Community Solutions:

Opportunities for increasing the contribution of the community sector

September 2022

About Community Solutions

Outside the Box is a charity that provides community development support across Scotland, including helping people get new ventures started and adapt existing ones when there are challenges. We have worked around wellbeing and social care since we began in 2004. There is more on what we do at www.otbds.org

Community Solutions is the partnership work between Outside the Box and Healthcare Improvement Scotland (HIS) that we have been developing since mid 2019. The focus is finding practical solutions to many current challenges:

- Enabling the community sector to contribute to improving people's wellbeing.
- Increasing the contribution of local services and activities to the overall provision of health and social care services.
- Creating more benefits for people getting support and their families.
- Ensuring and showing the benefits for communities, including the links to keeping jobs in communities and community wealth building.
- Building the capacity of the Health and Social Care Partnerships (HSCPs) to make this a successful relationship, with good outcomes for their services as well as for the community sector.

Over winter 2021-22 we gave a place for the community sector to swap experiences and solutions around delivering social care and related community supports to keep people well and ease access to other services. We continued to check out the experiences of people and organisations using and working alongside community supports. Together, these conversations included people from 21 HSCPs in 11 territorial NHS Board areas. We fed this information into HIS to inform work with the HSCPs and contribute to future plans.

What we heard

This note brings together the main points from what we heard and what happens next. It covers how the community sector contributes to the overall care and support for people in Scotland and the opportunities for this to have more impact, both in improving what happens now and in the context of plans for a National Care Service. It also shows ways services can work better for people in the equalities groups and other people who experience added challenges in getting access to care and support.

What we found is that any actions that increase opportunities for contributions by the community sector, or steps to reduce the barriers, are welcome and make a difference.

- No single change will solve everything.
- Each change that tackles one part improves people's access to the care and support they need also takes pressure off other parts of the health and social care system.
- These improvements often also reduce other difficulties or open up opportunities to improve something else – sometimes aspects of health and social care, sometimes initiatives benefitting people and communities in other ways.
- There could be many more ways for the community sector and formal health and social care services to work together to develop and provide better support, with good outcomes for people. Many of these opportunities could happen quickly if there were small changes in how the public service systems work.
- People in the community sector and HSCPs realise this is complicated (and what some people call complicated and complex). They know that big system changes will take time to reach everywhere, but do not see that as a reason for not dealing now with problems that can be tackled.

Community Solutions Resources

There are other resources from this part of Community Solutions in 2022.

One is a set of mind-map style diagrams and the Notes that accompany them. Together, they show:

- The range of services, practical arrangements and processes that happen in the community and when community-based and other health and social care services interact.
- How these contribute to making it easier for people to get the care and support they need, and to making the overall services and supports reach more people and have a better impact.
- How to use the diagrams to look at what services are already in place for people in your area and find ways to improve how services and community supports link together.

There is a series of case examples.

- There are detailed examples showing how people identified a problem in their area or service and came up with a way of improving that situation. There are suggestions from their experience, to help people in other places adapting that idea or coming up with their solutions.
- There are notes on approaches people described in the discussions.

Healthcare Improvement Scotland and other organisations have also been working to improve many of the situations we came across. There is a list of useful publications that can be updated as more resources are produced and shared.

The difficulties and solutions we describe here build on the approaches many people developed over the past 2 years, as they came up with ways to solve challenges around Covid. The resources from 2021 have examples and suggestions that people told us continue to be helpful when responding to new situations.

There is more information and copies of all the resources at:
https://otbds.org/projects/community-solutions/

What is happening now

All the evidence shows that the community sector is contributing a lot of solutions.

They are making a difference on issues that are important to people and their families, and to people providing and planning for services:

- Supporting people looking for help to stay well at home and have a good life, both in longer-term ways and in responding when people need help more quickly – increasing the capacity of the system and giving people more choice.
- Promoting wellbeing and preventing poorer health and the need for more health and care services.
- Reducing pressures on formal health and social care services.
- Improving the quality and impact of the overall system.
- Making the overall system more sustainable and resilient, especially in places where the public services have struggled to reach people and in situations where people are not getting the choices they are entitled to have.
- Reducing the risks that come when there are only a few care providers.
- Contributing to the implementation of other policies such as reducing poverty, community wealth building and developing stronger local services.

The community sector wants to do and could do a lot more, both in the volume of care/activity and in the impact it has. The biggest impacts come when there are stronger links between the formal care and support services and the wider community supports that people use.

Changes in social care and in health and wellbeing policies and practice would make the existing community activities have more impact and make it easier for more services to develop.

- The current difficulties are often the unintended consequences of systems that were designed for another purpose, or to minimise some types of risk. The systems and processes have not been kept under review, to deal with unintended disadvantages and to ensure the intended advantages are happening.
- There are places where HSCP staff are working hard to make things work well, and this experience shows what is possible. However, that is often down to individuals and even these HSCP staff find the system frustrating – good things are typically happening in spite of rather than because of the processes.
- There are actions that the community sector could take to contribute more, but often these are slowed or discouraged by the public sector processes.
- There could be more opportunities and incentives for the sectors to work together. Good partnerships do happen, but it is often down to people working in that area rather than because systems support it.
- There were particular challenges over the past few years, and especially winter 2021-22, when people in all settings were trying to deal with high demands. They found that it was often harder and slower than expected to introduce new community responses or expand existing services that would help give people better outcomes and free up space in the formal services.

There are few opportunities for people in communities to contribute their knowledge and ideas, for people across the system to learn about innovations and to share good practice.

- Within HSCPs, the formal systems for people to give feedback and contribute often do not include smaller services and community organisations, especially those that are not in close contact with the Third Sector Interfaces (TSIs).
- HSCPs and the planning systems also do not use the knowledge of their own frontline workers or of the people who deliver other services in a regular, manageable way to identify gaps and suggest ways to solve these. This is a significant gap at times when situations are changing quickly.
- When TSIs are involved, such as in the frequent meetings over winter 2021-22, it tends to be on a limited range of issues that are priorities for the HSCP. People in TSIs and other networks often described how they did not have the chance to raise other gaps that they knew of or to contribute suggestions as part of finding more effective solutions.
- People who use services are not involved in co-producing solutions or giving feedback on how services and approaches are working. Often, people saw practical reasons why a plan to reduce winter pressures was not working, but had no way to explain this and suggest the (often small) changes that would have sorted the problem. This included plans to help people get home from hospital or avoid hospital admissions, which were high priorities for health and social care services. It also included ways to reduce inequalities in health and social care.
- There are few opportunities to share experience and ideas across HSCPs, for staff there or for the wider partnerships. We found many examples of people in one HSCP area struggling with a problem for which people in a neighbouring area had found solutions.
- Networks within the community sector are important and help fill these gaps, but often focus on a part of the sector and/or some of the issues. People think the answer here is recognising the purpose of the networks and having other routes to involve others in the community sector, especially the smaller and more local groups.
- Discussions about innovations are often still assuming that the answer or test is to scale up effective developments, when the evidence and experience is that spreading out these approaches through a range of ways, such as small services in each location, will be much easier and quicker to do as well as more effective for these types of innovations.
- Conversations with national bodies still tend to focus on why changes are needed rather than how to put these into effect.
- People in many public sector roles are not confident about how to change services and systems that they know are not working well. They are unsure about the authority they have and whether the rules allow it, even when they know the policy is to make that change happen.

How it can work

A situation in many locations was the Health and Social Care Partnership having frequent meetings with the organisations providing care at home. Finding care at home was the highest priority in most areas, with shortages of care workers and added pressure to have people discharged from hospital as soon as possible compounding long-standing difficulties.

In some places referrals for social care or requests for information happened in an ad-hoc way, with each situation where a person needed care being dealt with in isolation and requests sent at the same time by several points in the HSCP and/or to several care providers. The care providers found that a lot of unnecessary work was happening for people who had already been taken on by another provider and that travel time etc could have been avoided - and so used to give care to more people - if they had been able to group the cases. There were no opportunities here to suggest an easier way of organising this, because each contact with the HSCP was with someone doing their best for a specific task and did not have the time, knowledge or authority to discuss how to prevent the need for these very urgent requests.

In some places there was a meeting with the main care providers, and/or with the Third Sector Interface worker who was co-ordinating across care providers, in a planned way several times each week. Community sector staff were able to suggest ways they could respond, which led to making better use of the overall capacity and getting care to more people. The community sector staff still could not suggest ways to reduce the urgent need for care and how to prevent some of the problems, as this was not the responsibility of those HSCP staff. The TSIs were often doing additional work to support and co-ordinate across the community sector, or at least the local voluntary organisations, such as shared recruitment and training for care workers.

There were meetings in other locations that also included community-based teams in the HSCP, and these were more helpful as the care at home services and HSCP services could discuss how to link up to enable people with higher or more complicated needs to get home and avoid a care home admission or longer hospital stay. Staff in several services could also discuss practical ways to keep people at home, although these conversations often happened outside the formal meetings.

Within these conversations, there were some joint efforts to find care workers and share training, but often this was left to the community sector to arrange. There were few conversations about links with wider community supports, or frequent comments that this would be helpful and hoping that someone in another part of the HSCP would do something about that.

In some places the HSCP teams used their contacts to find additional help for the overall community sector around training and advice and back up for less experienced care workers. There were also places where people in community groups helped by finding care workers. People came up with ideas for taking pressure off the care at home services, to give them more capacity. Some of the easier solutions happened, but others were blocked by the HSCP saying the service had to be delivered in the way set out in the contract, or when the approach people wanted to try did not fit the registration arrangements.

In a few places there were frequent conversations between HSCP staff and a wider range of community sector staff and organisations, about what people in that area needed. These could be about a locality or for the whole HSCP/council area. This was in addition to the conversations about finding care for individual people. The wider conversations covered practical matter such as sharing training for new care workers, support for workers and volunteers to keep them well, transport to get people to and from out-patient appointments and co-ordination across the range of services that help people live well in their community, and easier information and access for people and families who needed support. The experiences we heard were that these wider networks and co-ordination had positive impacts, getting more care for people and taking pressure off services by making best use of the overall resources in the area.

There seemed to be very few conversations happening between people looking at community services and the staff in the in-patient settings. In some places, new services and co-ordination arrangements to get more people home from hospital quickly and safely were not used when hospital-based staff continued to use the old systems for planning and discharge, for example.

Very few HSCP staff seemed to know about how things were done in other areas, and we found that community sector staff were learning about other approaches and taking the information back to their contacts in the HSCPs.

Why the problems are there

There are 3 factors that keep coming up in all the descriptions of specific situations – both the problems and of the developments that are working.

1 The community sector is a large, diverse range of thousands of organisations doing different things and working in different ways. It has evolved over time and will continue to keep changing. It feels that this diversity needs to be better understood and seen as a strength.

- The sector covers formal care providers and informal community activities, for-profit companies and charities, large bodies and self-employed people and small groups of volunteers, and everything in between. The public sector processes favour bigger care providers who make up a small proportion of the sector's activity.
- Different types of bodies do different things. The combination of aims and tasks makes sense to each organisation and for people in that place. The public sector often appears reluctant to use the benefits of this diversity and flexibility. (The diagrams we produced for Community Solutions show the overall range of community responses, and how HSCP processes and actions also contribute: see https://otbds.org/resources-for-2022/).
- Community organisations have good practice for each of the types of activity and have accountability, but this quality of response is often not relied on because it does not fit the quality standards familiar to people in the public sector.
- The community sector brings in additional resources and capacity to the overall care and support system. The public sector is the major source of income for some types of service but is not the main funder for the community sector as whole.

2 The systems in Health and Social Care Partnerships often have the effect of limiting what the community sector contributes. This comes up repeatedly around

- Commissioning and procuring social care.
- Funding for preventative wellbeing supports.
- How people who need support find out about and get to services.
- Participation and contributing knowledge and ideas.
- Processes for joint working and planning.

3 It feels that there is a widespread lack of trust between the HSCPs and the community sector, and people in community organisations are affected by a lack for trust between health and social care services and among parts of those services.

- This was raised as the biggest issue at the event Healthcare Improvement Scotland hosted in June 2020 looking at links between community-led services and HSCPs, including around the responses to Covid such as food delivery and keeping in touch with vulnerable people.
- People in most areas described relationships as poorer than before the pandemic, despite Government commitment to learning from the experience around Covid and building on the good practices.
- People in the community are noticing that good personal relationships they had before are drifting away as people and organisations are under increasing pressure and where there is high staff turnover.

More information

You can see the report from the Healthcare Improvement Scotland event here:

https://ihub.scot/improvement-programmes/people-led-care/collaborative-communities/collaborative-commissioning-team-as-part-of-collaborative-communities/the-power-in-our-communities-catalyst-for-change-event-15-june-2021/

What can make a difference

The main message here is that everyone can do something to increase overall capacity to create better outcomes for individual people and for the health can care system overall.

Several organisations and networks are planning how to use the feedback from the community sector and learning through Community Solutions.

In Outside the Box, we will be

- Contributing to planning for services for the National Care Service and for supports for people in particular circumstances, including older people, people living with dementia and people in equalities groups.
- Working with HSCPs and community networks to use the resources the improve how they support people and make best use of the overall resources in that area.

Healthcare Improvement Scotland will be

- Using this as part of work on Human Learning Systems.
- Using it as part of work with HSCP commissioning teams, and work to support people living with dementia and/or frailty.

More information

On HIS work on Human Learning Systems is at

https://ihub.scot/improvement-programmes/people-led-care/collaborative-communities/collaborative-commissioning-team-as-part-of-collaborative-communities/human-learning-systems-in-scotland/

People in the community sector can use the learning to take on developments in their area.

People in HSCPs and other parts of Councils can use it to

- Improve services now and plan for future services in that area.
- Ensure the community sector and the services linked to health and social care are part of community wealth building and place-based developments.

These are suggestions and questions to start a conversation, that come from the overall experience and advice of people creating and supporting community solutions. We hope they will be useful in each setting where people are trying to do their part of creating and supporting community solutions.

How and where to get started

- There are steps that can be taken by people in all sectors.
- These questions should fit with the scope of existing joint planning or participation routes. But it can be useful to involve more people. And other people can start conversations and actions too.
- If other people are not coming to your conversation or listening to you, start with what is possible, tell others about it and keep the invitation open.
- The involvement of the community sector is already part of national and local policies and strategies. Within this, it is often easier start with one thing that is possible or important and know it will change and grow as it gets underway, rather wait to first plan out the details of where it fits in a whole-systems approach.

- But it can be useful to use the overall strategies and policies as a context, as that shows where developments link to other initiatives and benefits, and can suggest other sources of help.
- This is as much about challenging and changing practices that are not really working, or are getting in the way, as it is about starting something new.

People getting better care and support

Are there opportunities around support and care for people in certain circumstances?
- An example is people living with dementia, who have been badly affected by gaps around getting home from hospital and shortages of social care workers.
- What will help in area where people find it difficult to get services, for example because it is remote, or has poor public transport, or poor digital connections? What can the community contribute and how can services and processes like assessment arrangements and commissioning be more flexible?

How do people and organisations in this area work with people in an equalities group to see how care and support works for them and ways it can be extended and improved to reduce inequalities?

What are good ways to describe community support and the outcomes it achieves or contributes towards?
- What will reassure people in public sector roles that community services and activities are good quality and achieve good outcomes for people?

Using people's capacity, knowledge and ideas

How can HSCPs draw in and use the experience of more of the community sector? And how can the range of community sector organisations, people and groups contribute their knowledge and experience?
- How can the existing formal participation systems adapt, such as going out more to meet people, or having discussions at the ideas stage instead of just relying on consultations at the end of a decision-making process?
- How do we use the range of ways the community sector describes and shows the impacts of what they do?

How do we use the knowledge and experience of staff in regular contact with people who use services?

How do community organisations know they can be included in commissioning for services?
- What will help you make the language in tenders reflect current circumstances and so increase the contribution of more smaller and local services?
- How can the practical arrangements be easier, or more flexible, so more people and groups can get involved and there can be more partnerships? - such as how these opportunities are promoted and the timescales.
- Where can other sources of financial support to the community sector fit in, such as grants?

How do we build co-production through the development and delivery of services?
- What makes it ok and good practice to do this for each service, while we work on building it into the overall system?
- How do HSCPs and local areas use the good practice that is shared through the Scottish Co-production Network and other networks?

Developing a strong, resilient health and social care system

How do community organisations know they are included in shared learning and contributing ideas, as well as HSCPs and the formal care sector?

- What will help in the language that is used to describe training and learning opportunities, etc?
- How can the practical arrangements be easier, or more flexible, so more people and groups can get involved?

Do people understand the requirements in the legislation etc ('red rules' which can't be changed) and the extra things that have been added over the years but are not essential and can be changed when needed (the 'blue rules')? Do they know how to use the flexibility that is already there?

What will help HSCPs and national bodies build in learning from the community sector's ideas and experience as well as from public sources when looking at ways to encourage innovative approaches?

- How can we create more safe conversations between people across the sectors in local areas, and between areas? It needs to be ok to say 'this could be better' without other people feeling they have to defend what is there now.

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