Community-led approaches - 'widening the market' so you have more community support available

This resource forms part of a series by Healthcare Improvement Scotland on community-led approaches.

Community-led approaches are an approach to the design and coordination of the way services operate. They emphasise relational care and support centred on outcomes – finding out what really matters to people and bringing in the care and support from across the system. Community-led approaches better meet people's needs in the community, and by doing so reduce the need for more downstream services. For more information on this series or community-led approaches please contact his.transformationalsystemchange@nhs.scot.

Community-led approaches are about understanding what people need and using community assets flexibly to meet those needs. There can be a challenging if the community assets (organisations, services, capacity, knowledge, or leadership) are not there. You may want to commission new or increased provision of community led services.

However, you cannot commission something or someone that does not exist. 'Widening the market' is a particular approach that facilitates partnership working with communities to builds the capacity required for organisations and communities to be commissioned to provide support.

1 What is 'widening the market'?

'Widening the market' is a mechanism to:

- Stimulate the development of community supports to enable communities to more easily and comprehensively support themselves
- Widen the range of services that can be formally commissioned by statutory organisations

1.1 Developing partnerships - The approach is about developing partnerships across semi-formal, grassroots and voluntary services. For services to be commissioned by authorities, including through Self-directed Support, there can be high thresholds regarding assurance and regulation. This shrinks the 'market' of what is available, excluding some voluntary support, smaller providers, and self-employed people.

1.2 It challenges traditional "competition driven" commissioning - Traditional thinking is that a well-developed and competitive 'marketplace' of care and support providers will give people choice and control over their care. However, this has been challenged by the realities of a commissioning environment where approaches to regulation and workforce restrict what can be commissioned. The result is that many communities are left without support even when there is capacity in the form of individuals supporting neighbours, small businesses and community organisation – who sit outside of what is seen as traditional provision and the regulatory environment.

1.3 Acts as the basis for coordinated service response - Widening the market approaches centre on how we can work with communities and community organisations more formally to address barriers and make it easier for them to receive funding and be commissioned by statutory services and other funding organisations.

2 What is the challenge?

Large organisations benefit from traditional commissioning mechanisms - Established care and support centres around registered care organisations who are commissioned and employ people to deliver support for assessed care

needs. However, within communities we know that there are networks of individuals, charitable organisations, and independent small businesses who support their communities. They find it difficult to get funding and are mostly unable to receive Self-directed Support payments as they are not registered with Care Inspectorate and staff do not meet SVQ qualification requirements. For many, these would be disproportionate to the level of support they provide.

At the core of this is issues of trust. Commissioners are responsible for the care they commission and therefore need to be able to trust that care will be of high quality. For this, they rely on regulation to prove the legitimacy of those they are commissioning. Many of the widening the market approaches are about how to build trust and show legitimacy in a way that is proportional to the level of support being provided (much of which might be practical help).

3 Local partnerships with small organisations drives market growth

By developing partnerships with small providers there can be more coordinated relationships with commissioning, as well as the community. This gives a sense of legitimacy, whereby people feel comfortable engaging with a larger group able to provide a range of services.

Local partnerships also provide a clearer link with Health and Social Care Partnerships, to develop relationships. This can allow for more formal relationships which mean that these organisations can be funded through Self-directed Support.

Examples

- **North East Cooperative** - A small cooperative with a mix of support and wellbeing skills including mentoring, coaching, support work, development work (personal and organisational) as well as sports therapy/massage/Reiki/Reflexology. A large proportion of the membership also have long term health conditions which provides the chance for people with lived experience to be part of the workforce while improving local support and wellbeing options in the North East of Scotland.
- **Braemar Care -** Seed funding allowed for the establishing of Braemar Care that works as a ‘dating service’, matching local care and wellbeing providers (individuals and social enterprise) to people who require support. Providers are funded through Self-directed Support option one and two along with private payments. The HSCP is the registered provider that employs local carers to be funded through option two.

4 Supporting formal relationships between big and small providers enables smaller providers to meet regulatory requirements

The need to be registered with the Care Inspectorate in order to get commissioned by the HSCP and be able to deliver homecare can be challenging for small organisations. Registration can be resource intensive and therefore disproportionate for community supports who may be providing volunteer led services. Consequently, smaller sources of care and support do not register themselves and therefore cannot be considered for funding through Self-directed Support option two.

One way to overcome this challenge is to develop a formal relationship with a registered provider (for example, a large care at home provider or care home). Through doing this, they can sit within the governance and regulatory oversight of the registered provider. This allows for commissioners to fund those activities, funnelling the funding through the larger provider. In this way, groups of independent providers can work together, nominally funded through a registered provider. This approach tends to be more suitable for those providing care at home type support.

From the perspective of commissioners, this needs to be built into the contracting process with commissioned services. For it to work effectively and allow for the flexibility of provision, there needs to be an outcome-focused approach.

- **Example - Boleskine Community Care -** Boleskine Community Care are a collective of professionals providing a range of support including prescription deliveries, a hairdresser, footcare and a beautician. They work together to provide services that keep people in Boleskine well. To enable them to be eligible to receive payments through Self-directed Support they partnered with Highland Hospice (a registered service). Highland Hospice then operate a self-managed community team in Boleskine that incorporates Boleskine Community Care. Therefore, they are able to retain their flexibility (as a self-managed team), while being funded through the Self-directed Support arrangements of Highland Hospice.

5 Supporting smaller providers to engage with regulatory bodies to find ways to meet proportionate regulatory requirements increases the providers available to commission

There can be a number of requirements for services set out by regulatory bodies. This might include specific governance arrangements, standards, reporting, and workforce requirements. For small providers this can be disproportionate. For example, an individual providing home care for a few neighbours, or a small business providing gardening services. Furthermore, they are not necessary for many services. However, requirements from regulatory bodies provide the legitimacy that gives commissioners confidence and assurance about a service's quality.

There can be alternative ways to relate to regulatory bodies and provide the level of trust and assurance needed.

- **Example - Care Inspectorate Health and Social Care Standards Pledge -** The Health and Social Care Standards Pledge can help demonstrate that care and support delivered by small, unregulated people/organisation is of high quality and in line with the principles of regulated services. Commissioners can use this as a way to feel more confident in engaging with smaller providers, and it can be a mechanism of more light touch assurance and communication.

6 Getting started on "market widening" if you are a commissioner

6.1 Explore what support is being provided in your communities 'under the radar' – Having a good sense of what is keeping people well in communities is a good start when thinking about 'widening the market'. Commissioners/ planners should build links with people and services at a place-based level. This might mean working with them to understand what support they provide, the types of needs they are responding to or who else they are working with. Tools such as Journey Mapping and Mapping Your System can support this. Through this understanding you will get realistic insights about the types of things that are keeping people well, and the different organic networks that grow in communities. You can then work with communities to establish what help you can provide to make this more sustainable and financially accessible.

- **Example - Scottish Social Services Council (SSSC) Open Badges -** SSSC Open Badges have been developed to help people demonstrate their continuous learning. It is a very flexible system whereby anyone can apply for badges and organisations are able to develop their own. These can be used to create skills frameworks to underpin a commissioning relationship. Allowing commissioners to specify a number of required badges that are proportional to the service offered as a way of having quality assurance without prohibiting small community providers.

6.2 Identify how you can invest in building partnerships – Partnerships and collaboration take time and energy to form. As a commissioner, you are in a position to provide support to bring smaller providers together. This might be through providing a space, funding a coordinator, or providing project management support. This will help communities themselves, and statutory bodies facilitate the sharing of learning about what different organisations/community groups can offer, and what communities need.

6.3 Consider if you are being too risk averse – To shift commissioning practices there needs to be a shift in thinking. Commissioners should seek to understand the varied levels of care and support that people need and rethink their approaches to assurance and ultimately risk. Within the formal regulatory space, the approaches outlined above can support with this thinking and rebuild a more flexible regulatory framework. Additionally, the Care Inspectorate

offers a "regulatory sandbox" model whereby normal regulatory requirements are altered to enable innovations to be tested. Where there is more local flexibility, the Scottish Approach to Change Tool Red Rules and Blue Rules can help you think through proportionate approaches to risk.

7 Getting started on "market widening" if you are a provider

7.1 Get to know your peers – It is likely that there are other organisations/people in a similar position to you. A starting point could be to get to know others. This can be supported by speaking to the Third Sector Interface who will have a good picture of different projects and organisations offering care and support in your community. Similarly, a quick search on local directories or ALISS can give you a sense of what is happening locally. Conversations can highlight where there might be opportunities to share information and collaborate around care.

7.2 Participate in match-making and partnerships – If you have a good understanding of what else is out there, there are things you can do in the short-term, without permission from commissioners or larger providers, to start working together. Sign-posting and 'warm handovers' can be done between services who know each other. This can then develop into stronger partnerships. If partnerships are already well formed, there is an opportunity to make an offer to statutory bodies, highlighting how you can contribute to caring for people. Statutory bodies should be seeking these connections too.

7.3 Connect with already commissioned providers – Where there are registered, commissioned providers of care and support, you can speak with them about communities you both support. This can start a dialogue about where there can be collaboration, and a shift into joint working under their regulatory umbrella.