

CLS Evidence & Learning Briefings 2020

Paper 1: Programme findings and lessons about what makes Community Led Support work well for people and places across the UK

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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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This paper is the first in a series of six briefings produced by the CLS Evidence & Learning Team, to share findings and lessons from the second major round up of data, stories, evaluation findings and programme lessons exploring the impacts of community led support across the UK.

Paper 1 Programme Findings & Lessons

Paper 2 Graphic summary - The big themes and messages from CLS

Paper 3 Understanding the nature of change in delivering Community Led Support

Paper 4 Community Led Support: Stories of Change

Paper 5 Community Led Support in Scotland

Paper 6a Learning from local approaches to implementing CLS in Somerset

Paper 6b Learning from local approaches to implementing CLS in Scottish Borders

Figure 1: List of papers and what they cover

This paper shares the overarching findings and lessons about CLS drawn from an analysis of all data sources across CLS partners (sites) who joined the programme between 2014-15 and 2018-19. The experiences of newer members who have joined since this period will be reflected in our third Evidence & Learning round up due in 2023.

CLS Sites Included in This Roundup

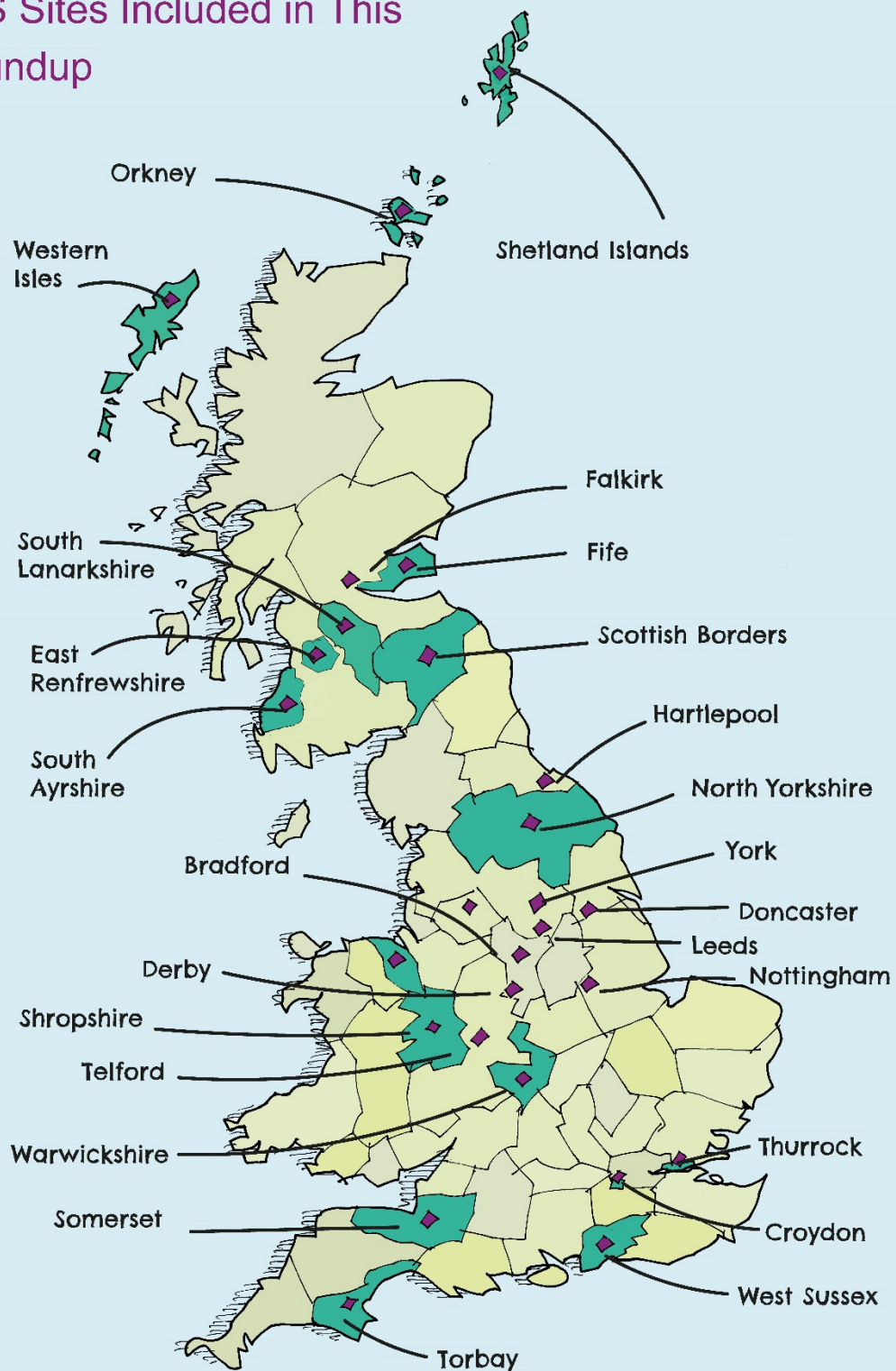


Figure 2. CLS sites included in this round up

What are we using to explore what works in community led support?

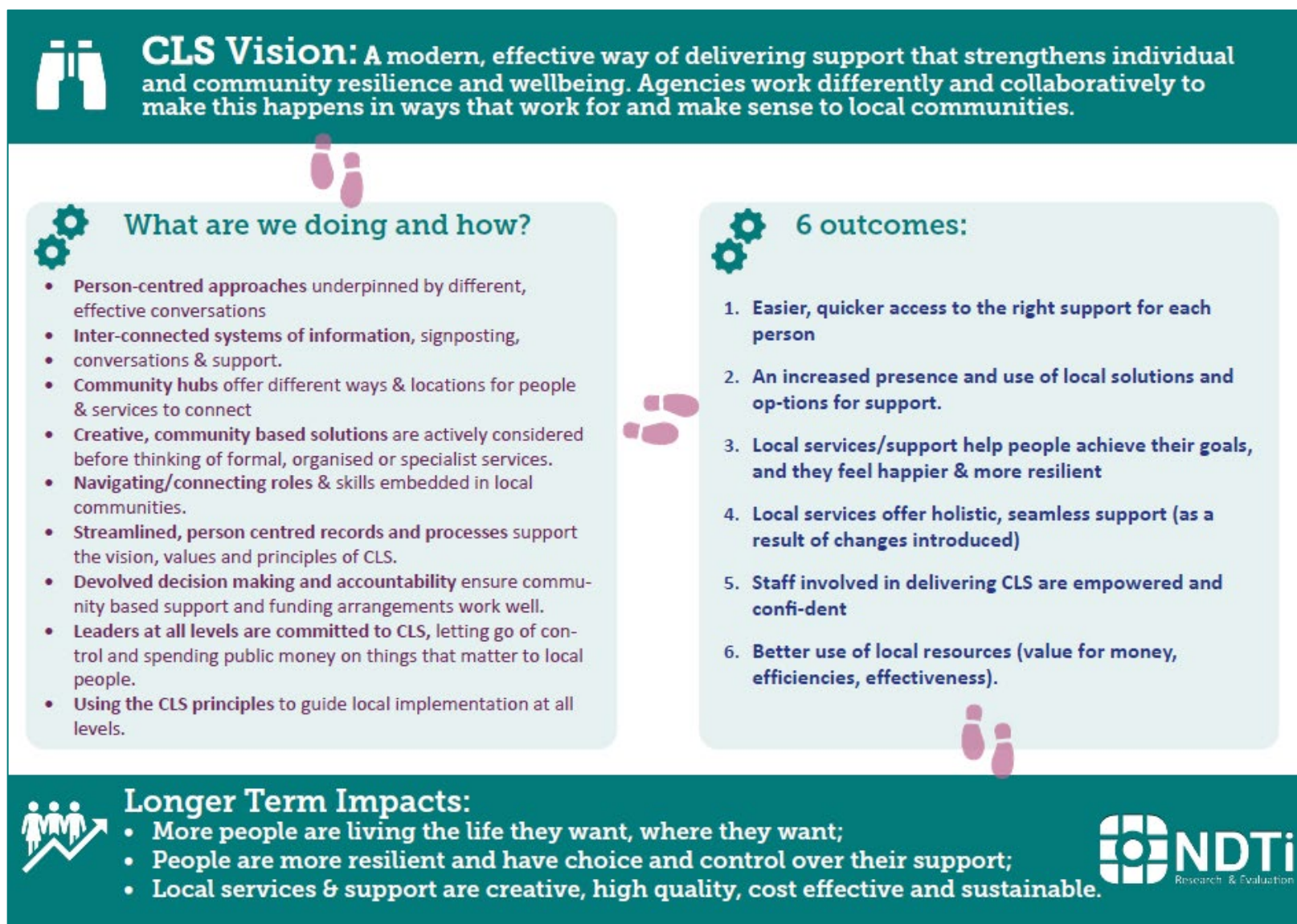


Figure 3: Community Led Support's Vision for Change

The CLS approach to evidence and learning draws together programme-wide and site-level information to build a rounded picture, using the vision for change in Figure 3 as a strategic framework to guide developments and generate evidence of what works. The approach focuses on what is changing, for whom and how, and explores the following broad questions:

- 1 What is CLS (locally)?
- 2 What are we learning from local approaches to implementation?
- 3 What aspects of local leadership are most effective?
- 4 What is changing for whom and how?
- 5 Who is CLS reaching?
- 6 Does CLS deliver better outcomes for the same or less resource?
- 7 What factors help to sustain 'what works'?

Figure 4: CLS evaluation questions

Summary of CLS achievements and impacts

Before sharing the findings and lessons relating to these evaluation questions, we highlight **five key messages** which are drawn from our analysis of evidence from across the Programme.

1. **CLS is in a very different place to our last evidence round up.** [The first Evaluation Report](#) covered 11 sites in total. CLS is now a Programme of 27 diverse areas across Scotland, England and Wales as figure 2 illustrates. One noticeable feature that stands out from examining diverse sources of data from these sites is the emphasis on seeing CLS as a central element of a place-based approach to the transformation of public services which goes way beyond changing adult social care services to focus on people and places.
2. **We are seeing some significant, sustained changes** for local people, staff, services and the system of health and social care, including:
 - Smoother, holistic and person-centred support, stemming from humane conversations about what matters to people, their strengths and the different kinds of relationships that develop as a result.

- A different profile and nature of support commissioned and provided for local people, with less dependency on formal, traditional approaches. The emerging profile is creative, very local, responsive and diverse.
 - As a consequence, a far broader range and diversity of people are now experiencing CLS, beyond the early focus on older people and people with a learning disability shared in our first evaluation report.
 - Doing things differently and being in a position to make timely decisions that enable people to get the support they need is having a positive impact on those making change happen and delivering local services. This includes those working in social care services, community organisations and the NHS.
 - There are promising signs and evidence of sustained change in a small number of places that collect the right kind of data, in particular that CLS delivers better outcomes for the same or less resource. If every place adopting CLS collected and interrogated the right kinds of data, we feel confident that more places would be able to demonstrate this finding across the Programme.
3. **Context is everything** – CLS depends on knowing what works and doesn't work in each place, who the local players are across the system, and how best to work with them. This is what matters most for making change happen, anchoring the positive changes and sustaining what works.
 4. **The right kind of leadership**, at all levels and across the system, remains vitally important. Understanding and paying equal attention to behaviour and culture change *as well as* the systemic and structural changes demanded through CLS is crucial. In a growing number of places CLS has become embedded to the extent it is not clearly distinguishable; it has become the day job, not a change programme. This is down to the dispersed leadership that embodies brave, bold and liberated decision making in and across all teams working to deliver public services with and for local communities.
 5. Embracing evidence and using **learning from insights and data** is important in fostering a culture of learning and strategic thinking which is central to the success of CLS. It follows then, that the right *kinds* of data need to be recorded, collected, analysed and used to understand impact, inform ongoing developments and sustain what works.

The rest of this paper shares the findings and lessons from our Evidence & Learning round up across the CLS Programme, organised under the seven evaluation questions.

1. What is CLS locally, what makes it work and what is distinctive about the local approach?

This question covers:

- What does CLS look like locally?
- What is distinctive about what you are doing and how, in the name of CLS?



What we found

A place-based initiative – but purpose and ethos are still debated

A growing number of sites are starting to frame CLS as a **place-based initiative**. In other words, it is a local approach, rooted in a deep understanding of the area or neighbourhood that goes way beyond the delivery of adult social care. This means breaking down organisational as well as departmental silos and working alongside communities to make the most of shared resources and assets for the benefit of local people.

Everything is about our place and our people – what are their assets? Previously we were working in silos, not connected with place.
(Senior manager)

For some sites, the rationale for and **purpose behind CLS** at a local level is not widely understood. The underpinning principles are explicit and shared across the programme, but the “why” can be open to interpretation; and for sites who have been delivering CLS for several years, the purpose can be lost over time. Staff and delivery teams who have experienced wave after wave of change initiatives over the past decade or so, sometimes see CLS as just another passing fad or as ‘preventative fluff’ on top of the real statutory work. For the next phase of the CLS programme it will be a priority to build discussion about purpose into every element of both development and evidence and learning activities.

Related to this fundamental question of purpose, the evaluation highlighted three other important considerations, as follows.



i) Who is CLS aimed at? Is it about prevention and early intervention, or is it for everyone?

CLS is intended to apply to everyone but in reality, it is seen by some as inappropriate for certain groups of people, particularly if they have high support needs. Increasingly,

Do we want to be place-based, or is it about the Care Act – prevent, reduce and delay?
(CLS team member)

however, sites are concluding that CLS is both **transformative** in relation to formal statutory services and **preventative** for a number of people.

This means that people with high support needs also experience a response that builds on their strengths whilst ensuring their need for support is addressed through a wide range of options and opportunities.



ii) What is CLS seeking to change?

CLS is described by many sites as **a vehicle for change**, both in social care and beyond. For different sites, it can represent a way of strengthening integration with the NHS or of diversifying the care market. Some sites see CLS as bringing adult social care up to speed with community-focused ways of working that are already well-established in the wider council. In Scotland, CLS offers a route for taking forward self-directed support and supporting carers. Some sites, as noted above, intend CLS to be genuinely transformative. For others, the emphasis is on setting up community hubs with less attention given to the cultural and behavioural change that that is needed to underpin it.

Managers didn't understand CLS. They saw it as prevention and early help. But (I said) 'No – the principles apply to everyone.'

(Social work team leader)



iii) How does CLS change over time?

In some well-established sites **CLS has morphed and changed**, spreading its influence into many areas of activity. In fact, it is sometimes so well embedded that people no longer see or talk about an approach that feels like business as usual: *We've almost stopped calling it CLS!* In some sites the language has also changed shifting towards strength-based practice, strengths based social work or asset-based community development, and losing the professional jargon and practices associated with referrals, assessments and care packages. The principles of CLS, however, remain constant and are shaping delivery in many sites, for example in day opportunities for people with learning disabilities, hospital discharge teams and services for homeless people. Partners in the NHS and housing are also starting to change their language and approach. Things can improve over time, but without regular review, momentum can also be lost.

Asset-based community development is the foundation. CLS is overlaid over that.

(Senior manager)



Fundamental ingredients of CLS

The [first evaluation report](#) found that CLS has eight key elements that are all necessary if it is to work well. These are set out below, as they remain relevant. While most of these areas are covered in this set of CLS Briefings, we look here at the two elements that

featured most strongly in recent discussions with sites: community hubs, and the starting point for a different customer journey - the front door.



Community hubs are vibrant and diverse

The **range of styles and locations** for community hubs is striking. While most hubs in the first cohort of 11 CLS sites tended to be located in settings such as libraries and community centres, the range is now much wider and more diverse. Some examples that illustrate this are highlighted below.

You couldn't do a (community hub) without links to the community. It forced us to make the links and to get the right information and advice.
(Social worker)

Sites are starting to move from looking for the perfect building that meets all their criteria (but which may not work for the community) to focusing on what suits local people, including running more ad-hoc or pop up sessions where people are already gathering. A combination of different styles of hub, in a range of venues, seems to work well.

CLS Sites	Hub venue
Somerset, Torbay	Hotels
Doncaster	Lidl
Scottish Borders	Pop up and mobile hubs in remote rural areas
East Renfrewshire	Health & Social Care Centre café areas
Croydon	Pop up sessions at Age UK
Bradford	Local market stall
Torbay	Job Centre

Figure 5: Examples of community hubs

Working well with community organisations clearly helps the development of hubs; the relationship with local community organisations and groups is key to the success of hubs in relation to profile, attendance and participation from different partners.

It's broken the barriers between people and services – it's about community.

(Community partner)

Some sites have used intermediaries with deep knowledge of the community to help broker these relationships and find local venues, such as in-house community/locality teams or Local Area Coordinators. A co-produced approach to developing and introducing hubs, rather than a top-down managerial style of working is also key. At least one site has offered small incentives to community centres to host a hub session, for example by providing office or catering supplies or re-conditioned office equipment. People in both CLS teams and partners emphasise the importance of reciprocal, respectful relationships that value and build on the expertise of community partners.



Redesigning the customer journey starts at the front door

Getting the front door right has proved to be problematic in many places, sometimes because customer service centres sit in a different part of the council, with different drivers and accountability arrangements making collaboration across teams and localities more difficult. Most CLS sites, though, quickly realise the importance of embedding a consistent approach to strength based practice and responsive decision making along the entire pathway - with customer service staff skilled up to have good conversations with callers, to signpost where appropriate, and to book callers into hub appointments close to where they live.

There's no point changing what we (SWs) do, unless the front door operates differently.

(Social worker)

2. Local approaches to implementation

This question covers:

- Is implementation incremental or Big Bang?
- How is this working and what is helping or hindering progress?
- Which partners are engaged, and what is enabling this to happen /work well?



What we found

Sites are adopting **various approaches to implementation**. For example:

- Big bang (all in one go) versus incremental introduction of the important CLS features
- Alignment with wider developments and local initiatives (e.g. Local Area Coordination) or going it alone
- Linked to this, focusing on changing how adult social care operates, versus changing the wider system of local services and supports
- In line with an incremental approach, learning and adapting the local approach based on locality, team based changes versus a top down, project managed approach that is the same everywhere
- Preparing and researching options (beyond CLS) before working in this way, or plunging straight in without considering whether local people and places are ready for this level of change.

We spent a long time prepping, awareness raising, visiting other sites, benefiting from advice. The preamble was very important.
(Workforce lead)

Some sites have struggled to adopt a **working style** that allows autonomy and space for front line staff, partners and communities to co-design the change, while at the same time focusing on performance and action. They developed their approach by returning constantly to the CLS principles.

It's not heavily project managed. (We have) highlight reports, no savings targets. We hold true to the CLS principles.
(Senior manager)

The extent to which **systems and structures** (the CLS scaffolding) support CLS rather than run counter to it is a key consideration. Some examples are:

Site	Examples of “scaffolding” in place
York	ICT systems and data collection based around the CLS Resource Wheel (known as the York Toolkit)
Doncaster	Personal budgets aligned with CLS
Somerset	Linking CLS ways of working with wider changes taking place in local communities to develop a vibrant market of micro providers
Croydon	All Job Descriptions reviewed in line with the CLS Training and Development programme – including corporate induction, “training the trainers”.
Leeds	Developmental self assessment process for staff based on strengths based social work building blocks associated with CLS.

The **scale and pace of implementation** is important to get right. In line with findings from the first evaluation report, the implementation of CLS seems to work best when it starts with one or a small number of innovation sites (avoiding a big bang approach), to allow for shared learning and customization with and for each local area where it is introduced. Sites have also found that it is important **not to roll out too fast**.

In a desire to do something that showed results, we went too quickly without taking people with us. We've lost a lot of what was important.
(Internal community partner)

We were too ambitious. We went from 2 or 3 Talking Points to 12. We should have started small and embedded it in smaller areas, in a targeted way.
(Senior manager)

There is some evidence that in a small number of well-established sites the first **innovation site continues to outperform its peers** on indicators such as use of residential/nursing care, even years after CLS has been fully rolled out. This suggests that an investment in learning and development to embed culture change, having time to understand the community and the involvement of the voluntary sector are all key, but are not always sustained as CLS is rolled out.

(Sustainability means) making sure it doesn't get diluted. Making sure we put as much energy into the latest site as for the first site. (Senior manager)

The range of external partners is also expanding in line with the diversity of hub venues described above. The range of partners involved in CLS is becoming broader as awareness of the initiative spreads, and as partners recognise potential synchronicities with their priorities. Examples include:

Site	Partners include
South Ayrshire, Thurrock	Community pharmacies
Torbay	Department for Work and Pensions
Scottish Borders	Housing Association
Western Isles	Housing Development Trust

Peer-to-peer working has been a common factor in sites where roll out following initial innovation(s) has been successfully managed.

People involved in these innovation sites have played a central role in supporting roll out to their peers in other teams. Some sites described the opportunities they have created for both formal and informal learning and sharing of experience, which means that their roll out to other sites is smoother. Enthusiastic staff from innovation sites can help to increase motivation of staff and partners in other areas or teams to become involved. Within teams, most staff see peer forum meetings as a useful way of operationalising CLS, making sure that practice and decision making about individual support and the use of resources is in line with CLS principles. Involvement of community partners makes these sessions particularly valuable.

Peer to peer influence is the strongest thing.
(Social worker)

CLS thrives and is a vehicle for wider system change where fertile ground already exists

Some CLS sites have a long history of innovation across the local system, and it is in these places that the most significant systemic impact can be seen. For example, some councils and their partners are already seeking explicitly to re-define the relationship between citizens and public services by focusing on community resilience and assets, beyond social care. The principles of CLS sit comfortably within this paradigm. For other sites, CLS has become the approach adopted across the care system to drive greater integration. History and context help CLS become much more than a social care initiative (see also Paper 3, on understanding the drivers for and nature of transformation change achieved through CLS).

You see (CLS) branching into our partners, like intermediate care. They're using the same language, using the same principles.
(Senior manager)



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3. Lessons on local leadership

This question covers:

- Who is leading the movement towards CLS, where and at what level?
- What kinds of community leadership are evident locally?
- What investment of time/resource/development has there been in leading changes involved in implementing CLS?



What we found

The right kind of senior leadership remains very important

(The Director) set the direction of travel but she didn't stand in the way.
(CLS practitioner)

If I hit a hard spot, I have absolute confidence that (Director and AD) will be there. (Workforce lead)

The role of senior leaders as 'guardians of the CLS flame' is often highlighted within and across CLS sites. Effective leaders of CLS give consistent messages and reminders about the principles of CLS, continually motivating, incentivising and promoting the CLS approach to their staff and partners. They have a transformational, values-led style that empowers and enables staff.

This needs to be mirrored by leaders at all levels and across the system

Good leadership is not just needed at the most senior level. Working together differently relies on having a shared vision and **distributed leadership at all levels and across the system of local services and support**. This means spotting and nurturing natural leaders and influencers at all levels, and within community and partner organisations. In one site, all hubs are coordinated and run by volunteers, with leadership from a high-profile, well-respected head of a community organisation. Consistent, visible leadership from elected members is also helpful. In another site, an elected member is a volunteer in a local library that hosts a community hub, and his first-hand experience of the benefits that CLS can bring to local people means he acts as a vocal champion.

It takes resources to achieve sustainable change

We take a great initiative but don't staff and fund it (properly) so we don't get the best possible outcome.
(CLS team member)

As a major transformational change programme, **CLS needs to be resourced properly** if its full potential is to be realised. Different sites have invested vastly differing levels of financial and staff resource into making CLS happen.

At least two sites have chosen to dedicate one role to supporting roll out by making sure that learning is embedded and acting as the central liaison point with partners and community organisations. This should help to address the issues highlighted above.

What made a difference is that CLS was properly resourced. There was lots of thought about the skills needed, and we have protected these staff. (Senior manager, NHS partner)

(What's helped is) A's role, sharing lessons and supporting staff, carrying the learning to the next locality.
(Social work team leader)

4. What is being achieved, for whom and how?

This question covers:

- What progress is being made in relation to the **6 outcomes**?

1. Easier, quicker access to the right support for each person

2. An increased presence and use of local solutions and options for support.

3. Local services help people achieve their goals, and they feel happier & more resilient

4. Local services offer holistic, seamless support (as a result of changes introduced)

5. Staff delivering CLS are empowered and confident

6. Better use of local resources (value for money, efficiencies, effectiveness).



What we found

We are seeing some significant, sustained changes for local people, staff, services and the system of health and social care in relation to these outcome areas. Each CLS site is focusing on different aspects of these six outcomes, using different approaches and collecting a wide range of different sources of evidence to assess their impact.

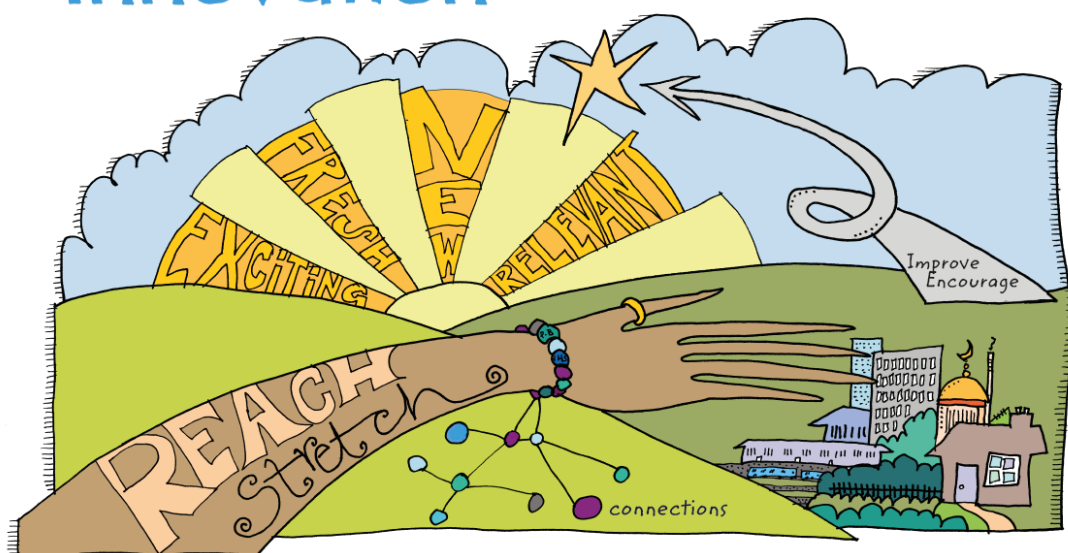
For the purposes of this paper we highlight the following themes drawn from a review of progress across the UK.

- CLS sites are achieving **smoother, holistic and person-centred support**, stemming from humane conversations about what matters to people and their strengths and the different kinds of relationships that develop as a result *“We had a very, very good conversation – number one!”*
- A **different profile and nature of support is being commissioned and provided** for local people, with less dependency on formal, traditional approaches. The emerging profile is creative, very local, responsive and diverse
- The stories of change shared in Paper 4 illustrate the **wide-ranging benefits and impacts for local people supported differently** as a result of this changing profile of support and a more personalised approach. Examples include being able to stay living at home, improved physical and mental health, reducing isolation that impacts

negatively on people's health and sense of belonging, and a greater sense of being valued partners in decision making especially where people's issues and needs are complex.

- As a consequence, **a far broader range and diversity of people are now experiencing CLS** – beyond the profile of largely older people and people with a learning disability previously reported on in our first evaluation report. This includes people of all ages and with a variety of support needs including mental health issues, drug and alcohol support needs, homeless people, young disabled people in transition to adulthood, and so on.
- Doing things differently and being in a position to make timely decisions that enable people to get the support they need has a **positive impact on those making change happen and delivering local services**.
- There is evidence of other partners starting to adopt the good conversation approach, such that **CLS is permeating different parts of the whole system and network of local services and supports** – thereby enabling a greater potential to reach more people.
- There are promising signs and **evidence of sustained change in a small number of places** where the right kinds of data are collected, and these sites can also demonstrate that CLS delivers better outcomes for the same or less resource. If every place adopting CLS collected and interrogated the right kinds of data, we feel confident that more places would be able to demonstrate this finding across the Programme.

Innovation



Learning and Innovation go hand in hand. The arrogance of success is to think that what you did yesterday will be sufficient for tomorrow.
(William Pollard)

5. Who is CLS reaching? Understanding the profile of people reached and supported through CLS

This question covers:

- What is the profile of people reached and supported differently as a result of CLS (numbers, characteristics etc)?
- Is the profile different for existing compared to “new” customers?



What we found

There are a number of signs that indicate **CLS is diversifying** in some sites (particularly those that are longest-established) to reach all people who need support, including those with the most complex needs (people with a learning disability, people with mental health support needs, young disabled people in transition to adulthood); and people who are on the margins of services and society and need support to be fully included (e.g. homeless people, asylum seekers and refugees, those with drug and alcohol issues).

CLS is operating in some very **rural areas** including Scottish island communities where economies of scale and access to support is a major operational challenge.

In these areas CLS is seen as a way of enabling all services to respond to the needs, aspirations and ideas of those communities.

People who have refused a service for years engage with CLS.
(Social worker)

A client who came to the Well via the Fife Forum originally, has revisited 3 times now for support from other services; he is now going into a homeless unit tonight and is happy with service provides by all services working together. (Practitioner from the Well in Fife)

I received really good advice and so much understanding and help. [What Matters Hubs are] such a good idea. Really makes people feel welcome
(Feedback from the WMH in Scottish Borders)

However, a common challenge is that **little data is being collected** on the demographics of people being reached, either initially or over time. This additional information would provide valuable insights on not only who is reached but what works for different people in diverse circumstances.

6. Better use of local resources

This question covers:

- What impact is CLS having on the costs and expenditure of different services /support, and on the benefits experienced by local people and partners?
- Is there any change in the use of resources, for example in patterns of commissioning?



What we found

For almost everyone involved in CLS, achieving cashable savings is neither the primary aim nor the imperative behind any local case for change. There is a powerful shared drive across the Programme for achieving better outcomes, being more responsive, aligning different services, systems and approaches across all CLS sites. At the same time, the realities of the financial climate cannot be ignored, so there is an increasing need to be resourceful and accountable for how local resources are used. Despite the fact that financial savings is not a primary driver behind the introduction of CLS, we found the following positive impacts.

I'd say (CLS) has allowed us just to keep our heads above water. Without it we'd be finished. (Finance lead)



CLS is achieving greater efficiencies, including:

- **Waiting lists and times are reducing**, as the following examples demonstrate:
 - 57 people waiting in April down to 0 in September in one English authority
 - In the same authority, a 14.9 weeks wait for assessment in April 2019 reduced to 1 week in the space of 7 months (by September 2019)
 - In another authority, 80% of initial contacts are now resolved within 24 hours
 - In this same authority, the average waiting time has reduced from 15 days to 8 days.
- **More people are being signposted to and supported by local support options**, and simultaneously social work team caseloads are reducing, including a reduction in the backlog of reviews.

We're not doing this to make savings, it's about communities. (Finance lead)

- An analysis of English local authority data from the Adult Social Care Finance Return (ASC-FR) and Short and Long Term (SALT) 2018-19 data returns shows that:
 - an average of 57% of new clients aged 18-64 in the first wave of CLS sites (i.e. where CLS is most established and embedded) received universal services or were signposted to other services, compared to an average of 27.51% in non CLS local authorities¹; and
 - an average of 39.48% of new clients aged 65 and over in these same CLS sites received universal services or were signposted to other services, compared to an average of 20.85% in non CLS local authorities²
- In a number of sites, **innovation areas have fewer admissions to residential care** and this pattern is being sustained over time
- **The number of people with funded support is also decreasing**, although there is evidence in some sites of an increase in the costs of these arrangements, suggesting that support may be targeted towards those who need it most.



Commissioning is not yet fully aligned with CLS

There is a widely expressed view that **more work needs to be done on commissioning** to better align the

commissioning strategy and process across health and social care services to CLS. Shifts in practice and culture are, in the main, not yet mirrored in changes to patterns

of commissioning in most CLS sites (or Local Authorities generally). There are exceptions.

For example, one site is shifting significantly towards prioritising micro-social enterprises and micro commissioning. A targeted programme aligned to Community Led Support, The Art of Commissioning, is working with a small group of sites to design and test out new ways of commissioning that support the underlying principles and practices of CLS.

People in the commissioning team need to become more familiar with CLS, exploring how we could fit in. (Commissioning lead)



CLS is starting to have clear economic impacts, as well as personal and system-wide benefits (see also Papers 6a and 6b):

In addition to the efficiencies outlined above, which demonstrate cost savings and reductions in health and social care, Papers 6a and 6b share the findings from two in-depth case studies exploring the economic and personal impacts achieved through CLS in two sites: Somerset and Scottish Borders. The key signs of change are summarised below,

¹ This is statistically significant at the 5% level

² This is not statistically significant but reflects the difference in patterns seen with 18-64 year olds in these sites

reinforcing the finding that better outcomes are both possible and being achieved for local people and the public purse in some areas where data exists to properly investigate this question.

In Somerset there has been:

- An overall reduction in adult social care costs between 2015/16 – 2018/19, to which the local approach to CLS has contributed alongside other local developments (see Paper 6a)
- Reduced waiting lists and times for assessments and for social care support, alongside a reduction in admissions to residential care and delayed transfers of care from hospital.

In Scottish Borders (see also Papers 5 and 6b), there has been:

- A reduction in the number of re-assessments, average waiting times and numbers waiting for assessments and in admissions to residential care
- An increase in the numbers of people experiencing self directed support, being seen in community places, and whose issues are resolved at first contact or soon after
- In line with the above, an increase in the use of What Matters Hubs assessments and a decrease in the waiting list and times for full assessments.

7. Sustaining 'what works'

This question covers:

- As a result of all of the above evidence and learning, what needs to be sustained to ensure CLS reaches more people and delivers better outcomes over time?
- What examples of sustaining what works illustrate the most cost-effective approaches taken to implementing CLS?



What we found



Implementation of CLS never stops – it never stops evolving or responding to wider contextual change

We have found a consistent message from working with CLS sites across the UK that working differently through the principles and practices of CLS is a way of life and a mindset that goes beyond improved working practices in statutory services; it's about changing everything we do and believe in at all levels of public

Embedding the approach needs work even 5 years on.
(Senior manager)

services. CLS Partners are clear that this approach is not a project to implement or intervention to measure.

As described earlier, CLS has become business as usual in a few places but this does not mean the end of change for those places. Ongoing learning and reflection must continue; the purpose, values and principles of CLS need constantly reinforcing.



It's important to continue focusing on culture and behaviour – the last and most difficult things to change

The sustained success of CLS rests on changing culture and behaviour, which are inevitably the final things to shift. Cultural change takes time. Some of the sites that were struggling with CLS implementation two years ago are almost unrecognisable now, so dramatic is the positive change they have undergone.

In one site, for example, relationships between adult social care and wider community teams had been difficult. A change in leadership and a period of greater stability within adult social care helped create the conditions in which close partnership working is now developing and beginning to flourish.

Culture eats strategy for breakfast.

(Senior manager)

Unless you have the culture piece and practice change in place, you can't make any change.

(Senior manager, NHS partner)



Recruiting the right people helps

Some sites described the impact that CLS is having on the people they recruit in terms of mindsets, personal qualities and local knowledge. They see this as an important way of embedding the approach and making it sustainable. **Values-based recruitment**, in which people are selected as much for their attitudes and approach as for their experience and qualifications was highlighted by at least two sites as an important tool.

Recruitment is now using more creative approaches, with a focus on strength-based practice.

(Social work team leader)

We're recruiting people with the right mindset. The corporate induction will embed this. (Senior manager, NHS partner)



Continuing to reduce bureaucracy is important

One of the key changes that sites make when introducing CLS is a reduction in unnecessary steps and paperwork associated with signposting, referring, gatekeeping and managing eligibility for support. We have found that even when other major changes are made to embed the principles, practices and behaviour changes associated with CLS,

If you don't keep an eye on things, they put steps back in. (Senior manager)

paperwork and unnecessarily cumbersome **processes are not always reducing**, and in some sites are starting to increase again after an initial reduction.

Maintaining this important ingredient of CLS requires vigilance as, for many staff, the reduction in bureaucracy is an important advantage of the CLS approach.



Generating and sustaining the right evidence is key

We have identified some important, common evidence and learning challenges across sites, which have a bearing on understanding and sustaining what works. These include:

The data is starting to give insights about the system, raising questions.
(CLS practitioner)

- **Attributing change in costs and benefits to CLS is nigh on impossible!** Due to the complex landscape of austerity, changing policies, shifting relationship between health & social care, wider community developments. Focusing on and evidencing contribution is much easier and definitely possible, but a sustained determination to measure what matters is key.
- **Difficulties in getting data**, particularly on changes for individuals, the costs of different social care packages, and the contributions of and impacts for the wider local community and other sectors, is widespread. Addressing this gap will be a central focus in our third wave of evidence and learning about “what works in community led support?” in 2020-21 and 2021-22. The common absence of even the most basic monitoring data and information about local people however extends beyond CLS into public service information and intelligence.
- **Designing local data and ICT systems so they reflect the values and principles of CLS.** Most health and social care service systems operate one of a number of commercial ICT systems which deal with inputs and outputs i.e. volume based measures. They are crude, unwieldy and do not generate evidence of what works, and more importantly they do not provide local managers and practitioners with the information they need to know what they are doing, with and for whom, and to what effect and cost. They also seem to change every 2-3 years, which means the data currency is constantly changing meaning that change over time is harder to determine. One of the common comments from sites to our Evidence & Learning team is their desire to both undertake this kind of longitudinal analysis, and to discover longer term experiences and impacts including what happens after signposting people away from adult social care (beyond their short term follow up calls).



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