
ABOUT THE STUDY

The study was commissioned by Think Local Act Personal (TLAP) and undertaken by Patrick Hall, Research Fellow, University of Birmingham. Interviews were carried out in each site with a selection of senior leaders, front-line staff and local citizens accessing care and support.*

This work was undertaken on behalf of TLAP as part of its building community capacity programme, and carried out in 2018. It is part of a wider programme of TLAP's work: this includes a directory of innovative providers, which includes the organisations that feature here and many others besides, and the development of a typology of community-centred approaches that is explicitly designed to make commissioning of innovative approaches easier.

About Think Local Act Personal

Think Local Act Personal (TLAP) is a sector wide partnership working to transform care and support so that everyone gets the personalised help they need to live the life they want. It promotes personalisation across social care, health and housing by sharing learning and supporting innovation through networks, events and resources.

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* To the best of our knowledge all information was accurate at the time of writing: TLAP cannot accept responsibility for any subsequent changes or inaccuracies.

EXECUTIVE SUMMARY

WHAT DOES IT TAKE TO REIMAGINE SOCIAL CARE?

This report is based on a study carried out in the three council areas of Thurrock, Somerset and Wigan, all of which are seeking to transform how they provide social care in the context of diminished financial resources and rising demand. Whilst each council has a different story to tell, they share a commitment to moving forward with asset-based commissioning¹ and strengths-based approaches to practice. The report captures the ambition, experience and insights of this work in progress and is intended to inspire and inform others who wish to take a similar route.

The Care Act 2014 introduced a range of new responsibilities to local government; it re-casts the social care responsibility of councils as a duty, not simply to meet the needs of eligible residents, but to promote the well-being of the population of their administrative area. Councils are trying to implement this vision in a time of radically reduced resources.

Some councils are attempting to reimagine social care by working closely with innovative providers and shifting their own approach to commissioning and social work to make the Care Act's aspirations a reality. These approaches are based on the principles of building and maintaining family and community connections and relationships, as well as fostering individual confidence, knowledge and resilience.

Our three sites are very different. What unites them is a positive approach from their leaders in responding to the challenges of the post-Care Act world. In all three places, their approaches focus on changing the relationship between the council and the communities they serve. This means turning outwards: focusing on, and building on, the strengths of the neighbourhoods and villages where people live and sharing power with them.

Key messages that emerge from this study are:

- the value and necessity of senior managers creating a permissive framework that creates the expectation and provides support for practitioners to work in imaginative person and community-centred ways and to extend this approach to all providers insofar as possible
- a clear sighted commitment to foster development of services and support, often small-scale, which is anchored in the community.
- the importance of re-defining the relationship between local councils and their residents in terms of how care and support can best be provided

The innovative process of change described in this report is by no means complete, but all three sites will certainly be places to watch for those interested in how social care will look in the future. The report should be of interest to everyone who is committed to finding workable and authentic ways of providing care and support that is rooted in people and communities. We anticipate that it will be of particular relevance to commissioners and those responsible for the leadership, training and development of the workforce.

¹ See [TLAP Care and Support jargon buster](#) for explanation of unfamiliar terms

INTRODUCTION



Social care commissioners, providers and social workers who seek to address 'wicked problems²' in an age of austerity are looking at more innovative ways to support residents. Geoff Mulgan's paper "Social innovation: what it is, why it matters and how it can be accelerated" gives us some common themes of these new ways to tackle modern social challenges:

- they are usually new combinations or hybrids of existing elements, rather than being wholly new in themselves
- putting them into practice involves cutting across organisational, sectoral or disciplinary boundaries
- they leave behind compelling new social relationships between previously separate individuals and groups which matter greatly to the people involved, contribute to the diffusion and embedding of the innovation, and fuel a cumulative dynamic whereby each innovation opens up the possibility of further innovations.

As we look back on three years since the implementation of the Care Act 2014, Think Local Act Personal visited three places we think are making real progress in delivering the Act's principles through their engagement with innovative models of care and support (both inside and outside the council) that fit Mulgan's definition.

We spoke to council leaders in Thurrock, Somerset and Wigan about how they are implementing innovative and community-based models to drive systems change and their plans for the future. We also spoke to some people on the front line of these innovations (social workers, providers and people with lived experience of the changes) to try to understand different perspectives on these innovations. This study reports our findings on how these areas are reimagining social care and what we can learn from them.



² A 'wicked problem' refers to a problem that is difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognize.

The Care Act 2014 introduced a range of new responsibilities to local government in April 2015, as well as consolidating a number of responsibilities accrued throughout decades of legislation. The Act radically re-casts the social care responsibility of councils as a duty, not simply to meet the needs of eligible residents, but to promote the well-being of the entire population of their administrative area. This requires councils to understand the scope and nature of the communities they serve: their services, buildings, facilities, faith and civic groups, infrastructure and culture.

Through this deep understanding of place, councils (and the people they work with) can then identify those who, in the language of the Care Act, may have unmet care needs and identify their available network of support including family carers, who may themselves be struggling to maintain their own wellbeing. To do this, the Act envisaged a new, asset-based commissioning approach: understanding the services a community offers, helping people to access them and facilitating communities to grow stronger³.

Councils are implementing this vision in a time of radically reduced resources: since 2010, local government have managed a 38% fall in their overall grant from central government. Between 2010 and 2016, social care spending fell by 11% in real terms. This reduction in spend has had a mixed impact across the country depending on local economic factors. We have seen a squeeze on the number of people receiving publicly funded social care (also linked to the growth of property and pension wealth) and a provider market under considerable strain. More recently, spending

on social care began to rise slowly, largely because of the new social care precept and the improved Better Care Fund. However, there has been limited change in activity over this period, suggesting that the additional investment is not enough to keep pace with growing demand and costs. It is clear that this means in practice a reduction in the delivery of core social care services and an associated growth in unmet need.

While the headlines seem stark, councils in many parts of the country are working closely with innovative providers to make the Care Act's aspiration, wellbeing promotion for all residents, a reality. In order to draw attention to these approaches, a number of organisations produced a summary of their methods, called 6 innovations in social care:

Community Catalysts approach to developing microenterprise: small community organisations typically employing fewer than five people who provide care and support (often in the communities they live)

Community Circles approach to maximising people's family and community connections

Local Area Coordination: a more established approach to coordinating community connections through an easily accessible point of contact focused on 'a good life'

Shared Lives, who match adults with long-term care needs with a carer, with whom they share a family, community life and often a home

Homeshare: who typically match an older householder with a room to spare with a younger person who is able to provide an agreed amount of support in exchange for board

³ This approach was outlined in TLAP and Public Health England's 2014 framework for Health and Wellbeing Boards: Developing the Power of Strong, Inclusive Communities and further developed in TLAP's shared call to action: Engaging and Empowering Communities, 2016

Wellbeing Teams: inspired by the Buurtzorg neighbourhood-focused integrated nursing services in the Netherlands, using self-management techniques, Wellbeing Teams hope to change the way homecare services are delivered.

These and other innovations (see TLAP's [directory of innovations](#)) share the aims of helping people;

- build and maintain family and social connections and relationships and
- build confidence, knowledge and resilience.

Alongside these developments, some councils have themselves shifted their approach to assessment and commissioning. Social workers across the country, in light of the Care Act's promotion of [asset-based approaches](#) have been working in new ways. Similarly, in line with [guidance](#) produced by the Local Government Association, some commissioners are working in closer partnership with their local markets, people with lived experience and carers, blurring the line between purchaser and provider.

Councils face a difficult balance between:

- maintaining the stability of core social care services (e.g. homecare, care homes) together with internal assessment and social work functions, while restricting access (by diverting demand and tightening approaches to eligibility) to these scaled back services;

- developing and scaling up innovative (alternative or complementary) models of care delivery and reimagining their approach to their statutory functions and commissioning, focusing on minimising process, while investing in early intervention and community capacity building as outlined in TLAP's [Asset-Based Area](#) briefing.



The strategy of our three sites fits somewhere in between the two extremes: trying to keep the core market afloat through a partnership commissioning approach while experimenting with newer, more innovative approaches and attempting to scale them up. Commissioners in Somerset described this as the 'stones and sand' approach: core services are still necessary: the task is to augment them with community action while encouraging core providers to innovate themselves.

We asked each of our three sites to talk about their experiences of working with and introducing innovative models of social care.

3.1 CONTEXT: WHY CHANGE?

Thurrock is a unitary authority area in Essex. It is part of the London commuter belt and an area of regeneration within the Thames Gateway redevelopment zone. The council serves 165,000 residents, 66,000 households and more than 5,000 businesses. There are a number of distinct neighbourhoods including Tilbury, Chadwell, Ockenden and Purfleet.

The situation faced by the social care system in Thurrock is a familiar one. Leaders there described a system that has struggled to invest sufficiently in prevention and early intervention while protecting services for people with significant care needs. The older population in Thurrock far exceeds the growth of the general population, placing demands on social care and health services. The market for domiciliary care has been extremely fragile, with a number of commissioning frameworks made unsustainable by difficulties in recruitment, retention and quality concerns.

This strengths and place based model is in keeping with the philosophy which underpins all of Thurrock's whole system transformation, building on the 'start small and scale up' approach to change.

3.2 THE SIX BUILDING BLOCKS OF THE NEW SOCIAL CARE IN THURROCK

Although Thurrock's transformation of adult social care has spanned a number of years, its expansion of community-focused models in the past three years marks a real commitment to change. Thurrock bases its approach to systems change on redefining the roles of the local authority and the communities within Thurrock. Leaders there talked about having a different type of dialogue with providers and citizens. They envisage a new system that moves away from the concept of 'professional gift'⁴ where people find themselves passive recipients of care services rather than active participants in caring communities.

The change in Thurrock is based on six building blocks:

Building trust-based relationships

Leaders in Thurrock talk about building trust-based relationships based on what's strong rather than what's wrong. They support staff to build trust with residents, other staff members and departments, statutory bodies and provider organisations. One of the key ways the council is supporting trust-based relationships, and gaining access to Thurrock's communities is through the [Stronger Together Thurrock](#) partnership between communities, voluntary sector and the statutory sector.

Strengths not deficits

Thurrock seeks to build a system that sees people's potential and their place in families and communities, not just as a collection of problems for the state to solve. This approach, having a new conversation

⁴ Professional gift' describes a model by which services are rationed and delivered by professionals who retain control over the person in need.

with people about what a good life looks like, is key to shifting approaches in social work, as well as the development of Local Area Coordination.

Grass roots

Leaders in Thurrock are committed to co-production with people and their families, and want to see it ingrained and automatic in their model. It is important to note that leaders talked about a change in the way they engage with communities on their terms and in their language. Leaders see Thurrock as real, living neighbourhoods, not as one administrative area:

“People don’t see themselves as being from the administrative area, but as part of organic communities. Despite the changing nature of communities, it is important to engage with their historical identity while adapting to change.”

Ownership

Thurrock talks confidently about moving to the “age of the citizen.” For them this means moving beyond seeing people they support as passive consumers but as active citizens. Part of recognising this is being accountable through a more far-reaching performance measure based on what matters to citizens.

Changing systems

Thurrock sees leadership as facilitating change but not making decisions on behalf of communities. This means granting permission and space to allow innovation to happen. In Thurrock this means experimenting with new approaches, including Wellbeing Teams, being piloted in the Tilbury and Chadwell neighbourhoods.

Autonomy

Part of this style of leadership means creating the freedom for staff and communities to be creative and innovative. Staff are encouraged to do the right thing for people with lived experience (or people who access care and support) and carers, and the council must not act as a barrier through over-restrictive processes.

3.3 WHAT DOES THIS MEAN IN PRACTICE?

Thurrock has collaborated with a number of innovative providers, as well as attempting to redefine its commissioning and social work functions around the building blocks.

Local Area Coordination

Local Area Coordinators aim to support people with care and support needs to find local solutions that enable them to build a good life, less reliant on statutory services. Local Area Coordination began in 2013 in with the employment of three Local Area Coordinators. Evidence from this led to a quick expansion of the team to nine Local Area Coordinators, made possible through extra funding made available from the local Clinical Commissioning Group and Public Health. The team now consists of 14 Local Area Coordinators who operate across the whole council area in each neighbourhood.

The Local Area Coordinators have linked with a wide variety of neighbourhood groups, banks, other businesses and, most significantly, with the communities in which they operate to help identify people who may benefit from their interventions. They have developed deep ties across service types

including local fire and police services, housing and health. They have also supported a number of services and organisations to move to a focus on strengths and community-based practice, prevention and capacity building.

Micro-enterprises

At the time of writing, 52 community micro-providers were delivering a diverse range of support services in Thurrock. The scheme has created 38 jobs and 28 volunteering positions and an estimated 300 people now use the services of micro -providers. Early internal evaluation shows benefits for local people including:

- increased availability and delivery of personalised services
- increasing opportunities for disabled people to start up a service of their own
- increased connection in their communities with the associated benefits - people are “getting a good life.”

Shared Lives

Thurrock are supporting the growth of a Shared Lives scheme in partnership with the Shared Lives Incubator. The Incubator combines Shared Lives expertise with social investment. This supports both the council and provider to be able to deliver and expand Shared Lives care in a way that meets the local context and need.

Commissioning homecare and establishing Wellbeing Teams

Thurrock has recently re-commissioned its core home care services under the contract ‘Living well at home’. It seeks to ensure a focus on communities: neighbourhoods are the administrative area, not the arbitrary council boundary. The new framework challenges providers to work on a strengths-based approach to provide home care and identify community resources. The council has retained two areas for the in-house service and is introducing Wellbeing Teams in two neighbourhoods to test and evaluate the impact of this new way of delivering support to people within their own homes. This strengths and place based model is in keeping with the philosophy which underpins all of Thurrock’s whole system transformation, building on the ‘start small and scale up’ approach to change, which they believe has served them positively in the past.

3.4 SOCIAL WORK APPROACH

Our interviewees stressed that person-centred support and self-determination has been a part of social work principles in Thurrock for some time. In practice it was felt more needed to be done to move the focus away from needs and services rather than strengths and assets, in some cases. Their ‘appreciative enquiry’ approach to social work aims to reverse the power relationships at the heart of practice. This means moving from professional gift to relationships built upon trust and respect, looking at what is strong and not what is wrong, with the person who requires support leading the change.

The approach focuses on the importance of conversation and language: it encourages social workers to talk of introductions not referrals, good life conversations not assessments. Using the appreciative enquiry model as the foundation for this, the principle social worker (PSW) has worked with practitioners to produce an asset-based social work model of assessment. It aims to:

- design a user-friendly model that social workers and people who use services can easily understand
- embed strengths-based social work firmly in all practice
- be able to articulate that the ‘what does a good life look like for you’ has a theoretical foundation
- change the culture of assessment from needs-based to strengths-based by using new language.

The council has now introduced Community Led Support, working in collaboration with the National Development Team for Inclusion (NDTi), to embed a social work team in the local community with a mandate to drive innovation and creative responses to assessment and care management, whilst minimising bureaucracy. This builds further on the work of their social work teams in moving practice towards a model of what’s strong and not what’s wrong.

3.5 NEXT STEPS

In order to increase the capacity of innovative models in Thurrock while maintaining the sustainability of core models, commissioners are seeking to work in close partnership with providers to learn the lessons of the new exemplars. The growing influence of the up-front, problem solving approach undertaken by Local Area Coordinators and micro-enterprises has meant they are in growing demand. Social workers, faced with people who don’t seem to meet their criteria, may often respond by referring to these more universal services. A key challenge is how Thurrock can maintain the open flexible, nature of these innovative models whilst integrating them into their wider, statutory approach.

Internal evaluation shows that it has been a challenge to embed a community first culture throughout social work, commissioning, brokerage, contracting and procurement. Staff spoke openly about the barriers of council procedure and ‘the way we do things’ attitude. However, interviewees saw this changing. Increasingly, social workers and support planners, as well as agencies, are seeing the benefits of the creative and innovative solutions that the micro-enterprises in particular can deliver.

Local Area Coordination – taking the time to listen⁵

We spoke to a number of people who have experience of the social care system in Thurrock, through the [Thurrock Diversity Network](#) (TDN). TDN works alongside disabled adult residents of Thurrock, focussing upon equality, independent living & inclusive communities. Salima's story stood out in particular.

After sustaining a back injury and being discharged without sufficient support, it took a long time for Salima to get a statutory assessment. She spent a lot of time on the phone to her GP and to the council requesting an assessment. The social worker who eventually did assess her presented her with limited options. For Salima, the needs test meant she felt 'I had to act like a needy person'.

She was frustrated with the complexity of the local health and social care system: "Negotiating with the system was exhausting. I had such problems coordinating the different people, telling the same story again and again and having to negotiate between GP and social care."

At Salima's church, someone suggested she get in touch with the Local Area Coordination scheme. The Local Area Coordinator visited within a week. Salima described her approach:

"She was the first person that listened to me. She spent four hours here just listening to me."

The Local Area Coordinator connected her with local furniture store and gained access to appropriate home alterations. She also spent time calling and coordinating the various agencies that Salima had contact with. Eventually, Salima got the support she needed though a combination of home care agencies, support from neighbours and friends and her engagement with her church.

⁵ Case studies are real people, but names have been changed.

SOMERSET:

DOING WHAT COMES NATURALLY

4

4.1 CONTEXT: WHY CHANGE?

Somerset is a large rural county in South-West England, with around 546,000 residents. Administratively, Somerset consists of a two-tier non-metropolitan county and has five district councils. Parish councils are active in most of the county.

West Somerset has the highest proportion of people aged 65 and over in the UK. In this context, and amid national budget reductions, Somerset County Council (SCC) faced significant challenges delivering a balanced budget. Although they felt they had become compliant with the letter of the Care Act, leaders in adult social care felt there needed to be a further shift to close the gap between the rhetoric and spirit of the Act.

The core strategy that has been developed is to promote independence and wellbeing. The council has called this approach 'Community Connect', which was developed with their staff and community partners. It looked at what was getting in the way of achieving good outcomes for people and then testing and introducing different ways of working. Creating an environment that has supported and enabled practitioners to work in this way has been critical - summed up as 'do it your way'.

Our interviews with leaders in Somerset identified two areas of focus: solution focus for customers and community-focused commissioning.

4.2 SOLUTION FOCUS

FOR CUSTOMERS

The change led by Somerset County Council in the social care system depends on people representing adult social care: social workers, voluntary, community and social enterprise sector partners, core providers and their respective staff trusting that they have the flexibility to do what is best for the individual.

In response to the implementation of the Care Act in 2015, interviewees described the council's policy as one of 'retreating' and focusing on compliance. This meant adopting assessment and eligibility approaches that practitioners often found disproportionate and bureaucratic.

"I cried when I saw the forms: we fell back on rules as a safety net."

Since 2015, the council has shifted approach: it has sought to minimise the process of assessment, and focus less on eligibility. Part of the council's strategy is to give officers (and partners) the room to be creative when engaging with residents, feeling free to suggest links in the places they live with local institutions and people who can offer help.

The core strategy that has been developed is to promote independence and wellbeing. The council has called this approach 'Community Connect', which was developed with their staff and community partners.

This has meant establishing that officers would not face any action if in the process of trying to do the best for the person they make a mistake, other than not 'breaking the bank'. For leaders in Somerset this also means extending this trust to providers. They have sought to create a situation where regardless of whom a social care professional is employed by, they work for the best outcome for the people of Somerset.

A central aspect of a solutions focus in Somerset has been the re-design of assessment conversations. Instead of focusing on extensive formal assessment processes, staff and partners have been tasked with having an asset-focused discussion that attempts to resolve issues using community solutions, short term interventions and quick follow-up.

"The conversation is very honest: what matters to you, what have you done to sort it out, what have you asked from your relationships?"

4.3 COMMUNITY FOCUSED COMMISSIONING: MICRO PROVIDERS AND VILLAGE AGENTS

SCC recognised that their commissioning approach had been too internally focused: based on the management of procurement and contract processes. Interviewees discussed their shift to focusing on community development. Here we draw attention to two innovative service models that have helped them to achieve the vision of people in communities that care for each other.

Micro-enterprises

The investment of the council in partnership with Community Catalysts has led to a scale of micro-provision not seen elsewhere in the country. At the time of preparing this report, there had been over 700 enquiries from local Somerset people interested in running a community micro-enterprise. Of those, 253 new community micro-enterprises are currently delivering help and care to people at home. There are a further 30 new community micro-enterprises delivering other kinds of care and health services. Importantly, 245 local jobs have been created by community micro-enterprises in Somerset.

In 2017, Community Catalysts also undertook a survey of 45 families who have used both a micro-provider and a domiciliary agency. The feedback has shown that micro-providers are able to deliver strong and valued outcomes for people. In addition, the evaluation indicates that 32 community micro-enterprises in rural West Somerset are delivering over £134,000 in annual savings. The model of micro-enterprises is now being developed across the county, including being regularly used to support the discharge of people from hospital, and effort is being put into building networks to enable sustainable growth and ensure quality. Interestingly, social workers are beginning to view micro-provision as one of their everyday tools when responding to the needs of residents.

"It used to be a last resort, but now it's part of the toolkit."

Micro-providers together

Another important aspect of micro-enterprise development in Somerset has been the diversity of provision that has arisen. Importantly this has taken on the character of the local communities from which they spring. Micro-providers know the cricket clubs, the pubs, shops, services and most importantly, the people, in the places they work and live. We spoke to the South Petherton Care Cooperative, a collection of micro-enterprises that provide mutual support to one another: sharing stories and tips and promoting their businesses. The co-op keeps in touch through local pubs, in the bakery, in the church and parish council.

They do not see themselves as doing something new, but doing what comes naturally. The values of compassion, reliability, continuity and localism drive what they do. The council's innovation here is the ability to create space for care away from their own bureaucracy, or the demands of running a commercial care agency.

Village and community agents

SCC established [The Somerset Village Agents](#) programme in January 2012, funded by grants from a range of public agencies and charitable foundations. Two years later SCC secured funding from the Big Lottery Fund's Reaching Communities programme to expand and extend the programme, including employing more agents and covering a wider geographical area.

The Somerset Village Agents project aims to reduce isolation and help connect people with support that can improve their independence, health and wellbeing. At its core is the employment of locally-based staff who act as first point of contact for people needing information and support.

The council also employs community agents across the county to work more closely with adult social care teams and health professionals to support specific individuals who may benefit on a one to one basis. Each village and community agent serves a cluster of parishes and communities and is based, working from home, within that area.

4.4 NEXT STEPS

Interviewees discussed going further with the 'outward focus' of the county council. Firstly, they envisaged a system where assessment conversations are happening constantly and can be carried out by anyone in the community or statutory sector.

"Social care departments of the future should be trying to let go of eligibility: more people will need direct support and that means dealing proportionately with those who don't."

Commissioners discussed the possibility of an inter-play between the core home care services and micro-provision in Somerset. Whereas they had seen micro-provision as complementing core services, they now see it as a way to influence wider service provision and to encourage innovation among core providers.

Experience of micro-enterprise: working out the kinks

Mrs Young

We spoke to a Somerset parent of two young men with autism and learning disabilities. Mrs Young reflected on her experience of going through the social care system and how micro-enterprise has changed her sons' experience.

She discussed the shift from employing personal assistants (PAs) to purchasing flexible hours of support from micro-providers. Her previous arrangement necessitated the direct employment of personal assistants with all the related PAYE and employer responsibilities that came with it. Using self-employed micro-provision meant the family could retain choice and control as a purchasing 'customer', and retain the flexibility of support without the responsibility as an employer.

"When the boys were smaller I took direct payments and employed two PAs because they were large packages. They were full time posts that provided a consistent person and total control over the support delivered.

As the boys' independence increased I was unable to offer full time employment. The PAs became self-employed micro-providers. I no longer had the responsibility of their PAYE, but they could still offer the flexibility and person-centred service I needed and take on other customers to fill a working week."

Mrs Young expressed some concern that some individual micro-providers with few overheads were charging the same rates as large agencies, and felt that the council has a role to manage the micro-provider market as they do their open frameworks. This includes helping to skill up families on how to purchase outcomes-based support based on a good understanding of a fair rate to pay, especially for shared hours.

Overall, Mrs Young was very positive about the personalised and responsive approach that local micro-providers can offer and was keen for this approach to be widely available as a choice for residents of all ages requiring support, whether funded by the council or self-funding.

WIGAN:

THE DEAL - A MOVEMENT, NOT A PROJECT

5

5.1 CONTEXT: WHY CHANGE?

The Metropolitan Borough of Wigan is a borough of Greater Manchester, in North West England and includes several towns and villages. The local authority serves a population of around 320,000 and is the second most populous borough of Greater Manchester, after Manchester itself.

Over the last ten years, Wigan has made huge cuts to local authority expenditure, the third largest proportionate reduction of funding across the country. Between 2011/12 and 2016/17, it made savings of over £400 million. The change in Wigan is driven by the reality of these budgetary reductions, its participation in the wider Manchester devolution project, and a desire to shift away from the care management model which was felt to be paternalistic, risk averse and bureaucratic. In 2011 Wigan began its journey by participating in the Nesta/Local Government Association [Creative Council](#) initiative, focusing on the community of Scholes.

“There was a fundamental determination to positively transform services to residents receiving adult social care support. We might not like the financial settlement, but we have to change what we do. We can’t just lobby for more, we have to change.”

The approach centres around allowing staff the freedom to innovate, having fundamentally different conversations with the community they know well.

5.2 THE DEAL

[The Wigan Deal](#) is the name of the approach taken by the council to manage demand as well as transform its internal processes to build relationships with providers of services and the communities in Wigan. The ‘Deal’ is between the council and communities in Wigan: each promising to be positive and engaged, open to doing things differently and being responsible for the results.

The approach centres around allowing staff the freedom to innovate, having fundamentally different conversations with the community they know well. This shift has had a big impact on the shape of Wigan’s social care function, as well as the ways it works with external providers.

Different Conversations

Staff are encouraged to take an ethnographic approach to assessment, approaching the conversation with a focus on listening to what is important to the person: their life story, their talents and gifts, their family and social networks as much as their health and wellbeing needs. Staff are encouraged to take these conversations and link them with activities and support in their local area, based on their own improved knowledge of community assets and supported by the online tool [Community Book](#), and the Community Knowledge Team.

“It sounds glib, but I think we had lost the ability to connect on a human level. You go in to do your assessment and you think you’ve heard it all before.”

Attitudes and behaviours

Wigan also underwent a significant workforce transformation, majoring on positive attitudes and behaviours. This involved resizing some areas of provision and assessment, as well as introducing new roles into the workforce at scale to ensure that staff had the ability and time to have a 'different conversation' and to know their communities better. Staff are asked to sign up to the Deal. The practical application of asset-based working is built into management practice and supervision through 'my time', which encourages reflective practice and learning throughout the organisation.



The whole approach aims to give the workforce meaningful permission to be innovative and creative when they are working with people with who need care and support.

“We wanted to tap into why people came into social care in the first place: that sense of freedom, not just rationing, but doing the right thing.”

5.3 THE DEAL FOR COMMUNITIES INVESTMENT FUND (DFCIF)

The Deal for Communities investment Fund (DFCIF) forms a high profile and much valued part of the Deal in Wigan. By the end of 2018 the DFCIF pledged £10m of funding to community initiatives across the borough to deliver against local priorities, focused on areas of greatest need. The process has been developed and changed over time following feedback from communities to ensure that it is clear, transparent and straightforward.

To interviewees, the fund is more than simply giving out money - it marks a partnership between Wigan council and its communities, a co-designed process and an ongoing strengthened relationship. The Deal for Communities Investment Fund has supported over 400 organisations to deliver a diverse range of activities across the borough.

5.4 ASSET-BASED COMMISSIONING

Commissioners in Wigan talked about applying the Deal principles to a new model of working in partnership with providers.



This has led to the development of a home care partnership of ten providers, working on a neighbourhood basis.

Wellbeing Teams and Community Circles

Wellbeing Teams are working in Ashton, using an individual service fund (ISF) model⁶ to maximise people's choice and control and demonstrate the art of the possible in fully reforming the traditional homecare offer. This has seen the embedding of Community Circles and the creation of a range of purposeful activities to meet the holistic aspirations of older people. Values based innovative recruitment has seen a high number of younger people join the team, showing the way in addressing the national workforce challenge across homecare.

Commissioners have also supported the introduction of the Community Circles approach within care homes as a key part of supporting people to be happy and connected. Early evidence is demonstrating a reduction in Accident and Emergency visits and hospital admissions.

Social workers on 'The Wigan Deal'

We spoke to social workers from different locality teams. We asked for their reflections on working on the approach defined by the Wigan Deal. Two newly qualified and one more experienced social worker were present. The interviewees spoke eloquently about their commitment to asset-based working and felt that this way has always been part of the social work professional ethos. The development of the gatekeeping approach, it was felt, was because of the need for councils to save money in the past decade. This culture, they felt, hadn't gone away, but was receding as social workers felt more embedded in the communities they serve rather than in central offices.

"We've always done, or at least wanted to do, asset-based approaches. But sometimes the council's need to control resources has got in the way of that. It's part of being a social worker to understand that people aren't just their needs, but their connections with others and their own contributions."

They discussed the process of re-interviewing for their roles. For them it was a time of anxiety. Although they supported the move to the new principles, some felt they had little choice in signing up to the new behaviours required of staff. However, overall they were positive about the move to invest more in the community organisations in Wigan and spoke enthusiastically about their growth.

⁶ See TLAP's guide to ISF's and flexible contracting here:

https://www.thinklocalactpersonal.org.uk/_assets/Resources/SDS/TLAPISFsContractingFINAL.pdf

Interviewees gave examples of two outstanding community organisations they worked closely with:

Sunshine House Community Centre in Scholes hosts a 'people's café' and facilitates a plethora of community activities. Interviewees felt this place represented the best of the inclusive places developed by the Community Investment Fund.

Compassion in Action, who support people in crisis with provision of furniture, food and clothes, accommodation, skills training, education and advocacy. They have also begun regenerating sites across the borough in partnership with private investors and using the Community Investment Fund.

Interviewees, while praising the ability of community services to supplement core services, identified the challenge of ensuring their availability to people with needs that are more complex. They proposed the extension of training to ensure this could happen in the future.

Overall, the social workers were positive about the Deal:

"The deal enables me to be brave and not be afraid to make a mistake. You don't just think: home care or residential. You might think about assistive tech, community integration, and social relationships. It's not just thinking about need and a tick box response of a service."

5.5 NEXT STEPS - MAINTAINING MOMENTUM

The Wigan Deal is an all encompassing council-wide approach to managing staff and relationships with the community. Although Wigan has developed an asset-based commissioning approach, the key challenge now is testing and scaling its work with innovative providers such as Wellbeing Teams and extending partnerships with core providers, and challenging and supporting them to adopt the Deal principles.

A further challenge is maintaining the momentum that has been created by the Deal and continuing to listen and adapt to staff feedback with regard to practical working permissions, systems and processes. The tendency for these to hamper the delivery of the asset-based approach is a constant challenge, but is beginning to recede as new members of staff take on ethnographically inspired social work approaches and build a growing evidence base of improved outcomes for residents.

Our three sites are very different. What unites them all is a positive approach from their leadership to adapt to the challenges of the implementing the Care Act in a time of austerity. Their task is to shape and influence the culture and approach of providers, staff and partners while ensuring the stability of the core provider market. To move to a system that promotes wellbeing, independence and resilience is a large shift and will take time to embed. Moving away from a narrow definition of eligibility is especially difficult, when some citizens will demand their hard won rights to statutory assessment. Capacity and staffing in social care provision will continue to be challenging. In some rural areas demand outstrips supply, and providers find it hard to recruit staff. This means managing the transition to more community-focused social care in partnership with core providers to ensure their stability while leaving room for innovation.

In all three places, the approaches fit the definition of social innovation laid out by Geoff Mulgan and referenced in the introduction to this report.

They are not wholly new

All three locations seek to tap into what leading researcher in personalisation, Catherine Needham, calls 'the cyclical turn in public policy'. They seek a rediscovery of quasi-familial and community-focused care, but understand the inherent challenges in doing this across diverse and changing communities. All three are attempting to rekindle the motivation of the social workforce by promoting an ethnographic, human approach to assessment, and a relationship focused commissioning. All three sites talked about commissioning based on 'places', not administrative areas. These approaches are not new, but our sites are re-introducing them using new technologies and in radically changed contexts.

They go beyond departmental boundaries

In re-defining the duty of local authorities as the promotion of the wellbeing of all residents (rather than just those who cross the council's path), the Care Act demands that local authorities 'turn outwards'. In the words of a Wigan interviewee "We have had to put our boots on and find out what is happening". This means challenging the gatekeeping culture that persists in all our sites.

All three areas talked about building a new relationship with providers, residents and communities focused on building community capacity. This means working across council departmental boundaries and trusting intermediate and community organisations with activity that had previously been seen as council business.

They leave behind new relationships

While the last three years have by no means been easy in our three sites, it is striking that there have been a number of changes in the dynamic of relationships. The establishment of the Stronger Together Partnership in Thurrock, the influence of the Wigan Deal on the corporate culture of the council, and the development of micro-providers in Somerset, all show that the approaches taken are embedding structures and institutions. These structures will now work alongside the councils to embed the innovation and seek solutions to new problems that emerge along the way.

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What does it take to reimagine social care?

This study looks at how some councils are seeking to transform social care by working closely with innovative providers and shifting their own approach to commissioning.

Based on three sites – in Thurrock, Somerset and Wigan, it explores what councils are doing to re-define the relationship between themselves and the communities they serve.

This report should be of interest to everyone who is committed to finding workable and authentic ways of providing care and support that is rooted in people and communities.

Think Local Act Personal

Think Local Act Personal (TLAP) is a national partnership of over 50 organisations committed to supporting the continued implementation of personalisation and community-based health, care and support. We offer information, web tools and forums to support social care policy and practice. All our events are free to attend and our networks and forums are open to anyone to join.

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