

What makes a difference and why? And when it doesn't - why not?

Policy into Practice

Aim

The purpose of this document is to share thinking based on practical experience of trying to deliver models of services which reflect the current conversations around “back to better”, post Covid 19. They include models for Health and Social Care partnerships, illustrating barriers to progress. It raises the questions to explore **how can we collaboratively make tangible and real significant progress?**

Key Points

- This is an article exploring how we make practice happen, reflecting and translating policy.
- Recovery from the impacts of Covid 19 requires genuine change, building on social enterprises as the bridge to recovery for citizens, carers and communities across Scotland.
- Why have the current conversations about “change”, which builds on several years of earlier dialogue, not led to significant difference previously in practice across local authorities, healthcare and social enterprises?
- Two examples are illustrated which reflect the current narrative about cross silo, co designed services and highlighting the barriers to their growth and development.

Can we develop more of these analytical perspectives to enable the social and economic development that's essential? We need to carry out a meaningful analysis and reflection on barriers to projects developing from “real” examples.

What happens in real life

Argyll Project (2017) – an idea stimulated through the Council as a Catering and Cleaning – Innovations Project for Argyll and Bute Council and included the development from a grass roots approach to creating and building a solution.

The approach and intended outcome of this element of the project was as follows:

“In summary, the participants have demonstrated an enthusiasm to envisage an innovative service delivery model on Islay, bringing together the provision of catering and cleaning services across Islay for the Hospital, Care home and schools. The vision is to create a future model where more can be achieved with potentially similar spending, and, clearly defined social and community benefits can be provided for the island. Providing an opportunity for the community of Islay to take “ownership” of these services.”

It was basically founded on putting all the cleaning/catering activity on the island, including the commercial opportunities, and operating it through a community company, making it fit for purpose.

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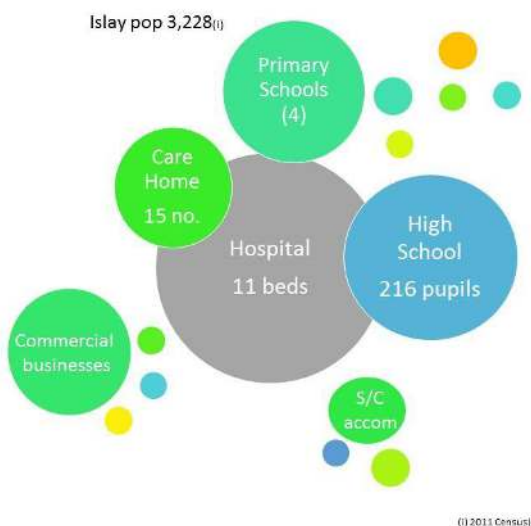
Islay Pilot Example

✓ Meal and snack services for:

- patients
- staff
- nursery
- primary school pupils
- secondary school pupils
- commercial units

✓ Cleaning services

- schools & nurseries
- Care home
- Hospital
- commercial units



The vision:

Staffing	Quality	Organisational Model	Social Benefits
<ul style="list-style-type: none"> • Pool of staff working together • Flexible working practices • Focused training & support provided • Accountable for the services provided 	<ul style="list-style-type: none"> • Value for money services • Regularly audited services • Improved quality • Reduced waste 	<ul style="list-style-type: none"> • Social business • Providing services to public and private sector • Sustainable - generating income to support sustainability of the organisation • Thriving micro business growth environment • Keeping local money in the local economy • Accountable to the community 	<ul style="list-style-type: none"> • Support for people living at home and Carers <ul style="list-style-type: none"> ○ Reducing isolation ○ Signposting to services • Young people provided with employability opportunities <ul style="list-style-type: none"> ○ Entrepreneurial development ○ Apprenticeships

What happened? The collaborative, co designed, initial phase with multi stakeholder engagement at local level, was successful and it then got stymied when taken back into the hands of the Council and the Health & Social Care Partnership (HSCP). To date, it has not been developed any further. The project hasn't progressed so far for a myriad of reasons, most notably the drive for Early Years catering and the potential sharing of services that it offers for catering being prioritised elsewhere across Argyll and Bute. This is as opposed to not thinking that the cleaning social enterprise was worth pursuing. There was full support from the Council for the proposed social enterprise model and they were fully bought into the "big idea" that was proposed.

- It was recognised that the project had brought everyone together round the table to co create the model and gain buy in for the plans.
- There was a real will to make the changes highlighted by the project.
- Competing priorities within the Council meant there was a lack of resources to prioritise the development work needed to progress it.

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- There was a significant number of changes in the Health & Social Care Partnership lead which made it more challenging to get traction on the project.
- National decisions have an impact on local delivery, so despite real local will, the emphasis was reprioritised.
- A shift to a focus on catering was a result of the national drive for Early Years catering and this enables the shared services model to be developed, working in areas where there could be quick progress. This enabled it to be partnership led rather than social enterprise led and enabled the integration with cleaning services to be implemented working with place based solutions.
- There was an evident challenge within the capacity of local third sector engagement and possibly an underlying faith in the deliverability of an innovative social enterprise project. This requires considerable investment in relationship building and development.

As a direct consequence of Covid 19, there is the obvious focus on, and recognition of, the importance of cleaning across all sectors of the economy. There will be a greater understanding of how important it is for safe service delivery and therefore a key opportunity to develop innovative and collaborative solutions that are economically effective in achieving this.

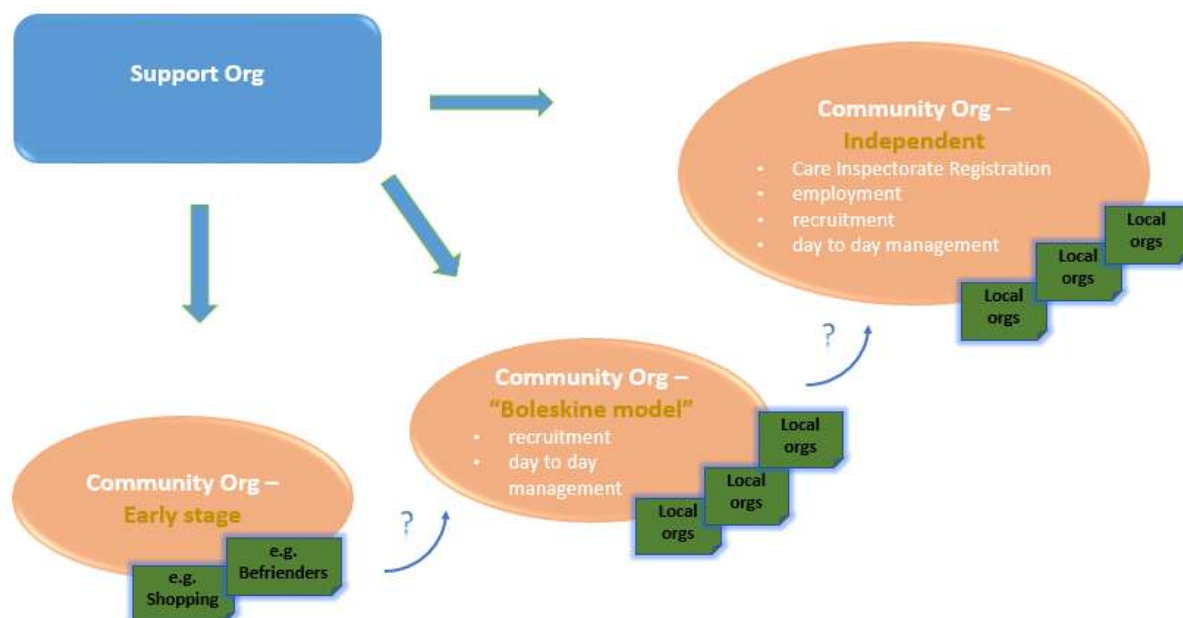
In moving into the rebuild and recovery stage of Covid 19, reflecting on these lessons learned and focusing on both the social and economic outcomes is an opportunity. It requires a cultural and behavioural shift from each of the partners involved.

Highland Hospice – Collaborative Care Model (2018)– an idea initiated by the Hospice, in collaboration with key stakeholders. A co designed approach with NHS/Local Authority/Community orgs etc involved, building on the Boleskine model of homecare.

The approach and intended outcome was as follows:

“Highland Hospice proposes to expand its current services within the community into the development of a new organisation. This will support the development of community organizations in delivering home care, premised on the Self Directed Support Option two model. The organisation will provide home care services across the Highlands, meeting unmet need in rural areas and in doing so, provide a greater reach of end of life and palliative care to be provided to people living at home.”

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What happened? The Hospice has strong leadership and is proactive, has a sound financial base and a Board keen to innovate whilst recognising the importance of collaborative working. The Hospice understood the gap in care provision for people living at home in our communities and recognised that there was a need to fill this gap that commercial organisations were not seeking to engage.

They have now progressed the project.

- The project and delivery model is underdevelopment and they are in the process of recruiting their first posts.
- They are ready with their partners.
- They are planning for an Autumn 2020 start date.
- They have found they have two discrete communities and groups of people that are partnering with them, both constituted as SCIO's.

Across the two there is a divergence of skills, experience and financial sustainability. For example for one group, there is not the experience to understand the complexities of the Self Directed Support model and organisational governance models for example. In contrast they have secured funding for two years as a consequence of having access to windfarm grants. This will fund a Development Officer and they will be focusing solely on the direct home care delivery element. The level of enthusiasm in the group is unquestionable.

In the second group, again with remarkable enthusiasm, they have considerable experience and as a result of NHS Highland being in the process of closing facilities in the area, they were able to secure funding from the NHS in the first instance, having pulled together an informal grouping of organisations. The group had strong skills between them for example around an understanding of how the health and social care model could be developed. They have a strong longer term plan building on this and further expanding activity into the communities.

- The challenge for the model is to generate sufficient additional income to ensure the organisations become financially self-sustaining, for as long as it is premised on the rates paying for home care delivery itself. Unlike for example social enterprise cafes, community owned forests etc, there is no obvious steady income stream that can be identified currently. Private income will be an option but it will take a sophisticated approach to enable this to be embedded in an organisation. Furthermore, in this stage of the model the Hospice takes the income, and

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then it needs to be determined as to where does it go? The community doesn't get the income which it needs unless it becomes a stand-alone organisation, at which point it will need to comply with arduous legislation and regulatory requirements and to support this, it will require to be of a size to provide the competencies required, therefore a scale. This leads to the concept of a "co-operative/partnership" approach but requires the coming together of a new legal entity. This is itself a challenge and there are considerable barriers to this from perceived risks, from a risk averse sector.

- The lack of knowledge and support for the development of innovative health and social care models has a major impact on the ability of organisations to grow and develop and to enable them to gain the necessary competence and capacity to co create new initiatives. In sectors for example Forestry, there is the Community Woodlands Association and for community ownership of land, Community Land Scotland¹this plays a significant role. The sector lacks an association, an umbrella body to provide and empower this.

"It's clear that we can take individuals without experience and train them etc, we can bring skills into the Board, but we can't give them a sustainable income stream, it needs to be available. "

So what happens?

In order to unpick what is happening in reality and to explore solutions to enable projects such as these to develop and become sustainable, we need to explore several questions, for example:

- Will we "allow" and support local citizens to take control of services, for example from the NHS and Local Authority in the Argyll example?
- Did the Highland model get off the ground because there was a greater "trust" in the community and if so, how was this developed? Were there greater stakeholder relationships between the key bodies involved?
- Do the councils understand, value, have entrepreneurship attitudes?
- Do our support organisations have real tangible commercial experience and at scale, to meaningfully input to the empowering process with local community and social enterprise organisations?
- Is " business support " too remote, and non-human and non-situation specific, and not going to work?

How do we collectively and constructively make these challenges? Who do we speak to and how?

Co-produced by Shona Sinclair and colleagues Nov 2020.

¹ <https://www.communitylandscotland.org.uk/>