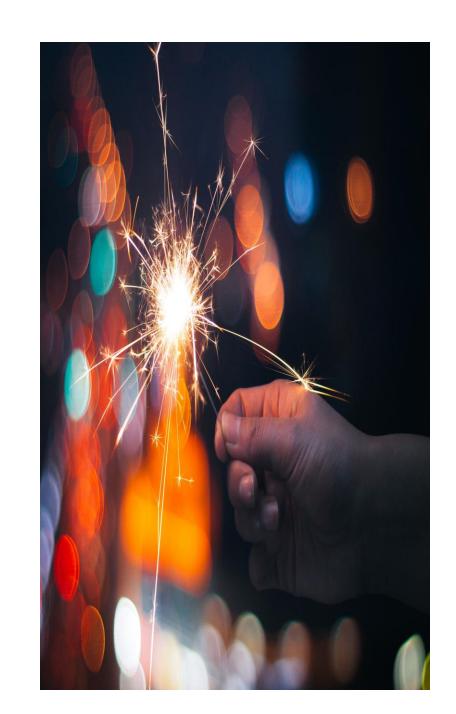
Together, We Help - Social action during the coronavirus pandemic

Catherine Garrod, Programme Officer, Coallition of Care and Support Providers in Scotland (CCPS)

Big Ideas
for changing how social
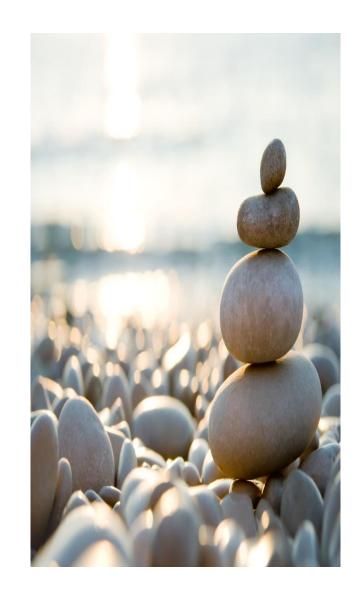care is planned,
purchased & paid for.

Catherine Garrod
Programme Manager

Commissioning,
Procurement &
Self-directed Support

CCPS - Coalition of Care and Support Providers in Scotland.

CCPS's mission is to identify, represent, promote and safeguard the interests of third sector and not-for-profit social care and support providers in Scotland, so that they can maximise the impact they have on meeting social need.

We champion quality care and support provided by the third sector

CCPS membership:
Supports over **200,000 people** and their families
Managed a total **annual income last year of £1 billion**, of which an average of 77% per organisation relates to publicly funded service provision.

Big Ideas

Background
CCPS members discussing their experience of COVID-19:
Critical of the system
Restating familiar problems
High level asks e.g. 'more accountability'

Frameworks Institute (FI) show that communications and influencing are most successful when viable, engaging ideas are provided

So…
A suite of practical, engaging alternatives to returning to the system as it was pre-COVID.
To use internally to engage with members.
To build support externally in policy and influencing.

**Big Ideas. What we did –
in autumn 2020 we consulted
with**

1. CCPS members at large events &
small groups

2. People led Policy Panel of disabled
people, ran focus groups

to develop our ideas and think about
how to improve social care for the
future.

3 Approaches, 9 Big Ideas

Financial system reset
1. Core funding and the end of procurement
2. A national agreement
3. Keeping money in the system

Local and participatory decision-making
4. Place based and cross-system funding
5. Provider alliances
6. Open accountability

System review
7. Self-directed Support
8. Pressing pause
9. Cross- sector mediation

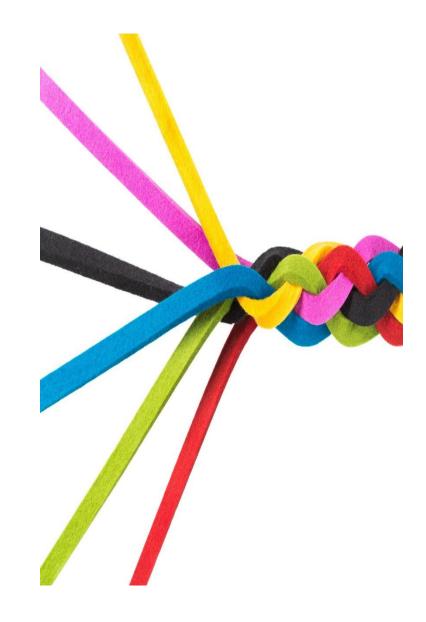# Developing the Big Ideas

Three questions
1. What does the Big Idea mean for people?
2. What does it mean for providers?
3. What does it mean for purchasers?
(colleagues in local authority commissioning and procurement)

Four tests
1. Does it shift power?
2. Does it increase choice and control?
3. Does it improve accountability and transparency?
4. Does it improve social care sustainability?

Big Ideas website:

www.ccps-big-ideas.org
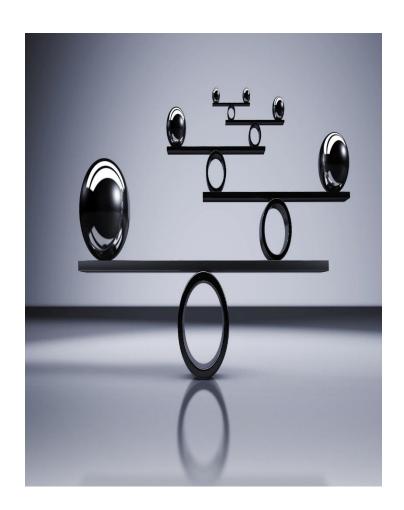
Independent Review of Adult Social Care 2021

1. Shift the paradigm – We need to change the narrative about social care. Strong and effective social care support is foundational to the flourishing of everyone in Scotland. It is a good investment in our economy and in our citizens.

2. Strengthen the foundations - We need self-directed support and the Independent Living Fund, and we need integration of health and social care. The challenge is implementation.

3. Redesign the system -We won't achieve the potential of social care support in Scotland without a new delivery system. We need a National Care Service to achieve the consistency that people deserve, to drive national improvements to set national standards, etc.

Independent Review of Adult Social Care 2021

Shift the Paradigm
Old Thinking:
Social care support is a burden on society
Managing need
Available in a crisis
Competition and markets
Transactions
A place for services (e.g. a care home)
Variable

New Thinking:
Social care support is an investment
Enabling rights and capabilities
Preventative and anticipatory
Collaboration
Relationships
A vehicle for supporting independent living
Consistent and fair

Independent Review of Adult Social Care 2021

Commissioning and procurement were the things most frequently mentioned as needing reform and change for the social care to work in future for individuals.

Commissioning – is the planning and design of social care support.

Procurement – is buying, purchasing and contracting of social care support.

Independent Review of Adult Social Care 2021
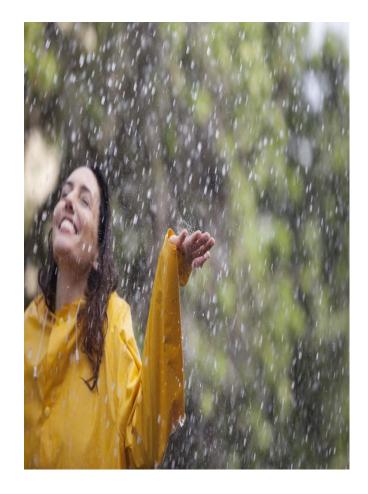
Chapter 9 Commissioning for Public Good

'We want to see an end to an emphasis on price and competition and to see the establishment of a more collaborative, participative and ethical commissioning framework for adult social care services and supports, squarely focused on achieving better outcomes for people using these services and improving the experience of the staff delivering them.'

Independent Review of Adult Social Care 2021

Commissioning and Procurement recommendations:

38. commissioning and procurement decisions must be driven by national minimum quality outcome standards for all publicly funded adult social care support.

39. A decisive and progressive **move away from time and task and defined services must be made at pace to commissioning based on quality and purpose of care – focused upon supporting people to achieve their outcomes**, to have a good life and reach their potential, including taking part in civic life as they themselves determine.

40. Commissioning decisions should encourage the development of mutually-supportive provider networks as described above, rather than competition.

41. Commissioning and planning community based informal supports, including peer supports, is required to be undertaken by Integration Joint Boards

CCPS Commissioning, Procurement & Self directed Support Programme

Projects for 2021
CCPS is working with a range of public bodies, care providers, supported people, and others on the following:

1. Promoting Alternatives to Competition - flexible outcomes based open frameworks, move to collaboration and not competition

2. Commissioning for Outcomes – developing outcomes based contracts, contract monitoring

3. Commissioning for sustainability and promoting fair work principles

4. Promoting implementation of Self-directed Support and Option 2

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Its mission is to identify, represent, promote and safeguard the interests of third sector and not-for-profit social care and support providers in Scotland, so that they can maximise the impact they have on meeting social need.

Commissioning, Procurement & Self-directed Support Programme
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Policy-Information-Events-Practice Exchange-Facilitation- Change Projects-Research-Cross Sector Collaboration
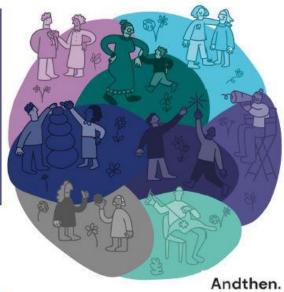
Coileanadh

Dr Tara French Technology and Innovation Lead, Scottish Care

Scottish Care
Voice of the independent care sector

Andthen.

'Coileanadh'
Manifesting a flourishing social care future for Scotland

Dr. Tara French | @TaraLFrench
Imogen Caird | @immycaird

15 June 2021

Care Futures Process

Scottish Care
Voice of the independent care sector

BUILDING OUR COLLECTIVE CARE FUTURE

THE CARE FUTURES PROGRAMME

BUILDING OUR COLLECTIVE CARE FUTURE

159 PARTICIPANTS

Providing a range of **perspectives** including Care Homes, Homecare, NHS, SSSC, Academia, Relatives, Third sector, Community organisations, IJBs, Health and Social Care Partnerships, Hospices, Unpaid carers & Residents

METHODS

Survey ✓
Online engagement session ✓
Interviews ✓   across
Futures activity ✓
Online workshops ✓
Futures postcard (Social Care Mosaic) ✓

2 phases

25 futures activity responses

35 future postcards

125 survey responses

33.5 hours of Phase 1 online engagement

21 hours of Phase 2 workshops

2020-2021 ENGAGEMENT

5 emerging insights

3 consultation responses

1 Future Landscape 'Coileanadh'

OUTPUTS TO DATE

1 futures paper report - **What If and Why Not?**

TEAM

Dr Tara French

Becca Young

Imogen Caird

Visuals & design: Shanice Shek

www.scottishcare.org/project/collective-care-future/

'What if and why not?'

The context and timing of the Independent Social Care Review prompts us to consider the consequences of continuing in a system that is increasingly precarious yet is now experiencing societal awareness of the need for fundamental change.

Therefore, we must question **'why not?'** in relation to progressing the positive future we seek to create and finding the collaborative and tangible solutions that will move us beyond the current challenges.

Phase 2 Themes

Scottish Care
Voice of the independent care sector

Distinct role and profile of social care

Choice, SDS and wellbeing

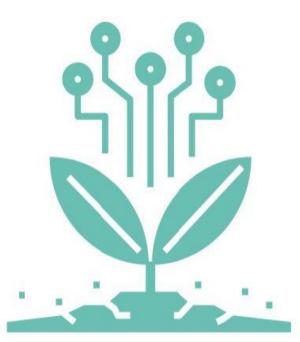Commissioning and business models

Cost and return

Regulation

Human rights and equalities

Workforce value and wellbeing

Creativity, innovation and technology

'Coileanadh'
accomplish, achieve, *fulfil*

Scottish Care
Voice of the independent care sector

Putting the foot down

A social care mindset

Instilling a life course approach

The choice is yours

Valuing expertise of all sectors and perspectives

Pathways of learning through mutual experience

Empowering regulatory practices and people

Reclaiming and renewing, not reinventing

Andthen.

Priority areas of focus

Scottish Care
Voice of the independent care sector

Social care philosophy and culture

Policy and partnerships to enable integration

Enabling change in practice

Andthen.

'Putting the foot down'... *harnessing the moment and wider climate that currently exists to make significant change.*

Momentum and desire have been building over a number of across the social care sector to better recognise and articulate its own value, setting out the parameters of acceptable standards of interaction with wider stakeholders. Developing a commonly accepted 'hallmark' of non-negotiable 'conditions' was suggested where everyone is held to account for upholding these and working to ensure that these are supported. This would give assurance and confidence to all people involved, both in terms of quality and recognition.

Actions for change

1. PRINCIPLES OF QUALITY AND VALUE FOR SOCIAL CARE

Collectively developing a set of principles for social care that articulate ways of working, conditions and shared definition of quality and value.

2. NATIONAL FRAMEWORK FOR LEADERSHIP OF SOCIAL CARE

Developing a national framework for leadership of social care, including articulation of responsibilities around accountability, language and knowledge exchange - leading to improved application, implementation and links between national and local levels across different organisations.

3. NATIONAL ENGAGEMENT ON SERVICE PROVISION

National engagement on the meaning and value of health and social care to the people of Scotland that can build understanding and contribute to the shape of future service provision.

To read the full future landscape for social care please visit:
https://scottishcare.org/wp-content/uploads/2021/03/Coileana dh-SocialCare-FutureLandscape.pdf

ScottishCare
Voice of the independent care sector

Andthen.

'A social care mind set' ... *a more supportive approach to understanding people's experiences, needs and preferences from a wellbeing perspective that emphasises individuality where there is not a hierarchy in terms of prioritising health needs or settings.*

Shifting the balance of power that clinical models are believed to hold in relation to decision-making and recognising the unique contribution of social care can enable a mindset shift, though success involves meaningfully embedding change across all aspects of health and social care. There are also implications that arise related to drivers for change, resulting measures and wider policy agenda, including the need to ensure social care expertise is respected and not medicalised. This requires a shift in where value is placed across the system and how success is defined. At the moment value is largely from a system-oriented perspective e.g., relieving pressure on hospitals, prioritising settings of support such as the drive for people to remain in their own home and a focus on 'beds', 'placements' and 'packages' as forms of measurement.

The language and imagery used to describe social care must also shift, with recognition of how this plays a significant role in shaping people's perceptions and agency, i.e. changing language from 'treated' to 'supported' and not saying 'putting' someone in a care home or 'maintaining' someone at home. Though the sector must seed the change, there are also opportunities that can be better utilised to shape positive perceptions and support understanding. The media have an important role to play, as well as wider society to enable this shift and support awareness from an early age.

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Actions for change

1. HOLISTICALLY REDEFINING ELIGIBILITY CRITERIA

Collectively redefining eligibility criteria based on a wider understanding of needs based on the person, their relationships, context and situation.

2. REVIEWING EXISTING POLICY DRIVERS

Reviewing existing policy drivers to understand the rationale and impact on local practice and provision.

3. CO-PRODUCING PERSON-LED DRIVERS FOR CHANGE

Co-producing a set of person-led drivers for change that underpin the organisation and development of service provision and inform outcomes and policy direction.

4. PROMOTING LOCAL LEADERSHIP TO UNDERSTAND SERVICE PROVISION

Promoting local social care leadership through facilitating opportunities for Local Authorities to engage and develop their understanding of individual social care services in their area.

5. DEVELOPING CONSISTENT POSITIVE LANGUAGE

Developing consistent positive language for social care and tailoring this to different audiences, including identifying acceptable and appropriate terminology and promoting this at service, organisations, system, government, media and societal levels.

6. 'INCENTIVISING' COMMUNITY ENGAGEMENT

'Incentivising' community engagement with social care services and building community investment and relationships to promote understanding, support development and foster innovation to ensure future services and improvements meet individual and community needs.

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'Instilling a life course approach' ... *normalising the ageing experience to view this as a natural journey.*

Empowering people to have choice as they age and preparing society with information and awareness of support available. A focus on opportunities within the education system and enabling earlier conversations about the value of age and the celebration of wisdom, experiences and richness that comes with the journey of life would foster open and transparent conversations when reflecting on the life course and personal growth. Instilling a value for 'levelling up' will support the profile of older people and social care to the extent that people feel privileged to make choices, have options, and encourage people to work in a sector that is rewarding and with opportunity. All stages of life should be viewed with equal importance, e.g., later stages as important as birth, and people should be equipped with the knowledge to prepare for and navigate each stage and life event positively.

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Actions for change

1. 'NORMALISING' AGEING TO PROMOTE DIVERSITY OF EXPERIENCES

Promoting visibility of diversity of experiences and preferences of older people to 'normalise' ageing and expectations of what it means to age, as well as the supports that may be accessed.

2. LIFE COURSE STAGE INFORMATION AND SUPPORT

Providing information and promoting awareness that is structured around life course stages that builds on information early in life (including through the Curriculum for Excellence) and at key life events and transitions to ensure equality of information and support across all stages of the life course.

3. MUTUAL LEARNING OPPORTUNITIES ACROSS GENERATION

Developing opportunities for mutual learning across generations building on the knowledge and evaluation of intergenerational projects and approaches to increase the value of the contribution of older people and address some of the 'taboos' around ageing and later life.

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'The choice is yours' ... *enabling informed choice tailored to needs and experiences.*

Availability of information shouldn't equate to a standardisation of support but should have the richness of choice that meets individual needs and preferences of how people choose to live within their circumstances. Enabling people to understand the options and types of support that are most appropriate for their experience is important. This can be enabled through thinking differently about how people are informed and interact with supports, and where there could be additional opportunities to genuinely allow people to try things and make decisions for themselves. Ensuring a consistent approach to implementing Self-Directed Support is a mechanism that would enable people to have their needs and choices respected.

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Actions for change

1. ENABLING A 'SELF-DIRECTED SUPPORT' INFORMED SOCIETY

Enabling a SDS informed society with the mechanisms in place to feedback positive and negative experiences of SDS in practice to help remedy areas where implementation continues to be challenging and to enable consistency of approach.

2. INFORMATION SHARING STRATEGIES FOR ACCESS AND CHOICE

Understanding how people navigate and gain information about social care to inform the development of information sharing strategies to ensure access and enable informed choice

3. LOCAL LEVEL SUPPORT IN DECISION-MAKING

Developing a specific role consistent at the local level who provides support in relation to types of services and support available and works with individuals/families to facilitate discussions, support decision-making and help with anticipatory care planning.

4. ENABLING CHOICE AND CONTROL THROUGH ACCESSIBLE TECHNOLOGY

Developing more accessible technology and understanding where technology can enable choice and control in terms of access to support and how support can be enhanced.

5. DEVELOPING PRACTICAL OPPORTUNITIES TO EXPERIENCE SERVICES

Developing practical opportunities, sustainably funded, where people can experience services (e.g., a 'Try me' room in a care home available continuously) to support informed decision-making when making a choice around the most appropriate support for their needs and wishes.

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'Valuing expertise of all sectors and perspectives'

Respecting choice and achieving person-centred care requires prioritising relational working where hierarchies are removed, focusing on identifying together the most appropriate support and ways to provide this. Building trust in roles and relationships, valuing perspectives and individual expertise in shared decision-making creates a culture of openness and shared responsibility, contributing positively to wellbeing and morale through feeling valued and respected. Facilitating choice can be extended to collaborative commissioning processes where consistency, working in partnership, enabling flexibility and asset-based approaches are key. This all requires 'letting go' of traditional ideas of roles, control and power to enable tailored and proactive support, with meaning to individuals.

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Actions for change

1. COLLABORATIVE LEADERSHIP FOR PERSON-CENTRED CARE

Courageous and collaborative leadership to reorganise resource and investment to follow needs of the person not the needs of the system, engaging widely about the role of all sectors and services in achieving the biggest impacts for person-centred care.

2. COLLABORATIVE ASSESSMENT, PLANNING AND DECISION MAKING

Adopting a genuinely collaborative approach to assessment, planning and decision making that prioritises dignity and respect and values the contribution of different sector expertise in identifying appropriate forms of support and the way this is curated.

3. CONSISTENT LOCALISED APPROACHES FOR COLLABORATIVE COMMISSIONING

Reviewing the expertise and skill requirements of social care commissioning to ensure a consistent localised approach that can facilitate collaborative commissioning processes to ensure diverse representation in decision-making.

4. REDEFINING IJB MEMBERSHIP - REPRESENTATION OF ALL SECTORS

Redefining IJB membership and responsibilities and ensuring consistency across Scotland in all partnership areas with representation from all sectors.

5. INTEGRATED COMMUNITY PLANNING FOR IJB DECISION-MAKING

Including services and support as an integrated part of community planning processes to address local needs and inform decision-making within IJBs ensuring a sense of shared responsibility

6. EFFECTIVE MODELS OF SUPPORT FOR STAFF WELLBEING

Understanding effective models of support for staff wellbeing and how to access these to provide support that is tailored to different staff roles, needs and background, and embedding this in the culture and practice throughout all sectors and levels.

'Pathways of learning through mutual experience'

Roles and experiences in social care need to be better understood and recognised with mutual respect of individual expertise. Practical ways, such as placements and shadowing, provide routes to building knowledge, understanding and respect for roles and environments. Regardless of education or training pathway, there is a need to embed shared opportunities for learning and understanding of the mutuality of health and social care disciplines, achieved through shared classes, training and development sessions, and formalised volunteering or placements.

Ensuring appropriate training and career opportunities in the sector which provide consistency and assurance whilst also prioritising the flexibility in individual interests, pathways and ambitions is necessary. Wider organisations need to have effective means of recognising prior experience so that the focus remains on development and avoids unnecessary duplication.

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Actions for change

1. MUTUAL LEARNING ACROSS HEALTH AND SOCIAL CARE ROLES

Promoting opportunities for mutual learning across health and social care roles and contexts to build shared understanding, trust and respect.

2. ARTICULATING THE DIVERSITY OF CAREER POSSIBILITIES

Understanding and articulating the diversity of career possibilities and pathways that social care offers to support recruitment and engagement with the sector and communicate the breadth of opportunities to wider society.

3. PROMOTING SOCIAL CARE SECTOR AND EXPERTISE

Facilitating more joined up approaches across organisations to promote awareness and understanding of the social care sector and expertise, including workforce recruitment campaigns and career development pathways.

4. EQUIVALENT ACCESS TO TRAINING AND DEVELOPMENT FOR ALL SECTORS

Ensuring equivalent access to training and development opportunities available to benefit all sectors (e.g., training and opportunities available to NHS also available to Social Care and vice versa).

5. DEDICATED STAFF TRAINING BUDGETS

Exploring mechanisms to provide resource for training and development to ensure dedicated budget is available to staff and services specifically for this purpose (e.g., an SDS approach to staff development to enable individual development aligned with person-centred service aspirations).

6. NATIONAL APPROACH TO HEALTH AND SOCIAL CARE PLACEMENTS

Developing a national approach to health and social care placements that promotes the development of expertise in a diverse range of contexts to evidence a balance of health and social care experience.

7. DEVELOPING RESEARCH CAPACITY THROUGH PLACEMENT OPPORTUNITIES

Developing placement opportunities in social care for students with diverse research interests that develop research capacity in social care contexts.

8. PROVIDING SECONDMENT OPPORTUNITIES

Providing a resource equivalent to that available for innovation in health to allow the social care workforce to take up secondment opportunities in 'innovation champion' style roles enabling capacity building across the sector.

'Empowering regulatory practices and people'

Recognising the current role and practices of regulators needs to adapt for compatibility with a shift toward a social care mindset that is aligned to aspirations for support provision. Regulators have the unique position of being able to support the system to be empowering; they set standards and evaluate quality which could be developed to support more enabling practices that positively balance recognising and encouraging quality and improvement with building confidence and capacity to push beyond recording minimum standards. Mechanisms and levers can be used differently to enable a shared vision and direction for care practice which define the value of social care support. Supporting open dialogue between regulators and providers can facilitate consistency in where value is placed when developing regulatory processes.

To read the full future landscape for social care please visit:
https://scottishcare.org/wp-content/uploads/2021/03/Coileanadh-Social Care-FutureLandscape.pdf

Actions for change

1. SHARED UNDERSTANDING AND DEFINITION OF QUALITY

Developing a shared understanding and definition of quality and identifying the most appropriate ways to ensure quality is enabled and sustained with clarity on individual bodies remit and contribution.

2. CONTINUOUS DIALOGUE AMONG REGULATORS, SERVICES AND PEOPLE

Ensuring a collaborative and continuous dialogue among regulators, services and people in the creation, development, review and application of regulation to maintain a clear sense of purpose and value, and to support a dynamic and informed approach to regulatory practice.

3. SHARING GOOD PRACTICE EXAMPLES FOR MUTUAL LEARNING

Using the mechanisms and levers of regulators to promote the sharing of good practice examples that allow providers to learn from each other as well as informing wider audiences and shaping an understanding of quality.

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'Reclaiming and renewing, not reinventing'

Costs, finance and funding have implications for choice, understanding and profile of social care. Cost is part of the existing challenge, yet also part of enabling the solution and future direction. However, people's ideas about a positive future are not automatically premised on more resources or the creation of 'new' supports/services/models. It is about recognising the assets and enablers and supporting wider understanding of social care. There is a need to make cost transparent in relation to building a sense of trust and quality to enable choice and planning as well as to understand wider impacts of not investing, or investing differently. Further, there is a need to consider the potential of existing resources beyond their current form and remit. Where there is additional investment and cost, these should reflect where we truly want to place value and drive aspiration, rather than continue to be based on raising the minimum (e.g., living wage as the basis for workforce value).

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Actions for change

1. MOVING BEYOND THE 'WAY WE'VE ALWAYS DONE THINGS'

Developing a holistic vision of health and social care integration that prioritises the choices and wishes of people accessing support and replaces the dominant discourse of medicalisation and clinical intervention, moving beyond the 'way we've always done things'.

2. COLLABORATIVE EXPLORATION OF PREVENTION AND SPECIALIST SUPPORT

Facilitating collaborative approaches in partnership areas to explore ideas with care homes and homecare around developing different forms of support that could be offered to meet local needs, particularly in relation to prevention and specialist support.

3. EVALUATION TO UNDERSTAND PREVENTION AND EARLY INTERVENTION

Prioritising evaluation to understand prevention and early intervention to identify areas of further investment that build on existing knowledge and value in its widest sense beyond purely financial measurement.

4. EXPLORING COST MODEL OPTIONS WITH ALL SOCIAL CARE STAKEHOLDERS

Involving all social care stakeholders in exploring all cost model options to fully understand the preferred and most effective ways in which services can be contracted that allows for flexibility and tailored options (e.g., General Practice style arrangements).

5. EVALUATING WHERE TECHNOLOGY ENHANCES EXPERIENCE

Building an understanding of where technology and digital is most valuable and enabling in social care through evaluation and sharing examples of innovations in working practices where technology and digital have enhanced experiences.

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THANK YOU!

"We can't solve everything today but if we invest today the care might be what we want, we aspire to tomorrow."

Care Futures participant

Tara.French@scottishcare.org | Imogen.Caird@scottishcare.org

@TaraLFrench | @immycaird

https://scottishcare.org/project/collective-care-future

Visual Credits: Shanice Shek and **Andthen.**

Q&A Session

Panel discussion

slido

From everything you have heard this morning can you tell us what resonated with you the most?

ⓘ Start presenting to display the poll results on this slide.

slido

Do you have any other reflections on what you have heard this morning which you would like to share?

Keep in touch

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Enabling health and
social care improvement