CLS Evidence & Learning Briefings 2020

Paper 5: Community Led Support in Scotland

Carol Hayden, Helen Bown, Elaine Torrance,

May 2020

Community Led Support

an NDTi Programme

National Development Team for **Inclusion**

First Floor
30-32 Westgate Buildings
Bath BA1 1EF
T: 01225 789135
F: 01225 338017

Community Led Support (CLS) is a place-based approach to achieving change in health and social care services, through working closely with local communities and wider partners in the voluntary, community, business and public sectors. Changes made to local services and systems include a combination of interconnecting elements, all of which are essential, but which are shaped and refined to reflect local circumstances. While Community Led Support involves a set of core principles and practices common to all participating areas, each area works differently depending on local circumstances, priorities and readiness for change across the partners involved.

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

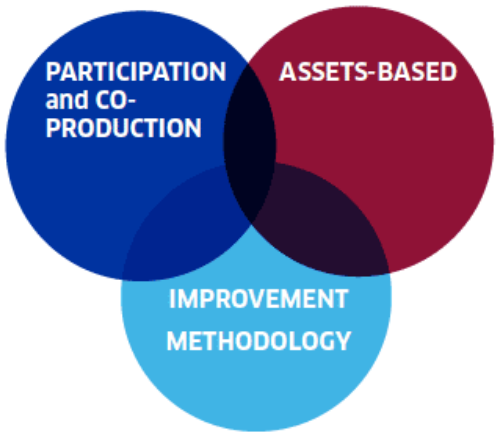
This paper is one in a series of six briefings produced by the CLS Evidence & Learning Team, to share findings and lessons from the second major round up of data, stories, evaluation findings and programme lessons exploring the impacts of Community Led Support in different places and with different people across the UK.

Thank you to everyone involved in Community Led Support across Scotland, who has contributed evidence in a variety of forms, hosted visits from the Evidence & Learning team, shared their experiences and insights, and taken the time to explore how Community Led Support can work well in Scotland. Thank you also to Des McCart and Gillian Fergusson at Healthcare Improvement Scotland for their support on how our learning can help deliver on Scotland's policy priorities.

Contents

The principles and ethos of CLS with the focus on stronger community partnerships, efficient and effective ways of working that put the person at the heart of their care and support continues to complement Scottish Government priorities. Scotland shares many of the same opportunities and challenges with the rest of the UK including rising demand for services, decreasing budgets, increasing expectations and workforce challenges. However, there are some specific geographic, demographic and policy contexts that have been important in the delivery of Community Led Support (CLS) in Scotland that have offered their own opportunities and challenges. In this paper, we look at the UK-wide headline findings and lessons in relation to evidence from Scotland, including how this can contribute to delivering the Scottish Government's existing and emerging policy priorities.

The Scottish Approach



In 2015 the Scottish Approach to Government[1] put participation, co-production and being asset based alongside improvement methodology as the way forward for the country. This resonates strongly with the values of CLS which was beginning its journey in Scotland around this time. The implementation of the Self-directed Support Act 2013[2] was just in its early stages as was the integration of health and social care.

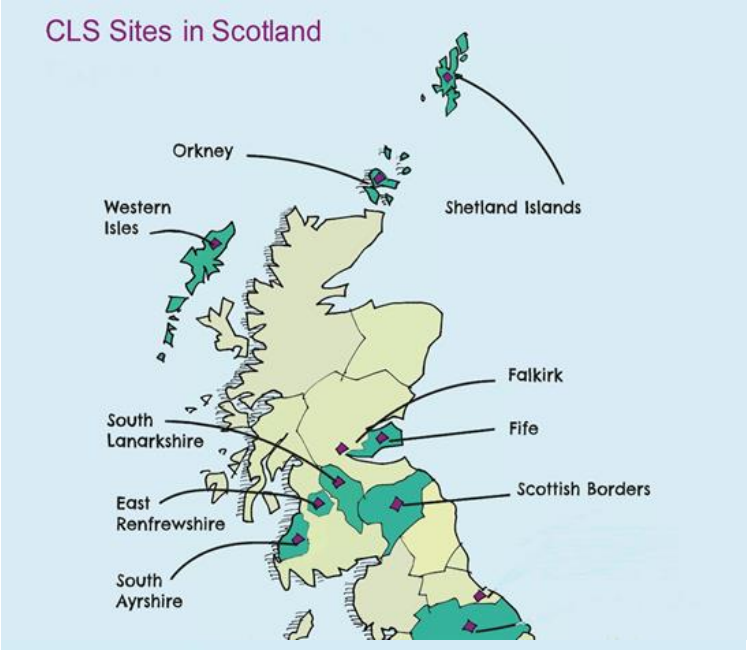
The Health and Social Care Partnerships (HSCPs) that first joined the CLS Programme recognised this alignment with CLS principles, seeing CLS as a framework within which they could deliver on these emerging policy and legislative drivers. Since that time there has been a plethora of person-centred, empowering legislation and policy, such as Realistic Medicine, Health Literacy and wider influences such as the Community Empowerment Act[3]. More recently there has been a move to reform adult social care which also clearly aligns with CLS, putting community, good conversations and empowerment to the fore. The findings and lessons in this paper show that CLS remains just as relevant to the current, emerging and evolving approach to health, social care and community resilience in Scotland.

[1] On Board - A guide for Board Members of Public Bodies in Scotland (April 2015)
[2] Social Care (Self-directed Support) (Scotland) Act 2013
[3] Community Empowerment (Scotland) Act 2015

Summary

This briefing paper shows that CLS in Scotland is not only improving outcomes for individuals and achieving efficiencies for local Health and Social Care Partnerships (HSCPs), it is contributing to wider public service reform in Scotland. Those areas in Scotland that have embraced this approach are demonstrating how, when public bodies and other partners work together in a concerted way around a shared vision and values to effect change, processes become more efficient and local solutions can be developed that work in the interest of people and of communities.

There are nine CLS sites in Scotland, as indicated on the map below.



Understanding the experiences of these areas has contributed to our learning about both the enablers and barriers for effective partnership working between health and social care services, and with community organisations. These lessons are also relevant to the implementation of The Carers Act and Self-Directed Support (SDS), both based on a similar change approach. The contribution of CLS goes beyond its potential to transform adult social care; sites in Scotland have taken a place-based approach to implementing change, linking to Community Planning and Locality Planning Groups. These approaches have resulted in a range of different community hubs, some in very rural areas, and have drawn together different approaches to housing, advice services, employment support, Local Area Coordination and groups running local social activities to address 'what matters' to an individual.

The following themes bring together the main findings and lessons about what works for implementing CLS in Scotland.

1. Beyond Social Care to a Local Place-based Approach

Community and locality planning

We found that CLS should be framed as a **local, place-based approach** – it is not just or only about adult social care. This means we need to think about how people can access support to meet their needs in the place where they live, rather than through a narrow range of social care and health public services located at places convenient to those agencies.

This place -based approach and developing **CLS as 'beyond adult social care'** is particularly evident in the Scottish sites which have used their community hubs to test and learn about the most effective and accessible way of implementing CLS (including but not only about hubs) for their local populations and specific geographical circumstances.

> **East Renfrewshire** have recognised the need for a range of community hubs in different types of localities– e.g. community halls, health and care centres with open spaces, cafes with multiple services/activities. They advertise where the Talking Points will be every month through social media, a community newsletter and posters so people can choose where they go.

This approach reflects the importance of **Community Planning** in Scotland and integrated working on the part of health and social care. Many sites, such as South Ayrshire and Falkirk, are strategically adopting a 'localities approach' to CLS including using the Community Planning Partnership (CPP) and Locality Planning Groups to design and deliver the programme.

Our evidence has shown the significant benefits of HSCPs developing positive relationships with the community and of investing in **local community development and capacity building**.

Several areas have invested in staff (in the HSCP, local authority and/or partner organisations) with specific roles to work with local communities to identify and support local community groups and in developing new ones where gaps have been identified Examples include the Community Capacity Building team in Scottish Borders, Local Area Co-ordinators in Fife, and the fairly new Community Link workers in Falkirk who have produced a community map describing local resources.

Transformation, prevention, integration

Across the UK, we found that there are a variety of reasons why CLS was identified as the chosen vehicle for change. Most sites are concluding that **CLS is both transformative in relation to formal statutory services and preventative in ensuring that everyone is**

engaged and responded to in ways that recognise and build on their strengths whilst ensuring their need for support is addressed through a wide range of options and opportunities. Getting to this point highlights the importance of having a shared vision, principles and values where CLS is seen as a vehicle for change – in social care and beyond.

Scottish Borders and East Renfrewshire – have both learnt from the experience of their initial community hubs and moved to a combination of drop in (for anyone) and appointments (through their contact centres and/or from the Adult Social Care waiting list) at their What Matters Hubs and Talking points respectively. This means people have a greater opportunity of talking to someone about their situation without having to wait unnecessarily.

System-wide change through CLS

This strategic transformative approach is consistent with Scottish Government's commitment to **public service reform** and **Health and Social Care Integration,** for which **l**egislation is in place in Scotland requiring health, councils and other partners to work together[4]. .

Adult Social Care is being reformed with the use of policy instruments such as **Self Directed Support (SDS)** and the requirements of the **Carers (Scotland) Act 2016**. While initially, some sites were concerned that CLS might represent 'initiative overload', there is now an understanding that the CLS principles are consistent with those that underpin how the Scottish Government wants to transform adult social care. Increasingly, CLS is being seen as the key to helping adult social care, SDS and carers' support become part of one person-centred system – with co-production and collaboration at the heart of everything. As a senior officer from Scottish Borders explained:

> *"SDS is Scottish Borders' approach to social care and the numbers [using SDS] were increased through new support plans and reviews"*.

These plans and reviews are increasingly carried out through streamlined 'What Matters Assessments' (part of the CLS approach), rather than full social work assessments. Further, detailed information about the implementation and impact of CLS in Scottish Borders can be found in Briefing Paper 6b).

Getting the health sector involved in CLS has been challenging across the UK. Although Scotland has HSCPs, sites have found that bringing on board both primary care and acute health services require conscious effort. East Renfrewshire and Scottish Borders have both located pop-up hubs in hospitals to test demand. South Ayrshire is developing links with community pharmacies and GPs using the new guidelines for GP receptionists to encourage them to signpost to new front doors. This is a good example of the way CLS can benefit from the **2018 Scottish General Medical Services Contract**, which paved the way for GP

[4] Public Bodies (Joint Working) Scotland Act 2014

practices to play a greater role in enabling patients access a range of clinical and community services appropriate to their needs.

Rurality

The rurality of much of Scotland has been a challenge for CLS – and also an opportunity to test CLS as a way of working with communities to enable people to access support in very rural areas. These include large, sparsely populated areas, such as Scottish Borders, and island communities.

The island CLS sites - Orkney, Shetland and Western Isles – all face specific challenges around tackling social isolation and improving connectivity, as well as economies of scale and access to comprehensive services. In these areas CLS is seen as a way of enabling all services to respond to the needs, aspirations and ideas of local communities.

In addition, Scottish Borders has developed a very wide range of What Matters Hubs to cover the whole authority, making it easy for local people to get to these wherever they live. East Renfrewshire and Orkney have both involved local communities in identifying accessible venues for Talking Points and Blethers respectively.

Scottish Borders – There are What Matters Hubs in market towns of each of the 5 main districts as well as more occasional rural hubs at community groups, mobile and pop-up hubs. They have learned that there need to be different options and locations within a large rural authority to meet the needs of dispersed community members.

East Renfrewshire - The Talking Point in Eaglesham was developed as a result of the Rural Wisdom https://www.ndti.org.uk/our-work/our-projects/ageing-in-place/rural-wisdom Coordinator putting the local community in touch with East Renfrewshire HSCP. They now have an accessible Talking Point in their 'rural in urban' area, where transport to the Health and Social Care Centres in Eastwood and Barrhead is patchy. This takes place at Eaglesham Library following a monthly Age UK social.

2. Local approaches to implementation

We found that there have been **variable approaches to getting CLS up and running locally across the UK**. This variation includes whether to go for a 'big bang' or incremental approach to CLS, and the nature of the relationship with the community.

The need to start small

Learning from across the UK has shown the advantages of starting small, rather than trying to implement CLS across the whole authority from the start. Evidence from Scottish sites is that areas don't need to be prescriptive about the exact number or types of test sites. Indeed, Scottish Borders and East Renfrewshire both started with a couple of different types of hubs (in high street and informal community venues as well as HSCP premises) and used feedback and learning from these to gradually develop a range of community hubs in different venues that together cover the whole authority.

In **Fife and Scottish Borders**, their planned roll outs from initial innovation areas went well - perhaps because of the involvement of the voluntary sector and importance of partner resources as well as the willingness of HSCP/council teams.

East Renfrewshire and **South Ayrshire** have both tried venues for community hubs that didn't work; so they learned from this and were flexible enough to change venues and /or tweak arrangements e.g. through adjusting opening times.

Co-production of CLS

The **relationship with local communities is key to the success of hubs and of CLS more widely.** Evidence suggests that CLS will be more effective and more sustainable if it is coproduced with communities, rather than being imposed or led 'from the top' and from just the statutory organisations.

Findings from Scottish sites show the range of community involvement in delivering CLS including from Third Sector Interface organisations (TSIs) and Development Trusts as well as developing links with Participatory Budgeting.

South Ayrshire – a partnership with Voluntary Action South Ayrshire (VASA) was vital to get CLS going. The first 'new front door' was in VASA's shop front premises, an information centre and base for befriending and other volunteering schemes. They have also developed the South Ayrshire Life website to map community support and activities and an 0800 number to get information/signposting about these. The 'new front door' is staffed by a Community Connector from VASA and community care assistants. OTs have given training sessions and there is access to tele-health equipment. A part time VASA staff member keeps records of who comes and their experiences.

East Renfrewshire – CLS is seen as being Third Sector led, with the Talking Points Core Group consisting of 12 cross-sector partners including Voluntary Action East Renfrewshire (VAER). Third sector partners take the lead at Talking Points, with social work staff present to support with more complex discussions and any statutory/protective issues.

Western Isles – The first community hub is based in Stornoway Library. There are discussions with Development Trusts (providers of housing and community facilities) for others to be developed on Lewis.

Orkney - encouraged communities to name and select the location of their hubs, now known as 'Blethers'.

The **Community Empowerment (Scotland) Act 2015** promotes community participation in services to improve local outcomes including some delegation of resources to local communities and enables asset transfer requests where community bodies can take

responsibility to lease, manage or use land held by local authorities. The examples of local partnerships are evidence of how the Community Empowerment Act can encourage and enable co-production of CLS – and how CLS is an example of the legislation working in practice.

3. Lessons on national and local leadership

CLS in Scotland has benefited from **national leadership** through support from the Scottish Government and Healthcare Improvement Scotland. This has included linking CLS into wider policy agendas and objectives, supporting the programme with additional resources, hosting events and producing briefings to share findings nationally.

These approaches also encourage and support the strong, senior, **local leadership** that remains very important to the success of CLS everywhere**.** This local leadership is particularly crucial **in** providing consistent messaging about the principles of CLS, and continually motivating, incentivising and promoting the CLS approach. Our evidence shows that this approach requires transformational leadership, which is empowering and enabling, with devolved decision making.

South Ayrshire – When CLS was first introduced, the local lead saw his role as both encouraging a shared vision for change and enabling distributed leadership, at all levels and across the system. He did this by chairing the steering group, holding talks and events with staff, reinforcing the importance of CLS with a consistent line and encouraging the cultural change necessary.

More recently, South Ayrshire have raised the importance of visible leadership from elected members who, for example, gave support to continuing and rolling out CLS at a recent Integrated Joint Board (IJB) meeting. Other sites echo the importance of leadership from elected members and senior officers as well as from key partner organisations and community leaders.

Orkney – this relatively new CLS site has stressed the importance of local political leadership of CLS as well as through the role of the Chief Officer (Health and Social Care). They also stress how important it has been for natural leaders from within local communities to be involved from the start and in decision making, rather than expecting them to just lead events/host hubs

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

By analysing data from sites across the UK we found that CLS is resulting in three types of outcomes for individuals:

- Different and better experiences of conversations, usually but not always at community hubs. As well as being more responsive to people's individual needs and circumstance, an added bonus is that these conversations, in local hubs, mean that people don't wait as long as they did under the formal social work assessment system.

> *"I received really good advice and so much understanding and help. [WM Hubs are] Such a good idea. Really makes people feel welcome" (User feedback form, Scottish Borders)*

> *"Felt better after chatting about things"* (User feedback at The Well, **Fife**).

- Improved access to different kinds of support that people didn't have or weren't aware of before – especially the range of community support instead of, or combined with, statutory support (e.g. home care)

> *"The [What Matters] Hub is an excellent opportunity to see what is available in the Community. Really informative and gives so many options"* (User feedback form, **Scottish Borders**)

- Improved health and wellbeing – whilst these impacts take the longest to achieve, and sites are in the early days of collecting this kind of evidence, there are positive stories from people about improvements to their mental health and wellbeing, confidence and what they have achieved using support developed through CLS.

In the **Western Isles**, a young mum with progressive MS was having a support worker for 9 hours a day, Monday to Friday, which wasn't what she wanted. Her Social Worker looked at other options through CLS, resulting in her now having 4 hours of statutory support per week, significant support from her family and 4 different telecare systems put in place in her home. She now feels able to go out, enjoy cooking meals for her young child and keep her house clean and tidy.

Analysis of community hub data, where available, shows that these personalised, community solutions are often aimed at reducing loneliness and social isolation. The Scottish Government's strategy '*A Connected Scotland: Our strategy for tackling social isolation and loneliness and building stronger social connections'* (December 2018) recognises loneliness as a mental health and public health issue, and that community support to reduce this is a preventative approach to improving health and wellbeing. NDTi's evaluation of the Campaign to End Loneliness https://www.ndti.org.uk/news/ndti-to-work-with-the-campaign-to-end-loneliness in Glasgow and more widely has echoed this finding, which is being born out in CLS sites.

Likewise, 'A Fairer Scotland for Older People: A Framework for Action' (April 2019) highlights the importance of community support to enable older people to continue to live in their local communities. Evidence from CLS sites shows promising approaches to meeting this challenge.

> *"We found connections between people are as important as knowing what services are available. Through a conversation at one hub, Bill was able to put Rose in contact with someone he knew to provide some DIY help, and Rose invited Bill to a small book club that she helped organise - providing space for people to make connections and build relationships is an important by-product of CLS"* (From **Orkney** Change Story, see Paper 4)

5. Who is CLS reaching, and for what types of support?

We found a number of signs and examples of approaches that demonstrate that CLS is diversifying and reaching out to anyone who needs support, including those with the most complex needs and people who are on the margins of services and society and need support to be fully included.

In Scotland, this reflects how **CLS**, alongside SDS and the Carers' Act, is **helping to transform adult social care** to become a local, place-based approach that starts with what matters to an individual. Records from community hubs show the range of issues that are being addressed and how CLS is developing to meet these wider needs.

East Renfrewshire has reported that welfare rights is a growing issue, so they are now planning a targeted Talking Point involving staff from the council's welfare rights team. Likewise, the increase in people coming to Talking points with mental health issues has led to Alzheimer's Scotland getting more involved in the CLS partnership.

In **Fife,** a high proportion of people who come to the Wells (community hubs) have a combination of mental health, housing and employment issues they need support with. A council Housing Services representative already attends Wells sessions, and relationships are being built with DWP/Job Centre Plus and local training providers.

"If someone is seen as 'socially isolated', they are at the bottom of the [waiting] list. But they usually need much more, so we can use Talking Points as a way of finding out, and for funding support through SDS" (From NDTi interview with Practitioner, **East Renfrewshire**)

"Someone who originally came to the Well through the Fife Forum has revisited 3 times now for support from other services. He is now going into a homeless unit tonight and is happy with support provided through services working together" (Practitioner, The Well, **Fife**)

The fact that the CLS principles are in line with the **Self Directed Support (SDS)** legislative framework has meant that local areas such as East Renfrewshire and Scottish Borders have developed a strength-based approach to assessment with a focus on achieving each person's individual outcomes through local resources and innovative solutions (rather than a service led menu of options).

"Mr A suffered a horse riding accident a few years ago and has since been paralysed from the neck down. His wife dropped into the hub to see if there was anything we could do to allow him independent access to his laptop and telephone.

I managed to find some great voice recognition software, which could be installed directly onto his laptop which would allow him to control Facebook, emails and even dictate into a word document all using his voice. As Mr A received an SDS Direct Payment (DP), I updated the support plan and requested authorisation for a one off payment to cover the cost of this software. I also arranged for a rep from an assistive technology company to visit Mr A at home, to have his current environmental control system altered to include an infra-red phone which could be controlled using his existing neck switch. This gave him independent access to a telephone, as he was relying on his wife to set up phone calls for him using a loudspeaker, which wasn't private or safe. " Practitioner, What Matters Hub, Scottish Borders

The **Carers (Scotland) Act 2016** gave a renewed focus on involving and supporting carers with new rights provided to carers and new responsibilities on local partnerships. Carers groups have been strategically involved in many CLS sites across Scotland and evidence shows this both helps carers get the support they need and develops a holistic approach to meeting a family's support needs.

In **East Renfrewshire**, the Carers Centre has been involved in driving CLS from the outset, is on the Talking Points Core Group and has a regular presence at Talking Points. The story below (from Eastwood Talking Point) shows how this means a carer can access support for themselves as well as for the individuals they care for at the same time - using a strengths-based good conversation and holistic approach, rather than separate assessments.

Records from community hubs show that an increasing number of people enquiring about carers' support. In East Renfrewshire and Scottish Borders, many of these are put in touch with the Carers Centres, although hubs can often offer solutions directly.

"One person was asking about care services for her parents in Edinburgh, an elderly man was worried about his carer retiring and other people ask 'for a friend who needs help'" Practitioner, The Well, Fife

The SDS Manager had a long call from a retired HR manager who needed more support. She was the sole carer for her 81 year old mother who was receiving some personal care. The manager knew that going on the waiting list for a social work assessment could mean waiting several months, so he arranged an appointment for her at the Eastwood Talking Point – a 2 day wait. She had a good conversation with a social worker there, and realised she wanted to take more control of her life including getting back to work. She then spoke with the SDS manager who helped her develop a plan for herself and her mother. This included using her HR skills for peer mentoring and supporting older Italian people in the area, and accessing more appropriate personal care for her mother arranged through SDS" (**East Renfrewshire Change Story)**

6. Better use of local resources

We have found a powerful shared drive for achieving better outcomes, being more responsive and aligning different services, systems and approaches across all CLS sites. Changes need to make sense for local people and partners as well as to the public purse.

However, it is also recognized that there is an increasing need to be resourceful and accountable for the use of local resources. Hence this continues to be a key question not just for the evidence and learning team but for everyone involved in the design, commissioning, delivery and experience of public services across CLS. The following points summarise our key findings about the different use of resources from the Scottish CLS sites.

In terms of efficiencies:

- Waiting lists and times are reducing

> **Scottish Borders** recorded a decrease in the Social Work waiting list from 400 people to 250 people between July 17 and March 19. This is linked to the opening of What Matters Hubs and the increasing use of What Matters assessments compared to full assessments since CLS was introduced.

- An increase in the numbers of people who are being signposted to and supported by local support options alongside a reduction in social work team caseloads. These changes have been seen shortly after CLS is implemented (as for South Ayrshire below) and are sustained over time once changes are embedded in local practice and systems (as in the case of Fife). For many sites this includes the backlog of reviews reducing over time.

> **South Ayrshire:** In Ayr North, between July and September 2018, an average of 27 people per week were signposted to local organisations, agencies and projects that could meet their needs and allow them to focus on their own strengths and resources instead of being assessed for formal services through social work referrals. In Ayr South, since CLS started, the SW team caseload had dropped from 689 to 550 (at December 18).

> **Fife:** From when The Well started in July 2018 to the end of February 2019, records showed**: a**bout 25% of visits lead to people being redirected to community organisations; another 25% of people are referred to public services (Housing Office, Social Work Contact Centre, DWP); and the remaining 50% receive information, leaflets or are helped directly at the Well (e.g. benefits applications).

In terms of commissioning and resource allocation: Evidence shows that sites are starting to see CLS and SDS as the way to deliver adult social care, with the numbers of people experiencing SDS increasing. Although there are some changes to commissioning as a result of an increase in community support delivered through CLS, there remains more to be done in this area as CLS extends its reach and sites begin to align strategic commissioning approaches and overcome historic contract rigidities.

> **Scottish Borders** – the switch from social care packages to community support has led to increased commissioning of support provided by the voluntary sector.
>
> **Western Isles** – are planning to use the CLS resource wheel when Social Work assessments go to the Resource Allocation Panel, to inform their decisions on the basis of a combination of paid for and personal and/or community support.

In terms of cost effectiveness / economic impact: a study exploring the implementation and impact of CLS in Scottish Borders (see Paper 6b) shows that people are seen and experience support quicker than before CLS. This results in better outcomes for them and a better use of local and public service resources, as the following analysis illustrates:

- *800 people used What Matters Hubs in 2018/19 and were offered a mix of Third Sector, community and statutory support*
- *New, short What Matters assessments now make up over 2 out of every 5 social work assessments, with the proportion of full social work assessments continuing to fall*
- *The average number of people on the waiting list for a full assessment fell from 421 in 2016/17 to 261 in 2018/19; and the average waiting time fell from 11.5 days in 2016/17 to 7.9 days in 2018/19*
- *People using Self-Directed Support (SDS) increased from 1,320 in March 2017 to 1,817 in March 2019. Over 360 of these use a Direct Payment with or without another option.*

7. Sustaining what works

We have found that CLS sites never stop changing, embedding and evolving; this requires a mindset that CLS is a way of working that changes how services and support are both delivered and experienced, and is not a project. There are still challenges: paperwork and red tape are not always reducing – although with encouragement from Scottish Government, there has been good progress on simplifying assessment forms in Scotland. Rolling out and sustaining CLS needs ongoing investment of time and resources in achieving system change. While this is recognised, sites point to the current financial climate and the difficulty of prioritising front line services as well as transformational system change.

CLS sites are, in effect, testing out how to embed long term, sustainable change which requires structural, behavioural and cultural change. We are learning that behavioural and cultural change take time: and yet all three kinds of change need to progress together. This echoes the SDS approach (summarised in the SDS Change Map)[5].

These developments also require other parts of local government and NHS systems – over and above adult social care - to be part of the transformational change associated with CLS. Along with Housing, libraries and primary health care, sites are pointing to the benefits of involving customer services and contact centres early on as part of the local CLS approach.

East Renfrewshire has moved from three Social Work teams to two plus an Initial Contact Team which includes CLS; the local CLS lead manages a new, dedicated post of Talking Point Coordinator. Initial Contact Centre staff are involved in booking people in to Talking Points and carrying out follow-up monitoring calls.

Scottish Borders has invested in training all Customer Services staff in good conversations, enabling them to make appointments at What Matters Hubs, which has improved the effectiveness of CLS.

Fife is taking a similar approach to improving the effectiveness of The Wells.

The experience of implementing CLS in Scotland has underlined the importance of alignment with national policy and with other government initiatives. When change is implemented in a way that connects across a range of agendas it is much more likely to be sustainable. Change not only needs to be system wide across statutory bodies, it needs to make sense to local people, and be owned and embedded by a range of community organisations working together with those bodies.

As one example more detail on the evidence and learning from Scottish Borders can be found in Paper 6b, which shares how this site has approached the implementation of CLS and is demonstrating the impacts achieved for local people, communities and partners.

[5] Change Map for Self-Directed Support, Scottish Government, 2018.

Community Led Support

an NDTi Programme