

## Empowering People and Communities

### Report of a Virtual Roundtable March 28th 2023

The International Centre for Integrated Care, a strategic partnership between the International Foundation for Integrated Care (IFIC), the University of the West of Scotland and the Health and Social Care Alliance Scotland, is the home of [IFIC in Scotland](#). This report is the sixth from a series of virtual Roundtables with Health and Social Care Scotland to explore hot topics in integrated care. Previous reports and recordings can be accessed [here](#)



**Prof Anne Hendry, Director of IFIC Scotland, welcomed around 90 participants from across Scotland and from different sectors who had registered for the session.**

**Anne was joined by Christine Jack, Policy Manager, Health and Social Care Scotland, to share some reflections on the discussion.**

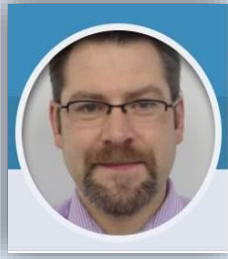
### Background

[The Community Empowerment Act](#) aims to support communities to do things for themselves, and to ensure their voices are heard in the planning and delivery of services. When communities feel empowered, there is greater participation in local democracy, increased confidence and skills among local people, more people volunteering in their communities, greater satisfaction with quality of life in the neighbourhood, and better outcomes for communities. Understanding local needs and assets and harnessing the important contribution of place and communities is essential for creating health and wellbeing and addressing inequalities.

**Our inquiry questions were:**

- ❖ **How do we enable wellbeing, inclusion, and participation across the life stages?**
- ❖ **Dementia Friendly or Age Friendly? Are there common design principles?**
- ❖ **What are the lessons from community – led support and place based approaches?**
- ❖ **Are statutory partners ready to empower citizens and Compassionate Communities?**
- ❖ **How can we evidence social value and return on investment from preventative spend?**

**You can watch the webinar recording [here](#)**



**Dr Erik Sutherland, Head of Locality Health and Care Services, East Ayrshire HSCP** described the often life-changing approach of Vibrant Communities – an asset based approach that empowers people and communities, young and old, to live happy, healthy, connected and fulfilling lives in East Ayrshire. There are 30+ community led local action plans with many examples of participatory budgeting. Success has been achieved by continually reframing from deficits to assets as inclusive fun ‘Full of Life’ intergenerational events in localities and a consistent community focused outcomes narrative. Vibrant Communities

contributes to pan Ayrshire’s [Healthy and Active Rehabilitation Programme](#) (HARP) tiered model for people who are affected by more than one long-term condition. The programme offers education, advice and support to help people manage their health conditions and achieve and maintain the best possible health. Supports include home exercise programmes, sign-posting to local resources, outdoor check-ins and rehabilitation classes with local leisure providers.

Peer reviewed publications showing outcomes from HARP can be accessed via the links below

<https://www.magonlineibrary.com/doi/abs/10.12968/bjca.2018.13.7.340>

<https://www.magonlineibrary.com/doi/abs/10.12968/ijtr.2021.0036>

<https://www.magonlineibrary.com/doi/abs/10.12968/ijtr.2020.0062>

**People at the heart of everything we do - fairer, cleaner greener, caring, kind, connected communities**

You can access reports and resources on Vibrant Communities [here](#)

Find out about similar work by [Stay Well Stay Connected | Aberdeen City HSCP](#)

**Laura Charlesworth, Head of Health Research [New Local](#)** – an independent Think Tank - explored the concept of Community power. She cited better outcomes realised through the [Wigan Deal](#) and the increase in life expectancy in Greater Manchester as reported in the [Lancet Public Health](#). She suggested HSCPs can self assess progress to the community paradigm organised around preventing illness and sharing power with people and community partners.



Three NHS paradigms: state, market and community			
The NHS	State paradigm	Market paradigm	Community paradigm
Key organisational principle	Standardisation	Efficiency	Prevention
Key problems seeking to solve	Treating illness	Treating illness more efficiently	Preventing illness, alongside treatment when needed
Locus of power	Clinician and Whitehall bureaucrat	Clinician and manager	Clinician and community
View of service user	Deficit-led: primarily a passive patient	Transaction-led: a customer with choice determined by provider	Asset-led: a participant in their own health and wellbeing
View of communities	Not in the purview of services	A source of treatment alternatives through social prescribing	Equal partners with deep insight into effective service response
Implementation method	Top-down, uniform model of provision	Targets, performance management and productivity drives	Devolution, culture change and deep community engagement
Organisational relationships	Separate specialist organisations	Competition between organisations	Collaboration and shared community-led mission across organisations
Funding model	Centrally planned funding model	Activity-based funding model	Place-based funding allocations, joint investment in prevention
Accountability	Whitehall	Whitehall, across an increasing number of arms-length bodies	Local accountability in the context of a national outcomes framework
Approach to engagement	Not widely pursued	Patient feedback sought through closed surveys	Community participation viewed as essential to service design
Attitude to data	Quantitative data informs decision-making at the top	Quantitative data informs performance management within different services	Quantitative data, combined with qualitative community insights, informs prevention shift

Read more at <https://www.newlocal.org.uk/publications/community-powered-nhs/>

Laura urged participants to share case studies / blogs with her team

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**Elaine Torrance, Development Lead, Scotland, National Development Team for Inclusion (NDTi)** highlighted Community Led Support (CLS) in 9 Scottish sites and a total of 30 sites across the UK since 2017. CLS seeks to change culture and practice so that community health and social care delivery is more clearly values-driven, community focused in achieving outcomes, empowering staff and a true partnership with local people. <https://www.ndti.org.uk/projects/cls-in-scotland>

Elaine described the 7 principles of CLS – co-production at the heart; focus on place and good community and the whole person; people getting support and advice when they need it as a preventative support rather than at crisis point; trust and value staff and communities; strength based support through a strength based conversation; challenging bureaucracy around what’s important; system being responsive and supportive. People can pop in to community hubs and have an early strength based conversation and find local community supports rather than being automatically directed to a service waiting list. [Evaluation reports and stories](#) of CLS shows people can access support quicker, are less likely to draw on formal services, and are able to remain independent at home for longer. The [January 2023 report](#) makes the economic case for Community Led Support.

*“This has changed the way I think about my job and reminds me why I came into social care”*

**Maureen Swannie, Orkney HSCP** described taking CLS forward over three phases in the very distinct communities across the Orkney islands. Help people to do more for themselves and to improve lives. She described how they ‘started somewhere and spread’ – testing the model for their ‘blethers’ in different local hubs that have comprehensive community knowledge. She described the synergy between GP practice Community Link practitioners, third sector island wellbeing coordinators, and local government empowering communities funding - all CLS by another name! CLS can contribute to achieving Self-Directed Support Standards – e.g. SDS Standard 2 – ‘early help and community support is available to all’ - more information at [Self Directed Support Framework](#)



*Get out there - supporting strength/asset-based good conversations are key as well as co-producing outcomes and adaptive leadership*

*CLS is a journey ....it takes time to change culture and take everyone along it!*



**Campbell Mair, Managing Director of an award winning employee owned business, Highland Home Carers** introduced a provocation on sharing rather than shifting power and decision making. Finding mutuality of interest between providers and communities underpinned by honest and real conversations, clarity of scope and boundaries, and simple rules. We can be pretty flexible - but *“Don’t break the bank and don’t break the law!”*

He reflected that there are many moving parts to this. What works is a purposeful business, rooted in communities, to improve the working lives of the workforce and effect positive social change. Position providers as co-investors through relational based commissioning informed by engagement that identifies mutuality of interest. Moving away from episodes of care tariffs towards population based planning, adjusted on data about needs, and investment in fair work. We will hear more on this from Campbell in our June Roundtable on Strategic Planning and Commissioning.

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**Lesley Macarthur, Partnership Funding Co-ordinator, Falkirk HSCP** described learning from working differently during Covid-19, involving community groups and third sector as critical partners and source of local intelligence. The role of statutory partners was to facilitate action via emergency grant funding, specialist advice to local third sector partners, supported by a light touch process and buddy system. One example is the collaboration of 9 partners who help deliver the home from hospital programme. This launched in November 2021 through a rapid and agile community led approach. Find out more in this presentation [here](#).



Lesley described the culture change required to position third sector at the heart of their local CLS journey and to shift the balance of power and trust through collaborative leadership, shared language and greater toleration of risk embedded in practice. That journey has not always been straightforward or linear but is definitely the right journey to be on.

*True engagement is proactive and relentless – but worth the effort.*



**Alison Bunce, Programme Lead, Compassionate Inverclyde**, reflected on the programme's origins and its ethos as a social movement of ordinary people helping ordinary people at times of crisis or loss. She explained the community development approach, starting with really listening to members of the community through numerous meetings and conversations with local citizens and community groups where they talked about their values as compassionate, helpful and neighbourly. They co-created a range of community led kindness initiatives, overseen by a Board of local citizens and professionals from police, education, healthcare, hospice, social care, prison, local businesses and third sector partners. You can read more in the evaluation of [Compassionate Inverclyde](#)

There is similar valuable learning in the experience of areas participating in the [Truacanta Project](#)

*Lots to learn from how you have approached this work, engaging with 'ordinary people'.*

**Janette Barrie, Dementia Friendly Aberfeldy**, similarly described a culture of kindness in Aberfeldy which was key to moving forward as a Dementia Friendly Community. Local people came together to voice what they thought a dementia friendly community could be. They wanted a central hub or meeting place, changes to street and town lighting and signage, opportunities for intergenerational discussions and awareness education on dementia for staff from local businesses and services. The Birks Cinema Trust was proactive from the start and other areas / organisations are following by becoming dementia friendly too. The carer support group functions as a peer action learning set and the town has recently received funding from Age Scotland and secured permission from the council to establish a Dementia Meeting Centre in the Town Hall. More information on Dementia Friendly Communities can be found in Age Scotland's forum [here](#) or in Janette's previous Integrated Care Matters webinar [presentation](#)



Janette also shared her experience as a local community first responder - volunteers who are trained by the Scottish Ambulance Service to respond to emergencies in rural areas while awaiting a paramedic. The team of 7 has provided a lifeline to the rural community through 12,000 hours of cover to date, supported by robust governance and regular skills updates. Volunteers are a vital asset!

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**Round Table: Empowering People and Communities, March 28<sup>th</sup>**



**Hina Sheikh, Equality and Diversity manager, NHS Lanarkshire**, reflected on the challenges of empowering people and communities who are unseen or marginalised. She urged us to consider people and communities with protected characteristics and address cultural, gender, demographic, economic and geographical barriers for individuals to engage and access services. She highlighted her work with deaf / blind groups and the reality of intersectional barriers to inclusion. Hina also spoke about the need to empower our staff to structure engagement events around people and communities and use clear simple language that acknowledges the average population reading age.

*Use Equality Impact Assessments to understand how we keep people and communities engaged  
We should worry about who are NOT coming through the door!!*

**Mandy Andrew, Associate Director, Health and Social Care Alliance Scotland (the ALLIANCE)** [www.alliance-scotland.org.uk](http://www.alliance-scotland.org.uk) endorsed Hina's advice and highlighted the [Scottish Sensory Hub](#) hosted by the ALLIANCE. This aims to support agile and accessible information, better communication and optimal participation of people with lived experience. She urged us to consider the right language (moon, braille, Easy Read, plain text), formats, and use of BSL interpreters / electronic note taking. Mandy congratulated the 31 *See Hear* strategy leads who are doing great work across Scotland.



A Human Rights based approach to inclusion fits with ALLIANCE's recent report [The Opportunity is Now](#) - human rights in health and social care in Scotland: where we've been and the journey ahead.



Prof Ryan Woolrych, Director of the Urban Institute, Ageing and Urban Studies, Heriot Watt University shared some information from his team's age-friendly city and community (AFCC) work. Their research has found that empowerment is experienced in diverse and everyday environments of ageing – the home, outdoor spaces, community settings, in services, and in how people 'make and do' community – i.e. place-making. Empowerment is wider than formal and structured participation and engagement. Language is important and many ethnic minority communities still feel excluded from influencing the programming and delivery of AFCC work at a city and local level.

Scale is important for impact – at level of individuals, homes, neighbourhoods, cities. He cited examples of AFCCs working well in some areas but impact not observed at a neighbourhood context.

*Leadership is Important, not just at the very top but can be informed by bottom up local leadership.*

He picked up Mandy's theme of rights based approaches and highlighted rights to move around urban space as well as rights to engage in the decision-making processes around cities. The research paper "[You really do become invisible](#)" examines the lived experiences of older adults across three cities and nine neighbourhoods in the UK.

You can read more on the contribution of place to wellbeing in the [Shaping Places for Wellbeing Programme](#)

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**Prof Mary Lynch, Professor of Healthcare and Adult Nursing, Senior Fellow HEA, Practitioner FPH, School of Health and Life Sciences, University of the West of Scotland** concluded the session with some reflections on making a compelling business case so that our ambitions on empowering people and communities can become reality. Evaluation is key! She emphasised the need to apply social evaluation methods to assess impact on wellbeing for people and communities and how organisations can create value through best use of public funds. She cited the 2012 Social Value Act and described key steps involved in undertaking a rigorous social value cost benefit analysis:

- ❖ Identify who the key stakeholders are, including people who access the supports / services
- ❖ Describe the theory of change –inputs, outputs, proposed outcomes to understand impact.
- ❖ Consider staff, overheads, transport, infrastructure costs
- ❖ Identify the benefits on health and mental wellbeing, social connectedness, participation.
- ❖ Use questionnaires and multiple scales to establish a more comprehensive picture
- ❖ Apply mixed methods approaches including qualitative interviews
- ❖ Establish the counterfactual - what would have happened if the support wasn't there
- ❖ Don't over claim!

You can read more about Social Value methods in the guide to Social Return on Investment [here](#) and in the website of the [Wales School for Social Prescribing Research](#)

Argyll & Bute colleagues shared a social prescribing case study from [Lorn and Oban Healthy Options](#)

#### **Final Reflections**

*Thank you for the wonderful presentations and insights into community work happening – a wealth of learning.*

*So nice to hear about the work going on and the simple language used. There's often a tendency to overcomplicate issues and talk in a way communities wouldn't understand*

*Financial pressures should drive this not stop it! The health and social care pound creates wealth and benefits but we need to follow the public pound across our services and sectors and evidence the benefits in terms of social value.*

*Today has been a reminder that this is important*

*Let's keep these Courageous Conversations going – what really matters for people and Communities - Getting it right together in localities and with people and communities!*

*All of this plays into the Framework for Integrated Services*

<https://goodpractice.hscscotland.scot/>

Register for our Roundtable on [Strategic Planning and Commissioning](#)

June 7th 12 – 2pm

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## The International Centre for Integrated Care



### *Our Mission*

*Co-creating a healthier future with individuals and communities by developing courageous and compassionate leaders and practitioners with the knowledge, skills and confidence to design, deliver and evaluate people-centred integrated care.*

Check out our webpages to find out more about our partners, work and resources:

<https://integratedcarefoundation.org/ific-scotland>

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*Please share this report with your networks and continue the conversation*



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