CLS Evidence & Learning Briefings 2020

Paper 6a: Learning from local approaches to implementing Community Led Support in Somerset

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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.

www.ndti.org.uk/our-work/our-projects/community-led-support

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Overview

The key driver for local authorities and their partners in adopting Community Led Support is delivering better outcomes for individuals and the community. However, in the context of austerity and reducing public service budgets, costs and efficiencies are also inevitable considerations. This paper considers one of the key evaluation questions for Community Led Support:

Does CLS deliver better outcomes for the same or less resource?

To consider this question, we looked at data collected by two CLS sites that have been working in the ways described in Papers 1, 3 and 5 for some time, both before and since CLS was adopted to look at changes that have come about as a result of working in this way.

Somerset and Scottish Borders were selected to participate in this study because not only have they been working differently for some time, they have also developed a strong sense of data literacy based on a realistic approach to collecting and using different sources of evidence to look at what is changing in each locality within their Local Authority area and what can be learnt from this.

The kinds of data examined includes:

- 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 (e.g. the NHS)
- Use of adult social care (for example, number of enquiries, number of social care assessments, number of people receiving adult social care support, waiting time for assessment, number of people in residential care)
- Use of, and costs to, voluntary and community sector organisations
- Wider changes (for example relating to hospital admissions and discharges).

The rest of this paper shares the findings and lessons from Somerset, including highlights from a review of data drawn from an analysis of 4 other CLS sites in England who have been running for a similar length of time from 2014-15. A second, linked case study paper will share findings and lessons from Scottish Borders and is due for publication in May 2020.

Lessons from implementing CLS in Somerset

Community Led Support in Somerset, known as **Somerset Community Connect**, is a partnership between Somerset County Council, Community Council for Somerset, Engage, Spark, Age UK, Somerset Sight, SENSE, Deaf Plus, Action on Hearing Loss, Somerset CCG and a network of over 600 micro providers. Central elements of Somerset Community Connect include:

- A network of community-based **Talking Cafes** across the county, where information, advice and support are offered to local people in places and at times that work for them. Talking Cafes are run by the community for the community; there is no formal process, threshold or appointments system for being able to attend. Therefore, people benefit from engaging with a variety of services and support options, including talking with social care staff among others.
- A network of **Community Agents,** who run and support the Talking Cafes, provide a central navigating and connecting role that works for local people and Somerset Community Connect partners. Community Agents are employed by Community Council for Somerset and work closely with health and social care community teams and other parts of the NHS (e.g. acute and community hospitals).
- A focus on **early help** and preventative approaches, mainly through **bringing the community in** or closer to decisions about support. This is achieved by everyone working together to explore natural networks of support and locally based solutions before considering statutory services including social care.
- Devolved decision making through locality-based **peer forums** involving Community Agents. Decisions about the kinds of support available to individuals are made using the Community Led Support Resource Wheel (see Figure 1); local staff teams have devolved authority and accountability for budgets up to an agreed limit and how they are spent to enable people to receive the support they need that best meets their specific circumstances, whilst building on their own strengths and contributions.
- Building the capacity of the local community to provide support to local people through a dynamic and growing **network of micro social enterprise providers** (small, community based care and support services).
- Taking a **universal approach,** applying the key features of making CLS work in Somerset to all adults, and for both existing customers (through reviews) and new customers.

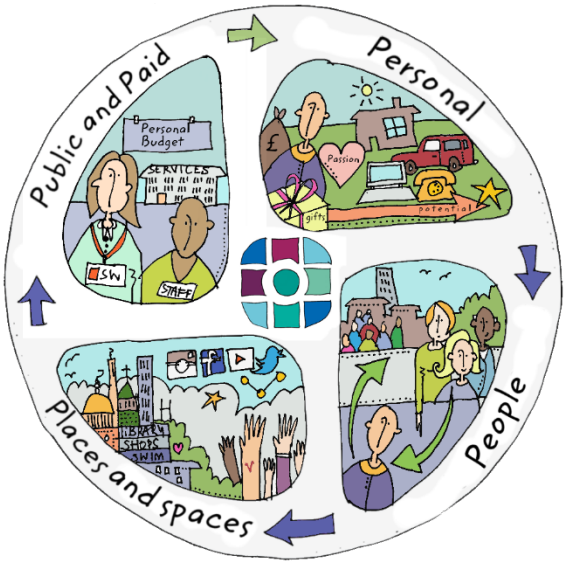


Figure 1: Community Led Support resource wheel

This approach started in West Somerset in April 2016 and has now been rolled out across the Local Authority.

What is changing in Somerset?

Before the introduction of Community Led Support, there was a recognition in Somerset that things needed to be done differently. There was increasing demand at the same time as pressures of austerity. Costs per person supported were high, reflecting the traditional approach to providing care and support. Waiting lists were long and staff morale was very low.

Over the last 3 years significant cultural as well as structural change has taken place, initially within a first "innovation site" in West Somerset and then gradually within all districts. The most significant changes have included a shift in people whose issues are dealt with and resolved in 24 hours of their first contact with the local authority (e.g. via Somerset Direct, the central contact centre in Taunton); better team-working and collaboration within and across teams, locally and across the county; an increased use of local solutions and natural networks of support; a sense of pride in what people are doing and that everyone is working towards the same aim; and shared decision-making within multi-agency teams and with people who need support, achieved through local peer forums.

In terms of specific impacts that illustrate these achievements, the following examples are signs that the system for commissioning and delivering support is fundamentally changing in ways that benefit local people and public services.

1. The **cost of adult social care** in Somerset has reduced from £78.2 million in 2015-16, to £74.9 million in 2018-19. During this time demand and complexity of this demand has increased, and demographic change continues to be a major challenge. Despite this Somerset are "living within their means". While this overall slight cost reduction is not directly attributable to Community Led Support (as there were many other changes

happening within local and national government during this time), taking a more proactive, preventative approach has meant that better outcomes are being achieved in the context of reduced resource available.

Jean is 78, has arthritis and recently suffered a fall. This knocked her confidence and she started worrying about her independence and how she was going to pay for any help or support she might need. Jean called the County Council for advice and guidance and was put in touch with her local Community Agent.

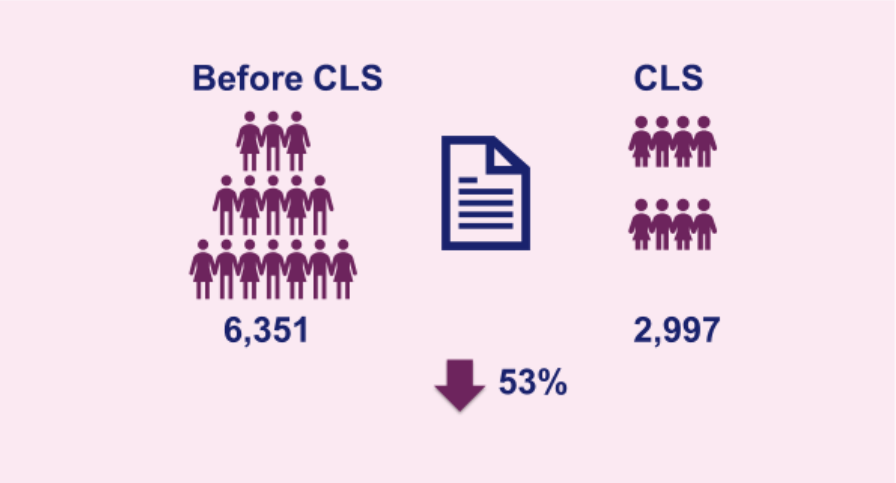
The Community Agent thought Jean might be eligible for Attendance Allowance (for people aged 65 and over with care needs), so contacted Somerset Age UK to help her complete the forms. The volunteer suggested she apply for a Blue Badge and told her about 'Stay Steady, Stay Well' classes, which might help regain her balance and confidence. Jean received an Attendance allowance and got a Blue Badge. The Community Agent also organised a pendant alarm for Jean's home and introduced her to a local micro provider to arrange help with her cleaning and shopping.

The extra money from the Attendance Allowance meant Jean could afford the cost of the pendant alarm, as well as the taxi fare to her Stay Steady classes. The classes have improved her balance and given her back her confidence. The Blue Badge means Jean is getting out and about more and is able to be more sociable. A micro provider is providing a little bit more help around the home and Jean is now happy, at less risk of a fall and looking forward to the future.

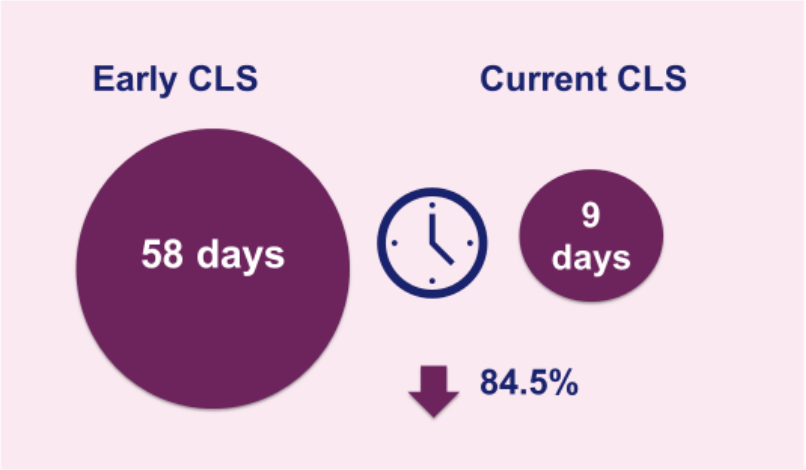
2. Since CLS has been adopted there has been a **significant increase in the proportion of people for whom issues are resolved at their first point of contact** - from 36% in 2015/16 to 63% in 2018/19. People in Somerset are getting the help they need more quickly.

3. If issues cannot be resolved on first contact, triage is conducted by the locality team within 24 hours. Only if the issue cannot be resolved through triage will a full social care assessment be undertaken.

   As a result, there has been a **significant reduction in the number of full social care assessments being undertaken** from 6,351 in 2015/16 to 2,997 in 2018/19. This represents a **significant reduction in the proportion of all contacts received that result in a full social care assessment** from 10.4% in 2015/16 to 4.9% in 2018/19.



4. The current rate of **conversion from those having a full assessment who go on to receive a social care support** is 86%. This suggests that the system is working efficiently providing appropriate support at the front door (either through first point of contact or triage), avoiding inappropriate (and costly) assessments, and meaning that social worker resource is focused on those who need formal, funded social care support. This has resulted in a **dramatic decrease in the time that people wait for an assessment**, e.g. from 58 days in April 2018 to 9 days in August 2019. The number of chasers (people contacting Somerset Direct to chase up the assessment) has decreased significantly from 25% to 2-3%, again providing evidence of efficiencies for the system.



5. There has been a 25% **reduction in the numbers of people being admitted to residential or nursing care**. This reduction has been achieved through a combination of different local initiatives including but not only CLS; for example, alongside Somerset Community Connect there are different reablement and commissioned options and an increased community health response at home. This overall reduction indicates that people are being supported to look at a wider range of options to stay in their homes, reflecting both positive outcomes for individuals and cost savings for the local authority.

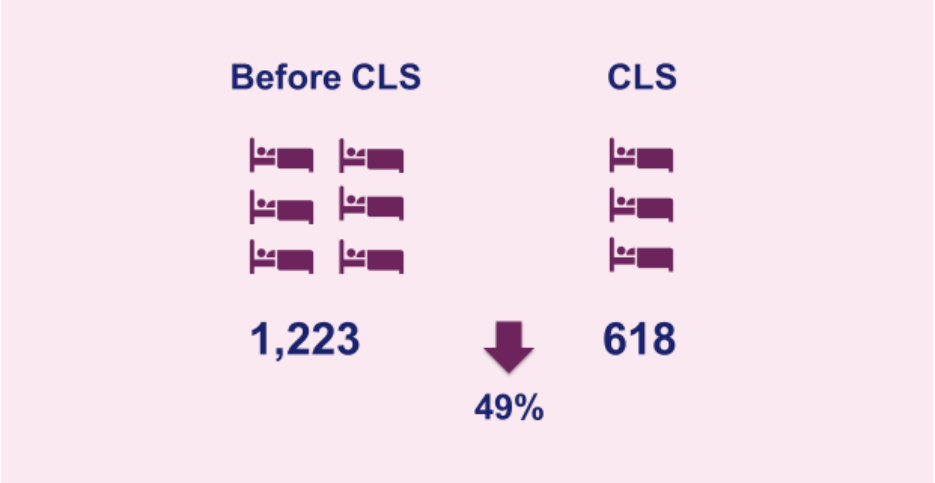
Simon is a very active older man with a diagnosis of dementia. He likes to walk around his local community but is at risk of abusive behaviour from some individuals due to his inappropriate behaviours towards children and trying to direct traffic as a result of his dementia. This has resulted in multiple calls to the police. Simon was receiving support from his daughter, the Intensive Dementia Support Service and community organisations but all were feeling that they were not managing the situation and that Simon needed to move into a residential home for his own safety.

Simon wanted to remain at home. He is very active, and for him directing traffic was logical as he used to do this when he was in the military.

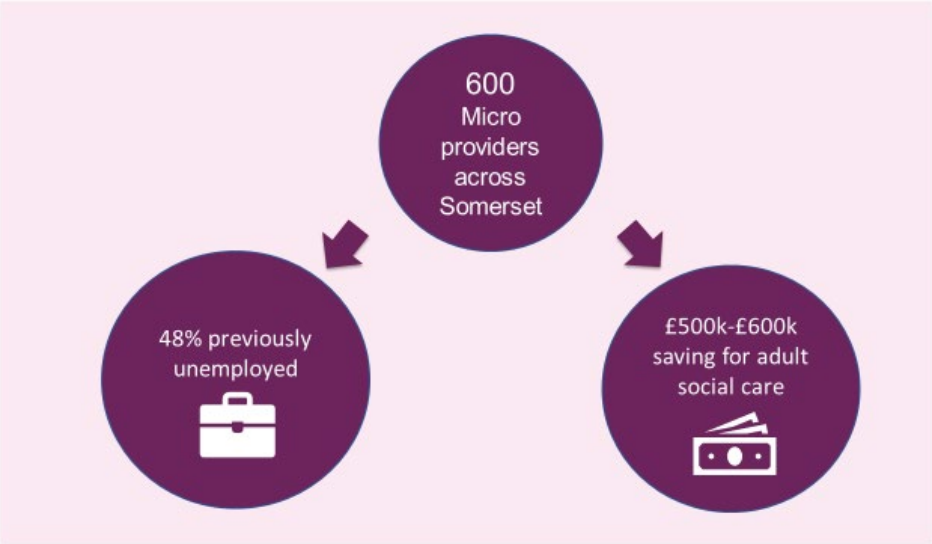
His Social Worker got in contact with the Principle Occupational Therapist to discuss assistive technology options to support Simon to continue living at home and being part of his local community, safely. Together they identified that a tracker may work for him. Funding was also agreed for a package of care to be put in place to support Simon at home and meet his identified needs. Some work with the police regarding their duty of care to Simon, as well as community education around symptoms of dementia, allowed for greater understanding from local residents.

Since the tracker has been in place and the support package reviewed, there have been no police incidents and Simon is able to experience being part of his community in a safe way. His daughter is able to work knowing her father is being cared for and Simon has been able to remain in his own home. The café that Simon likes to go to in the community has now become a Dementia Café.

6. The Community Led Support approach is also an integral part of new developments that have introduced in hospital settings, for example with Talking Cafes and Community Agents working in hospitals as part of the Home First model for supported discharge, enabling more people to go home and reducing the amount of time taken to get people home. The role of Community Agents in exploring a wider range of options as part of Home First has contributed to a **reduction of nearly 50% in delayed transfers of care** to adult social care (when someone is ready to be discharged but is still in hospital, often because identified community based support isn't available or yet in place) - from 1,223 in August 2015 to 618 in August 2019. This represents both a cost saving for health services and better support for people leaving hospital.



7. Supporting and developing a network of micro providers has helped create a flexible and **creative range of very local supports and a more vibrant local economy** through providing employment for people previously unemployed, offering flexible working solutions for people wanting to stay in the care sector and not retire, and by keeping money in the local economy. There are currently over 600 micro providers across Somerset. Locally commissioned research has found that 48% of these providers were previously unemployed. The use of micro providers has also achieved **efficiencies for the health and social care system**.



The same research has estimated a saving in the region of £500,000 to £600,000 per year has been achieved for Somerset County Council as a result of using micro providers instead of using commissioned home care services.

8. **Staff morale has improved**, with people reporting that they feel more empowered and inspired about the work they do. Six months into the initial innovation site work in West Somerset, a staff survey found that on a scale of 1 to 5 where 1 is very unhappy and 5 is very happy, 70% of Council staff rated themselves as 4 or 5.

Feel more empowered to enable callers to make choices and explore options. Helping them to help themselves

Relationships with professionals much better – feel good about working with them – part of one team

Inspired by new way of working

"Every story is a journey – ours in Mendip is a bus journey":
a Social Worker's description of their role.

Our Social Worker role is a journey with people; a bus journey which begins at a bus stop decided by the person we work with. The bus is our framework - the trunk full of the knowledge, experience and the skills that we bring to our role; it provides the vehicle for the journey. Our Social Work livery is something that we wear with pride. The driving seat is the person's – we sit alongside with dual controls if navigation is needed. The bus will accommodate all the other people who are important to the person on their journey – past, present and the people to be collected on the way to their destination. As we journey we need to be aware of the impact of our presence in the bus and the footprint we leave behind. We need to be aware of the landscape outside, so that we can support the person to take time to absorb the view, make appropriate stops, load and unload the bus and get to their destination. We need to be mindful that we do not use our dual controls heavy-handedly or in a way which prevents the person taking full control of the bus. We need to be self-aware and mindful that we do not miss the appropriate stop for us to alight at. In stepping out of the bus we aim to leave the person with the knowledge and confidence that there will always be buses and routes for them, in the hope that we have enabled them to go on and make further routes of their own.

Summary of changes in Somerset and what enabled them to happen

The evidence above suggests that CLS in Somerset has resulted in a range of positive impacts in a variety of ways, as follows.

Local people – through getting appropriate help and support earlier, potentially avoiding crises, and getting support to stay in their own homes. The "front door" has been opened to 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, facilitated by more people receiving direct payments, use of diverse and locally based micro providers, and fewer people moving into residential care.

Staff – morale has improved, staff are feeling better about what they do and how they do it. This has a ripple effect across the local authority – e.g. children's services, as well as adult social care teams.

By investing in the local workforce across the board, and supporting staff to celebrate positive change, take the initiative for responsive decision-making and share responsibility for targets and budgets.

Community – a resilient, thriving and vibrant local community including voluntary and community sector organisations and the local economy.

By enabling very local community solutions, for example through resourcing community grant funds to support ongoing change in the range and use of options in place of traditional home care and formal service settings.

Systems – improved and efficient use of staff resource, focusing on early intervention and reducing unnecessary and inappropriate assessments; changing the ways services and solutions are commissioned and provided; and linking up previously disparate teams across different parts of the health and social care community.

By investing and embedding great leadership at all levels -spanning the active involvement of the lead elected member who attends performance improvement meetings, practitioners and partners taking the lead on decision making through local peer forums, and enabling community sector leaders to have a stronger voice in strategic as well as operational decisions whilst promoting what works to a wide audience. These great leaders are open to ideas, let go of control, enable a permissive environment, are transparent, support people to do things differently and celebrate what they do. They also acknowledge that this range of structural, system and cultural change takes time: it is often small, under the radar incremental change that makes a difference to people's lives. These leaders seek those changes out and shine a light on every positive impact experienced by local people.

Resources – a community led approach to commissioning has led to different commissioning patterns (e.g. a greater use of direct payments, increase in micro providers and community grants). This has contributed to a reduction in costly residential care packages and delayed transfers of care, and an increase in a broader range of options based on individual choice and control.

By focusing on monitoring and measuring what matters and is different for people, tracking the flows and interactions between different parts of the system, and focusing on fewer key indicators of change. This is complemented by staff becoming increasingly data literate, taking an interest in and ownership of data, and greater data transparency encouraging an open and honest dialogue about what is happening, working and not working on an ongoing basis. Regular performance improvement meetings bring colleagues and partners together to interrogate and interpret data in this way. This shared understanding is helping to shape the patterns and profile of commissioning decisions.

The broader context of change in English CLS sites

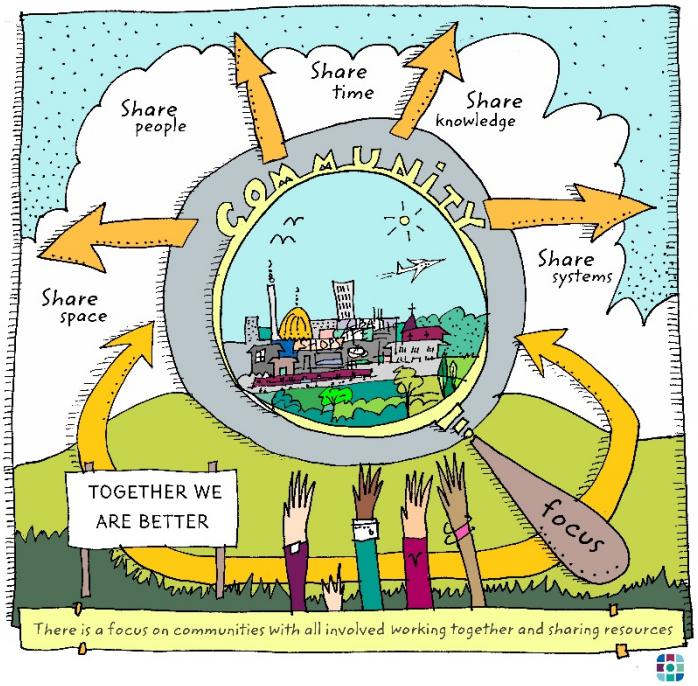
To help place these findings and lessons from Somerset in a broader context, we also examined data relating to other CLS sites in England who have been working differently for a similar period of time.

Using local authority data from the Short and Long Term (SALT) returns, comparisons were made of this data from five English CLS sites between 2014-15 (reflecting the local picture before or in the very early stages of CLS) and 2018-19 (when CLS had become more

established and embedded in these areas). This analysis found that between 2014-15 and 2018-19:

- In each of these 5 CLS sites there was a **decrease in the percentage of new clients aged 18-64 who made a request for support who received no services**. During this period in England generally there was an increase in the percentage of new clients who made a request for support who received no services. This difference reflects the focus on resolving issues as early as possible including helping people find support through local resources and natural networks.
- In 4 out of these 5 CLS sites there was a **decrease in the percentage (of between 8% and 18%) of new clients aged 65+ who made a request for support** who received no services. During this period in England there was a slight (1%) decrease in the percentage of new clients who made a request for support who received no services.
- In all of these 5 CLS sites there was an **increase in the percentage of new clients aged 18-64 who made a request for support who received universal services or were signposted to other services.** During this period in England there was a decrease in the percentage of new clients who made a request for support who received universal services or were signposted to other services.
- In 4 out of these 5 CLS sites there was an **increase in the percentage (of between 7% and 26%) of new clients aged 65+ who made a request for support who received short term support to maximise independence.** During this period in England there was a slight (1%) increase in the percentage of new clients who made a request for support who received short term support to maximise independence.

This analysis shows that the patterns described relating to the data from Somerset, of helping people at first contact and supporting people to access community solutions, is also happening in the other established CLS sites. This suggests a fundamental shift in the way support is provided in local authorities adopting CLS that is being sustained over time.



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