What works in Community Led Support?

Findings and lessons from local approaches and solutions for transforming adult social care (and health) services in England, Wales and Scotland

First evaluation report

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Community Led Support

This report has been written to share the findings, learning and examples of impact identified from working with 9 authorities across England, Wales and Scotland who are working differently to improve the lives and support of local people.

It is essentially an evaluation report on the authorities' progress towards the outcomes and longer-term aims of community led support over the last 18 months, but we believe it is more than that.

We hope the learning shared here will help demonstrate what's possible when applying core principles associated with asset based approaches at the same time as tackling hard systemic and cultural issues around speed of response, ease of access, changing the nature of 'assessment', reducing waiting times and lists, turning eligibility criteria on their heads and making the best use of local resources for people with a wide range of support needs.

With thanks to everyone who has contributed their time, views, experiences and data, with a special thanks to those who have helped make this evaluation happen in Denbighshire, Derby, Doncaster, East Renfrewshire, Leeds, Shropshire, Scottish Borders, Somerset, South Ayrshire.

A Note on Terminology

The term **'council'** and **'local authority'** are used interchangeably throughout the report to refer to public bodies with social care responsibilities in England and Wales as well as Health and Social Care Partnerships (HSCPs) in Scotland.

The term **'social worker'** and 'social work teams' is used to also refer to those practitioners undertaking statutory social work duties whether qualified or unqualified which may include other professionals.

Forewords

"After seven grim years of austerity in our public services, reasons to be cheerful are in short supply. But here's one: the remarkable emerging results of Community Led Support, an approach to finding ways of meeting people's needs for care and support that leaves them typically happier, healthier and more independent than they would be if directed straight to conventional services. And not to beat around the bush, it also tends to work out cheaper. If that's not reason enough to read on, then note that there's learning here from England, Scotland and Wales. At a time when policy and practice around the UK are increasingly divergent, that's very welcome."

David Brindle, Chair of NDTi and Public Services Editor of the Guardian

"This report sets out how a number of localities are taking brave steps to change the way they work. Community Led Support is not original but has its roots in effective community approaches from many years ago. Public service bodies still need to rebuild the trust of communities and promote confidence in the public sector. It is vitally important that they do this and empower neighbourhoods to develop social capital as we know that the highest social care needs will remain in those neighbourhoods with the least social capital. We still need further knowledge building and skills development in this area, but this evaluation has done a useful job in following these developments in those localities that are working differently and it is a valuable step in the right direction."

Dorothy Runnicles, Expert by Experience, Ex-Social Worker, Researcher of social services and Associate of NDTi

"Evidence in Social Care is often hard to measure and providing conclusive arguments for particular approaches or interventions is difficult. Therefore, this is a welcome first step showing a coherent set of evidence from across the nine initial Community Led Support sites. This report gives a real sense of the success of the Community Led Support programme and demonstrates what it is that is convincing others to join. It has helped those Local Authorities and Health and Social Care Partnerships involved make real the rhetoric around person centred care based on true collaboration, not just with individuals but with whole communities. Importantly it shares the voices of people who live in communities and have called for help and support, as well as the voices of those whose job it is to listen, have a good conversation and respond."

Des McCart, Senior Programme Manager, Healthcare Improvement Scotland

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Executive Summary

This summary draws together the headline findings and lessons from an evaluation of the Community Led Support (CLS) Programme hosted by the National Development Team for Inclusion (NDTi).

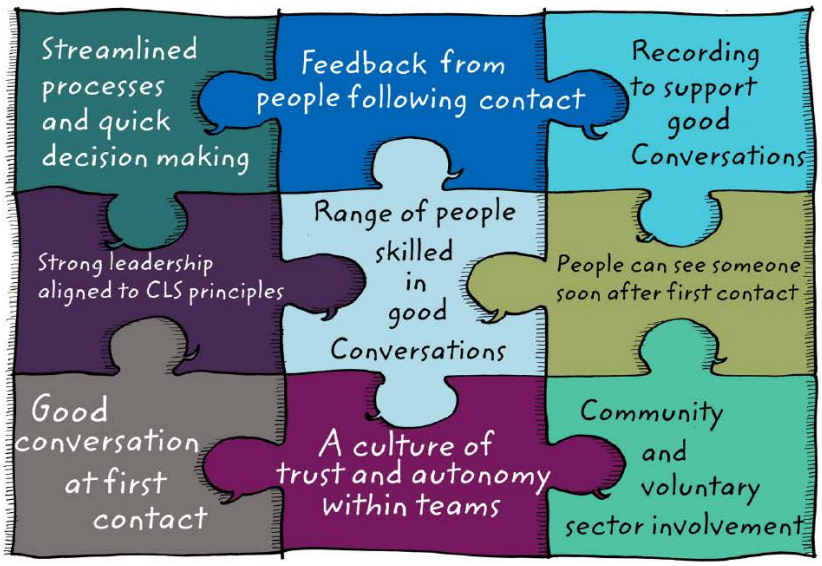
Between June 2016 and November 2017, NDTi supported seven local authorities and their partners to plan, design, implement and evaluate a new model of delivering community based care and support (community led support) – using approaches that ensure each local model is continually evolving, learning and developing. A further two authorities (including one who was an original member of the first cohort of CLS sites) who are involved in similar community led initiatives also joined the CLS Programme Network and contributed their experiences, data and learning to ensure this evaluation takes accounts of experiences dating back to 2014-15.

Community led support evaluation sites

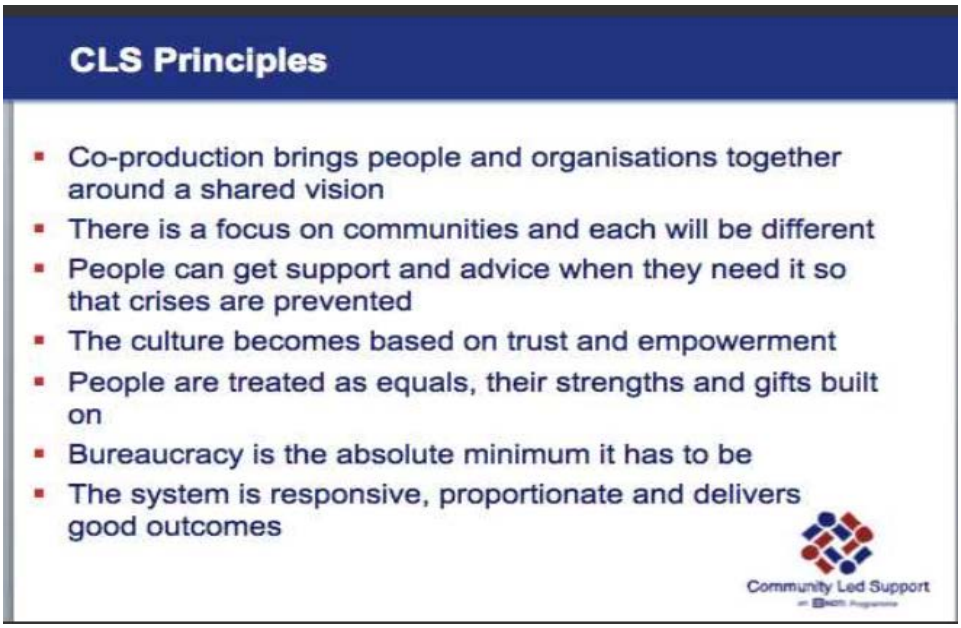
- Denbighshire
- Derby
- Doncaster
- East Renfrewshire
- Leeds
- Scottish Borders
- Shropshire
- Somerset
- South Ayrshire

What is Community Led Support?

Community Led Support involves local authorities working collaboratively with their communities and partners and with staff, ideally across the whole authority (not just within social care) to design a health and social care service that works for everyone. 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. These elements are summarised in the graphic below.



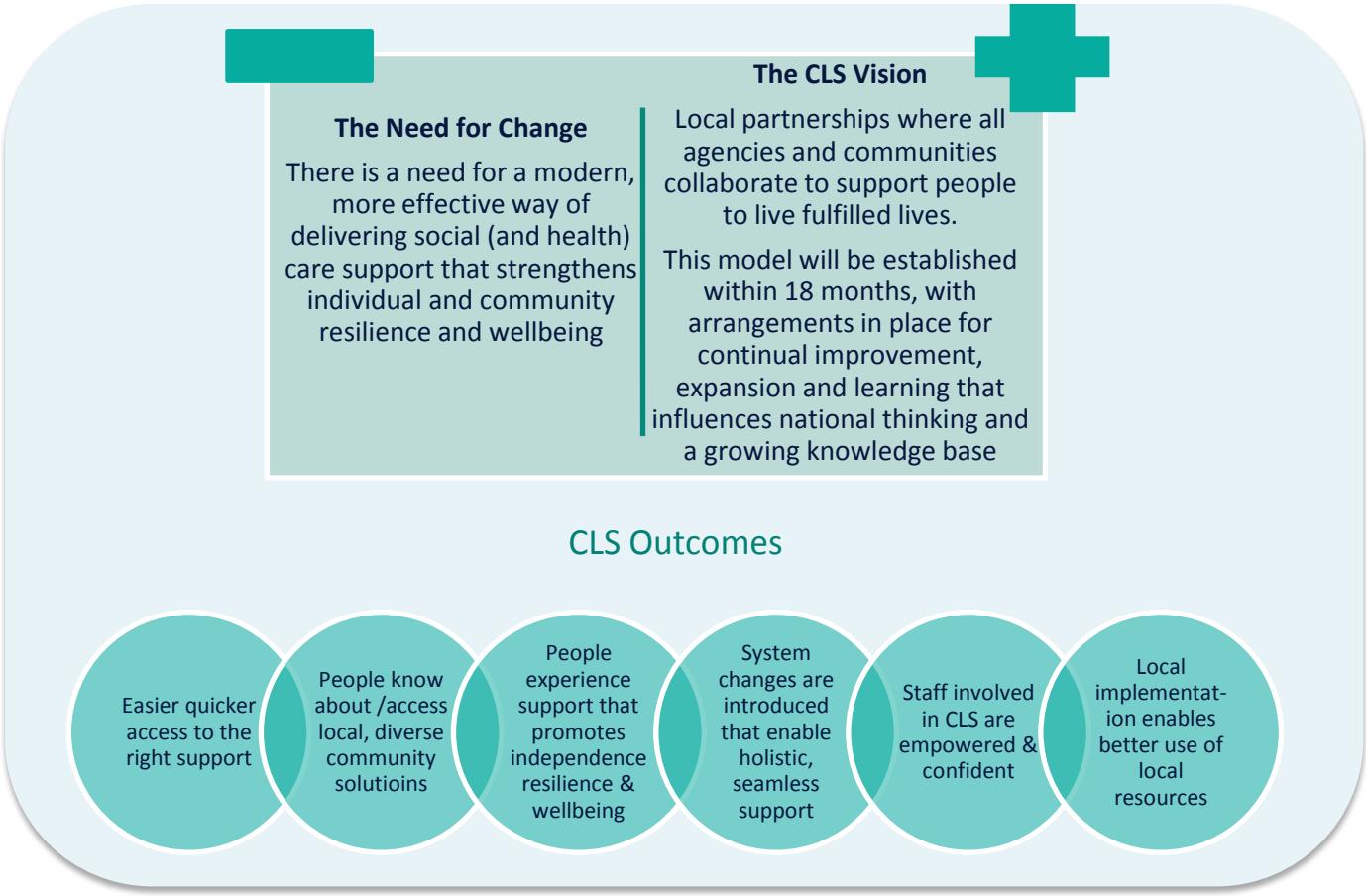
It is not one single approach, service or way of working. We have heard CLS described in different ways by different people – but the most common descriptions include references to CLS as a 'journey', a movement for change, a transformation or change programme – rather than a set of concrete and consistent tasks or building blocks that are implemented in the same sequence everywhere. As one lead Director put it: *It's a different way of thinking, as well as a different way of working*. At the heart of the approach is a set of underpinning principles about **how** local support should be delivered, and it is these that steer local developments, ensuring that the detail of **what** happens (as well as the 'how') is determined with and by local people. The principles are summarised below:



The CLS principles, together with an implementation approach that builds enthusiasm, buy in, and peer to peer learning are helping to create a genuine momentum for change in the sites, and across the Programme. According to participants, CLS feels like a collective transformation process, a social movement rather than a conventional change programme:

> *It's a movement, constantly changing. Some of the sites who just joined have the best ideas.* (Discussion with CLS Sites from England and Wales)

An overarching vision for change acts as a framework to guide the development and evaluation of the whole CLS Programme. This vision for change was co-designed with representatives from the seven sites – and reflects both the context and rationale for the programme as well as the changes that those involved commit to achieving and demonstrating over time. It includes six central outcomes which have also been developed with the sites, indicating the specific, local changes required to achieve the vision. It is these specific changes that have formed the basis of the evaluation and data collection within each site.



There is no set pathway or route to achieving the CLS vision and outcomes; each place involved in the evaluation is doing different things in different contexts in different orders – evolving, experimenting and learning as they go. Although there are unifying common factors and shared vision across all sites, CLS implementation looks different everywhere (as Appendix 2 shows) reflecting the unique history, culture, community and service structure of each area and partnerships involved.

Evaluation Highlights

What is Community Led Support achieving?

The diversity of CLS, and the varied way in which sites have measured and tracked local progress, present considerable challenges in drawing together an aggregate picture of impact across the programme. In addition, for many sites, CLS is one strand of a system-wide transformation programme, so change may be occurring through a combination of multiple influences, including CLS. Nevertheless, the evaluation has captured a rich and complex picture of impacts in several areas of change, summarised below.

Better experiences and outcomes for local people

> *As a professional, I feel more confident in pushing people to reach their goals, helping people to have a life that feels more worthwhile, having new friends and experiencing new things.* (Social Work manager)

The Talking Points are all person-centred. The conversations are important – it's about 'what matters' to you. We get stories about people's journeys – freedom to talk with an individual and explore lots of options (Voluntary sector employee)

A total of 73 change stories were received from 6 of the 9 evaluation sites, sharing examples ranging from subtle but important differences in how people are responded to and involved in their own care and support, to profound changes to personal living arrangements including help to remain living in their own home at the same or lower cost.

Jim's story
Jim had a booked appointment in his local hub. His GP had referred him because he thought he may have a learning disability which came to light when Jim visited his GP because he was feeling very low and isolated. He had been living alone since both his parents died. It became apparent from chatting with the worker at the hub that Jim did have some degree of learning disability. His sister also said that he was struggling to manage his money and deal with household bills. His sister had already contacted the Council to ask about extra care housing as they both felt this would suit him, as he would have company and be near his sister. She wanted to know what they needed to do next to make this happen.

What mattered most to Jim (personal outcomes)	**Barriers to achieving outcomes; Strengths & Capabilities**	**What happened?**
Not to be lonely To live near his sister To be healthy	Both Jim & his sister are resourceful and had found a solution they were both happy with. They are self-sufficient and did not want input from services. A barrier was Jim needing support to manage his money and tenancy. They were not interested in establishing any formal diagnosis, were clear about the outcomes they wanted, and did not want to be known to services.	Referral to outreach worker who connected Jim to 'Open Minds' and explored other local community groups/ activities with him, as opportunities to socialise. She also linked Jim into a diet and fitness group; and found out what needed to happen in relation to extra care housing.

What would have happened before CLS?
Based on a GP referral to Social Services, Jim would have been drawn into Learning Disability services for an eligibility assessment, which would have taken a couple of months to complete. Jim would have been supported by specialist services rather than local supports.

These stories reveal that local people value different conversations (i.e. about what matters to them), quicker and easier (local) access points, the emphasis on local connections and natural networks of support, and most fundamentally of the sense of a trusted, ongoing relationship with the people who support them.

Easier access and greater efficiency

It had got to the point where processes were becoming a hindrance to working in a person-centred way (Customer Service Centre manager)

Introducing CLS has had an impact on the efficiency of the care and support system by reducing unnecessary process and duplication of effort, and tackling bottlenecks. This has improved people's experience and staff satisfaction as well as making better use of resources. We heard of numerous examples where waiting lists and times have been significantly reduced. A focus on addressing an issue first time, rather than referring on for a full assessment, means that people no longer wait for months for help with what might be a relatively straightforward issue. This focus on early resolution has also reduced the number of unnecessary repeat calls received by customer contact centre staff, which they were previously unable to resolve. Evidence from evaluation sites including data on waiting times and waiting lists and different support options/costs indicate the greatest efficiencies and improvements related to:

- Reduced waiting times e.g. between first contact and an initial (first) conversation and between that conversation and accessing support of some kind;
- Reduced waiting lists i.e. numbers of people waiting to be seen/accessing support;
- Devolving financial decision making to community teams and front-line practitioners within agreed parameters leading to timely decisions
- A link between more people using different access points (including community hubs and drop ins), reduced waiting times/lists and quicker access to support;
- Holistic solutions as community teams pool expertise and information to offer, for example, friendship groups and social activities alongside mobility aids and carers' support;
- The same or lower cost of providing different services (e.g. community vs acute, different support options) with better outcomes for people.

Examples of efficiencies shared by sites

- A dramatic fall in waiting lists in an innovation area in one site, combined with improved staff morale and reduced sickness levels
- Another site reported increased signposting to and resolution through community solutions whilst numbers passed onto adult social care services decreased
- A higher percentage of referrals resolved at first point of contact in an innovation area in a third site (16%) compared to the rest of the city (7%), combined with a lower number of referrals generated as a percentage of requests for support; and a lower number of social care assessments leading to commissioned services.
- Reductions in people on waiting lists in two Scottish sites, through offering people (currently on lists) appointments at the 'hubs' where holistic, community solutions were found. Staff commented that many people should never have been on the waiting list in the first place, but previously there had been no alternative option.

Engaged staff and improved morale

It really motivated me and it's fun! You have to be creative. (Social Worker)

CLS has enthused people in a way I've never seen. Colleagues are really excited about what it's allowed them to do. (Senior manager)

The evaluators have gathered extremely strong evidence of the positive difference that CLS is making to staff morale. Social workers talk of the impact that working differently is having on their feelings of satisfaction and motivation, with many commenting that CLS is allowing them at last to achieve what

they had had hoped for from a social work career. Some sites can show that this improvement in morale is also reflected in staff retention and absence rates.

Experiences of the Communities team in one innovation site

The role of the Communities team is key to CLS here. Their flexible, can-do approach is very striking and in line with the values and working style of CLS. We decided to just get on with it.

Staff morale has improved, and sickness absence fallen since CLS was introduced.

A few areas need further work but we're aware of this and have plans to tackle them - I'm really keen to get a 7-page assessment form rather than a 35 page one!

Potential for savings

> *As a demand management strategy, there's no doubt we're diverting some people away. We've challenged the data to see whether people were genuinely diverted – and we've confirmed this.* (Finance/performance lead)

Costed analysis was undertaken as part of the evaluation, using financial and performance data provided by two participating sites. Based on reductions in the costs of support for new people entering the system, the findings demonstrate significant cost avoidance resulting from changes to local systems and the approach taken to implementing CLS in these sites. Two different methodologies were applied, reflecting the types of data available from each site, with the following results.

Example 1: A partial cost benefit analysis of an innovation site in a unitary authority

- An analysis of the costs and savings associated with 1 full year of delivery within one hub area shows **a return of £2.22 in non-cashable savings for every £1 spent** in the first year of delivery.
- The site achieved significant savings in the form of a real term reduction in the paid services offered to people in contact with social care for the first time. The new approach has kept people off the waiting list, reducing the need to offer a full assessment, thereby diverting people away from paid support.
- The associated saving outweighs the cost of set-up and delivery. The true saving is likely to be greater, as the analysis applied a conservative estimate of the services that would otherwise have been offered.

This partial cost benefit analysis (CBA) did not estimate wider system savings associated with changes to individual support arrangements, nor monetise the social benefits arising from the support provided.

Example 2: Net-savings calculation based on a sample of clients

- An analysis of the differential cost between the mainstream service and community-based solution for a sample of 31 new people referred into Adult Social Care over a period of 20 weeks demonstrates a **total cost avoidance of £3,469 per**

week and an average annual saving of £5,153 per head for people with long term support needs.

- The key mechanism driving these savings is a local Peer Forum, where discussion around how to achieve the best outcome for the person is leading to the implementation of solutions that are significantly lower cost than traditional services.

Further detail on this aspect of the evaluation is shared in Chapter 2 and Appendix 3 of the main report, along with a discussion of the key mechanisms that are driving these savings**.**

How is Community Led Support achieving these changes?

Using a test and learn implementation approach – a different way of introducing change

They asked us what we wanted to change. The answer was just about everything. (Social Work Manager, Innovation Site)

Everyone wanted to be part of (the innovation site). They all thought 'I want a slice of this happiness'. (Senior Manager)

Introducing CLS represents a complex process of system change. The sites have adopted one of four broad approaches to implementing CLS, described below.

Implementation approach	Description
'Big Bang'	CLS introduced across an entire authority area at the same time
Innovation site + managed roll out	Initial site(s) selected to test out CLS, with programme of learning and spread. Phased roll out to other areas.
Innovation site + organic roll out with deadline	As above, but with encouragement for other areas to adopt aspects of CLS leading up to full implementation by a given date.
Innovation site + '*we just did it*'	Innovation site in one area, with one or more other areas deciding independently that they would also test out aspects of the approach.

Those sites that planned a 'Big Bang' found the complexity of the task a challenge, and often shifted towards a more incremental approach through a process of trial and error. This 'trial and error' is an important component of the test and learn approach adopted, with sites sharing both the lessons learned and the importance of safe places and forums for sharing and exploring what does and doesn't work. Lessons explored have included false starts, changes to how CLS has been implemented locally, steering group make-up, outreach/waiting list appointments at hubs and the use of change management resources. It is important to stress that whilst the majority of people involved in CLS have described it as an exemplary change process (compared to other local experiences of transformation programmes in health and social care), this doesn't mean it is easy or that it clicks immediately. Some of the important positive characteristics of CLS identified by sites are listed below.

At its best, the CLS change process:

- **is flexible and emergent – underpinned by a clear vision**
- **is informed by a collective understanding of important contextual characteristics of the local area**
- **is inclusive, values and trusts the contributions of front-line staff, partners and communities**
- **relies on peer to peer learning**
- **showcases and celebrates excellent practice, providing a good news story in an otherwise bleak environment**
- **avoids process-heavy project management approaches – retaining flexibility and responsiveness**
- **is shaped by leaders who are confident enough to relax control.**

Leadership that empowers staff to let go of control

We're using CLS for doing things differently – and reconnecting people back into social work. (Senior manager)

It's important to have proper leadership. This has provided continuing momentum for the work. (Senior manager)

The role of leaders in promoting and pushing forward CLS in their areas is vital, as is their ability to trust staff to innovate and improve practice. Many interviewees quoted the permissions first expressed by Stephen Chandler, the previous Director at Shropshire, and repeated with variations by others: *'Don't break the law and don't break the bank'*. Good leaders – who are needed at all levels (e.g. political, CEO/director, CLS lead/change manager) and in all partner organisations - have achieved a fine balance between maintaining momentum whilst keeping a focus on the vision and values. They have encouraged front-line staff to own and shape the change and build strong relationships with the community and with partners. Where this kind of enabling leadership is not in place, often because of organisational turbulence (especially if this triggers a retrenchment towards centralised control and decision making), introducing CLS at pace is an almost impossible task.

Understanding the local context and building on local developments

It makes sense for the third sector to deliver CLS here as they are more responsive, fleet of foot and CLS plays to their strengths (CLS Lead)

Local Area Coordination was the foundation. It made things faster (Local Area Coordinator)

The evaluation has highlighted the complexity of the many contextual factors that influence and shape the environment into which CLS is being introduced across the UK. Some of these factors are supporting or moving in a similar direction to CLS, while others make change harder to achieve. Although national policies on care and support play their part, equally important at a local level are organisational and communities' histories, cultures and the nature of relationships and partnerships at all levels.

Three different but inter-linked contextual factors influence the local delivery of CLS everywhere:

- The national policy, economic and political context – including professional frameworks influencing practice at a local level;
- The regional and partnership context, including how different services (from public and third/voluntary sectors) work together or are developing integrated practice and delivery arrangements that span traditional boundaries;
- The local context, relating to both the local community and to local agencies/organisations, including dominant cultures and the extent to which service based solutions prevail and/or asset based approaches are developing.

In implementing CLS, many of the sites have sought to understand where CLS fits into the wider scheme of things locally - in particular, by building on an existing service or initiative that has complementary goals or works with similar groups of people. For example, where there are dedicated community 'connectors' already in place such as Local Area Coordinators, Community Agents or Navigators, social work teams delivering CLS have tapped into rich and deep experience of local communities, their priorities and assets. Similarly, Communities Teams in other areas offer similar intelligence, and flexible, person-centred ways of working that are consistent with CLS. In some areas, initiatives based in the third sector have provided a route into stronger relationships, a greater understanding of the local community and innovative options for care and support. Bringing together CLS with these other, sometimes very well-established teams and initiatives often gives CLS a head start.

Synchronicity and partnerships

The synergy effect [of bringing together social care, communities and the third sector] – it's like two plus two equals five (Staff member, Communities team)

Culture is now part of the conversation, welcomed, valued and recognised. You don't have to convince people of the value you bring. (LA culture lead)

The council is more open, and is working with (volunteers) as a team. CLS has broken down barriers. Social Services is more approachable. (Member of community group/CLS volunteer)

Partnerships, both with external partners and the community, and with other parts of the local authority, lie at the heart of CLS. We have heard many examples where partners as diverse as the library service, a community centre, a church and a council's culture service all described the synchronicity between their values and goals, and those of CLS. These partners see CLS as a way of reaching the people they want to reach, and as an additional source of support for those they are already in contact with. Some third sector interviewees spoke about the stronger, more equal relationship that has developed with adult social care through CLS.

Meeting people in a community venue

> *Just the act of using a church, a community centre means we have a presence. It becomes a community thing instead of a social services thing.* (Social work manager)
>
> *The biggest thing is that our buildings are so little used, and they are such a useful community resource. It's not a church in a community, it's a community church* (Vicar of above church).
>
> *A different venue leads to a different mindset* (Group discussion with council staff members)

Although the setting up of community hubs was not originally an explicit or required element of CLS, it is an area that all sites have chosen to develop and found to be a critical success factor. Having a different conversation in a community setting frees up social work staff to think more creatively in supporting people to find their own solutions. The symbolic power and practical value (to local people) of social work staff operating from community venues, alongside staff and volunteers from other sectors and agencies, should not be underestimated.

Role of the Programme in encouraging learning and sharing

> *The learning is fantastic. It means others have been through the pain so we don't have to.* (Discussion with CLS Sites in England and Wales)
>
> *I've stolen ideas. When people share, I think 'we could do that'* (CLS Site Lead)

The people who are leading the local implementation of CLS in the sites are extremely positive about the role that the CLS Programme Network has played in helping them carry out their work successfully. National / regional meetings and the use of 'Basecamp' online forum have provided face to face and virtual settings where implementation leads and partners can share experiences and problem solve together. For the 'early adopter' sites, meeting with others has refreshed their enthusiasm, and the expansion of the Programme beyond the original seven sites is constantly bringing in new ideas and perspectives.

What and where next for Community Led Support?

Six priority areas for action have been identified as key issues to resolve, linked to the lessons and messages shared in Section 3.1 (and evidence of progress in Chapter 2). These are common issues everywhere, they do not relate more to one site than another and have been checked and developed

with sites and members of the Programme team. They therefore reflect local and wider priorities for change in further developing and embedding community led support over the next 12-18 months.

i. Continue to spread the word and to share what is working – and do more of what works

It is the combination of all CLS elements that make the greatest impact for local people and services, and an incremental, test and learn approach to change (for example, through innovation sites) seems to work best. Scaling out early successes is challenging and requires as much investment of change management time, development support and harnessing of enthusiasm as initial set up.

So, the key lesson for new sites embarking on CLS is that starting small and local as well as engaging in broader engagement and awareness raising activities (applying the adult social care customer-led approach to digital support, triage with customer service centres, etc.) is more likely to yield the kinds of results and progress shared in this report. This is often referred to as a 'breadth and depth' approach.

Spreading the word through stories and practical examples is the most effective means of raising awareness about CLS. The customer story is central in all of this, as is the need to include examples of longer term impact – demonstrating the need to ensure follow up information is obtained from people using different kinds of support and benefiting from earlier intervention/resolution.

ii. Realise the potential for savings across the whole council

The findings from the economic analysis in two sites, and financial information that has been shared from a further two areas (not included in that analysis but covered by the whole evaluation) is encouraging and likely to be a conservative estimate of the kinds of savings that can be achieved by avoiding the need for duplication of resources and spend on expensive and unwanted council funded assessment and support.

This will require councils and their partners to record and be more explicit about the costs and benefits of all elements of their access, assessment and services; and more robust and sensitive data that is relevant. Partners need to work together to develop and coordinate their own tailored version of the common data set referred to below (iii), and importantly share information about costs as well as benefits/outcomes at different levels.

The most accurate and sensitive data from CLS at present is recorded and used by innovation sites, which illustrates the nature of the activity in those sites and the importance of 'bottom up' data systems that reflect this activity. A key action arising from this is the need to progress and emphasise the importance of devolved decision-making and accountability, within agreed limits, for funding and organising community based support that delivers good outcomes for local people.

iii. Develop and use a core data set for CLS

There is a need for more consistent and better data on different aspects of delivering and implementing CLS at a local level, that can be aggregated and analysed to identify transferable findings and lessons as the Programme Network grows. More data is needed on individual outcomes everywhere and a common form of recording, reporting and analysing data on system efficiency and effectiveness (including costs, waiting times, waiting lists, referrals and take up of different forms of support) would provide a more robust data set and minimise the evaluation burden on cash strapped local services and staff.

All sites have agreed that a common data set on specific CLS activities and outcomes would be helpful, but local adaptation of this will continue to be important (reflecting the point about 'bottom up data' referred to above). The critical elements include guidance and tools to record, share and track waiting times, waiting lists and signposting/diversion points, footfall and use of hubs, use of different/alternative community supports, and outcomes for individuals achieved through their experiences of quicker access to and use of these different supports.

iv. Focus on individual outcomes and how these improve as a result of community based solutions

Not enough is known about the nature and variety of community solutions people are using, or the difference these are making to peoples' lives. More work is needed on how to best record the community based solutions offered and used and the impact these have for individuals. A small number of sites are tracking people's use of different supports, including the costs involved and this is shared in this report in relation to efficiencies and financial benefits. This tracking needs to also focus on outcomes and impacts experienced by the individuals involved.

More work could be done to engage people experiencing CLS in determining what outcomes matter to them, and agreeing how to measure this over time in a longitudinal study on demonstrating the effect of different approaches on peoples' lives. The Programme and Evaluation teams will explore how best to achieve this action with CLS sites over the next 6-12 months.

v. Moving into other service areas beyond adult social care

The focus for CLS to date has been on adult social care and associated support, although one site has included support for young people in transition to adulthood. A number of sites and national stakeholders have raised the possibility of exploring CLS within/for children's services and this is now being cautiously pursued where there is a synergy and common aspiration within those sites where CLS is relatively embedded within adult services. Increasingly transitions teams are the logical starting place to test these ideas.

There also remains significant opportunity to stretch the reach of CLS more widely across health services, specialist teams and services, and to explore further the potential for community led commissioning.

CLS is a powerful vehicle for demonstrating the benefits of strengths based and proportionate approaches, whilst addressing what can appear as a conflict for practitioners who feel they need to complete lengthy and often deficit led assessment documentation. The benefit of 'effective conversations' cannot be overstated. Work is continuing in Scotland and England to address regulatory reporting requirements and national performance reporting alongside strengths based approaches, effective conversations and proportionate, person centred recording.

The CLS Programme and sites have highlighted three levels of action that will help to address the above opportunities and widen CLS beyond adult social care:

- Building on the common vision and values base of different practitioners across health, social care, communities and housing departments, as well as community based colleagues working within the third sector and social enterprises. This will require local development work and engagement with professional associations at a national/UK wide level
- Engaging health, social care and housing commissioners to embed different ways of working and investing in community based solutions, and to work with providers from commercial and third sectors

- Working with Government departments and national bodies in each UK nation, to establish the links between CLS and current policy and legislative frameworks; and problem solving common barriers such as issues around central recording requirements (i.e. Performance Indicators) and how/where CLS can deliver statutory duties.

vi. Growing and Strengthening the CLS Programme

There is striking evidence of the power of belonging to a wider Programme for change. Through the sense of momentum, the power of shared learning and collective problem solving, the cumulative passion and experiences, as well as pooling of evidence and examples – the Programme Network is becoming a genuine movement for change. As new sites join it will be important to think about how to sustain the features of the Programme that make it work for everyone – at a local, regional, national and Programme-wide levels. These features are shared in Chapter 3 (section 3.2).

The first phase of evaluating CLS has demonstrated that the vision, outcomes and enablers identified in the Theory of Change (in Appendix 1) are the right aspects to focus on in determining what works for whom in different circumstances, how and why. A key lesson has been that this is particularly helpful framework for sites who are just starting out on the CLS change programme, i.e. for the first 18 months of delivery. As sites move into a 'business as usual' phase, and to test the sustainability of CLS, a different theory of change will be required to establish 'what works over time'. This will also provide an opportunity to examine and test what is needed for CLS to be extended to those areas outlined under point (v) above.

1. Background and introduction

This Chapter introduces Community Led Support (CLS) – both the concept and the Programme hosted by NDTi which is bringing together different authorities across England, Wales and Scotland to help bring about change at a local level.

It also describes the approaches taken to evaluate impact and learn about the processes involved in making change happen to improve local people's experiences of different kinds of support.

1.1 What is Community Led Support?

Community Led Support is best described as a concept based on a set of principles that will look different wherever it is implemented. It is based on different relationships with partners including staff and local people and reflects grassroots, upwards change. The role of statutory bodies becomes one of listening and giving permission whilst providing the environment within which innovation can flourish and internal barriers are addressed. It has to be organic and needs to constantly flex and adapt to respond to the needs of communities and the context in which support is provided.

The principles on which CLS is based, summarised in Figure 1, are implemented in ways that are determined by local partners and stakeholders working together (practitioners, members of the community they are serving, commissioners, statutory and non-statutory agencies, etc). It builds on what is already working, consolidating and joining up good practice and innovation and strengthening common sense, empowerment and trust.

- Co-production brings people and organisations together around a shared vision
- There is a focus on communities and each will be different
- People can get support and advice when they need it so that crises are prevented
- The culture becomes based on trust and empowerment
- People are treated as equals, their strengths and gifts built on
- Bureaucracy is the absolute minimum it must be
- The system is responsive, proportionate and delivers good outcomes.

Figure 1 - CLS Principles

Although the ways in which these principles are applied to local areas varies, there is a general understanding that services across the local authority, communities and partners are aligned to achieve a prompt, seamless and person-centred response to every person who approaches them for support. Although there is no blueprint for how these are implemented, there is a common high level 'customer pathway' in the sites implementing CLS, illustrated below.

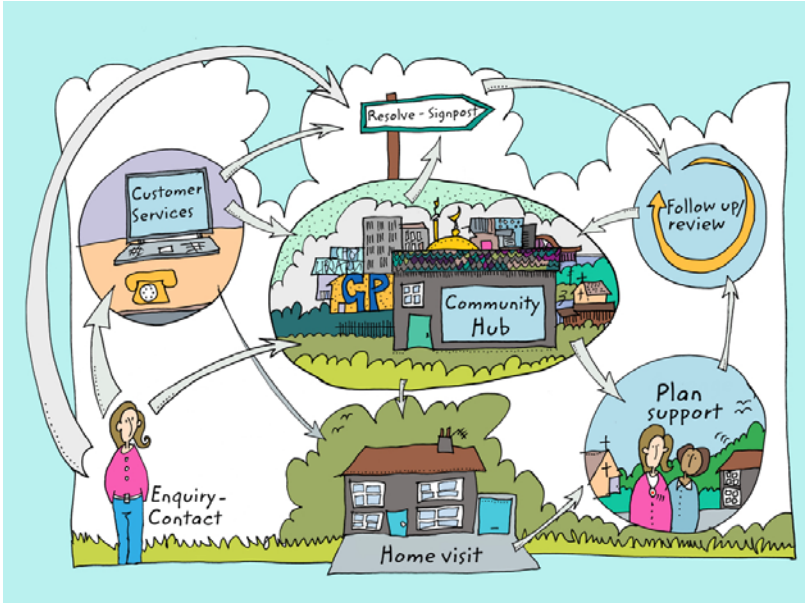


Figure 2: A typical community led experience of social care

1.2 What is the Community Led Support Programme?

The CLS Programme is designed and delivered to help local authorities around the UK to achieve this ambition and transform their health and social care services and systems to be community facing and outcome focused: responding to the needs, aspirations and priorities of the people that they support and the local communities they serve.

Areas that embark on the programme of change become part of a network which currently involves 14 local authorities across England, Wales and Scotland who are all working collaboratively with their

communities, partners and staff teams to redesign and deliver a social care service that works for everyone. Current membership is shown in Figure 3.

2015: Community Led Social Work Programme established involving Calderdale, Denbighshire, Wakefield

2016: Derby, Doncaster, Leeds, Somerset, East Renfrewshire, Scottish Borders, South Ayrshire joined the rebranded Community Led Support Programme (and Calderdale and Wakefield left)

2017: Shropshire, Bradford, North Yorkshire, Nottingham City, Warwickshire, Fife joined/renewed membership

Figure 3: Current CLS Sites

The CLS Programme team at NDTi works with each authority (CLS site) that signs up to the programme to plan, design, implement and evaluate their changes locally; and to create a new model of delivering community based care and support that continually evolves, learns and develops. An important part of the process is for local stakeholder groups to agree a vision that is co-produced and locally tailored – the first of the CLS principles summarised in Figure 1. Important elements of the CLS Vision are that:

- Local people receive support that is responsive, community based, focused on resilience and keeping them in control of their lives;
- Communities are actively involved in shaping and delivering local support and develop local solutions to respond to need;
- Social care/social work practitioners feel supported and trusted, experience increased morale and ability to determine local working practices, develop skills to have asset based conversations with people and are skilled in identifying local solutions, and have a positive approach to risk;
- Voluntary sector partners and other statutory agencies are involved in the delivery of information, advice and support at a local level and deliver support in a joined up, holistic way;
- Statutory services are of a high quality, are efficient and responsive and 'fit for purpose' in their ability to respond to increased demand on services within restricted budgets.

These components are captured in Figure 4, the CLS Jigsaw, reflecting the ways in which the essential elements of the CLS vision are embedded into practice at every level of the health and social care system and beyond.

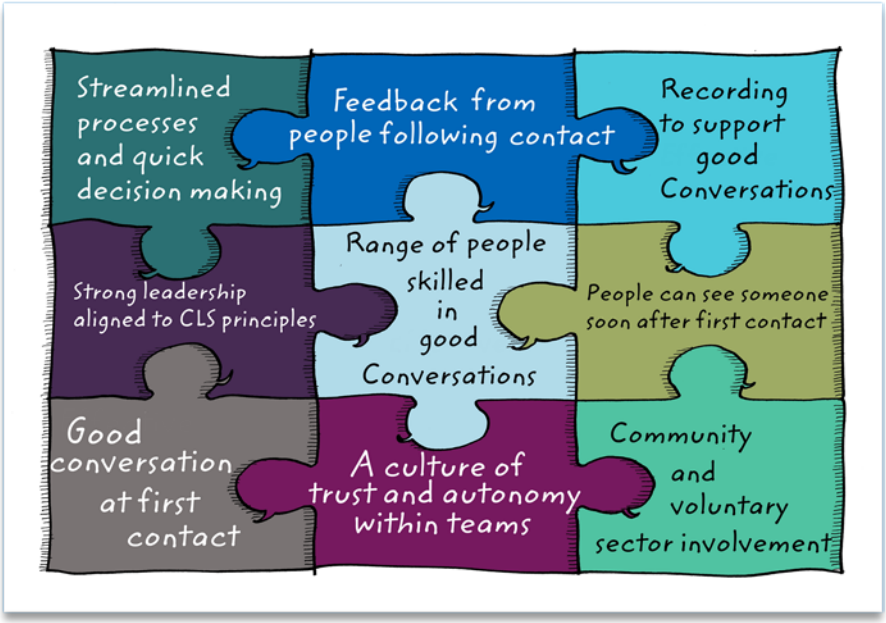


Figure 4: The 'CLS Jigsaw' – translating the principles into community led practice

Work to support these changes is delivered through a combination of workshops, facilitation, mentoring support and network meetings. The aim of the NDTi Programme is to support the local leadership in each site to co-design and implement a transformed social care model, embedding the cultural changes required to support associated new ways of working and ensuring these changes are sustainable over time.

1.3 Evaluating the Impact of Community Led Support

Evaluation support is provided to each authority that joins the CLS Programme, proportionate to their involvement in the programme, to help them define and measure the changes they want to make associated with delivering the CLS Vision. This takes place within an overarching evaluation framework that uses a Programme Theory of Change to articulate the CLS vision and six outcome areas. This Theory of Change is attached in Appendix 1; the outcomes are summarised in Figure 5.

1. **People have easier quicker access to the right support (right person, right place, right time)**
2. **People know about (and access) very local, wide ranging and trusted solutions /options for support**
3. **People experience support and services that promote their independence, resilience and wellbeing**
4. **System changes are introduced that enable holistic, seamless support**
5. **Staff involved in delivering CLS are empowered and confident**
6. **The local implementation of CLS enables better use of local resources (value for money, efficiencies, effectiveness).**

Figure 5: The Six Community Led Support Outcomes

The aim of the evaluation support is to evidence and understand progress towards these six outcomes, and importantly what has helped (or hindered) these things to happen. As part of this, the evaluation seeks to answer the question 'what works, for whom, in which circumstances, how and why?' Put simply, the evaluation activity is designed to be an impact and a process evaluation, where it is understood that the different contexts (sites) within which CLS is happening are as important as the specific activities and/or interventions that are being implemented - in order to bring about agreed changes for local people.

This evaluation report shares the findings and lessons arising from an analysis of evaluation activity and data collected across **nine** Community Led Support authorities:

- Two sites were early CLS members (dating from 2015), where evaluation activity was limited to a two-day fieldwork visit designed to look back over the preceding 2-4 years to capture important learning from the experiences of introducing and sustaining elements of the CLS vision
- The remaining seven sites joined the Programme in 2016, and received the following evaluation support:
  - a local stakeholder workshop designed to examine the theory of change and outcome areas – mapped against local issues and contexts for community led support and identifying specific changes where partners wanted to focus their activities and resources (and therefore also their evaluation activity) produced as a CMO (context-mechanisms-outcomes map)
  - producing a local 'outcomes and evidence grid' including indicators and measures of change, data sources and where to focus evaluation support
  - 1 or 2 days of fieldwork activity (interviews, focus groups, observations) undertaken by an independent evaluation team from NDTi's Research and Evaluation team
  - Analysis of fieldwork and other data provided by the authority/partners including change stories, activity/system and performance data.

The evaluation sites are shown in Figure 6; further information on the sites is provided in Appendix 2, Site Portraits, including when they joined the programme, their areas of focus and specific elements of CLS implemented to date. The asterisk denotes the two 'early adopter' sites.

Denbighshire*
Shropshire*
Derby
Doncaster
Leeds
Somerset
East Renfrewshire
Scottish Borders
South Ayrshire

Figure 6: CLS Sites involved in this evaluation

In addition, two sites were invited to participate in further data collection and analysis on the economic benefits of their CLS activities, using the New Economy Manchester cost benefit analysis methodology. This economic analysis is described in Chapter 2 and Appendix 3.

Evaluation activity took place over an 18-month period from June 2016 to November 2017, as outlined in Figure 7.

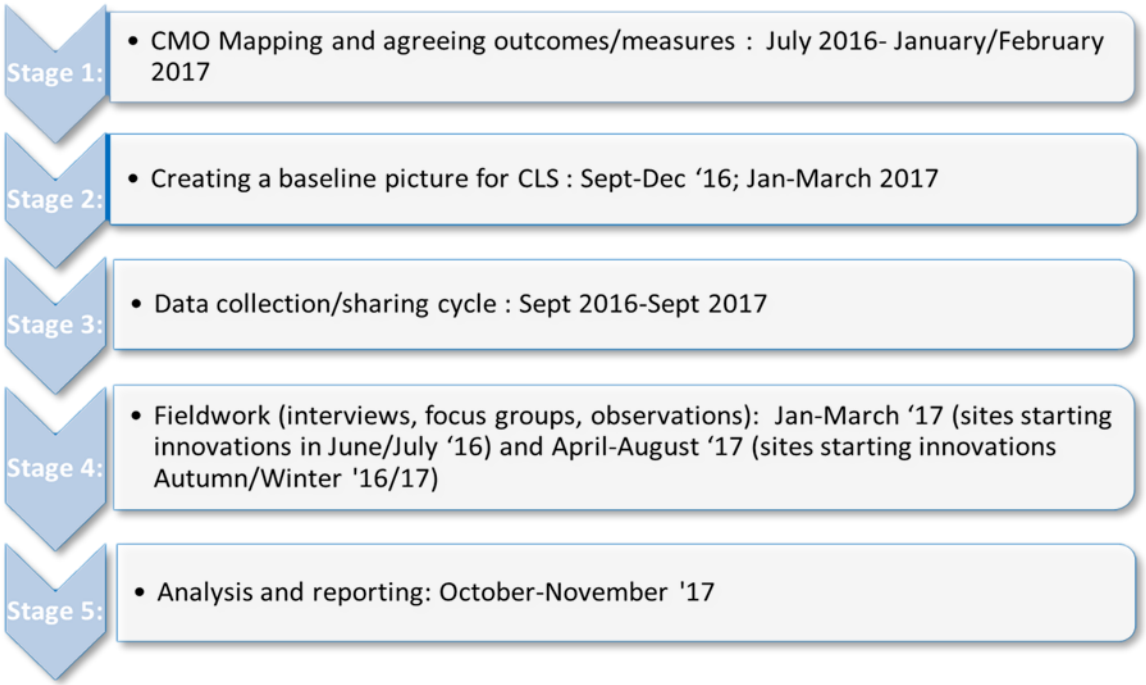


Figure 7: Evaluation Stages and Activities July 2016-November 2017

Sources and types of evidence

The diversity of CLS and the varied way in which sites implemented, measured and tracked local progress presented a considerable challenge for drawing together an aggregate picture of impact across the programme. In addition, for many sites, CLS is one strand of a system-wide transformation programme, so change may be occurring through a combination of multiple influences and interventions including CLS. This is matched by the diversity of local measures, data collection and analysis arrangements; the evaluation was co-designed and delivered in ways that reflected the need for a 'light touch' evaluation locally and centrally due to limited resources. Nevertheless, the evaluation has captured a rich and complex picture of impacts in several areas of change from a range of different data sources, as summarised in Figure 8. As each site collected and measured different things (despite guidance on core information for the 7 authorities who received evaluation support), it is not possible to present a total picture of all the data collected and analysed in one table. Figure 8 identifies common sources of data indicating the number of sites providing each type of data and sample sizes achieved across all 9 sites.

Source/type of data	Details including sample size where relevant	Additional notes including method of analysis
Waiting times (to first contact, between first contact/first conversation, second conversation, support in place)	4 sites provided data on waiting times – for innovation sites, roll out sites, whole authority	Review of local quantitative data collected, collated and analysed by these 4 sites.
Waiting lists	4 sites provided data on waiting lists (mostly relating to innovation areas)	Review of local quantitative data collected, collated and analysed by these 4 sites.
'Footfall' through **community hubs, number of appointments/drop-in**s	6 sites provided data on attendance/non-attendance	Review of quantitative data collected, collated and analysed by these sites
Numbers using different kinds of support – by role/profession, community/service solutions	Two sites provided data on different kinds of support	These sites participated in the cost benefit analysis (see below)
Financial performance - resources allocated/spent on different kinds of support	4 sites provided financial analysis of varying detail/coverage	Review of financial information provided by 2 sites. Cost benefit analysis for the other 2 sites (who also provided information on support, above) using the New Economy Manchester methodology. See also Chapter 2 and Appendix 3.
Feedback from 196 people participating in interviews, focus groups and observations during fieldwork visits as shown (where 'n' refers to numbers of people engaged in discussions/interviews).	6 focus groups, 1 interview 2 focus groups 4 interviews 1 observation, 9 interviews 2 observations, 5 focus groups, 7 interviews 2 focus groups, 2 interviews 1 focus group, 3 interviews 6 focus groups 6 focus groups, 4 interviews 12 interviews	n=31 n=9 n=9 n=28 n=8 n=8 n=60 n=31 n=12
73 change stories (including case studies) from 6 sites	73 stories from 6 sites	Thematic analysis of 52 stories from 4 sites
Other	4 sites provided data on customer and staff satisfaction surveys	

Figure 8: Summary of Data Sources and Sample Sizes

1.4 Making Sense of the Data

The evaluation questions highlighted in Figure 9 cover the critical elements of the CLS Theory of Change examined over the evaluation period.

Answering these questions has enabled us to test whether the factors identified as being important for the success of the CLS programme locally and nationally/UK wide are as envisaged; whether outcomes are being achieved, in the way anticipated and for whom; and if there have been any unintended outcomes along the way.

Each of the data sources outlined in Figure 8 was analysed within and across sites using mixed methods, as shown. Each of these different analyses was then triangulated to identify cross cutting themes (lessons and messages), evidence of progress towards the 6 outcomes, and to answer the questions identified in Figure 9.

1.5 Sharing the Findings and Lessons – Using This Report

The remainder of this report shares the detailed findings, lessons and messages arising from the CLS evaluation, as follows:

Chapter 2 shares findings on progress towards the CLS outcomes (impacts) and the process of change within and across the 9 evaluation sites – what has helped and/or hindered progress towards these outcomes.

Chapter 3 summarises cross cutting messages and lessons about what works in implementing and embedding CLS.

Chapter 4 identifies eight priority areas for developing CLS and what to take forward from here.

Figure 9: Evaluation Questions

Understanding Impact (evaluating progress towards the 6 outcomes)

1. To what extent are the 6 CLS outcomes being achieved?
2. Were there any unintended outcomes?
3. What are the important messages and lessons about the ways in which these outcomes have been achieved; and what does this say about movement towards the longer-term aims in the Theory of Change?

Understanding the Process of Change (evaluating wider aspects of CLS in action)

4. What are we learning about the different approaches taken to the implementation and integration of CLS at a local level?
5. What are we learning about the underpinning values and ethos of CLS?
6. What evidence is there of greater collaboration and synergy between different parts of the social care system, local communities and partners from statutory and non-statutory agencies?
7. What have we learned about the role and style of leadership that helps achieve the structural, systemic and cultural changes involved in CLS?
8. What are we learning about the use of local resources to achieve outcomes and change the (social care) system?
9. What are the plans for embedding and sustaining what works, locally and across the programme? What do these lessons mean for the future of CLS?

2. Understanding the Impact of Community Led Support

This Chapter shares the evaluation findings on progress towards each outcome area across the 9 evaluation sites. Figure 10 gives a reminder of the outcomes and shows how the analysis of findings is presented for each outcome area.

CLS Outcomes
Outcome 1: People have easier, quicker access to the right support
Outcome 2: People know about / are using local, trusted solutions
Outcome 3: Support promotes resilience, independence and wellbeing
Outcome 4: Systems changes that enable holistic, seamless support
Outcome 5: Empowered and confident staff
Outcome 6: Better use of local resources
• What the outcome is about • Summary of findings • Examples and evidence of what works • Issues and challenges

Figure 10: CLS Outcomes and Analysis of Findings

Each of the outcomes is connected to the others, so data and evidence of progress towards one outcome is often used to indicate progress towards another. The analysis (described in Chapter 1) takes account of this inter-play of issues, experiences and impacts.

Before turning to the findings and lessons relating to each outcome, there is one overarching finding that has emerged – perhaps obviously – across all aspects of the CLS theory of Change (Appendix 1).

Overarching finding: CLS 'Model Fidelity' Matters

CLS has been introduced and explained in the Summary and Chapter 1 of this report. It is described as a movement, an approach, a new way of thinking and doing things to deliver good support that makes sense to local people and helps them do what matters to them. It is also about services and the whole system working more efficiently and productively in order to do this well and ensure best use of limited resources. At the same time, it is understood that CLS looks and is implemented differently everywhere, taking account of the local environment and readiness for change, and building on what is already in place that complements CLS whilst sharing the vision and values. The evaluation has found there *is* a 'magic mix' of CLS components that make it work well. Areas that pay attention to and deliver CLS with this combination of elements in mind demonstrate better outcomes alongside greater efficiencies, and are more likely to achieve this at pace. This magic mix includes the features

summarised in Figure 11, which *together* with the principles and elements in the jigsaw, can be thought of as 'The CLS Model'.

The following pages summarise the evidence of what works, what helps make that happen and common challenges experienced across the Programme. Wider lessons about what helps and hinders Community Led Support more generally, is shared in Chapter 3.

- The use of diverse community venues for meeting people and providing them with information, advice, signposting and conversations about what matters to them is central to many people's experience of CLS. **Community hubs** (called a variety of things in different places) make a difference and are valued by those who work in and use them. They take time to get established and work best using a mix of appointment and drop in arrangements.
- A systematic but fundamentally person-centred approach to developing and embedding **different, effective conversations** with people wherever they come into contact with services, staff and volunteers. This starts from their first point of contact (telephone, drop in etc.) and continues throughout the journey that someone takes to get support (and continues).
- Redesigning how the **whole inter-connected system of information, signposting, conversations and support** works for every person who makes contact or is looking for support. People refer to this as 'changing the front door' whilst recognising that there are many front doors (and side entrances too) to health and social care services, taking account of a range of health services, housing, financial/benefits advice and broader aspects of support.
- Creative, locally based **community solutions** that tap into existing networks, micro social enterprises, third sector organisations, amenities and facilities. The important issue here is that these are actively considered and tried before thinking of more formal, organised or specialist services. This pre-supposes that creative solutions already exist, have capacity and can be reached (e.g. in very rural areas). Careful mapping and development of community solutions and networks may be needed in order for this element to work well.
- **Navigating and connecting roles and skills** embedded in local communities and locality teams ensure the above work well in practice, connecting up people to very local support that works for them. Navigators, connectors, agents – all act as the glue between services and communities, people and places. Local knowledge, know-how and the confidence to challenge help make this element work smoothly and become an integral part of how CLS works in each area.
- Streamlined, **person centred recording and processes** which reflect all of the above and help record what really matters for each person whilst capturing and reflecting aggregate pictures of support in each area. Ensuring back-office systems and tasks support the vision, values and principles of CLS is an essential feature and can be measured through the reduced levels and layers of bureaucracy that happens when this is in place.
- **Devolved decision making and accountability** e.g. through the use of peer forums or other local mechanisms for determining community based support and funding arrangements for those who need additional or longer-term support (funded by statutory services in addition to other community solutions outlined above)
- A commitment from leaders at all levels to **let go of control** (from team leaders to directors, elected members, non-executive directors and chief executives). Letting go of control increases individual accountability for what matters and spending public money wisely on making that happen.

Figure 11: The CLS Model in Practice

Outcome area 1: People have easier, quicker access to the right support

This outcome is about local people having quicker and easier access to the right support for them. The phrase *'the right person, in the right place, at the right time'* is often used by sites to describe what this means in practice. It covers: the availability of good information and advice; the time people spend waiting to talk to or see someone; and the time people wait for both an assessment and for support following initial contact with services. It also covers the range of different people with different roles within and across local communities, teams, agencies and sectors.

Summary of findings

Evidence of **efficiencies** meaning people don't wait as long to be responded to, seen, 'assessed' or to get the support they need.

Different, effective conversations are having a positive impact, especially when experienced throughout the system, at each point that someone interacts with someone in a paid or volunteer role (over the phone or in person).

The use of friendly, accessible, **very local and community based venues** speeds things up for people and services whilst feeling more personable and inclusive.

Examples and evidence of what works

There is a lot of evidence that, as a result of equipping call/contact centres and all teams to have effective conversations and to engage and facilitate proportionate support as early as possible, more people are having their issue resolved without needing a full assessment and home visit; some people have been taken off waiting lists who had been waiting a long time (either because the issue has been resolved, or an alternative form of support is found without needing an assessment or social worker involvement); whilst others don't wait as long before they are seen and support is arranged.

One site has held 13 community hub sessions within their area teams to date, and two sessions involving learning disability services and their transitions teams. They have found the cost per package/person has reduced for older people, people with a learning disability and people with a physical disability, and that admissions to residential care homes have also reduced for older people and 'working age' adults.

Another site established locally based hubs (with a mix of appointment and drop-in sessions) from April 2017. Although data systems are not yet up and running they can report that: 52 sessions have run in 5 different locations between April and November 2017; some of these are run on a weekly basis whilst others are run monthly; and waiting times and lists have reduced during this period. The speed of response is illustrated with the story of someone attending their local hub on Monday, followed up with a home visit the next day and equipment they needed being delivered the same Wednesday.

There is also evidence of reduced waiting times and fewer repeat calls to contact centres in some areas which for some people has an important preventative focus.

We know we're intervening at an earlier stage (Site Finance/Performance lead)

The introduction of different, effective conversations from the first point of contact onwards, and training /skilling up a wide range of people to be able to have those conversations has changed the tone, purpose and experience of 'assessment' (and accompanying paperwork, see also Outcome 4). This attention to what matters to the person and ways of engaging with people that is conversational rather than transactional has improved people's experiences, changed expectations and is helping to ensure people get personalised and proportionate support from a wide range of places and providers (see also Outcome 2). Having a different conversation, and the importance of having a trusted relationship with the person supporting you was highlighted in a just under one third of the analysed change stories (18/52).

> *It [CLS] is all person centred – there's a freedom to talk with individuals and lots of options [for signposting/connections]. You can't solve all the issues yourself – you need the right person at the right time and have a conversation about what matters to you* (Voluntary sector member of team in local community hub)

The importance of community hubs was highlighted in just under half of the analysed change stories (24/52), emphasising the role they play in providing a safe, informal and inviting community space with friendly, professional volunteers, social work staff and advisers connected to a wide range of organisations that can provide help. Although there is variation in where and how they are established, who is involved and who is targeted in terms of promotional activities – the use of community venues/resources in engaging, meeting and introducing people to different kinds of support is a vital component of CLS across the 9 sites. It has been important not to use local authority buildings – both for people seeking support and the staff involved. Finding the right venue and location for the local community is crucial, considering different success criteria including accessibility, transport routes, proximity to other amenities/facilities, familiarity and friendliness. Housing a hub has also been beneficial for local partners. Feedback from local churches, libraries, community centres, village halls and hotels has been positive about the value of using their resource in different ways and facilitating their engagement with community members they might not otherwise meet. Sometimes a range of approaches is needed; hubs in one of the Scottish sites have been run in a local health centre situated by the centre's café and public meeting area; a local hotel has been used to host drop-in sessions in a small, rural English town with the enticement of discounted lunch options; and two Scottish sites have used existing community groups' meetings to host 'outreach' hubs. The combined impact of different conversations and community hubs was illustrated in an observation at one hub session, where a social worker discovered that support for the person's carer would be helpful and made the connection there and then as the Carers' Centre is part of the core team staffing this site's hubs.

Christine, from the Carer's Centre tells the story of a father and son who came to the 'Walk in' Talking Point at a local Community Hall, to find out how to get a Blue Badge as the father had been diagnosed with dementia. They saw a social worker there who knew the family and was familiar with the Carers' Centre. Following a conversation, three pieces of community support were immediately identified which are now being enjoyed by the pair. These include:

- the son going to a course at the Carers' Centre for carers of people with dementia
- the father being matched with a 'golfing buddy' as part of a new pilot scheme
- the father joining Group Dog Walks organised by a local charity.

Issues and challenges

- Questions about where the various 'front doors' to services are located have abounded, with some confusion (especially in the early stages of CLS implementation) about how services should promote where and with whom people should get in touch for support and advice. Setting aside issues of assessment, there are important bottleneck and process issues to resolve in establishing a redesigned, 'front ended' system of care and support. Customer contact centres can experience pressure on resources initially as it can mean that it takes longer to take calls and help resolve situations or signpost/divert people to local solutions at this point, particularly as staff build their skills, knowledge and confidence. (It saves time/resource in the long run because fewer of these enquiries find their way to locality teams for follow up). A whole system approach is needed when thinking about where resources are deployed and developing closer collaboration between customer services and social work teams, particularly during the initial phases.
- The arrangements for setting up community hubs and the nature of what they offer (drop-ins, pre-booked appointments or – initially – seeing people off a waiting list) are hugely varied. This usually evolves as circumstances change; the 'learning by doing' in the early stages is vital. Many areas offer a variety of options across different localities on different days of the week reflecting local circumstances, and so that people have options and can choose what works for them.
- A culture of entitlement and the 'psychology of waiting' invariably present a challenge. Sites have found when people have waited a long time, two things can happen: professionals can feel obliged to undertake a full social care assessment and provide a service; and those waiting are understandably frustrated and are more likely to expect this. CLS sites have found this changes over time, but it needs addressing sensitively with support for staff and volunteers managing those situations with compassion and professionalism.

Outcome 2: People know about (and use) very local, wide ranging solutions & options

This outcome is concerned with how people get to know about and then use a wide range of local, familiar and trusted solutions. It focuses on more people using and benefiting from community based solutions and natural networks of support. Implicit within this (and linked to Outcome 1) is the reduced need for people to have a comprehensive assessment of need and potentially local authority or NHS funded support, because they are finding and using alternative solutions in ways that resolve problems, enabling them to live their life and do what matters to them.

Summary of findings

Informing people about and putting them in touch with community based solutions is important from the first point of contact onwards (and inevitably involves moving away from a default of service based solutions).

Social care staff knowing about different options, opportunities and possibilities is key as well as working alongside community services that may have more in depth, up to date local knowledge

Having the **right people in teams** who know the different communities, local supports, neighbourhoods and very small, local providers is crucial

Local partners therefore need to **map, bring together or develop and stimulate a range of community based** options that are accessible and appealing to a wide range of people.

Examples and evidence of what works

Having a range of community based support and activities is key, as is the knowledge among staff about existing networks and good local practice. Some sites have invested in full-time posts to help stimulate and keep on top of local availability of community solutions (including keeping the local directory of information up to date and accessible or circulated). Each of the 9 sites has undertaken various mapping activities and degrees of local enterprise development; most have developed or built on existing directories of local options and opportunities; and all have run community and third sector engagement or marketplace events to raise awareness and broker connections.

Tapping into existing networks and creative solutions is vital including Stronger Communities teams, village agents, community navigators, Local Area Coordination, micro social enterprises, and concurrent developments in asset based community development. One site has established locality based peer forums as a mechanism for embedding local knowledge into social work teams, mobilising support options quickly and devolving decision making to front line practitioners working alongside community navigators. This system has meant personalised, community solutions are found at lower cost whilst speeding up people's access to these options, replacing the need for expensive and bureaucratic panel arrangements.

> One site has shown that the cost of providing alternative options is half that previously spent on support arrangements and that residential care placements have also halved over the period of time that CLS has been running. This impressive change will not be due to CLS alone; but the site involved cites approaches to engaging, discussing and exploring options, putting alternatives in place and then tracking those arrangements over time to be confident that this is working and that the new approaches are the main driver for this change.

Just under half of the analysed change stories highlight improved or increased community connections as underpinning the changes or improvements experienced. These have helped to reduce isolation, improve personal connections and social networks. A small number refer to circles of support as an important mechanism for connecting the person to their local community and options for support.

Issues and challenges

- Many sites have raised the issue of trust/mistrust - *of* councils, between the council and its partners, and between the community and various agencies. One site ascribed the low turnout at one community venue to it being labelled as /promoted by a debt advice service. Sites have also provided examples of professionals from various partner agencies needing to familiarise themselves and place their trust in alternative, community based solutions; if they don't know about or believe in the value of those options, they can't (or won't) signpost people to them.
- This links to the need to take a truly whole system approach to implementing CLS, as mentioned elsewhere. This is not just about adult social care, or health and social care changing its front door and personalising care and support. It's about housing, wider community, leisure and culture departments of councils; and it's about broader community, third and commercial sectors with a stake in the local community playing their parts. See also Outcome 4.
- At present, there is little information on how CLS influences or impacts on the use of personal budgets and other forms of personalised, self-directed support.

- There is a need for sites to record and track what options people are signposted to, what they use, and the difference this makes to them. Where this support is close to or provided under contract to councils already recording CLS activity then this information is more likely to be available. No site is collecting or tracking this information (at present) through its broader partners and partnerships. This means information on outcomes for individuals and longitudinal information about those outcomes is in its infancy.
- This is linked to the need to calculate and record what each alternative form of support (and outcomes associated with that support) costs. This aspect is also in its infancy. See Outcome 6.
- Maintaining and updating directories and other local information sources is notoriously laborious, limited and costly. Sites had often managed this for their initial innovation area, but could not sustain this level of investment or capacity for other follow-on areas. Ensuring call/contact centres have access to the same local information is key.

Outcome 3: Support and responses that promote independence, resilience and wellbeing

This outcome is about the use and experience of support that promotes people's independence, improves or builds their resilience and enhances their wellbeing. Although CLS sites talk about the importance of also building community resilience and wellbeing, the focus in this evaluation has been on evidencing progress towards this outcome for individuals. It links to Outcomes 1, 2 and 4.

Summary of findings

The emphasis on **taking a strengths-based approach** within conversations and decisions about support is central to the spirit and practice of CLS.

Different, effective conversations are part of this change, but are not enough on their own.

Skills, knowledge, confidence and delegated responsibilities of front line practitioners are vital for making CLS happen.

Community facing decision-making arrangements (e.g. peer forums) are important mechanisms for focusing on individual outcomes and improved wellbeing.

Examples and evidence of what works

Feedback from different people and perspectives (e.g. those experiencing different conversations people attending hubs/drop ins, staff working in locality teams and customer/contact centres, volunteers, third sector partners) show that different conversations are helping to surface important issues and enable social work teams, individuals and families to look at people's situations in the round. This includes exploring people's strengths and contributions as well as their needs and priorities for support.

> *It [CLS] is a way of engaging with people that stops artificial barriers getting in the way. The third sector has an advantage over the statutory sector – we're more open and flexible and don't have to manage demand. We're more interested in understanding demand!* (Member of staff from local Carers Centre)

This move towards holistic responses where social workers and other health and social care professionals are focused on local, creative solutions (and are not being channelled down particular 'menu-driven' options) is itself a positive outcome. Anecdotally people have shared the positive impact this has had on their wellbeing and independence – with examples of alternatives to residential

care or intensive home care solutions being found. The example shared under Outcome 2, of one site reducing its spend on home care and residential care placements, reinforces this finding.

A range of change stories also illustrate this change: 17/52 stories refer to the importance of involving family, friends, neighbours and support for carers through the holistic approaches adopted by social workers; 15/52 stories share examples of increased choice and control achieved by taking a different approach and enabling the person to lead the conversation and decisions about support; a further 15 stories provide examples of people being supported to remain living at home with different kinds of support that help them get out and about and connect to their community; 14/52 stories refer to improved personal wellbeing.

> *Engaging with the local community centre feels like it has opened a lot of doors for the team. Basic things like knowing about other local organisations and events that are going on, being able to put faces to names and to network in the local area. I've found this much more enjoyable as a worker than seeing names on referral forms. As humans we make a lot of assumptions, but taking the time to get to know other local community organisations builds strength of knowledge in the local area. It also opens up other resources. For example, the local Children's Centre has said we can use a room for interviews if needed, new organisations want to meet the team and come to team meetings. Local group leaders have offered to bring people to Talking Point appointments to help strengthen their support role. It is not only strengths-based social work, it is also building stronger communities: stronger communities where people know where to go for support, where people can engage in local resources and meet other people, to have chances to build informal support networks within groups; communities where people get opportunities to do things that engage them and to also have support before something becomes a crisis situation; communities where the local people are listened to and supported to build on their own strengths.*
>
> Reflections from a social worker based in an innovation site area team

Issues and challenges

- As outlined under previous outcome areas, there is a need for CLS sites and the evaluation to focus on and measure changes for individuals in the future, both in terms of measuring and recording individual outcomes and tracking this over time. Different options for achieving this longer-term picture will be explored in the next phase of CLS evaluation activities.
- This also links to previous issues raised about sharing this intelligence with and from community based partners/organisations and groups.
- Some sites collect a lot of data on 'customer feedback', largely in the form of satisfaction surveys, complaints and compliments, which are mainly about the *experience* of accessing and using community hubs. Whilst this information has its place (for Outcomes 1 and 2), it is not the same as and cannot be used as proxies for changes in individual outcomes i.e. what changes have been experienced and the (positive and negative) impacts of different kinds of support.

Outcome 4: System changes that enable holistic, seamless support

This outcome is about changes to local systems, processes, paperwork, organisational and partnership arrangements to make people's experiences of support more person centred and effective. It covers: different ways of working; equipping people and teams working at the first point of contact with the information, skills and ability to effectively 'signpost' or resolve people's issues; the development and use of community venues, roles and groups; and more streamlined processes and decision making within councils resulting in reduced bureaucracy. It therefore links to all the previous outcomes, as well as outcome 5 through the development of different roles and skills as part of these changes (e.g. the appointment of social care practitioners, community navigators or connectors, the use of local peer forums instead of panels to ratify and approve financial decisions, etc.).

Summary of findings

Embracing **all elements of CLS delivers better, faster change.** Cherry picking elements to introduce CLS won't achieve the same results.

Having a **rich and diverse range of partners** works best and is stimulating for all involved.

Strong links between CLS and **wider initiatives and developments** are important. When connected with and working alongside various community connectors, NHS outcomes-focused and wider council place-based commissioning (etc), CLS is an enabling force for change.

CLS is much more than **health and social care,** but this is where efficiencies and outcomes are currently experienced.

Enabling back-office, infrastructure, processes and paperwork to be person centred and proportionate is crucial; it's not all about front line support.

Devolved decision making and trust in staff and partners based in local teams is difficult to achieve but helps makes the biggest difference to speed and costs.

Examples and evidence of what works

There are different approaches taken to the local implementation of CLS – from incremental, test and learn to 'big bang', authority-wide approaches. Combining a phased, incremental approach e.g. using innovation areas/teams alongside system wide changes that free up individual pathways seems to be the most effective way of doing and learning at the same time.

Changing practice (e.g. within locality teams) to respond swiftly to new enquiries whilst supporting those currently in touch with services or on waiting lists is not easy. Some sites have used their innovation areas to try different ways of introducing CLS, finding out which approaches provide the quickest shift to 'business as usual'. One locality team rotates social worker roles in a triage system, to call back people signposted to them from contact centres, follow up conversations in community hubs, and expedite funding decisions in peer forums. Some sites have provided additional capacity to teams in order to get existing waiting lists down before 'starting CLS'.

A young man with a learning disability was attending a day centre, 3 days a week. He spent the rest of the week playing on his X-Box. Following a review, he was introduced to Bike-ability, where he is learning to ride and fix bikes. He loves it, is

acquiring skills that are accredited, that will help him get a job, and doesn't go to the day centre any more.

An older man was discharged from hospital and had contacted the council to ask for help with finding a residential care home, but was worried about his dog. Following discussion at the local hub, the community agent organised a dog walker in his area, and social worker organised support at home following his discharge. He is still at home, neighbours call in regularly and help with his dog and sort out meals. His package of home care has been reduced and he's doing well.

Linking the process and system changes to changes in front line practice in locality teams is important, but seems to pose an additional challenge in large, rural counties compared to smaller unitary authorities. Investing in change management support for everyone involved is key; to date this cost has been born by local authorities but could be spread between partners and departments to share the initial financial burden. (Findings on cost savings shared under Outcome 6 indicate the return that local authorities/social care directorates can realise).

Authorities with a strong corporate focus on communities have found that this is the natural home for CLS – where changes within housing, libraries, culture, leisure and learning directorates are seen as important as those within adult social care and health services.

There are good examples where those leading on CLS implementation have seen and understood the synergies and synchronicity between CLS and wider initiatives and networks.

> *The biggest thing is that our buildings are so little used, and they are such a useful community resource. It's not a church in a community, it's a community church. Opening up the space and enabling people to see this is a resource for everyone. It's good for the congregation – the mission in action* (Vicar in CLS site)

Knowing and understanding the local context and system peculiarities into which CLS is introduced is key, and varies by site. Whilst all the elements of CLS are important, *how* it is implemented has to take account of these contextual differences and local characteristics. This means that CLS can look different and work differently in each local community.

Issues and challenges

- There are two aspects of duality and double running which crop up regularly in relation to CLS, which need strategic and operational attention. First, is the need to be wary of introducing a long-term double running system, where innovation areas are seen as separate to the usual way of doing things; and second, is the need to ensure that CLS promotes equality of access and experience for everyone, including those people who are already 'in the system' or who have complex needs.
- All sites are keen to introduce streamlined person-centred paperwork and they celebrate reduced levels of bureaucracy and form filling. They also share words of warning about reverting to laborious, safe ways of working associated with statutory assessments and care plans. Simpler, shorter paperwork can both meet statutory requirements and make a positive difference for people and staff.
- There are many examples of changes associated with CLS (and wider developments) becoming embedded in local practice and systems. However, all sites are anxious about the potential for restructuring, cost cutting and other turbulence beyond their control to bite into CLS

achievements. The fear of old ways of working returning is a real one in some sites (reverting to traditional panels to approve funding decisions, and long assessments/forms for people meeting eligibility criteria for adult social care). The sites and CLS Programme are committed to sustaining what works, but this may need wider discussion with strategic and political leaders at a local level and national debate on some elements (e.g. the relationship between CLS approaches and statutory duties).

Outcome 5: Empowered, confident staff

This outcome is closely linked to all the above outcomes, focusing on the changes and impacts for staff working in different roles in different parts of and across different organisations. This includes: local councils, NHS organisations, health and social care partnerships, community and third sector organisations; new and existing or adapted roles/skills associated with professional and community practice; and cultural as well as structural changes involved in working and thinking differently (for example, focusing on strengths, getting to know local communities, having different conversations with people).

Summary of findings

CLS can lead to improved **staff morale, motivation and retention** – alongside reduced absenteeism and turnover

Staff and volunteers feel valued and trusted when their skills and experiences are recognised and used (in new and existing roles)

Working differently has resulted in better relationships and connections with local people, families, communities and colleagues

Different implementation approaches have different effects (e.g. imposed change with little support can dent morale and alienate some staff)

Adapting change management approaches to fit the local context helps (e.g. to counter **the 'distance effect'** in large rural counties).

Examples and evidence of what works

There are examples and data that illustrate that those leading local changes associated with CLS and those involved in making change happen for individuals as well as whole teams are energised, motivated and enthused.

> *Staff are buzzing - it's fun!* (CLS Site Lead)
>
> *It's what I came into social work to do* (Social Worker)
>
> *We've seen reduced absenteeism and turnover* (Social work manager)
>
> *Our staff satisfaction surveys in innovation areas show higher ratings than other areas* (CLS Site Lead)

For some staff, the extent of the changes involved causes unease and uncertainty; changing practice, role and processes all at once can be unsettling. In addition, some teams have found the level of experimentation associated with test and learn approaches are new and anxiety provoking. Change management support, structured reflection and learning activities, rotation, and local steering groups involving those directly involved and those about to be involved all help to reduce levels of anxiety and increase understanding and confidence.

Two of the Scottish sites and one of the English sites have stressed the importance of involving staff from wider teams in the setting up and learning activities associated with innovation sites. This helps to share first hand experiences and stories from different perspectives, demonstrate what good looks like, and get others on board before the innovation spreads to their locality/team.

Only a minority of staff will 'just believe in it' – more will be persuaded if they hear others enthuse about it (CLS Site Lead)

Findings shared under Outcome 4 also apply to this outcome. Many staff from different teams have shared the importance of feeling freed up to work differently, and to have permission to practice in person centred ways. Whilst the policy and benefits of working in person centred ways is by no means new, for some the freedom to practice differently *is* new. For example, triage systems enabling more time to support people directly; linking people to community solutions; having conversations instead of lengthy assessment processes; devolved decision making within a framework to expedite funding arrangements in order to mobilise support; and using professional judgement to make difficult decisions in a supported environment of shared values and underpinning principles.

One of the early adopter sites used creative techniques to map and explore the journeys that different teams and partners have been on over the last 2-3 years; this was in addition to regular learning forums for thinking through changes in practice and problem solving on a fortnightly and monthly basis. This helped different teams share their hopes and their fears with each other; and to reflect on how far they have come in changing local experiences through their changed practice.

Another site encourages staff to share change stories and case studies through a CLS Yammer group; this shows what's possible and what is being achieved on a daily basis rather than waiting for more formal monitoring reports, and inspires others to share their stories across the council.

There is no doubt that dedicated training and support provided through the wider CLS Programme has helped to introduce these changes and provide support on an ongoing basis. Sites have emphasised the benefits of training around effective conversations and making CLS work for people with complex, longer term needs; and the use of CLS materials like the 'resource wheel' which encourages a "community first, services last" approach.

Issues and challenges

- Resistance to change seems to be associated with those areas/teams where the introduction of CLS feels imposed rather than invited (e.g. inviting expressions of interest to be innovation sites vs. imposed implementation).
- Some sites have warned of the dangers of being or appearing evangelical about CLS. Remembering the range of people who need to be convinced helps, as does using a variety of techniques and methods (e.g. using data to back up stories, peer learning between areas/teams, ensuring training and change management support extends across partners/agencies as well as council teams).
- Linked to this, there is a need to be mindful that different people come at this from different angles and levels of understanding; respecting where people are starting from and giving time

to share fears as well as hopes is important in helping people adopt new ways of working and develop different ways of thinking.

Outcome 6: Better use of local resources

This outcome is about a range of resource-related issues, not just 'the money'. It is closely linked to Outcomes 1 and 2. The rationale for the asset or strengths-based approach that underpins CLS is that it delivers the most effective support for people with an emphasis on better social as well as health-related outcomes. When an intervention or approach seeks to avoid the use of traditional services, typically provided at a high cost to the public purse, and draws instead on community-based solutions to meet outcomes for people that also carry a lower cost, it is expected that services will see some financial benefit.

Summary of findings

CLS sites have demonstrated **increased system efficiency and responsiveness**, including:

- indications of cost savings with the potential for more to be realised
- reduced bureaucracy and duplication
- alternative support at lower or same cost

Knowing the costs of different kinds of support is empowering for front line staff and essential for directors

Devolving financial decision making can help staff balance creativity and innovation with a hard nose for numbers

Examples and evidence of what works

CLS is addressing what was a very inefficient system. Site leads, staff teams and partners feel their local systems are more responsive – and efficient.

One site lead explains how it started to introduce CLS by building on what was already in place to realise the greatest efficiencies.

Early discussions focused on the operational model – finding venues that were accessible, with confidential space to act as community hubs (called Talking Points). One of the early drivers was tackling waiting lists – by moving away from a deficit approach to focusing on strengths and how to build on these. Local Area Coordination was already in place, there were good links with community groups, and knowledge of existing community resources. Community groups soon got behind CLS and took on the 'meet and greet' role in the hubs.

*In a Talking Point it feels different. We're not doing things **to** people; we're empowering people. The earlier we get to them, the more they can have control.*

For the staff involved, the introduction of Talking Points led to a significant change in culture, with much more emphasis on prevention and asset based approaches, leading to increased motivation and job satisfaction. The system works more smoothly, people are seen quickly, outcomes are better.

As part of the evaluation, detailed costed analysis was undertaken using financial and performance data supplied by two sites, to explore the financial case for the approaches adopted in innovation areas in these sites. These show that significant costs have been avoided in each area, with the potential for additional savings to be achieved. The detailed analysis is shared in Appendix 3, along with a discussion of the key mechanisms that are driving these savings. A summary of findings is highlighted below.

Costs and benefits of community led support – key findings

Two different methods were applied, reflecting the types of data available from each site. In each case, the analysis drew on data that allowed for a comparison of the likely costs of support in the absence of system change (the counterfactual). Both analyses consider the savings associated with new people making contact with the system, rather than savings generated by changes to existing supports. This gives a more reliable estimate since there are many confounding variables when costs are incurred at different stages.

Site A: Partial cost benefit analysis in a unitary authority

This site demonstrated significant savings in the form of a real term reduction in the costs incurred in supporting people who were new to the system, keeping them off the waiting list, reducing the need to offer a full assessment and diverting people away from paid support. The associated saving outweighs the cost of set-up and delivery. The true saving is likely to be greater, as the analysis has applied a conservative estimate of these contributions that is far lower than the average for the area concerned. Furthermore, a part of the saving is offset by the development and set-up costs incurred in the first year of CLS delivery, requiring a greater investment on the part of the local authority.

The total expenditure of implementing CLS in this innovation area was £80,056. In the first year, a total of 304 people were seen in the local community hub, 250 of whom were signposted to some form of provision on their first contact with the service (including groups and one-off support for carers, debt advice services, community connectors, and community groups). It is estimated that about half of these individuals will take up the offer, incurring a cost to the local authority. The cost of these onwards referrals equates to around half of the total expenditure (see Figure 12 below).

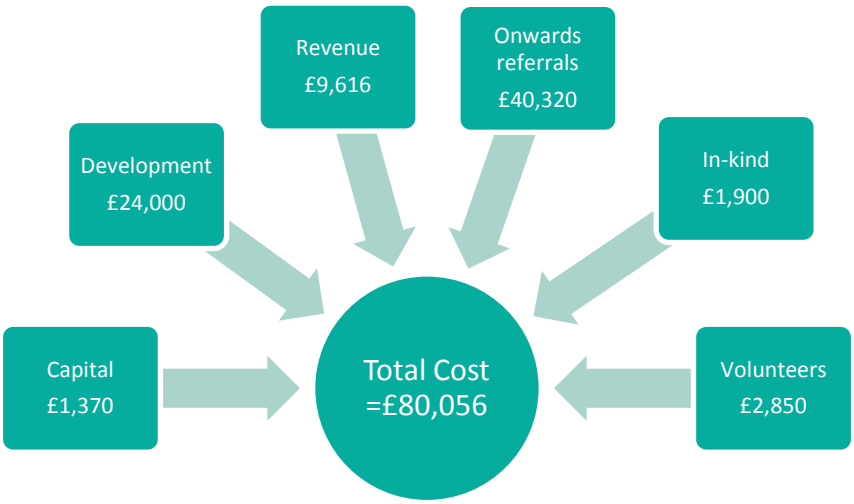


Figure 12: Costs of implementing CLS

It is estimated that the 304 people seen in the hub would previously have been added to a waiting list, leading to a full social care assessment, each costing £329[1]. It is difficult to estimate the outcome of those assessments, so a conservative estimate has been applied. It is assumed that almost 10% (30 people) would have received a personal budget, at a value of £50 per week (the average personal budget for the locality is £213, so this is an underestimation of costs avoided). Based on these estimates, the total non-cashable saving generated in the innovation area is £178,016.

Figure 13: Benefits (costs avoided)

Therefore, for every £1 spent in the first year of delivery, there is a return of £2.22 in non-cashable savings (£178,016 / £80,056 = £2.22).

Site B: Net-savings calculation based on a sample of people needing ongoing support

This analysis demonstrates that significant costs can be avoided by appropriately preventing the use of social care services. The mechanism driving these savings is a local Peer Forum, where discussions around how to achieve the best outcome for the person are leading to the implementation of solutions that are significantly lower cost than traditional services. The analysis considered the differential cost between community-based solutions and the likely mainstream service for a sample of 31 new people referred into Adult Social Care in this area over a 20-week period (i.e. cost avoidance associated with people who enter the service with an eligible need). Where an alternative, community-based solution is offered as a result of discussion in the Peer Forum, the local authority captures reliable and accurate counterfactual information from which to calculate avoided costs (as it is likely these services would have been offered in the absence of the Forum). The annual saving associated with each person was calculated on the basis of this direct comparison.

Within the sampling period of 20 weeks, 77 new referrals were considered in the Peer Forum; a sample of 31 was analysed and the annual savings identified, as shown in Figure 14.

The figures below demonstrate a weekly saving of £3,469 and an annual saving of £110,788 for the sample of 31 people, representing an average annual saving of £5,153 (£103,065/20) per head. While the cost of delivering the service is largely absorbed in the running of the core social care service, this saving has been achieved with an additional investment of £25,160 over the 20-week term, covering the salaries of staff involved in the development and delivery of the approach. See Appendix 3 for details.

[1] This figure is embedded in the Dilnot financial impact model developed by Lincolnshire County Council and endorsed by ADASS. The figure includes on costs but excludes management costs, and is based on direct assessment staffing costs provided by Accountancy.

Intervention type	No. of Clients	Weekly savings identified	Annual savings identified
Long-term (at least 12 months)	20	£1,977	£103,065
Short-term (up to six weeks)	9	£1,246	£7,476
One-off	2	£247	£247
Total	31	£3,469	£110,788

Figure 14: Costs avoided associated with 20-week sample

The approach adopted in this innovation site has now been phased into other localities across the county, and similar information is available (i.e. before and after costed support, discussed and signed off through Peer Forums) for each area.

Issues and challenges

- Findings from the cost benefit study in two areas show promising results associated with the implementation of CLS, and these calculations are based on conservative estimates (meaning the potential savings are likely to be much higher). The study was only possible in those areas who could provide the right mix of accurate costing information for previous (counter-factual) services and supports as well as those introduced through CLS. Financial benefits have been highlighted (i.e. partial cost benefit studies) due to the lack of information on individual outcomes which can be used to complete a full cost benefit analysis study.
- The lack of robust data on community solutions has been raised previously and is something that is currently being explored within the CLS Programme.
- There are also efficiencies that have not been recorded or 'evidenced' that are associated with staff and volunteers from different agencies/disciplines working alongside each other in community hubs – saving time on communication with the benefits of improved information sharing, faster decision making and smoother introductions to different services and support for local people.

3. Conclusions and Recommendations

This chapter shares lessons about the process of Community Led Support identified from the analysis of different data sources outlined in Chapter 1. These lessons cover what is helping and hindering progress towards the CLS outcomes and vision; and areas for local and national action identified to address the common issues and challenges experienced to date.

Section 3.1 summarises the cross cutting messages and lessons about change, and Section 3.2 the areas for action. These actions have been explored with sites, who helped to develop initial findings and recommendations at a Programme meeting involving current CLS members, including the 9 evaluation sites. They are therefore issues agreed as needing local and national attention in order to sustain what works and overcome barriers to change as local CLS work continues to develop.

3.1 Cross Cutting messages and lessons - understanding the process of Community Led Support

In this section, we share eight lessons that tell us about: the different approaches taken to the implementation and integration of CLS; features that influence its successful implementation (e.g. understanding the vision, principles and local contexts for change); the synergies with wider developments and partners' agendas; leadership styles, including the importance of having nerves of steel in taking CLS forward; the role of data and intelligence in making the case for change, especially given the potential for savings and improved outcomes; and the role of local and programme wide support.

i. Incremental Change Rather Than 'Big Bang' Implementation

Different approaches have been taken to the design and practicalities of implementing CLS in different places. This has generally taken either a 'big bang' approach where the key building blocks of CLS are introduced everywhere all at once (in terms of localities and functions); or a 'phased roll out' approach to test and learn about what works, which has taken one of three different forms:

i. A structured, project managed approach, typically area/team by area/team, with opportunities to reflect and learn by area/team built into the project plan;
ii. An organic approach where different things (CLS building blocks) are tried in different places with some time boundaries, to test and learn before spreading out successful elements elsewhere;
iii. The 'we just did it' approach, often initiated by teams or departments who have seen what's worked elsewhere and want to try it themselves.

Whichever route has been taken of these three test and learn approaches, substantial energy and resource has been ploughed into the careful implementation of CLS, and into initial innovation areas

in particular. This level of investment, momentum and energy hasn't always been sustained when moving into subsequent localities/teams. A key message here is the need to continually reinforce the vision and principles of CLS whilst also ensuring that everyone has access to the training, learning opportunities and broader change management support made available to earlier innovation areas within sites.

Those sites that initially adopted the 'big bang' approach all eventually turned to some form of phased roll-out and the use of innovation area/teams, finding that the level of planning involved in wide-scale introduction was cumbersome and caused delays; or the degree of changes involved were too overwhelming all at once.

In terms of what helps the phased approach to implementation, the nine evaluation sites identified the following lessons that have enabled them to spread what works and address what doesn't as they have put CLS into practice in different areas and teams:

- Share stories of success for individuals, families, staff and teams, with others not directly involved so they know what is possible and are inspired to do the same. Find quick routes (e.g. Yammer) and use people who are involved in or affected by CLS to tell their own stories and share their enthusiasm.
- Involve staff, volunteers and partners from other areas/teams in the work of the specific innovation area/team.
- Pay as much attention to engaging and involving local communities and people experiencing CLS as you do to colleagues and partners; they also need to hear stories and understand what's possible.
- Keep project planning and management loose rather than tight, within an overall framework and timescale. Momentum gathers pace with a deadline but be flexible if it takes longer. Take time to reflect and learn about what is getting in the way when delays happen, or if results don't appear as quickly as anticipated.
- Be explicit about the roles and contributions of different partners, especially third and community sector organisations and groups as well as NHS and housing colleagues. Reach out to involve them and build on what they are doing rather than expecting them to fit in with your plans.
- Record and share changes in different ways – data involving numbers works for some, visual images work for others, stories work for everyone; you need a combination of different sources for different audiences.
- Keep focusing on the person/people that CLS is for; what's working and not working for them is the most important set of outcomes that motivates staff, volunteers and others involved.

ii. Community Led Values and Principles Drive Local Change

The CLS principles are used everywhere to communicate what CLS is about and demonstrate what is possible in making change happen for local people and services. They have connected and resonated with health and social care staff and partners alike.

> *It's a different way of thinking, as well as a different way of working* (Lead Director)

It's about 'what matters to you'. We get stories about people's journeys – freedom to talk with an individual and explore lots of options (Voluntary sector staff)

CLS is also about how the core principles translate into practice every single day. Sites have talked about the importance of modelling the CLS values through day to day practice and the decisions that are made about support; and in how different, person centred conversations get recorded and shared through proportionate, streamlined paperwork and process.

The need for and vision of CLS (set out in the Theory of Change in Appendix 1) have been crucial in driving change forward within sites, e.g. as a vehicle for engaging wider partners who have been trying to or are working in similar and complementary ways. Whilst local implementation of CLS varies, the sign up to the vision is consistent everywhere. This vision is unifying across sites, but within sites local leads have adopted the principles to coproduce a local vision for change, i.e. how CLS will work and what it will look like at a local level. The evaluation team mirrored the local approach in the initial 'CMO workshops' (see Chapter 1) where local partners worked together to examine and articulate the vision and outcomes as indicators and measures of success (which were then used to evaluate local progress).

Engagement processes have happened in very different ways across the sites, reflecting the particular histories, relationships and other contextual issues including challenges such as territorial disputes and gaps in provision (see lesson iii below). A series of different events/gatherings may be needed to engage and work through issues and alliances rather than expecting everyone to sign up to and get involved in CLS from the start. This message is important for partners and staff, but especially for those tasked with leading local developments. Big turnouts to events don't necessarily mean plain sailing once implementation gets practical, and can even cause delays if there is no clarity about how the 'what' of CLS will happen once the 'why' has been addressed.

[important to say] this is what we're about and are aiming to achieve (Site lead)

In a minority of areas, focusing on the CLS vision and principles at the expense of practicalities in making them real has caused a degree of angst and uncertainty among staff, particularly front-line practitioners. Whilst some are energised by experimentation and the trail blazing feel of CLS; others have been unsettled by the lack of focus on structure and process they have been so used to for so long. Some teams may therefore need a vision for *how change will happen*, alongside the principles and vision of why change is needed in the first place.

The final word on this is perhaps the most important. Implicit in the CLS vision and principles is the need for those who hold power and authority to let go of control. This remains one of the hardest things for professionals and system leaders to do; the biggest barrier to change identified everywhere is the cultural shift involved in increasing the choice and control of local people, and valuing the roles and contributions of everyone involved.

Professionals find it difficult to allow citizens to be equal (Project Lead)

iii. Paying Attention to Local and National Contexts

Those sites that have paid close attention to their local as well as national contexts have made faster, wider progress with implementing CLS. This need to understand contexts is important at three interlinked levels, as outlined below.

Understanding national economic and policy contexts

The impact of the financial climate on the CLS sites, as for all local authorities, has been significant. In England, the ADASS budget survey for 2017 found that directors were expecting to make savings of £824 million in 2017/18, taking cumulative savings in adult social care since 2010 to £6.3 billion[2]. Financial pressures have driven many councils across the nations involved to embrace a more radical, transformational agenda, creating an appetite for innovative new approaches. At the same time, CLS at a local level risks being seen by jaded staff and a suspicious public as purely another cost-cutting exercise. Alongside financial pressures, and as a key part of the response to them, adult social care has focused much more on recognising and supporting the assets of both people and communities, and moving away from seeing every issue as needing a formal service solution.

The policy directions set out in the Care Act 2014 (England), the Social Services and Wellbeing (Wales) Act 2014, and the Social Care (Self Directed Support) (Scotland) Act 2013 - are all broadly in line with this shift, although sites have not been unanimous in their perceptions of these frameworks and the extent to which they help or hinder local innovation. In Scotland, legislation places a duty on local authority social work departments to offer people who are eligible for social care a range of choices over how they receive their support, with an emphasis on people making informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes. The three Scottish sites view the Act, and policy frameworks on health and social care integration, as a helpful catalyst for change. In Wales, the legislation changes the way people's needs are assessed and the way services are delivered – with the intention that people have a greater say in the care and support they receive. It also promotes a range of help available within the community to reduce the need for formal, planned support. One project lead in Wales described the introduction of CLS as being *'from a process supported by conversations, to a series of enabling conversations supported by a process'.*

In this environment, many parallel practice developments have emerged. These are connected by a common focus on the assets and contributions of people and communities, and by a shared set of values including person-centeredness and reciprocity. SCIE highlight the following examples of asset-based approaches which are all in some way connected to CLS (recognising that these take different forms or may be called different things across England, Wales and Scotland)[3]:

- Local Area Coordination
- Shared Lives schemes
- Community Circles
- Community enterprise development
- Asset Based Community Development (ABCD)
- Time banks
- Peer support
- Community navigators
- Social prescribing.

[2] www.adass.org.uk/adass-budget-survey-2017-difficult-decisions-and-more-cuts-need-to-be-made
[3] www.scie.org.uk/future-of-care/asset-based-places

Within the CLS sites, some of these developments were already in place at the start of their CLS journey, in many cases providing a platform of service and culture change on which CLS could build.

In general, CLS sites have seen that a combination of financial pressures, a supportive policy direction and existing developments such as those outlined above create fertile ground on which CLS can take root and flourish.

Regional and partnership issues

Relationships between the NHS and social care are a key feature of the CLS context that needs to be understood by those tasked with local implementation. In Scotland there is a real opportunity and benefits already being realised as a result of integrated health and social care structures. For other sites, financial pressures in the local NHS are leading to an increasing recognition of the need for an integrated approach to wellbeing and a greater openness on the part of NHS colleagues to working differently. In others, however, the financial climate is resulting in a reluctance to share risk as partners retreat into organisational silos; and integrated working across health and social care has occasionally been at the expense of broader relationships within councils beyond adult social care.

The NHS's growing interest in place-based working, and the possibilities offered by Sustainability and Transformation Plans (STPs) in England and Participatory Budgeting in Scotland, are also helping to create a positive climate for CLS in some areas.

The local authority context

Sites have consistently highlighted the influence of the local authority's culture and habitual working style on the implementation of CLS. A number have spoken about traditional approaches, the dominance of service solutions and deficit attitudes relating to the contribution of local people. The well-intentioned desire to provide as much as possible to local people can lead to a lack of awareness of the community's strengths and assets. Communication, both with people and with staff, is sometimes patchy. Some sites have shared examples of deep mistrust between councils and the local community that have had to be overcome. Nevertheless, most sites have also spoken about the importance of their local communities' spirit, continuing goodwill between the authority and local people, and a willingness to work together.

Almost a decade of public sector austerity has taken its toll on the local authorities who make up the CLS evaluation cohort. All have restructured, often several times, resulting in job losses and some degree of change fatigue among many staff. Changes in leadership and unfilled senior posts have led to turbulence and uncertainty and in some cases, delayed or derailed change. At the same time, pockets of excellent practice exist, alongside a desire and readiness for change.

As part of their early evaluation work, all the sites explored what they would like to change through adopting CLS. Their conclusions included the following:

- Process driven, inflexible ways of working
- People and communities having little power and voice
- Little recognition of the assets of people and communities
- Disjointed, fragmented service responses
- Poor communication and lack of trust across the system
- Inefficiencies and poor use of resources.

All the sites saw CLS as an important part of the solution to these intractable and deep-rooted issues.

iv. Beyond Collaboration: The Importance of Synergy and Synchronicity

Partnerships, both with external partners and the community and other parts of the council/health and social care partnership, lie at the heart of CLS. Partners as diverse as the library service, a community centre, a church and a council's culture service have all described the synchronicity between their values and goals, and those of CLS. These partners see CLS as a way of reaching the people they want to reach, and as an additional source of support for those they are already in contact with. Some third sector interviewees have spoken about the stronger, more equal relationship that has developed with adult social care through CLS, while in other areas adult social care has been slow to come to the partnership table.

Sites have talked about the importance of 'fellow travellers' and synchronicity – what it feels like when you set about making change happen working alongside like-minded people who come from different walks of life and professional background. CLS ticks a lot of boxes for many people who might not be identified as natural partners: the local vicar, the lead for sport and culture, local libraries in large rural areas, and many more.

In most places the need for a common brand and shared identity for CLS has been key to fostering a solid partnership around the new ways of working and engaging local people, from the name given to local hubs through to the language used to describe conversations focusing on people's strengths rather than assessing their eligible need for a service; connecting or introducing people to local networks of support instead of referring them to a service, and so on.

A common lesson has been the practical issue of locating hubs in local community venues rather than council buildings in a distant (often urban) location. The use of very local amenities has enabled staff and volunteers from different sectors to work out of the same space, and the visible location of CLS within the local community sends a powerful message about ownership and purpose. CLS is not a service and does not belong to any one agency; it's a partnership of organisations, communities and people working together to improve support for the local area.

> *Just the act of using a church, a community centre means we have a presence. It becomes a community thing instead of a social services thing.* (Social Work Manager)

v. Empowering Leaders and Enabling Managers

The role of leaders in promoting and pushing forward CLS in their areas is vital, as is their ability to trust staff to innovate and improve practice. Bold, empowering leaders are needed at all levels and in all partner organisations. They have achieved a fine balance between maintaining momentum whilst keeping a focus on the vision and values. They have encouraged front-line staff to own and shape the change and build strong relationships with the community and with partners. Where this kind of enabling leadership is not in place, often because of organisational turbulence, introducing or spreading CLS beyond innovation areas (where local leaders may well be in place even if those system wide leaders are not) is an almost impossible task. This kind of dispersed, liberating leadership is central to the sustainability of CLS.

These pivotal people are apparent in all CLS sites and their roles and status are highly varied e.g. community navigators, front-line practitioners, team managers, volunteers, library leads as well as senior managers and directors. Status is less important than the personal credibility and clout they bring in facilitating change and focusing on strengths, particularly during difficult times. Examples

include the resolve of contact centre staff sticking to the principles and practices of CLS even when local authority leads reverted to previous forms of assessment and a focus on eligibility criteria for accessing support.

> *If adult social care comes under the leadership of someone who doesn't get CLS it could change overnight. This is the major threat.* (CLS Site Lead)

> *Important we don't go back to working in the old way – need to keep pushing to keep up the motivation* (Neighbourhood team manager)

The style of senior leaders within adult social care is important here. The tone for this was set by one of the earliest messages from one Director, which many CLS sites have since quoted: *"don't break the law and don't break the budget"*. It is important for operational and project management styles to emulate this approach, or risk killing the CLS ethos through over-engineered project planning and governance arrangements.

> *[Director's] approach is very inclusive, involving front-line staff on Boards and encouraging direct dialogue between Directors and staff – It's a different culture.* (Innovation Site Lead)

Additional leadership and delivery lessons from the nine evaluation sites are outlined below:

- Hold your nerve -don't give up or pull back at the first sign of trouble; use the test and learn approach to learn why something isn't working and put it right.
- Trust people to do the right thing - trust your community and trust your staff
- This modelling of trust is important for enabling other senior leads across the council and within partners to also let go of control
- Be visible and motivate but don't meddle – chairing a local steering group and taking a lead on brokering partnerships is helpful; getting involved in how local mechanisms work and decisions associated with these is not.
- Remember that the distance between top leaders and front-line staff is both real and perceived. What is exciting and innovative for some will be experienced as risky and threatening for others. Keep asking people how they are getting on, and what's different for local people.
- There is an important role for a strategic board comprised of senior leads of all partners to oversee the transformation happening in different places across the area. This should ideally include official and unofficial leaders, i.e. those with paid roles from different sectors, and those without, such as community leaders and champions.

Finally, the leadership style is often reflected in the different approaches taken to learning about CLS and what's working/not working. CLS sites have become 'learning rich' environments that foster innovation, value creativity and take a light touch to managing risk. This has taken different forms, from regular reflection sessions and informal peer support, to more structured problem solving in learning sets. There are different challenges involved in doing this across a small unitary authority and a large dispersed shire/rural county. Paying attention to the history and dominant culture of local teams, partner organisations and local communities, as well as the physical challenges of the geography, can help develop a range of test and learn approaches that work for each area, for those with different roles, and for teams with different capacities and capabilities.

vi. Release Resources to Realise Savings

Introducing CLS has had an impact on the efficiency of the care and support system by reducing unnecessary process and duplication of effort and tackling bottlenecks. This has improved people's experience and staff satisfaction as well as making better use of resources. A focus on addressing an issue first time, rather than referring people for a full assessment, means that people no longer wait for months for help with what might be a relatively straightforward issue. Early resolution has also reduced the number of unnecessary repeat calls received by customer contact centre staff, which they were previously unable to resolve. Evidence from evaluation sites, including data on waiting times and waiting lists and different support options/costs indicate the greatest efficiencies and improvements relate to:

- Reduced waiting times e.g. between first contact and an initial conversation and between that conversation and accessing support of some kind
- Reduced waiting lists i.e. numbers of people waiting to be seen/accessing support;
- Devolving financial decision making to community teams and front-line practitioners within agreed parameters leading to timely decisions
- A link between more people using different access points (including community hubs and drop ins), reduced waiting times/lists and quicker access to support;
- Holistic solutions as community teams pool expertise and information to offer, for example, friendship groups and social activities alongside mobility aids and carers' support
- The same or lower cost of providing different services (e.g. community vs acute, different support options) with better outcomes for people.

As stated, costed analysis was undertaken using financial and performance data provided by two evaluation sites. Based on reductions in the costs of support for new people entering the system, the findings demonstrate significant cost avoidance resulting from changes to local systems and the approach taken to implementing CLS in these sites. It is early days and the information to undertake these calculations was limited but the results are promising, giving cause to be optimistic that CLS can offer a way for different partners to realise savings and deliver better outcomes, rather than by restricting funded support (which usually increases bottlenecks in the system). This needs further testing and longer-term information is required to be certain that these kinds of savings do not result in additional costs over time, elsewhere in the system. However, the figures used are conservative estimates indicating that additional savings and efficiencies are likely, rather than the reverse.

As mentioned above, it is relatively early days for the majority of CLS sites, most of whom have been working differently for a period of 18 months. For a number of these sites, initial implementation involved a level of 'double running'. It can feel a bit 'chicken and egg' in the early days; senior managers want to see savings before they invest more, yet investing up front is likely to yield those savings more quickly (as the cost benefit analysis has shown). For many sites, the biggest investment they have made to date has probably been their membership of the CLS Programme. Other sites have also invested in other, related practice and change management support. Because of these diverse transformation costs, the cost benefit analysis only included local or *internal* development costs such as project management and in-situ training, rather than external development costs which are inconsistent across sites and likely to provide an unrealistic local picture of costs and benefits on an ongoing basis.

In terms of attributing change (and savings identified) to CLS rather than other related initiatives, the evaluation considered examples of wider resources being used to build capacity and achieve transformational change. These include:

- A focus on improving the interface with NHS/health teams in three sites, where the benefit of working different through CLS was experienced by both parties (e.g. GP surgeries seeing a reduction in repeat appointments, supported discharge from hospital in another site)
- Community connecting initiatives[4] where the fit with community navigation and use of alternative community supports has been facilitated by early diversion/signposting from customer contact centres and locality teams (i.e. a mutual benefit)
- A stronger connection with housing departments and associations in one site has helped improve access to housing support for homeless people, and the use of restorative approaches within locality teams (i.e. a mutual benefit)
- The development of micro social enterprises in a small number of CLS sites (although this is predicted to grow) where recognition and introduction to alternative forms of community support is benefiting those enterprises as much as adult social care
- One site has tracked people and support they receive across teams and identified that on average these have reduced as a result of earlier intervention, resolution or diversion. They have also seen residential care placements halved over the same period, concluding: *'culture has shifted practice'.*

Two final lessons have been identified by the evaluation sites in considering the potential for financial savings and efficiencies alongside better outcomes for local people. The first is the need to ensure coordination across different CLS activities and areas/teams/functions. This could initially increase costs whilst these different teams/functions/areas become familiar and confident in new ways of working and in doing that in a joined-up way. For example, linking social prescribing, community navigation, Local Area Coordination and different conversations within locality based social care teams makes perfect sense and ticks all the CLS (and other agendas') boxes, but at present these are usually funded via different routes and agencies. Secondly (and this is a point made many times in this report), is the need for devolved decision-making and accountability, within agreed limits, for funding and organising locally based support that delivers good outcomes for local people. Where locality teams include partners with different roles from different sectors through a decision-making function (e.g. Peer Forums) and the cost of existing and alternative forms of support is known, it then becomes possible to track those arrangements and monitor outcomes and costs over time. The challenge is sustaining those arrangements and data records so these longer-term impacts can be identified.

vii. If You Treasure it, Measure it!

The potential for financial savings and better outcomes highlighted above also demonstrates the need for more consistent and better data on different aspects of delivering and implementing CLS at a local level. This is needed at an individual and aggregate level. More data is needed on individual outcomes everywhere, as is a common form of recording, reporting and analysing data on system efficiency and effectiveness (including costs, waiting times, waiting lists, referrals and take up of different forms of support). A standard approach to such data capture would not only provide a more robust data set but would minimise the evaluation burden on cash strapped local services and staff.

[4] These include a range of initiatives such as Community Agents, Stronger Communities teams, Local Area Coordination, etc.

Every CLS site has struggled to record, share and track data on their system efficiencies and use of resources consistently, but everyone involved in CLS has been able to describe efficiencies experienced (as well as the associated challenges outlined in vi). However, to demonstrate change in ways that are sustainable, each site needs to be able to *evidence* this change using a range of data sources. There is a general finding that CLS sites are still not connecting data collection to outcomes and this is a priority not only for sites but for the Programme as a whole over the next 12-18 months.

Some sites have reflected on this challenge from day one, questioning how they 'do data' and evidence change within and across the council. Two of the Scottish sites have reflected on how they are 'data rich and knowledge poor'; like many authorities, huge amounts of data are collected (usually in the form of Key Performance Indicators) which is neither useful or used at a local level, and no-one is clear how it is used centrally. This is a challenge that the CLS Programme is attempting to resolve with the appropriate regulatory bodies.

Every site is collecting stories of change /impact and developing creative ways of recording and sharing these to both inspire and demonstrate change. The evaluation and Programme teams will work with sites to build on this stock to develop a CLS story bank that can be interrogated using different methods, and to share what works and how with a wider audience.

A common challenge is the limited analytical capacity in many organisations and agencies across public and third sectors, both in terms of capacity, numbers of skilled people and the technological infrastructure to handle new data sources alongside current reporting requirements.

These complex challenges also highlight the need to involve finance, procurement and commissioning teams as well as data/research and analytical teams within health and social care organisations and wider partners in local CLS developments. The potential for greater efficiencies and financial savings will only be realised if the human and technological resources within these back-office functions, as well as locality teams, are released to work in community-facing ways.

viii. Hold Onto the 'Programme Effect'

There is striking evidence of the power of belonging to a wider programme - the sense of momentum, the power of shared learning and collective problem solving, the cumulative passion and experiences as well as pooling of evidence and examples. Many people from different sites and with different roles have described the Programme as a genuine movement for change. The positive aspects raised most often include:

- The importance of being part of something beyond the local partnership and activity. The opportunity to share experiences, identify commonalities, adapt ideas, tools and resources from other areas, and inspire and support each other through tricky times have all been flagged by sites as providing the collective benefits of being in a wider change programme rather than just going it alone
- The face to face gatherings combined with virtual support have provided protected time for site based partners to get together away from the pressures of the 'day job'
- The early benefit of learning from Shropshire (as the first of the early adopter sites) which was particularly felt early on; this has become less important as time has gone on as sites have realised they each have important experience and learning to contribute. Participants from Shropshire have also shared the benefit of learning from newer members, and of feeling re-energised by joining the Programme network

- Linked to the above, has been the importance of being supported by people who have 'been there, done that', with this credibility often providing the initial impetus or inspiration to join the Programme
- The style and approach of the programme team, creating an environment where open and honest learning can take place; sites also value the evidence-based approach and support to explore outcomes at a local as well as programme wide level.

As new sites join the network it will be important to think about how to sustain the features of the Programme that make it work for everyone – at a local, regional, national and Programme-wide levels.

3.2 Recommendations – Six Areas for Action

Six areas for action have been identified as priorities to resolve, linked to the lessons and messages shared in Section 3.1 (and evidence of progress in Chapter 2). These are common issues everywhere, they do not relate more to one site than another, and have been checked and developed with sites and members of the Programme team. They therefore reflect local and wider priorities for change in progressing Community Led Support over the next 12-18 months.

i. Continue to spread the word and to share what is working – and do more of what works

We have seen that it is the **combination of all CLS elements** that makes the greatest impact for local people and services, and that an **incremental, test and learn approach** to change (for example, through innovation sites) seems to work best. We also know that scaling out early successes is challenging and requires as much **investment of change management time** and development support as initial set up and harnessing of early enthusiasm.

The key lesson /priority for new sites embarking on CLS, is that **starting small and local, as well as engaging in broader engagement and awareness** raising activities is more likely to yield the kinds of results and progress shared in this report.

The public like and value **community hubs based in and using local amenities**. The visibility and profile of professional staff working alongside volunteers, community groups and other local organisations helps engender public confidence and partners' commitment to CLS.

Spreading the word through **stories and practical examples** is the most effective way of communicating about CLS – whether that's to convince colleagues or partners of the benefits, or engaging the public and encouraging them to attend drop-ins and appointments. The customer story is central in all of this, as is the need to include examples of longer term impact – demonstrating the need to ensure **follow up information** is obtained from people using different kinds of support and benefiting from earlier intervention/resolution.

ii. Realise the potential for savings across the whole council

The findings from the economic analysis in two sites, and financial information that has been shared from a further two areas (not included in that analysis but covered by the whole evaluation) is encouraging and likely to be a conservative estimate of the kinds of savings that can be achieved by avoiding the need for duplication of resources and spend on expensive and un-wanted council funded assessment and support.

This will require councils and their partners to **record and be more explicit about the costs and benefits** of all elements of their access, assessment and services. Partners need to work together to develop and coordinate their own tailored version of the common data set referred to below (iii), and importantly share information about costs as well as benefits/outcomes at different levels.

The most accurate and sensitive data from CLS at present is recorded and used by innovation sites, which says something about the nature of the activity in those sites and how to develop 'bottom up' data systems that reflect this activity. A key action arising from this, is the need to **progress and emphasise the importance of devolved decision-making and accountability**, within agreed limits, for funding and organising community based support that delivers good outcomes for local people.

iii. Develop and use a core data set for CLS

There is a need for more consistent and better data on different aspects of delivering and implementing CLS at a local level, that can be aggregated and analysed locally and nationally to identify transferable findings and lessons as the Programme grows. All sites have agreed that a **common data set on specific CLS activities and outcomes** would be helpful, but local adaptation of this will continue to be important (reflecting the point about 'bottom up data' referred to above). The Programme and Evaluation teams will consider this challenge as a priority in the next 12 months.

iv. Focus on individual outcomes and how these improve as a result of community based solutions

As the above point highlights, not enough is known about the **nature and variety of community solutions** people are using, or the difference these are making to their lives. More work is needed on how to best record the community based solutions offered and used, and the **impact this has for individuals**. A small number of sites are tracking people's use of different supports, including the costs involved, and this has been shared earlier in this report in relation to efficiencies and financial benefits. This tracking needs to also focus on outcomes and impacts experienced by the individuals involved.

More work could be done to **engage people experiencing CLS in determining what outcomes matter** to them, and agreeing how to measure this over time, as well as **using existing tools and measures** (for example through ASCOT, wellbeing scales and strengths-based questionnaires[5]) in a longitudinal study on demonstrating outcomes achieved through CLS.

v. Moving into other service areas beyond adult social care

The focus for CLS to date has been on adult social care and associated support, although one site has included support for young people in transition to adulthood. A number of sites and national stakeholders have raised the **possibility of exploring CLS within/for children's services** and this is now being cautiously pursued where there is a synergy and common aspiration within those sites where CLS is relatively embedded within adult services. Increasingly **transitions teams** are the logical starting place to test these ideas.

There remains significant opportunity to stretch the reach of CLS more widely across **health services, specialist teams** and services, and to explore further the potential for **community led commissioning**.

[5] Adult Social Care Outcomes Tool, see www.pssru.ac.uk/ascot/ ; the Short Warwick- Edinburgh Mental Well-being Scale (SWEMWBS), the ONS subjective well-being questions and questions on social trust are all recommended by the New Economics Foundation in their guide on *Measuring Wellbeing* (2012)

CLS is a powerful vehicle for demonstrating the **benefits of strengths-based and proportionate approaches**. Work is continuing in Scotland and England to **address regulatory reporting requirements and national performance reporting alongside strengths-based approaches**, effective conversations and proportionate, person centred recording.

The CLS Programme and sites have highlighted **three levels of action** that will help to address the above opportunities and widen CLS beyond adult social care:

- Building on the common vision and values base of **different practitioners** across health, social care, community and housing departments, as well as community based colleagues working within the third sector and social enterprises. This will require both local development work and engagement with professional associations at a national/UK wide level
- Engaging **health, social care and housing commissioners** to embed different ways of working and investing in community based solutions, and to work with providers from commercial and third sectors
- Working with **government departments and national bodies in each UK nation**, to establish the links between CLS and policy and legislative frameworks; and problem solving common barriers such as central data returns and how/where CLS can deliver statutory duties.

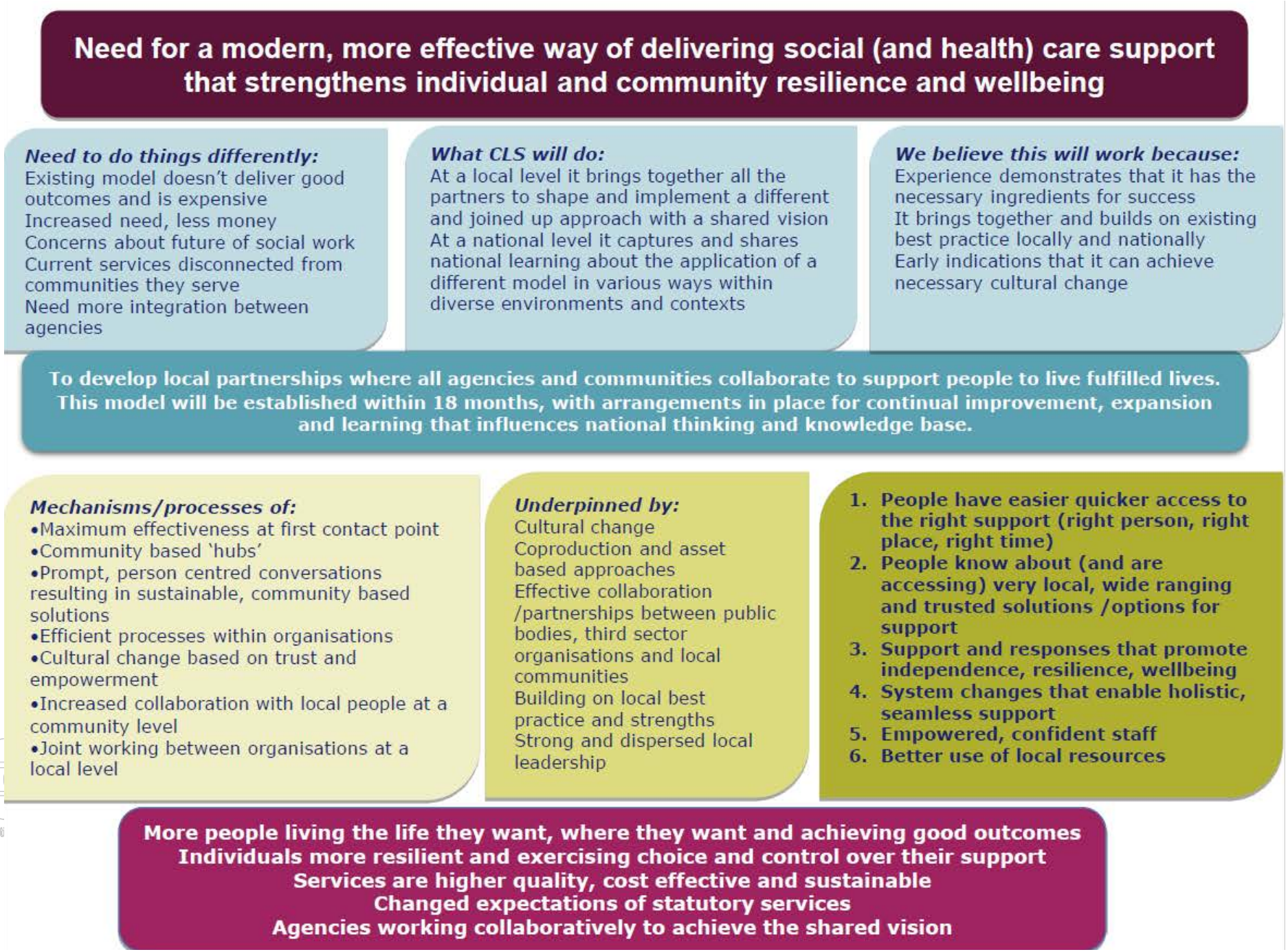
vi. Growing and Strengthening the CLS Programme

As mentioned in 3.2 the Programme network is a valuable forum that needs to continue to develop. As new sites join it will be important to think about how to **sustain the features of the Programme that make it work for everyone** – at a local, regional, national and Programme-wide levels.

The first phase of evaluating CLS has demonstrated that the vision, outcomes and enablers identified in the Theory of Change (in Appendix 1) are the right aspects to focus on in determining what works for whom in different circumstances, how and why. A key lesson has been that this is a particularly helpful framework for sites that are just starting out on the CLS change programme. As sites move into a 'business as usual' phase, and to test the sustainability of CLS, **a different theory of change will be required to establish 'what works over time'**. This will also provide an opportunity to examine and test what is needed for CLS to be extended to those areas outlined under point (v) above.

Appendices

Appendix 1: CLS Theory of Change



Appendix 2: CLS Site Portraits

Site	Joining date	Authority characteristics	Aspects of CLS in place/tested	Implementation approach	Other notable factors
England					
Derby City	2016	Urban unitary	Community hubs, front door	Innovation site in place for four months when full roll out took place.	Local Area Coordination in place. CLS is next step in transformation programme.
Doncaster	2016	Urban unitary	Community hubs, front door (under discussion)	Formal innovation site in place, other hubs led by Communities Teams in partnership with social care	CLS led by Communities Directorate and Communities Teams have key role. Dedicated staff member has produced on-line information resources to support CLS.
Leeds	2016	Large urban unitary	Community hubs, front door, Learning Disability, hospital and Rapid Response	Innovation site initially, other areas testing out particular aspects, e.g. paperwork. Rolled out across authority Autumn '17	Expansion of existing strengths-based work.
Shropshire*	2017	Large rural unitary	All aspects in place	Small start, three phase rollout to cover county – now business as usual.	CLS model rooted in Shropshire's People2People enterprise, set up in 2012
Somerset	2016	Large rural county	Community hubs, front door, paperwork	Innovation site in place. Initially tried 'big bang' but revised approach.	Community agents in 3rd sector sit alongside CLS
Scotland					
East Renfrewshire	2016	Unitary authority - predominately urban area (with some rural villages)	Community hubs	Initially planned for 'Big Bang' but revised approach and now testing – and rolling out - variety of Talking Points through community outreach and fixed venues.	Council and Health & Social Care Partnership (HSCP) have been working to better integrate health & social care, build community capacity and support the whole person. CLS builds on related initiatives like 'My Life, My Way'.
Scottish Borders	2016	Large rural unitary authority	Community hubs	Two innovation sites, rolling out across authority	CLS fits well with Locality Planning, Integrated Care Fund projects and other initiatives such as Buurtzorg.
South Ayrshire	2016	Predominately rural unitary authority	Community hub	One innovation site, plan to roll out and link more closely with council services	Council and HSCP see CLS as integral to its approach to participatory budgeting and *'encouraging people to take responsibility for their own health and care; listening and responding to people and concentrating on prevention and early intervention.'*
Wales					
Denbighshire*	2015	Small unitary	Community hubs, front door, workforce	Initially hubs in two areas, now cover the county	One of three early sites, predated main programme. Integrated with GP clusters

Appendix 3: Analysis of Costs and Benefits of Community Led Support in Two Authorities

The more efficient use of resources is a specified outcome of the vision for the CLS programme.

This appendix shares the detailed findings and methods relating to two examples of detailed costed analysis applied to two authorities' approaches to implementing CLS. Two different methods were applied, reflecting the types of data available from each site. In each case, the analysis drew on data that allowed for a comparison of the likely costs of support in the absence of system change (the counterfactual). Both analyses consider the savings associated with new people making contact with the system, rather than savings generated by changes to existing supports. This gives a more reliable estimate since there are many confounding variables when costs are incurred at different stages.

Example 1: A partial cost benefit analysis of an innovation site in a unitary authority

Method

Cost benefit analysis explores whether a programme is justified by asking "do the benefits outweigh the costs?" It does so by comparing the outcomes of the new model with business as usual (the existing model). The two required inputs are data on the costs associated with system change and evidence of outcomes i.e. a reduction in the costs of support, changes to people's support needs. This data is then used to generate benefit-cost ratios which show the monetary return for every £1 invested. This analysis is of the costs and savings associated with 1 full year of delivery within one site. Data on implementation costs has been gathered in accordance with the requirements specified in the New Economy cost benefit analysis model.[6] These include:

- Capital costs: one-off investments, such as new or refurbished buildings, equipment and facilities;
- Revenue costs: costs associated with activity. These tend to fluctuate in relation to the amount of project activity being undertaken, including staff salaries, on-costs, overhead costs, travel and subsistence, and non-staffing costs such as venue hire;
- In-kind costs: those inputs that are needed in order to make a project a success but which the public purse will not have to pay for, such as a charity providing their facilities for free. These are counted because there will be an opportunity cost associated with using these resources for project activities.

Data on implementation costs was gathered in accordance with the requirements specified in the New Economy cost benefit analysis model[7], including capital costs (one-off investments); revenue costs (associated with ongoing delivery); and in-kind costs (incurred by the voluntary sector). In addition to these direct costs the model also captures the costs associated with onwards referrals to other

[6] Supporting public service transformation: cost benefit analysis guidance for local partnerships. New Economy Manchester 2014.
[7] Supporting public service transformation: cost benefit analysis guidance for local partnerships. New Economy Manchester 2014.

services, since these support the programme to achieve its objectives. Costs of volunteers are also accounted for.

In addition, we present a separate category of 'development costs' in the analysis below, in order to isolate the cost associated with project management. This cost would usually fall within staff salaries (revenue costs). Interim evaluation findings had shown that the commitment of this resource is critical to the successful implementation of CLS, and in the interests of transparency we wanted to present a realistic indication of this cost. Like capital costs, development costs are likely to be greatest in the first year, so it is appropriate to isolate this element from other costs associated with delivery.

Data description

Based on a line by line breakdown of the costs associated with each of the types of expenditure specified by the CBA model, the total expenditure for the first year of CLS programme delivery was calculated. The Head of Service was asked to estimate the counterfactual scenario, i.e. what provision would most likely have been allocated to the cohort of people who had used the service and at what cost. The total saving was calculated on the basis of these assumptions, and cost-benefit analysis was undertaken.

This example presents a partial analysis of costs and benefits since it incorporates no data on changes in individual level outcomes beyond estimated differences in the cost of support (see discussion). It also does not consider wider system-savings associated with a change in people's needs.

Findings

The total expenditure of implementing CLS in the innovation area was £80,056. In the first year, a total of 304 people were seen in the Hub, 250 of whom were signposted to some form of provision (including groups and one-off support for carers, debt advice services, and community groups). It is estimated that about half of these individuals will take up the offer, incurring a cost to the local authority. The cost of these onwards referrals equates to around half of the total expenditure (see Figure i below).

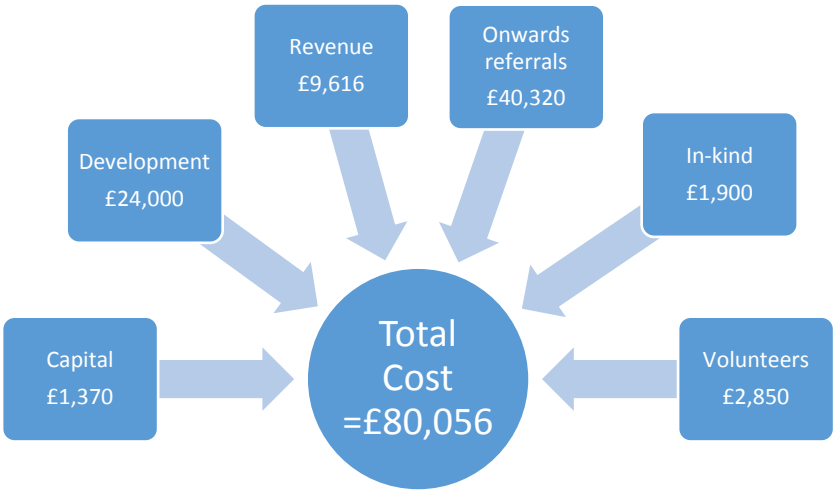


Figure i: Costs of implementing CLS

It is estimated that all 304 people who were seen in the hub would have been added to a waiting list, which would have led to a full social care assessment, each costing £329[8]. It is difficult to estimate the outcome of those assessments, so a conservative estimate has been applied. It is assumed that almost 10% (30 people) would have received a personal budget following that assessment, at a value of £50 per week (the average personal budget for the locality is £213, so this is likely an underestimation of the costs avoided). Based on these estimates, the total non-cashable saving generated in the innovation area is £178,016.

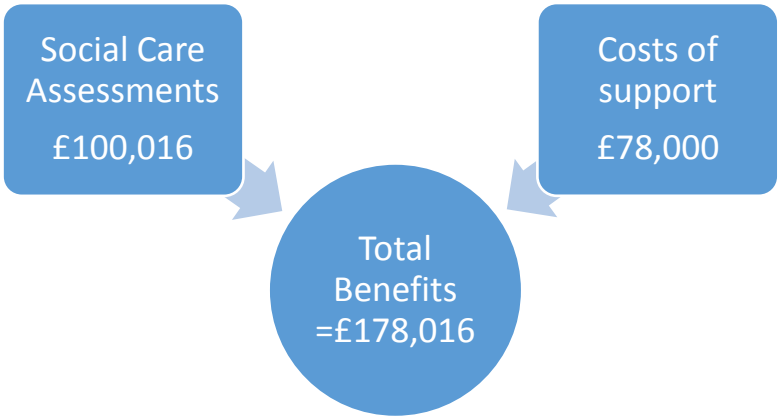


Figure ii: Benefits (costs avoided)

Cost-benefit ratio: For every £1 spent in the first year of delivery, there is a return of £2.22 in non-cashable savings (£178,016 / £80,056 = £2.22)

Discussion

This site has demonstrated significant savings in the form of a real term reduction in the cost of support offered to new people using the service. The new approach has kept people off the waiting list, reducing the need to offer a full assessment and the associated saving outweighs the cost of set-up and delivery. The true saving is likely to be greater, as the analysis has applied a conservative estimate of these contributions that is far lower than the average for the area concerned. Furthermore, a part of the saving is offset by the development and set-up costs that are incurred in the first year of delivery, requiring a greater investment on the part of the local authority.

When considering the cost-benefit ratio, it is important to emphasise that this partial analysis does not estimate wider system savings associated with changes to individual needs. Nor does it attempt to monetise the social benefits arising from the support provided, as in a Social Return on Investment analysis. The latter approach is widely applied in the evaluation of social care initiatives and tends to indicate a greater return. This analysis has focussed solely on conventional financial information that can be demonstrated through data held by the local authority. There are likely to be other benefits in the form of health-related outcomes, although these are not currently captured. However, narrative information gathered through the evaluation indicates that the new service has a considerable impact

[8] This figure is embedded in the Dilnot financial impact model developed by Lincolnshire County Council and endorsed by ADASS. The figure includes on-costs but excludes management costs, and is based on direct assessment staffing costs provided by Accountancy.

on people's ability to support themselves to live in the community for longer, and an ability to utilise the advice given by the service.

Additionally, the model is reported to lead to a better experience for staff, reducing workload pressures and increasing overall satisfaction. It is expected that the model will lead to improved sickness absence rates, yet this effect cannot be identified in staff records as the service was not staffed by a fixed group.

Finally, it is worth reflecting on the future impact on the cohort that has received support from the new service, and particularly on the likely impact of this changed relationship with services on people's future needs. Positive relationships are being built with people throughout the area, and people are engaged earlier. There is no significant cost to this earlier engagement, because it is advice and sign-posting information that is given. However, it is estimated that 90% of the customers will return in the future once their needs have changed or increased. The implication is that having received timely information to address the issues at hand, via CLS discussion, future needs will be less. In addition, the positive interaction with services forms the basis for a trusting relationship with local authority professionals, promoting a willingness on the part of people and their families to take advice and discuss and explore alternative options.

Example 2: Net-savings calculation based on a sample of clients

Method

This analysis considers the differential cost between the proposed mainstream service and community-based solution for a sample of 31 new people referred into Adult Social Care over a period of 20 weeks.

Data description

This analysis isolates the cost avoidance associated with people who enter the service with an eligible need. This data is partly generated through the local authority validation process and partly captured through the Peer Forum. The objective of the Peer Forum is to generate discussion that leads to finding the right solution for people. Social workers identify the service that they would offer for each new referral and then work with the Community Navigator to explore community-based solutions. Where an alternative, community-based solution is offered as a result of that discussion, the local authority is able to capture reliable and accurate counterfactual information from which to calculate avoided costs, since it is highly likely that these packages would have been implemented in the absence of the forum. The annual saving associated with each person is calculated on the basis of this direct comparison.

Findings

Within the sampling period of 20 weeks, 77 new referrals were considered in the Peer Forum. The finance team analysed a sample of 31 of these cases. The annual savings associated with this sample are shown in Figure iv below.

Figure iv: Costs avoidance associated with 20-week sample

Intervention type	No. of Clients	Weekly savings identified	Annual savings identified
Long-term (at least 12 months)	20	£1,977	£103,065
Short-term (up to six weeks)	9	£1,246	£7,476
One-off	2	£247	£247
Total	31	£3,469	£110,788

As shown, the cost differential demonstrates a total weekly saving of £3,469 and an annual saving of £110,788 for the 31 individuals in the sample. This represents an average annual saving of £5,153 (£103,065/20) per head for long term clients. While the cost of delivering the service is in this case largely absorbed in the running of the core social care service, this saving has been achieved with an additional investment of £25,160 over the 20-week term covering the salaries of staff involved in the development and delivery of the approach. These costs are detailed in Figure v.

Figure v: Detailed breakdown of costs

Type	Description	Cost
Development	AC (Gr9) Salary 50% (including on-costs)	£8,350
Development	AC Travel / Expenses 100%	£330
Development	AP (Gr11) Salary 50% (including on-costs)	£5,730
Development	AP Travel / Expenses 100%	£150
Revenue	PC (Gr7 PT) Salary 50% (including on-costs)	£9,190
Revenue	PC Travel / Expenses 80%	£340
Revenue	Non-Staff Costs	£1,070
Total		*£25,160*

Discussion

This analysis demonstrates that significant costs can be avoided by preventing the use of social care services. The mechanism driving these savings is the Peer Forum, where discussion around how to achieve the best outcome for the person are leading to the implementation of solutions that are significantly lower cost than traditional services. Previously, it is more than likely that social workers would have 'spent' the full allowance based on the person's assessed needs. However, despite the outcome, the financial saving is not the main goal; the service aims to ensure that people are able to "live, not just exist". Community provision will also be built into support packages for people who are offered a costed service.

The savings are identified over a 20-week period, since it is in this period that there is an opportunity to reliably and accurately capture the counterfactual. As the asset-based approach becomes the norm, the community option is the first proposal – social care workers are changing the conversation with people and presenting to the forum with different ideas rather defaulting to implementation of traditional care arrangements. Costs will be avoided but there is no longer an opportunity to identify these savings. The Peer Forum continues to function with the benefit that workers learn from one another's practice and benefit from the sharing of ideas and information.