Valuing Community Led Support (CLS)

The economic case for strengths based, community led support

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Mike Richardson and Jenny Pitts

National Development Team for Inclusion

About us

NDTi is a not for profit organisation working across the UK to promote inclusion and equality for people who are at risk of exclusion and who need support to lead a full life. We promote good lives for all people in their communities by supporting change-makers, re-setting expectations, tackling problems, finding out "what works" and what doesn't, and sharing and celebrating what's possible. This includes addressing gaps in knowledge and understanding, influencing policy, practice development, change management support and conducting independent research and evaluations.

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Introduction

Community Led Support as a concept is a set of values and principles that are based on the simple ambition to 'do the right thing' for those of us who need support at any time in our lives to live well and as independently as possible with purpose and connection. Despite the enormity of the pressures on the health and social care system we know that by working differently there is much that can be done to improve the experience for people as well as alleviate some of the pressures on services.

Taking a different approach, bringing together the partners, the community organisations, social care and health professionals and mainstream supports to truly connect, build relationships and trust, redesign processes and break down organisational and system barriers, there are opportunities to streamline activity, reduce bureaucracy and delays, create capacity, raise staff morale and, most importantly, to improve people's experience of 'the system' and their resulting outcomes.

Implementing Community Led Support requires the simple but challenging requirement to work in accordance with the CLS Principles:

- Coproduction brings people and organisations together around a shared vision
- There is a focus on 'place', on community and on the 'whole' person
- People can get support and advice easily, when they need it, so that crises are avoided
- Support is strengths based, building independence, control and community connections
- Bureaucracy is the absolute minimum it has to be
- The culture is based on trust, empowerment and shared values within and across teams and organisations
- The system is responsive, proportionate and focussed on outcomes.

This approach can run counter to traditional system led processes and top down 'transformation' programmes that are 'done to' staff, that don't include the voice of people and communities and other agencies in that design, all of whom are vital to shaping a new approach. CLS speaks to the core values of those working in the system and there is a wealth of skills and motivation to work in this way and as a result feel more trusted, valued and able to influence the way in which they work, unleashing creativity, energy and innovation.

A note about 'Value'

The focus of CLS has always been on people, good lives, connection, the importance of communities and how organisations may need to work differently together to achieve a common aim. Whilst it has never been the purpose to create savings alone, it is apparent that when people are supported to live a life that has meaning to them and to gain (or retain) independence, when a focus on their wellbeing, along with their health and social care needs can be brought together in one holistic response, that need for formal services can be minimised, avoided or delayed. When this is done well it is inevitably better for the person but of course has an economic value too. In the present climate, this is a rare story of greater sustainability in an era defined by cuts and reductions of service availability and by adverse approaches to 'demand management', making it harder for people to have support when they need it in a system that becomes ever more difficult to negotiate.

We undoubtedly need additional funding to create capacity in the system, but we also need to see the time, energy, skills and experience of those working across the sector as a precious resource. We know that we can free up that resource by streamlining processes and reducing bureaucracy, supporting peer

based decision making and creating a culture of trust and empowerment within and across organisations; this is not only better for staff but ultimately leads to a better experience for us as citizens at the point when any of us need to call on that system for help and support.

Over the last eight years NDTi has collated a growing body of evidence[1] that shows the value of CLS and this complements a growing body of evidence about the impact of preventative and joined up working[2]. There is no doubt that this approach 'works', however we define that. We need to celebrate the art of the possible, the amazing work and the impact that the members of the National Community Led Support network (with its learning from over 30 areas across the UK) and their local communities and partners have realised by holding true to their values and continually finding ways to respond better and to support people well, especially in such exceptionally challenging times. This document aims to describe the phenomenal work happening at present across the CLS Network and to show the value of this approach. It summarises what we know so far; it is not the end of the story in terms of the opportunities still to be realised, nor the potential value, nor our ability to demonstrate that value.

NB. In this document we make an argument for an approach that is fundamentally about supporting people better; but we know such an approach also has an economic value that we believe needs to be surfaced in order to reinforce the need to work in accordance with core values and human rights. The value of any economic benefit we highlight is always predicated on the assumption that it is only of value if the person has experienced a positive outcome as a result. This is _not_ primarily about more efficient systems – no system benefit should be applauded unless the person has been treated with dignity and respect and has experienced a positive outcome.

Community Led Support regards evidence of impact as needing to be balanced: it needs to include experiential data - feedback and stories, checking back with people, finding out how they are after any contact with 'the system' - as a vital part (and of equal importance as economic and fiscal data) of any framework for understanding impact.

The source of our data

The statistics quoted in this report have been collected from individual members the Network of CLS sites since 2018. The information has been collated through anonymised data sets, detailed case studies and local management and project reporting.

[1] What Works in Community Led Support: First evaluation report Dec 2017 NDTi
CLS Evidence and Learning Briefings May 2020 NDTi, Observable Impacts of Community Led Support Sept 2021 NDTi
[2] A Citizen-Led Approach to Health and Social Care: The Wigan Deal (Kings Fund June 2019) New Developments in Adult Social Care (John Bolton, IPC 2019), A Glass Half Full: how an asset approach can improve community health & wellbeing I&DeA 2010

The Community Led Support Cogs

Whilst it has significant benefits, to only apply CLS as a preventative approach at a community level is, however, missing a trick in relation to the system wide application that is needed to maximise the impact. Many people will still experience crises, will need to draw on formal care and support and the importance of a strengths based, community focused and asset-based approach, regardless of circumstance, of complexity of need and regardless of whether they are already in receipt of care and support, cannot be overstated.

The relationship between the cogs of CLS is self-stoking. Knowledge of community based, specialist and mainstream supports informs the development of care and support plans, while Commissioning learns, improves, creates and sustains third sector provision that supports communities, enabling people to live good lives through formal care and support that builds independence and community connections. Each 'cog' both needs and serves the working of the other two.

The Community Led Support approach, illustrated by the Cogs diagram, can be further described through logic modelling, a process that helps us articulate the activities and resources we need to use to get the outputs and outcomes we wish to see. Logic Models also help us identify the sorts of information and measures we need to ensure that our assumptions are valid, that our work is of sufficient quality, and that the change we are aiming for is realised.

The remainder of this document will look at just some of the Logic Models created as part of the work to implement Community Led Support in relation to each of the cogs to date and will highlight the economic value of such activity.

Community Assets and First Conversations

What we know

A strengths based conversation that considers personal and community resources at the first contact point, wherever and however that takes place, can have the immediate benefit of being an effective alternative to directing the person towards the full Adult Social Care assessment process. Whilst essential for many, a full assessment may not always be the best response and hence we can free up capacity for those who do need it by responding in a different way. A conversational approach at this initial stage is, for many people, welcome and more effective, taking less time and being more quickly able to help them understand what is available and connect them to that support, with a consideration of all possible options that could help them. This isn't about 'signposting'; it is about the various services and partners working in a joined up way so that people have a seamless experience and are not passed from pillar to post. Rather, within the local cross-sector 'team' of partners and local organisations, there is follow through and checking back with people to ensure the issue was genuinely resolved and if not, to further guide and support.

The speed and effectiveness of this approach means that, often, the situation will not yet have escalated to the point that formal support is required. Instead of the person waiting unnecessarily, only to be presented with an Assessment response of 'ineligibility', it is possible to identify community options as an appropriate and quicker response. This prevents the need for many people to wait for, and then undergo, a lengthy full assessment *if it is not required;* while providing a thoughtful, timely response to maintain people's connections, health, and wellbeing.

The quick response times are often able to prevent people at imminent risk of deterioration in their situation owing to unchecked or unsupported needs. The fact that a significant proportion of those people then go on to require no further formal support (but are connected through informal networks) means that a focus on responding quickly to those in most need has to be a priority. We also know that people who are seeking support from care or support services welcome the quick response and the listening, 'good conversation' approach to their enquiry or request for support.

The Logic Model for community based First Conversations

	Inputs (what happens)	Outputs (the difference)	Outcomes (the result)	*System impact*
Simplified Logic Model	Joined up working across partners on the ground streamlining process, reducing bureaucracy. Community hubs enable strengths based early conversations when people need them	More people seen more quickly in community or in response to a request for support via customer services.	More people connected with community supports & activities Issues resolved for people in a timely and effective way Reduced isolation	*Reduced use of resources involved in assessment & planning* *Fewer crisis responses* *Fewer people in 'the system' who do not need to be* *Increased quality of life reported*
	There is a link between this activity and the use of residential care and use of social care following hospital discharge. Note, there is no direct link with a reduction in the use of homecare at this point.			

- **Reduced Waiting times**
Longer waiting times increase the potential for a crisis response while decreasing the potential for community-based solutions. Strength based, early conversations are extremely effective in reducing or removing pre assessment waiting lists. Areas implementing Community Led Support have reported performance reductions in waits for initial contact falling from an average of 13 weeks to around 9 days.

- **Fewer Complaints**
Every complaint received takes an average of 3 hours to process and respond so reducing complaints can be indicative of improved experience and releases time into the system. Complaints in one local authority fell from over 600 in one year citing "lack of action", to single figures following the responsive use of early conversations. High satisfaction rates have been reported by people having early conversations compared to those on waiting lists.

- **Improved Service Satisfaction**
People need to be able to have their issue responded to when they need it, not to wait and, whilst many people do require formal care services, many can avoid this whilst meeting their needs in other ways. In one CLS area, people who were deemed eligible for a full Assessment were also offered an early 'Good Conversation' instead of only being placed on the waiting list. 42% of those took up a community option at this early stage, and as a result did not need an Assessment or further ASC involvement at that time.
Of all who responded to a simple questionnaire on the CLS process, over 95% said they had received the service they wanted and were satisfied with the outcome of their conversation.

- **Better use of time through proportionate responses**
Assessment and Support Planning processes are estimated to take between 5 and 7 hours per person. By avoiding the need for disproportionate processes, this time is reclaimed to focus on more complex, in depth work. Local Authorities implementing CLS have reported up to 53% reduction in the rate of conversion from the initial request for support to Assessment and Support planning following the responsive use of early strengths based conversations.

- **Reducing the reliance on formal services**
Through a combination of preventing crises and the use of voluntary and community options people can stay living well for longer. As a result, the average age when people do need to draw on formal care and support can be raised, and, where it is required, can be blended and balanced with other low cost, or no cost, options that support wellbeing and better outcomes. Evidence from Case Studies in areas implementing CLS suggest a potential 5% decrease in commissioned care in initial care and support arrangements compared to expected levels.

- **Improved Staff Engagement**
Levels of sickness and staff turnover incur significant costs associated with loss of productivity, management time and costs of agency staff, etc. and have all been linked to staff satisfaction and feeling valued. Staff in areas implementing CLS have reported increased work satisfaction rates and a sense of being trusted and valued, with better understanding of partner services and increased knowledge of Community options.

Strength Based Practice

What we know

Social care practitioners are skilled at having conversations that tease out the complexity of people's situations and support them to retain control of their life. This includes identifying and appreciating their strengths, achievements and assets, considering what additional support is needed and how that can best be achieved. Such interaction is often not a single event but may take several conversations, drawing in others as needed to address different parts of people's lives that they need support with.

With a full consideration of all the resources available formal support can be used to supplement those, strengthening those personal and family supports and building connections and purpose. With an ethos of 'progression' and promoting independence, support can be focused on achieving goals and, as such, can be more time limited than it often is at present. But such an approach requires cultural and system change, including in the way Direct Payments and Self Directed Support work so that they are more attractive to people, affording choice, control and flexibility without onerous and disproportionate bureaucracy and process.

Undertaking Reviews in a timely, strengths based, proportionate way is vital and is not a stand-alone 'tick box' exercise but, to do well, requires skills, sensitivity and integrity (something the social care workforce has in abundance). The capacity to undertake more timely Reviews can be released through system efficiencies such as streamlining bureaucracy, process, decision making recording etc. and those undertaking them need to be skilled in strengths based, 'Good Conversations'.

In hospitals, a different conversation with people and their families seeks to understand what is important to them, what would it take for the person to return home safely (where possible), and what needs to be in place for that to happen. Only by understanding these things and having networks that include community resources that can respond to action what is needed, can such an approach be effective. Getting people home safely at the earliest opportunity is not only better for those people who no longer need to be in hospital, but also, of course, frees up capacity in the hospital. We also know that people who are supported well to leave hospital in a timely way, with good support, subsequently require less formal care and support overall.

The Logic Model for Strengths Based Conversations

	Inputs (what happens)	Outputs (the difference)	Outcomes (the result)	System impact
Simplified Logic Model	Strengths based conversations happen as part of assessment, support planning and review activity. Strengths based, early conversation on discharge wards	More people achieving outcomes without recourse to paid support or with a mix of natural and paid support. 'Smart' reviewing is proportionate to complexity and cost of package.	Increased community connections, resilience and quality of life. Targeted use of resources in planning and review. Strength based practice is embedded in community teams.	Increased reported quality of life Reduced demand overall on paid support to achieve outcomes. Connecting plans with quality and efficacy of provision Fewer people overall needing to draw on formal services
	This approach, supported by Strengths based practice frameworks, is less supported by current case management system configuration.			

- **Reducing Use of Commissioned Care over time**
Demographic and other pressures mean that the need for social care support is inevitably increasing with more people needing greater care and support input. At an individual level, as people age and health declines, we know the need for care and support is likely to increase. While evidence is very scarce at this early stage, analysis appears to show a link between a greater focus on wellbeing outcomes and a slowing of care needs over time, reflecting the positive contribution that wellbeing is having on people's health and independence.

- **Improved Quality of Life**
Measurements of quality of life are extremely important in order to show how people are able to live a good life on their terms. Quality of Life is a measure of choice, control and wellbeing, and care and support should sustain and support this. Using ASCOF questionnaire measures in England, those areas implementing CLS show increases in reported key Quality of Life and Wellbeing Outcomes for people receiving care and support and their carers.

- **Driving Improvements in Services**
Strength based and Outcomes focussed Support Planning, in conjunction with timely and proportionate reviewing, can help identify where care and support options are working well in delivery of key outcomes and where they are working less optimally. Areas implementing CLS that have connected the Review processes to monitoring outcomes have been able to extract valuable information to celebrate success and support improvement of commissioned services, further supporting better outcomes for people.

- **Reducing unplanned Reviews and the cost of responding to crises.**
Proportionate reviewing based on costs, complexity and potential for breakdown can help organisations target those who are most at risk of crises, or where provision may not be optimal. Unplanned reviews are more likely to result in increases to the volume of care or support people receive, or a change of location into residential care, than planned reviews. CLS sites implementing targeted reviewing have been able to explore and understand the most costly and complex care and support arrangements. This has involved establishing a focus on wellbeing and defusing potential crises, thus reducing the proportion of unplanned reviews to about 16% compared to a national average of about 35%.

- **Increased use of short term services at the point of discharge**
CLS case studies for people leaving hospital have shown that where a wider group of partners have been involved to support outcomes and wellbeing, a wider range of options are available. These short-term interventions, (utilising formal care and community based holistic support) have expedited discharges. High-quality short-term services have been shown to reduce the need for longer term formal care.

- **Reduced rates of readmission**
Supporting people in a holistic way, including addressing the needs of family carers, is vital to people thriving on return home from hospital. CLS case studies have shown that holistic approaches to health, care and wellbeing at home reduced the likelihood that a person was readmitted within 3 months compared with discharge episodes that were not as broadly focussed. With each re-admission costing around £3000 per episode to the NHS, a wider system saving is achievable, not to mention the potential to reduce trauma and distress for people and their families.

Outcome Focussed Commissioning

What we know

CLS requires commissioning teams to promote a strengths-based culture and a very different partnership with people, community and providers around place. The approach is rooted in the principles of CLS and offers an opportunity to reshape not just how commissioning functions but, crucially, how it responds specifically and directly to the outcomes people have defined as important to them. This involves the need to rethink a commissioning approach that forges genuine partnerships and new models of provision and is explicit in its expectations of a far wider reach into communities.

Commissioning underpins the delivery of better outcomes and greater opportunities, whether this is through decisions to invest in the voluntary sector and universal offers that promote the wider determinants of health and quality of life, or whether in its narrower form of commissioning specific care and support services. Community Led Support sees Commissioning as more of an art than a science. When coproduced with communities, focussed on outcomes, and using feedback and data on quality and impact as strong evidence of what works, what's needed and what must be improved, commissioning is a vital component of improvement, change and value for money. Without intelligence led commissioning, the whole machine grinds to a halt as strength-based practice and community asset-based approaches simply do not have the kinds of services, supports and opportunities to offer people at the right time in the right place.

Drawing intelligence from across the system, to see how effective the application of commissioned care and support is in achieving wellbeing and individual outcomes is key. Similarly, by using existing knowledge about the community supports that are helping people thrive, commissioning activity can support those enterprises, not overburdening them with bureaucracy, but supporting innovation; this involves ensuring contracts and specifications reflect a mature relationship based on trust, are proportionate and prioritise capacity on vital activities.

The Logic Model

	Inputs (what happens)	Outputs (the difference)	Outcomes (the result)	System impact
Simplified Logic Model	Investing in community based supports	Increased availability of community options	New community solutions including micro enterprise available.	Virtuous circle of quality with evidence informing provision.
	Commissioning activity based on partnership with providers with shared risk taking	Formal solutions exist that take a strengths based approach, that are person centred and outcomes focused	People able to return to their community (from secure or acute services) and re/establish networks	
	New person centred micro providers and small, local enterprise	Reduced bureaucracy in the system	More options for Direct Payments and new models	Coproduced / strengths based provision maximising quality of life & wellbeing
	Planning for populations and utilising technology	Forward planning, market shaping	People receive strengths based care and support at home develop independence and achieve outcomes	

This approach may be a 'slow burn' but is nevertheless essential to ensure community resources respond to the needs of the population and that formal provision is based around evidence of what keeps people safe, well and resilient and remains focussed on wellbeing and outcomes.

This is a relatively new system area to become immersed in Community Led Support so, at present, clear evidence is limited partly due to impact not yet having had time to be realised. However, below are clear evidence based findings from areas that have introduced new provider models in a way that fully aligns with the Principles of CLS.

- **Improved experience of care and support**
  Innovative commissioning can support new models of formal provision that directly affect the way care services are delivered. This can increase the ability of that provision to be person centred, flexible and responsive to people's needs and more consistent, meaning there is a greater understanding of the person, their circumstance and the needs of family carers etc. This becomes possible by providers having a strengths based, person centred culture of work. In addition, and as a result of that different relationship with commissioning, it is possible to reduce unnecessary bureaucracy in the system, releasing more time from contracts to prioritise the direct provision of care and support. Overall, being able to work flexibly in this way and prioritising wellbeing expects to reduce the level of unplanned reviews and reactive crisis led responses.

- **Improved stability in the care and support workforce**
  A great deal of time and cost is spent addressing the current crisis in our ability to attract and retain a workforce with the experience and skills required to undertake this vital work. Enabling staff to work more flexibly, more responsively and in a way that they feel they can make a real difference in someone's life has the unsurprising effect of raising their morale. In addition, there are some examples where a different commissioning approach has enabled providers to pay for whole shift and to increase salaries through reducing bureaucracy and other system and process inefficiencies.

- **Improved relationships between provider and commissioners**
  We know there are personal as well as economic gains to be had by a radical overhaul of commissioning and provider cultures and the interface between the two. Much activity at present in the system is unrelated to core purpose yet absorbs a disproportionate amount of resource in activity that often has no direct benefit. With a different approach supported by strong leadership, this can be reduced with no resulting negative impact on safety, cost or quality of service. Finding system capacity to do more of 'the right thing' is key to unlocking inertia to find energy and creativity to innovate across the commissioning, provider and community workforce and is being demonstrated in some areas.

- **Improved equity of provision**
  Commissioning plays a vital role in understanding and addressing the gaps in provision and targeting and tailoring arrangements (for example, across rural areas). This means people in those less well served areas should avoid resulting high cost or more intensive but unnecessary provision (such as residential care) if there is community or home based support available. Working differently with the provider market, understanding the challenges and taking a place-based approach can go a long way to addressing these issues.

- **Greater range of support models**
  Commissioning has a role in ensuring a range of models are available to respond to people's choice, locality and need. Nurturing new home grown supports and adapting procurement and monitoring processes to not disadvantage local enterprise is key. An evaluation of one CLS area showed 32 community micro-enterprises delivering £134,712 in annual savings.

Conclusion

This short paper is just a summary of the benefits of adopting and embedding the principles of Community Led Support and moving to a culture that speaks to the values of those who work across the social care sector. What we know, indisputably, is that 'doing the right thing' for us as citizens pays dividends in terms of economic value to the complex system that supports the delivery of adult social care. Implementing CLS taps into the motivation and enthusiasm that still exists across the workforce and this is our most precious resource. Indeed, we would argue that by working in top-down, 'control and command', cultures that do 'to' people and are predicated on mistrust of the workforce and of people they exist to support, we risk not only serving people poorly, but also alienating, and further losing, a tired and undervalued workforce, something that ultimately is to the detriment of us all.

A performance management culture that focuses on measures, and not on the factors that drive these measures, can lead to gaming or perverse behaviours to achieve a 'target' based on those measures which can have little impact on addressing the core issue. Organisations often miss the opportunity to involve staff in exploring the real causes and links between practice and impacts, yet the knowledge and insight of operational teams is invaluable in gaining a true understanding. In addition, such systems tend to manage 'performance' against a suite of indicators retrospectively, i.e., from the failed output backwards, with the intent of changing the output, rather than supporting behaviours that are known to drive good outcomes and impacts.

At NDTi we have over eight years of supporting the implementation of CLS across the UK and know that changing cultures is the hardest thing, particularly in large, complex and seemingly intractable public bodies. But strong and committed leadership is in abundance and is using evidence of impact proactively to further drive great work and is holding true to values despite the enormity of current pressures. As such, we are able to demonstrate the real value of working differently, bringing staff and partners on board, tapping into the assets and the expertise that exist in communities and in all those working in the sector, unpicking our complex and bureaucratic system processes to release capacity, energy and creativity across the system and never more than now is this needed.