What are community-led approaches?

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.

An overview

Community-led approaches are the broad term for ways of delivering care and support that are closer to people and shaped by what matters most to them.

Community-led approaches aim to create a space where people can talk about their needs as part of their day-to-day living. This approach helps professionals collaborate with local community-based organisations and think creatively how to meet those needs.

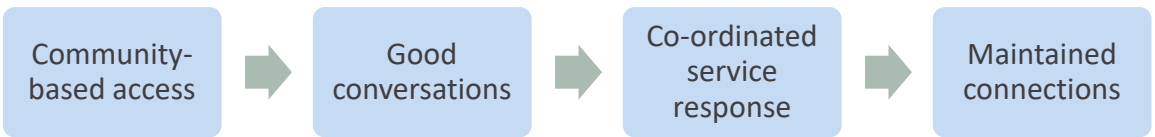
Community-led approaches are based on a shared culture across services and sectors. They focus on relationships, understanding people's strengths and what helps them stay well. They also look at how to use and support community assets.

Community-led approaches are not about delivering existing services at lower cost. They offer a range of supports that help people live well in their own community and rely less on acute services. It is also important that acute services are accessible, so people can get the right balance of support. When this balance is right, acute services are more available for those who need them.

Community-led approaches change how, where, and when people get support, and who provides it. These changes need the right conditions to plan, organise, and manage support well.

Key change - 'What makes it community-led?'
These approaches are community-led because people make choices about their own support. This means support is not just based on set service pathways. People can build their own support networks from different sources. Services are encouraged to work together to support each person.

Community-led approaches are very varied. But at their core, they focus on:



Community-based access

Community-based access involves places that:

- are accessible for people to discuss issues they need help with
- include a wide range of support organisations
- offer simple access to services from health and social care staff, local groups, and organisations, and
- connect with third sector services and refer for specialist help.

The difference it makes:

- promotes early engagement with services by providing drop-in support, open access services and a friendly setting
- offers a physical space for networking and relationship-building between services
- helps with knowing where to go to get care and support, and
- increases the visibility of services, including third sector and voluntary organisations.

You can read more about community-based access, including examples of where this has been used in our resource.

Good conversations

Good conversations are person-centred discussions that:

- help build an understanding of the whole person
- explore what it is the person is seeking help for, but also any related and interconnected needs
- move away from specific assessments only based on presenting conditions or needs, and
- focus on how different parts of a person's life combine to create their unique needs.

The difference they make:

- people are encouraged to think beyond immediate health needs, and how their wider wellbeing is impacting their life
- can reveal challenges a person did not know they could get help with, and
- centre care as something that supports personal goals.

You can read more about good conversations, including examples of where this has been used in our resource.

Coordinated service responses

Coordinated services responses involve:

- professionals and support groups can work together to meet diverse needs effectively
- a focus on helping people live their best lives in their own communities
- working to reduce dependence on long-term care and support services
- a blend of traditional homecare, mental wellbeing, and physical health support, and
- a mix of immediate support through voluntary groups, more specialist services and longer-term support for health management

The difference it makes:

- community and third sector organisations offer a better balance of care and support
- the response is flexible, so people receive the right support for better health and personal outcomes, and
- collaborating around a person’s goals support more seamless working across sectors.

You can find more about coordinated service responses and see examples of its use in our resource.

Maintained connections

Maintained connections with people requires:

- continuity of conversations, of support and of quality of support
- relationships and processes in place so that people don't feel like they are being passed between organisations and services
- staff taking responsibility for pulling in services for people where there are any new needs or where needs change
- services communicating in a way that helps coordinate delivery
- tailoring support to fit the lives of people, and
- processes to engage those who may be drifting away from services.

The difference they make:

- help people feel supported throughout their journey
- support better care for people with long-term conditions, especially when needs change over time, and
- help build strong relationships, making it easier for people to seek more intensive support when they need it.

We are in the process of developing a more in-depth resource to support this element of community-led approaches.

A journey through community-led approaches

A journey through community-led approaches might look something like this:

Community-based access	Jane has ongoing pain and is now feeling pain in some new areas. She visits the drop-in day at her local leisure centre to talk to someone about her symptoms.
Good conversations	A community nurse helps Jane identify the source of her pain. This is recorded for her next specialist appointment. Jane also discusses possible home adaptations. Through this conversation, it is also revealed that she is starting to feel lonely due to lack of mobility/anxiety around going outside. Similarly, she is worried about her physical fitness due to lack of exercise.
Service response	The nurse arranges extra physiotherapy appointments for Jane and requests a home assessment to look at mobility adaptations. Jane also speaks with a local organisation. They tell her about a befriending service and dance classes for people with mobility issues. She came here because she has had difficulty getting to her usual clinic appointments. A person at the hub puts her in touch with community transport if she needs to travel to a specialist centre for care.
Maintaining contact	As part of her conversation with the community nurse, Jane talked about not feeling confident in meeting new people.

The community nurse goes with Jane to meet the befriending organisation who are at the hub that day. The befriender then supports Jane in attending the dance classes.

Conditions for success:

Implementing and sustaining community-led approaches can deliver real benefits for people's health and wellbeing. But there are some key conditions required for this to be successful that need to be developed within health and care systems.

Leadership

- Local leadership:
  - strong and responsive senior level leadership
  - valuing leadership from people and community partners

External leadership:
  - leadership from organisations like National Development Team for Inclusion (NDTi) and Partners for Change
  - support from Healthcare Improvement Scotland

Commissioning the right support

- Flexible commissioning methods offer the right services in communities to meet people's needs.
- Services are planned to promote teamwork and joint working between services.

Empowering staff

- Governance arrangements help professionals feel confidence when deciding how to support people.
- There are positive attitudes to risk and assurance

Incremental change

- Starting with small changes and giving time to adapt to local needs.
- Building learning into smaller changes with a view to expanding.

Removing silos

- Different services and sectors share outcomes. They have agreed roles and responsibilities for keeping people well. This includes non-health and social care functions in local authorities.
- Funding mechanisms reflect the shift of care into communities. Community-led approaches are viewed as an investment. They help lessen the strain on acute and specialist services.

Partnership with communities

- Collaborating to shape new approaches and design services
- Sharing responsibility with local partners (including through social prescribing or outcomes-focussed commissioning).

Understanding local contexts

- Planning with partners, such as third sector organisations.

- Identifying community assets such as meeting spaces.

Barriers to success:

Culture

- Expectation of traditional services.
- Requirement to align with reporting measures.
- Traditional professional boundaries: Involving new client groups requires help from professionals facing different challenges.

Upfront investment

- Time investment:
  - plan and adapt to local needs
  - build new partnerships and collaborate.
- Significant initial financial investment might be needed, but this can lead to global cost savings.