

CLS Evidence & Learning Briefings 2020

Paper 6b: Lessons from implementing CLS in Scottish Borders

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Community Led Support

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Community Led Support is a place-based approach to achieving change in health and social care services, through working closely with local communities and wider partners in the voluntary, community, business and public sectors. Changes made to local services and systems include a combination of interconnecting elements, all of which are essential, but which are shaped and refined to reflect local circumstances.

While Community Led Support involves a set of core principles and practices common to all participating areas, each area works differently depending on local circumstances, priorities and readiness for change across the partners involved.

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In **Paper 6a** we introduced the first of two case studies exploring the important question:

Does community led support deliver better outcomes for the same or less resource?

That paper went on to share the findings of the first case study exploring the evidence base and experiences of Somerset in implementing CLS.

In this Paper, we focus on Scottish Borders - an established CLS site with good data literacy and a realistic approach to collecting and using different sources of evidence - to look at what we know is changing as a result of their local approach and what can be learnt from this.

As a reminder from Paper 6a, the data examined for these case studies included the following sources:

- Outcomes for individuals (for example, relating to wellbeing, physical and mental health, social isolation/connections and the kinds of support experienced)
- Costs to adult social care, and where possible other related services
- Use of health and social care and other services (e.g. number of enquiries/referrals, number of social care assessments, number of people receiving support, waiting time for assessments/support, number of people in residential care, numbers experiencing self-directed support)
- Use of, and costs to, voluntary and community sector organisations.

Lessons From Implementing Community Led Support in Scottish Borders

The context in Scottish Borders

Before the introduction of Community Led Support, there was a recognition in Scottish Borders that things needed to be done differently. The Health and Social Care Partnership (HSCP) was keen to pursue Scottish Government agendas on Integration, Community Engagement and Self-Directed Support (SDS). Increasing waiting lists and pressures on budgets also meant there was a need to use HSCP and local community resources better.

The three main issues for CLS to address were agreed as:

- Putting what matters to people first, in line with the principles and practices associated with CLS.
- Transforming Social Work access arrangements and ensuring a more efficient use of staff and resources (by getting rid of waiting lists, simplifying pathways and processes, better targeting of professionals' time, and focusing on early intervention and prevention).
- Streamlining access to all services and support through locally based community hubs involving volunteers and staff from a wide range of agencies and sectors (by building on people's skills and community assets, and in the process making health and social care more visible in local communities).

What is changing in Scottish Borders?

CLS was built on existing Locality Planning arrangements and progress that had already been achieved with the integration of health and social care. The approach started with two initial 'What Matters' Hubs before rolling this approach out across the five localities comprising Scottish Borders. Over the last two and a half years, significant cultural as well as structural change has taken place beyond this initial phase. The analysis in this paper is based mainly on comparisons between 2016/17 (the first full year prior to CLS) and 2018/19 (the latest data available at the time of drafting in early 2020). There have been some changes over recent months - new data have become available and What Matters Hubs have not been able to work in the same way since Covid-19 lockdown - although Scottish Borders is reviewing how it can use the learning from this to provide a locality based approach moving forward.

The key elements of CLS in Scottish Borders are:

- Locally based **What Matters (WM) Hubs** which can be easily accessed by local people as the first point of contact for health and social care services. Following the innovation work in Hawick and the Ettrick Valley in June 2017, WM Hubs were established in all five Scottish Borders localities by Spring 2018. Hubs are now fully operational in the main population centres of Hawick, Peebles, Galashiels, Kelso, Duns and Eyemouth, with more being developed in other, smaller communities including a growing number of pop-up hubs.
- **Statutory and non-statutory teams working together in, and with, local communities.** WM hubs are supported by council staff and include paraprofessionals, social workers and occupational therapists with key partners from the third sector playing a key role, including the British Red Cross and Borders Carers' Centre.

- **Facilitating proportionate support** as early as possible, by adopting a simplified and streamlined approach to exploring people's needs and aspirations. The WM hubs use a shorter, more simplified version of the Social Work assessment, known as the **What Matters documentation**. These changes have reduced the amount of time spent on completing paperwork by locality social work staff, meaning that people no longer wait months for an assessment for what may be a relatively straightforward issue.
- **Adopting an Effective Conversation approach** which is much more person centred and encourages people to identify individual, family and community resources before considering statutory services.
- Offering flexibility through a mix of **appointments and drop-ins at all WM Hubs**. This gives people the option of accessing support and advice locally without a set appointment being required. It also allows greater choice in where this conversation/interaction takes place, offering a neutral community venue where people can access other services. This neutrality has advantages for some people who are unwilling to engage with services but who are happy to receive support via the hub.
- Appointing **CLS Locality Leads for devolved decision making**. These are social work staff from locality teams who now have responsibility for all hubs in their area. They meet on a regular basis to review feedback and performance data and agree ongoing improvements to the hubs.
- **Building the capacity of local communities and the third sector** to provide support, by working with providers as partners and commissioning the British Red Cross Assisted Discharge and Community Led Services.

The most significant changes achieved as a result of the above are:

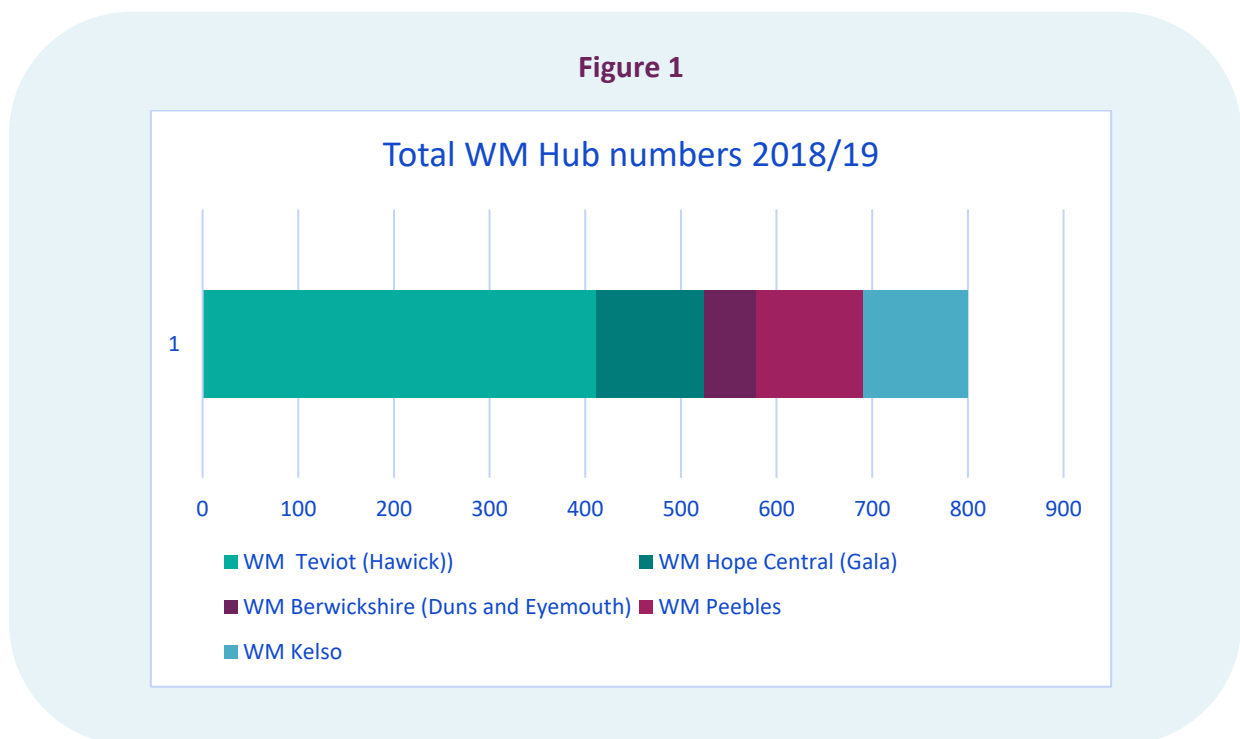
- An increase in the numbers of people whose issues are dealt with and resolved quickly through Customer Services and What Matters Hubs, rather than having to join social work waiting lists for full assessments before receiving any support.
- The move towards Good Conversations and What Matters assessments has resulted in people experiencing more local, community solutions and self directed support (SDS).
- Staff morale has increased through a person-centred, multi-disciplinary way of working.
- In the context of demographic change and increasing demand for services, Scottish Borders have been able to make these positive changes while keeping within social work budgets.

The following evidence demonstrates that **the system for commissioning and delivering support is fundamentally changing** in ways that benefit local people and public services:

1. The establishment of **What Matters Hubs** has resulted in a huge difference in how people can access support before and after CLS. At a system level this has increased the use of community support and reduced and/or delayed the need for full assessments

and more expensive care and support arrangements. This means better outcomes for people and a better use of resources. The **numbers of people visiting What Matters Hubs** has increased dramatically since the first hub opened in Hawick in June 2017. By April 2018, hubs were operational in the six main population centres of the five Borders' localities¹. From April 2018 to March 2019, **800 people** visited these hubs. (This excludes people visiting rural and other pop-up and mobile hubs, many of which started during 2019).

The What Matters Hawick hub, based in the Heart of Hawick café in the town centre, accounts for just over half of the visits (412 people) with the others ranging from 55 to 112 people as shown in Figure 1.



Just over three quarters of the visits were 'drop ins' (606 people) with the remainder (194) being appointments. All hubs offer both routes for flexibility.

2. The implementation of CLS has meant that people are now offered a **wide range of solutions** to meet their support needs and improve their health and wellbeing.

The 800 people who visited the What Matters Hubs in 2018/19 made use of a total of 1,038 solutions. One of the advantages of the CLS approach is the shared understanding that people will often need a mix of support to improve 'what matters' to them - most

¹ The hubs included in the analysis are: WM Berwickshire (Duns and Eyemouth), WM Hope Central (Galashiels), WM Kelso, WM Peebles and WM Teviot (Hawick).

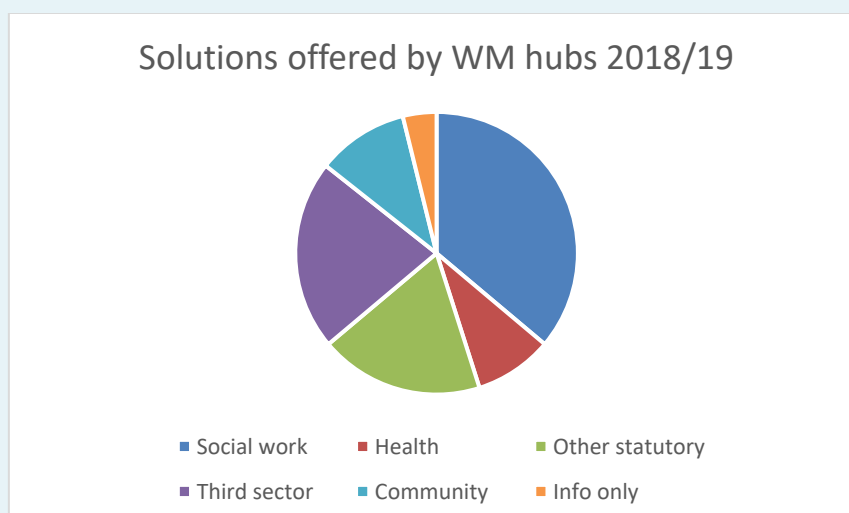
often a combination of maintaining independence and social connections as well as feeling safe. Examples are shown below:

A Customer Services appointment was received for the What Matters Hub to explore the person's difficulties in accessing their shower. This request would previously have been placed on the waiting list for a full assessment; however there was space to see the person at a hub appointment which also therefore provided the opportunity to have a 'What Matters' conversation with an Occupational Therapist (OT) and someone from the Red Cross. This conversation enabled other concerns to be shared with the following solutions, summarised below:

- Feeling isolated but keen to share DIY interests– information provided on the local Men's Shed
- Feeling low and demotivated - information provided about the local Stroke club
- The person's partner feeling stressed - referral to Carers Centre
- Difficulties with mobility and falls- referral to physiotherapist made
- Hand weakness- home exercise programme provided on hand exercises

The solution (or outcome) for everyone visiting a WM Hub is agreed between the person and member of staff they speak with and is recorded so that these solutions can be monitored and changes over time can be tracked. The breakdown of these different solutions during 2018-19 are illustrated in Figure 2 below.

Figure 2



This shows that:

- Just over a third of all solutions agreed with people resulted in further social work involvement (375 / 1038)².
- Signposting to the third sector made up nearly a quarter of solutions (226) with 11% being for community solutions, including a very wide range of local activities such as Men's Sheds, lunch clubs, gardening projects and '50+ Dominos'.
- Signposting to British Red Cross, Carers Centre and Care and Repair accounted for 75% of the overall signposts to the third sector.
- Four per cent of solutions involved providing information, often through leaflets, with no further action required.

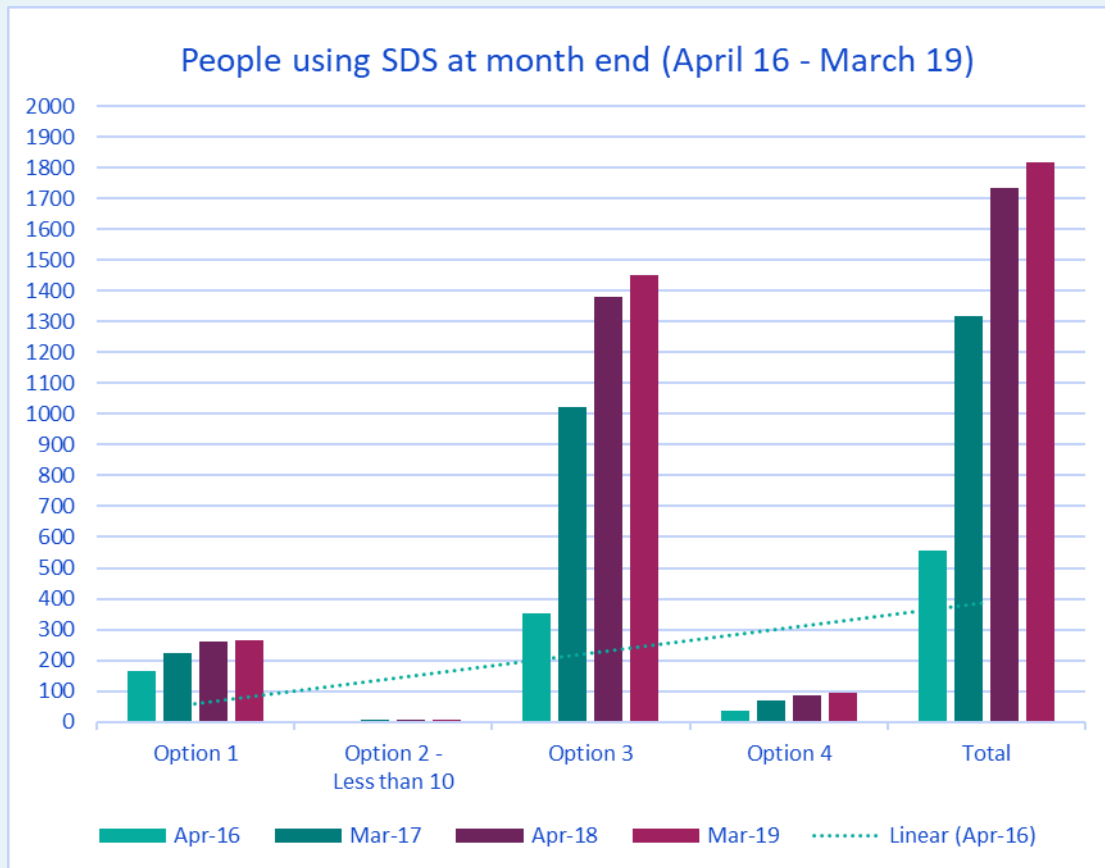
A man attended the What Matters Hub with his son who lives in Glasgow, saying he was feeling isolated following some major life events; he had been diagnosed with dementia 2 years ago, and his wife had died a year ago. He had been attending a day service once a week and had private domestic support. Through conversation it was discovered that he used to play saxophone with a local rock and roll band and was keen to join in some music sessions. The hub staff phoned a local musician they knew, who was able to brief them about acoustic sets in the Borders. Another phone call later, and he was linked up with the befriending service at Alzheimer Scotland who arranged for someone to accompany him to some local sets. "He stated that he really appreciated our service and his son described us as hugely knowledgeable!"

3. The principles of CLS are consistent with those of Self Directed Support (SDS) which enables people to personalise their support and experience much greater control. Data shows that there has been an **increase in SDS** between 2016/17 (the full year before the What Matters approach was introduced) and 2018/19 with SDS now being Scottish Borders' default approach to social care.
 - The number of people using SDS increased from 558 in April 2016, to 1320 in March 2017, to 1735 in April 2018, and to 1817 in March 2019 – an increase of 226% over two years - as shown in Figure 3 below.
 - The majority of people are choosing SDS Option 3 (where the person chooses to allow the council to arrange and determine their services), which accounts for around two thirds of those receiving SDS.

² The number of solutions during 2018/19 (1038) is higher than the total number of visits (800) as some people are offered more than one solution.

- A total of 356 people are now using a Direct Payment – comprised of a mix of those using Option 1 (Direct Payments, 263) and Option 4 (a mix of options)³.

Figure 3



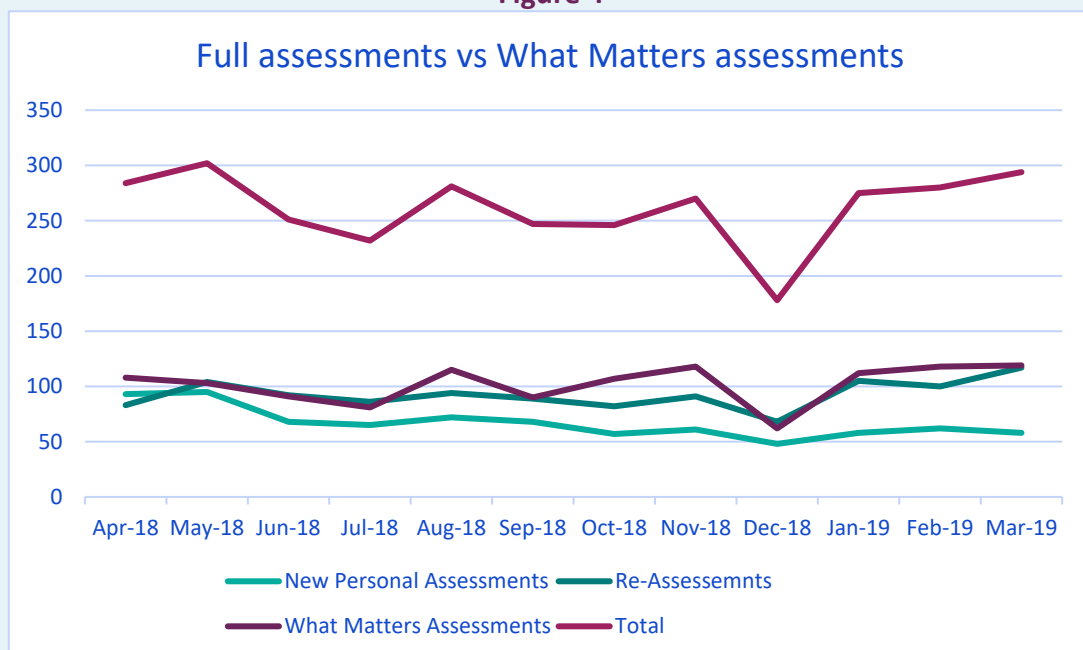
4. The CLS approach means that **individuals are seen and have solutions in place earlier than previously**. This is due to a combination of factors: the availability and accessibility of What Matters Hubs across Scottish Borders; an increase in referrals to the hubs wherever possible (so that this can happen); and delegated authority to social work hub staff to allocate up to 7 hours of discretionary care. The following example shows this working in practice.

³ Less than 10 people currently choose Option 2, where the personal budget is allocated to an organisation that the person chooses, and the person is in charge of how it is spent

Mrs T attended a 10 am appointment at a What Matters Hub following a referral and appointment made through Customer Services. The What Matters Assessment found that she was struggling to manage her personal care routines due to her arthritis and low blood pressure. She wanted to remain as independent as possible, so a small package of care was arranged to help with washing 3 times a week (a total of 1.5 hours). A handrail was also organised to help her get in and out of the bath with all the necessary paperwork being completed at the hub. Mrs T phoned the hub back at 11.10 the same morning to say that all arrangements had been made and would start the following Monday.

The introduction of **What Matters Assessments** has meant a gradual **reduction in the number and proportion of full social care assessments being undertaken**, as shown in Figure 4 below. During 2018-19, new personal (full) assessments fell from 83 in April 2018 (when a combined total of new, re-assessments and What Matters Assessments was 284) to 58 in March 2019 (when the combined total was 294). It is anticipated that this changing ratio and reduction in full reassessments should continue after a time lag. In March 2019, the ratio of What Matters to Full social care assessments (new and reassessments) was 41% : 59%; and there are signs that this shift will continue in favour of the What Matters approach.

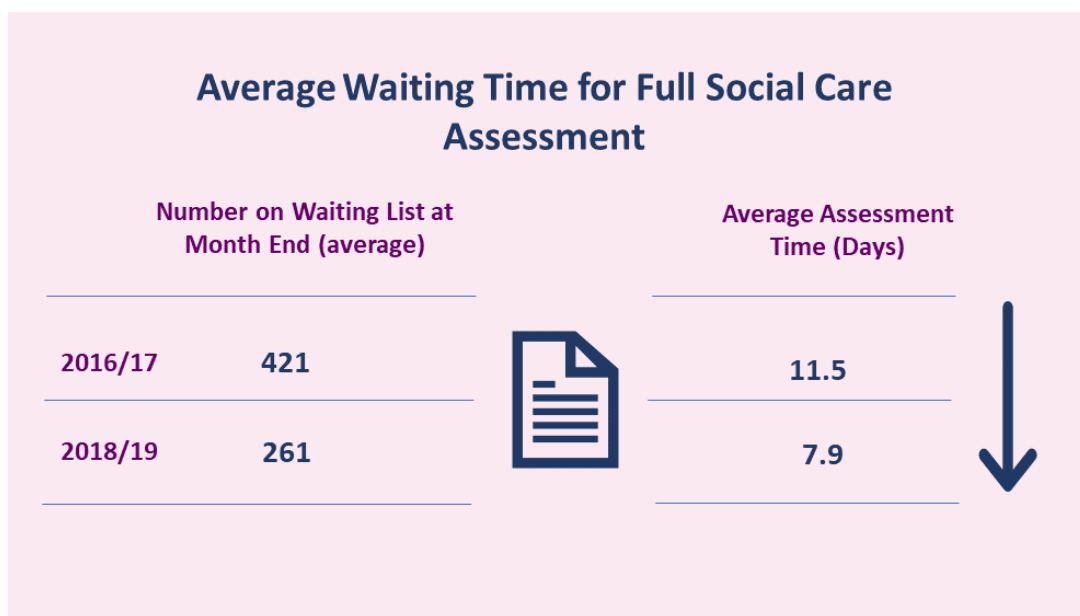
Figure 4



- As well as increasing speed of response and flexibility for individuals, the introduction of CLS and the What Matters approach has also resulted in **system efficiencies**. These include a **reduction in the number of people on the waiting list**, and a **decrease in the time that people wait for a full social work assessment**.

In 2018/19 the average number of people on the waiting list for a full social care assessment was 261, a significant reduction from 421 people waiting in 2016/17, the first full year before CLS was introduced. Figure 5 below shows how the average waiting times for an assessment have decreased from 11.5 days to 7.9 days between the same two periods.

Figure 5



- These efficiencies generated by CLS and the What Matters approach therefore represent a **better use of resources** - for the HSCP and the wider community. This is illustrated by the fact that Scottish Borders' Locality Social Work Teams budget increased by less than 0.05% between 2016/17 and 2018/19, and yet the total number of assessments rose from 284 to 294 with people being able to access a much wider range of support for what matters to them.
- There is evidence that **staff morale and motivation within social work teams has improved** since CLS and the What Matters approach was introduced. Staff survey results from the initial teams involved in staffing What Matters Hubs showed:

22% increase in staff saying “I am able to do my job to a standard that I am pleased with”

&

17% increase in staff saying “I am satisfied with the sense of achievement I get from my work”

Comments from staff explain how working in multi-disciplinary teams and taking a person-centred approach underpin this this improvement in morale and motivation.

“I feel the Community Led Support hubs set-up so far have been well received and will continue to grow as more and more people use them. Making people aware of what support and services are available allows them to deal with issues before reaching a crisis. It also works the other way too as the community can let us know what is happening and we can work together on building relationships” (Community Care Assessor)

“Since our change of venue, I feel very positive about our What Matters Hub, we are in the right place. The balance between Social Work, OT and Voluntary sector works well. It is empowering to work in this environment, providing advice, signposting and support simultaneously to people just when they need it. Feedback we have had is that people are delighted at the quick response from Social Work and that it can alleviate their worries. We have had people returning just to let us know what they have taken forward or how our intervention has made their lives better. There is no greater testimony.” (Social work professional)

Summary of changes and what enabled them to happen

The evidence shared in this paper suggests that CLS in Scottish Borders has resulted in a range of positive impacts in a variety of ways, including for:



Local people are getting appropriate support earlier, potentially avoiding crises and exploring solutions for ‘what matters’ to them. Locally based What Matters Hubs provide an informal and accessible way of getting information, advice and support.

By taking a universal approach where support is not limited to ‘adult social care’ or specific “client groups” but instead is personalised and delivered through a broader range of options including through the third sector and the local community. Appointments through Customer Services, What Matters assessments, and delegated authority to social work hub staff have enabled quicker responses and creative solutions for local people.



Staff morale has improved, with teams reporting that staff are feeling more motivated about what they do and how they do it.

By skilling up social work and customer services staff in ‘good conversations’ and investing in a partnership approach for implementing CLS including through the staffing of What Matters Hubs. Social work staff value the holistic, person centred approach to support and the chance to find out about and offer a wide range of community solutions alongside social work support. Staff also appreciate the delegated responsibility for allocating small amounts of paid support and for developing hubs that meet the needs of local communities.



Communities are valued partners alongside third sector and community organisations who are actively involved in developing and staffing What Matters Hubs and providing solutions.

By enabling a locality approach to siting What Matters Hubs in a variety of population centres, and through pop-up and mobile hubs in more rural areas; and by including very local community activities in the range of solutions to meet people’s individual needs and circumstances. Having an initial ‘test and learn’ period for two hubs to explore what works, also helped the subsequent planned and sustained roll-out across Scottish Borders.



Systems are benefiting from improved and efficient support and care pathways, that focus on early intervention and reducing unnecessary and inappropriate assessments.

By investing in and embedding leadership at all levels, including strategic ownership by the Group Manager, Social Care & Health, being the nominated CLS Lead responsible for driving the structural, system and cultural changes necessary for the What Matters approach. The introduction of What Matters assessments has helped to reduce bureaucracy and speed up the assessment process, as has devolving responsibility for hub operations to a group of Locality Leads who meet regularly to share learning and spread what works.



Resources are being used more efficiently and effectively across the system. For example, the use of staff resources and implementation of SDS has led to better outcomes for individuals within increasingly constrained budget limits.

By monitoring, measuring and reporting on what matters and what is different for people and tracking the changes and implications of these in different parts of the system it is possible to demonstrate that CLS delivers better outcomes for the same or less resource. This is complemented by a commitment to performance improvement, staff becoming more data literate, taking an interest in and ownership of data, and encouraging an open and honest dialogue about what is happening, working and not working on an ongoing basis to continue to shape and develop CLS.



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