Reshaping care through co-production in North Lanarkshire
Background

As the Third Sector Interface, Voluntary Action North Lanarkshire was well placed to bring statutory partners, local people and the third sector together to make a difference through the Reshaping Care for Older People (RCOP) Change Fund Partnership. In North Lanarkshire, there was a clear commitment to ensuring that the voices of older people in local communities were enabled to take part in decisions about how funding was used. The Community Capacity Building and Carer Support programme was developed to deliver on this commitment to co-production from the RCOP Partnership. The programme adopted a dual approach – identifying key themes to be addressed across North Lanarkshire but driven by knowledge from local communities (localities).

Starting points

The programme involved NHS Lanarkshire, North Lanarkshire Council and other statutory services as well as members of the community, and third sector organisations. Each partner played a key role in a sound governance structure with all partners represented at every level – this was crucial. This included:

- Senior NHS and local authority officers on the programme planning group and governance sub group
- Members of the community who were part of local operating partnerships – known as ‘consortia’
- Representatives of small community groups which both planned and delivered services, often in partnership with formal local third sector organisations
- NHS Health Improvement workers
- Representatives of national charities: Age Scotland and Alzheimer’s Scotland

Working together

Each consortium of local people was facilitated and hosted by a third sector organisation (locality host) and was responsible for managing a £15,000 micro-fund per year to fund local projects which older people had identified as meeting their needs. Several partner organisations took on the role of ‘Thematic Leads’ to ensure key themes were addressed across North
Lanarkshire and to work with all the consortia. This co-commissioning approach and local knowledge of the members of each consortium enabled the thematic lead organisations to focus work where it was most needed. Each of the thematic leads and locality hosts met regularly to share practice and progress and ensure that all themes linked together.

Three third sector organisations (representing older people, carers and the wider third sector) were members of the overall RCOP Partnership Steering Group. This ensured that all partners – including older people – were well represented all the way through the governance structures and the commitment to co-production was embedded.

This programme structure was facilitated by Voluntary Action North Lanarkshire (VANL) as the Third Sector Interface. VANL was also responsible for collating all monitoring and evaluation information and telling the story of what was achieved through this co-production approach.

This approach, involving a range of partners – each motivated to ensure the best outcomes for older people and carers – resulted in a range of services being delivered, each linking with others to ensure joint working and a holistic approach. These services included:

- Supporting older people through advocacy to put together anticipatory care plans
- Dementia Awareness training for community organisations and local businesses (this contributed to Motherwell becoming the first dementia friendly town)
- Developing volunteers through supporting local organisations to gain ‘Volunteer Friendly’ accreditation and linking volunteers with organisations
- Physical Activity training where staff learned about postural stability and then provided training sessions with community groups and in sheltered housing complexes

The funding distributed by the local consortia enabled community groups to ‘match’ other funding which supported an array of projects and services including: a men’s group who produced a memorial book; a social group who used £3000 as match to generate a further £7000 to run for three years and over two days instead of one per week; six slipper amnesties where over 600 people were fitted for slippers which could prevent falls.
The partnership working between thematic leads and locality host organisations enabled for more capacity building activities in communities. For example, a new group starting up could have training for volunteers and service users in everything from dementia awareness to food hygiene. These groups could also access community transport, funding and organisational support as well as admission to events.

Challenges

Lead-in time
Developing this way of working and being clear about what the programme was trying to achieve gave everyone a vested interest in the whole programme rather than their own piece of work. It was also important to make sure a sense of ‘projectitis’ did not happen. However, the length of time this took meant that some community organisations became frustrated because they felt that funding was being held back.

Initially, some of the discussions were fraught and a ‘leap of faith’ as well as support from key senior members of the NHS and local authority was required to ensure that the programme was supported to go forward.

However, the partners are rightly proud of what was achieved in the timeframe since it was a very new process with a lot of stakeholders and different views to take on board. Through hard work, persuasion, negotiation and sheer good faith, 20% of the RCOP Change Fund budget for the area was delegated to the Community Capacity Building and Carer Support programme of work. Nobody said that co-production was easy but the lessons learned about this way of working would enable the partnership to do this more quickly in future.

Demonstrating impact
There were questions from the Steering Group about how the programme would demonstrate its impact overall on the Reshaping Care for Older People strategic outcomes and not just the impact of individual services. This was overcome by the development of a robust monitoring and evaluation framework. The framework included a statement from NHS partners acknowledging the role of preventative and anticipatory interventions in preventing unnecessary hospital admissions. It
has proven invaluable in demonstrating the efficacy of the programme and the value of taking a co-produced approach.

**Outcomes**

The approach was focussed on meeting personal outcomes for older people. As such every thematic lead and every locality host were required to submit a case study every quarter to capture the story of the impact of the programme on older people and carers themselves. All micro-funded organisations were only asked to submit a case study once per year.

Since personal outcomes are so difficult to aggregate, a series of programme outcomes were also set. These were:

For older people
- A reduction in isolation and loneliness
- Increased participation and valuing diversity
- Enhanced use of information, advice and education
- Improved independence and well-being
- Delaying, as far as possible, the need for complex care and support

For carers
- A reduction in isolation and loneliness
- Increased ability to manage or cope with the caring role
- Improvement in health and well being
- Being linked into direct carer support services

Through VANL’s role in collating the monitoring and evaluation data collected by delivery organisations, a positive impact on all the outcomes above was demonstrated. Some quotes from older people and carers help to illustrate this:

“Strength and balance has helped me immensely. I feel so much better since the classes, all of the exercises have helped me and I feel so much more confident. Before the class started I was still using my 2 sticks in the house, however after 7 weeks my balance has improved and I have stopped using the sticks within my home.”

“My understanding of my father’s condition has been deepened and I will pass this on. My mind-set has been changed when dealing with aggression. I need to think frustration not aggression and why he acts this way.”
**Co-commissioning** - the original RCOP Change Fund allocation was agreed between all partners at a strategic level in the Steering Group (which included older people) and the same approach was taken with each of the 6 micro-funds, where decisions were taken by members of the community as the local consortia. Through the work of the 6 consortia to examine gaps in services or support, there were 10 themes identified. The Thematic Lead worked with the consortia to develop thematic strategies as the basis for their work.

**Co-delivery** - thematic leads for each of the 10 themes ranged from local authority, North Lanarkshire Leisure, local third sector organisations and national third sector bodies. These were regarded as “experts” in their own field and who could lead or enable the delivery of appropriate services and support and link to the six locality areas.

**Co-assessment** – reports on local projects had to be approved by a multi-disciplinary team. The Monitoring Framework, discussed and agreed through all the Partnership’s key groups, helped demonstrate how activities would contribute to outcomes for older people. Community members also informed the development of a new questionnaire to capture feedback from older people about the changes and improvements to

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“I came here to just sing and I have a great number of friends now who actually do care about me – I can’t get a lie in – if I don’t open my curtains by 10am, my door is battered loudly by Mavis who is just passing by and checking I’m ok!”

“Why is this co-production?

This was not just partnership working between organisations in different sectors. It was co-production because throughout the programme all partners – including older people and carers – were involved at all levels. Three forms of co-production were used:

“...and is coming out on a home visit.”
their lives resulting from the new or additional supports provided.

Co-production principles were evident in a number of other ways throughout this programme of work:

**Assets** – the knowledge and skills of local people were valued and seen as assets in developing local consortia which managed the micro-funds. Local community members from carers groups and community organisations, along with NHS, local authority and third sector stakeholders combined their knowledge to review current services and support provided for older people and identify what should be developed to help fill gaps.

As well as taking part in this activity some local people also set up and formally constituted groups e.g. a local group in Plains, enabling it to develop new activities and access other funding in its own right. In Cumbernauld some people helped set up additional Men’s Shed groups and increase the activity levels of an existing support group for men with dementia.

**Capacity** – the partnership’s activities were supported and delivered by a range of volunteers. Volunteer development training took place to enable volunteers to build upon their existing capacity in working directly with older people, for example training in food hygiene, first aid, conflict management and other personal development topics.

**Mutuality** – shared roles was a key feature of the partnership at all levels. Two older people sat on the main strategic Partnership Board and would have pre-meetings with a senior local authority officer to ensure that the agenda and business reflected older people’s priorities and concerns. This also ensured that the format of the meeting would enable them to actively participate.

Older people also participated in the local consortia to decide the allocation of local delegated budgets. The Chief Executive of VANL, Manager of Voice of Experience Forum and Manager of North Lanarkshire Carers Together were members of the Steering Group. In all 6 local areas older people also worked directly with locality link officers and social work service staff to develop new support activities.
Networks – VANL enabled the programme strategy to be delivered through a variety of local networks and groups. Public sector agencies could use its Locator database of local groups and activities to refer older people to appropriate services.

Catalysts – by working with the voluntary sector in different ways and at different levels public sector agencies did not have to take on direct responsibility themselves to deliver new supports or come up with solutions. By delegating budgets, working with and through volunteers and recognising that local groups and individuals were able to take on responsibility for getting new or additional supports in place they were able to play more facilitative and enabling roles.

Lessons and learning

A ‘leap of faith’ in a co-commissioning approach was required initially. However a robust monitoring framework allowed the Partnership to clearly see the outcomes of this co-produced way of working. Through co-producing the programme, everyone has something to contribute and a sense of ownership. Whilst all the partners were key, the best representation by far was from older people and carers without whom the Partnership could have gone down a different delivery path and therefore not met need, regardless of whether or not the structure was effective.

Further information:

This case study was produced as part of the resource ‘Co-production – how we make a difference together’, developed by the Scottish Co-production Network, the Joint Improvement Team, the Health and Social Care Alliance Scotland and Governance International.

You can find out more about this case study at Voluntary Action North Lanarkshire - dutyofficer@vanl.co.uk