

THE CO-OPERATIVE DIFFERENCE IN CARE

Co-operative Councils'
Innovation Network

February 2022

ABOUT CCIN

The Co-operative Councils' Innovation Network is a collaboration between local authorities who are driving global public policy development and best practice with a common belief in Co-operative Values & Principles. We want to reclaim the traditions of community action, community engagement and civic empowerment which can transform communities, and which will help us deliver radical and innovative programmes that are designed, led, and delivered in partnership with communities and other sector partners, maximising the social dividend they bring.

It has always been the purpose of the Network to share our developing good practice and to support one another in our co-operative aims and values. Established in 2016, the Policy Lab programme is an opportunity for any CCIN Member to present an idea and receive funding for collaboration with other members, to support co-operative solutions to the challenges facing local government.

The Network is open to all UK councils regardless of political affiliation, who can demonstrate innovation and a willingness to drive forward the Co-operative Councils' agenda.

For more information, see

www.councils.coop

To find out more about joining the CCIN contact: **hello@councils.coop**

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FOREWORD



**Councillor
Sharon Taylor
OBE**

Leader, Stevenage Borough
Council and Chair of the
Co-operative Councils'
Innovation Network

"As Chair of the Co-operative Councils' Innovation Network, I welcome the publication of this report and its timely contribution to the future of health and social care provision.

Promoting and developing a co-operative model of working is crucial to the future of health and social care. There is increasing pressure on local budgets, a situation that is set to worsen in line with our ageing population and increases in residents with complex needs, for example Learning Disabilities. It is essential that we consider alternative models of providing care and support. In order to do this, work such as that undertaken by the CCIN Policy Labs is crucial. Learning from Policy Prototypes, as well as national and global best practice, places members in a prime position to move forward with co-operative working.

The financial pressure in social care is currently the elephant in the room. With the incoming National Insurance levy supporting the NHS for the first three years it is unclear what Councils, and residents, can expect as we begin to recover from COVID. Planning for the future, needs to include innovative solutions that meet the real needs of our communities without adding additional pressure to households' budgets through Council Tax increases. We must prioritise how we support the well-being of our residents across their whole lives through both our formal social care sector and in the wider community.

It is important to remember that developing co-operatives within the current context of local government is not always easy, even when we know it is the right solution. I hope that learning from this report will help overcome some of the hurdles and ensure further development of care co-operatives, that have a sustainable future that is rooted in social value.

I wish to thank colleagues from across the Network for their contributions to this report, especially the fabulous case studies from which we can all learn so much. I look forward to working together to ensure co-operative values continue to be a force for good in our local communities".

INTRODUCTION

The Co-operative Councils' Innovation Network (CCIN) took the decision in 2020 to use their innovation funding differently. The health and social care crisis brought the need to develop creative co-operative solutions to the forefront. Member councils were offered the opportunity across 2020/21 to bid for funding to deliver Policy Prototypes. The aim to demonstrate how the principles set out by the CCIN can support the development of solutions to local challenges across social care (both children and adults), as well as the wider well-being of communities.

Policy Prototypes are smaller projects delivered in a locality and are eligible for up to 1,500 of funding. Members are encouraged to suggest projects where they can explore co-operative solutions to the challenges facing local government. Policy Prototypes can be submitted by a Member Council or an Associate Member and can also involve partner organisations in the locality.

The Policy Prototypes did not seek to answer the entirety of the health and social care crisis facing Local Authorities. They were an opportunity to think creatively about specific areas where using the co-operative principles can provide a framework for innovative solutions that could be developed in response.

A key area is prevention. In recent years many of the funding cuts that have plagued social care have occurred in the preventative services. Ever growing demand to manage crisis and provide support for complex needs has meant that budgets have been squeezed with preventative and well-being services reduced to make up the budgetary shortfalls. The Policy Prototypes offer a look at how Councils can support the well-being of communities through creative approaches to prevention.

The original bidding for the Policy Prototype funding began prior to the COVID19 pandemic, as a result there was a need to modify some of the proposals to work within the constraints of COVID. Whilst the devastating effects of the pandemic have been felt across the members, the changes it brought about provided the opportunity for the development of creative solutions that will continue to create the building blocks for recovery post the pandemic.

SUMMARY



Innovation is needed not only in how we deliver social care, but in how we support the growth and development of communities to support the most vulnerable.

The COVID19 pandemic has shone a light on the social care crisis. As resources have been stretched to the limit, there has been no wide scale change to the approach to commissioning and provision of care. The Social Care Institute of Excellence stated in their 'Beyond COVID19' report¹, that while the original intention of commissioning was to be a strategic process focused on outcomes, it has developed into a time and task exercise, focused on delivery. This move has impacted the ability to engage in evidence based, relational social care practice. There has been a move away from supporting communities into supporting individuals. Across the care sector the acuity of need has increased since COVID, and the loss of community-based assets particularly in relation to prevention is being felt. Limited access to flexible and responsive resources, focused on supporting more than care needs, is

adding to the pressures felt within the formal social care sector. This report highlights the different approaches to co-operative working and how different organisations can include co-operative principles in their ways of working. Using the Co-operative Councils Innovation Networks' policy prototypes that received funding over 2020/21 (referred to as projects for the purpose of this report), we ask what difference the co-operative approach makes to the provision of care, support and preventative services in communities. What opportunities this presents as well as highlighting some of the barriers they face.

Using case studies from these projects, this report discusses how to build on and apply the learning from their experience, and also considers how to scale up and widen the reach of co-operative ways of working.

¹ Beyond COVID-19. New thinking on the future of adult social care (scie.org.uk)

KEY FINDINGS:



The projects have all shown joint working with at least one other agency.



Many of the projects have worked directly with the community or used the funding to expand pre-existing community schemes.



Co-production has been a key feature of the projects, however in general, they have been owned by the authorities/ boroughs/ town/community councils who have been running them.



All the projects have met at least some of the 10 Co-operative Principles but are currently unable to meet all of the principles due to funding and organisational structures.



Whilst the projects have had a positive impact on members and those accessing the work of members, they have been limited in achieving full co-operation by their size and the short- term nature of some of the work.



The projects have highlighted for councils working to embed the co-operative principles in their ways of working, the need for market management and commissioning that focuses on supporting the establishment and growth of care and support services that are based within the communities they support (micro providers).



KEY LEARNING:



Within social care, flexibility and responsiveness are an ongoing issue. Commissioned care in its current form is often rigid and unable to respond in real time to emerging or changing needs, on both a personal and community level. The use of co-operative principles and micro providers, provides access to services and support that is adaptable. There is a need for a culture shift in how the support offer is developed and sustained.



Moving towards a commissioning future with micro providers at the forefront, would support individuals (and groups) to be more in control of the management of their care, in line with the requirements of the Care Act. In order to support this, there is a need for responsible authorities and their co-operative partners to understand what is available locally and how this can be supported and developed.



Communities are an essential part of offering high quality support both formally and informally. The 'Han groups' founded in Japan empower communities to support each other and embed prevention in daily life.



The barriers faced in developing, scaling, and sustaining care-based co-operatives in the UK are largely infrastructure and market-management related. Compared the co-operative models of delivery in Japan or Canada there is significantly more centrally held power in the hands of local authorities in current arrangements, in terms of both statutory responsibility and funding. The funded Policy Prototypes highlight these barriers and offer insight into how to move forward.



Support from Central Government has a significant impact on the success and growth of co-operatives. The legal protections offered to co-operatives in Italy have enabled them to become a central part of their care and support offer.



Co-operatives offer a real solution to the current care crisis. Co-op UK found that co-operatives were four times less likely to cease trading during 2020 further to this, despite the pandemic, the UK co-operative sector grew by 1.1 billion in 2020². The resilience shown by co-operatives demonstrates their potential within a unstable care market. This report aims to highlight the potential of co-operatives, as well as give some key points of learning, along with actions that need to be taken by Government and Local Authorities to ensure that Co-operatives, moving forward, can form a critical part of the solution.

POLICY PROTOTYPES:

STRENGTHS:

- There was a strong theme throughout all of the projects of being innovative and working towards best meeting the needs of the community.
- All of the projects worked in conjunction with partners, either within their own organisation or externally.
- The projects show a strong foundation for development and highlight how crucial co-operative principles are to the future of health and social care.
- Each of the projects has had a positive impact on the community they were seeking to serve.
- The projects provide a strong evidence base for how to use the co-operative principles in an array of settings, meeting real world needs.
- The development of further work as a result of the projects highlights how the using the co-operative principles in local government work can open the door to new opportunities and innovation
- The projects 'sow the seeds' of co-operative principles within local government

CHALLENGES:

- While the aim of the work was not to develop full co-operatives the projects have highlighted the challenges some of the principles represent currently.
- The projects were small scale and in some cases were originally short term. Developing a fully co-operative membership was challenging as introducing a democratic engagement process, would have placed significant delays in the implementation of the projects.
- Joint working and of co-production were evident across the projects, however very few of them were able to engage fully with residents due to the scope and scale of the work being undertaken in addition to the impact of COVID 19.
- Larger organisations with more access to certain networks, resources and contracts did not always engage with the projects, creating a challenge in sharing learning and scaling up the work.



NEXT STEPS GOVERNMENT:

It is crucial that this report is used by CCIN Members to highlight to Central Government that Co-operatives are a vital part of the solution to the care crisis this country is facing.

There needs to be increased recognition from Central Government as to the importance of preventative work in managing the demand local authorities face across social care, and the critical role that co-operatives can play in supporting this.

A vital role that is within the hands of local government is how it commissions services. We would strongly recommend that commissioning functions within local government consider co-operatives values and principles in the tendering and awarding of work, and that local authority services consider embedding the co-operative values and principles in the delivery of services they provide

There needs to be increased recognition by Central government regarding the work of co-operatives around prevention and well-being and the importance of using the co-operative principles within Local Government.

GLOBAL AND LOCAL CONTEXT



Globally, co-operatives are used for different purposes and aligned specific needs, however they all share the same underlying principles and focus on a social conscience.

Around the world the idea of wide scale co-operatives supporting care is not new, estimates place the overall number of co-operatives in operation across all sectors in excess of 750,000³. In Canada the use of co-operatives across all areas of life is widespread, the approach has been utilised for agriculture, education, and health. In 2012 Canada had 112 health co-operatives and 419 social service co-operatives providing 2.6 million hours of support in the home⁴. Canadian co-operatives have extensive membership and work on a large scale.

The use of well supported small scale health and social co-operatives - operatives is also evident in Italy. Since the 1990's, co-operatives in Italy have benefited from legal protections such as tax exemptions, specialist grants and a preferential purchasing policy.

'Legal protections such as tax exemptions, specialist grants and a preferential purchasing policy.'

The development of co-operatives is constitutionally supported and places specific rules on their development; for example, all co-operatives must operate under one member/one vote, an open-door policy, a minimum of nine members and a ban on members who have a private business in the same field. In addition, co-operatives in Italy have a specific focus, for example 'B' co-operatives work to reintegrate marginalised people into the workforce. Italy operates a centralised national health system and manage their social service provision on a local basis, in a similar way to the UK. However, in the 2000s, certain social needs were not being met, which supported a widening of the use of co-operatives⁵.

Currently the strengths of Italian co-operatives is renowned worldwide. The Legacoop co-operative in Emilia-Romagna region runs study tours enabling delegations from an array of countries to meet with key co-operatives and participate in workshops, as part of their 'Welcome Co-op' program⁶.

Emilia-Romagna has co-operatives in use across multiple sectors such as retail, agriculture, insurance, and housing in addition to social support and therefore provide strong insight into how to create a widescale co-operative economy.

³ Co-operatives in Canada | Measuring the Co-operative Difference (cooperativedifference.coop)

⁴ 6674_cmc_factsheets_health_v3_lp.pdf (canada.coop)

⁵ SocialCooperativesInItaly.pdf (socialeconomyaz.org)

⁶ Everybody loves Emilia-Romagna's cooperatives - Legacoop Emilia Romagna

Within Japan, medical and nursing facilities are owned and run by the co-operatives. As of 2019 there were 104 health and welfare co-operatives operating under the Japanese Health and Welfare Co-operative Federation. The co-operatives are also responsible for 'Han-groups', which are local neighbourhood groups comprising of three or more members, that promote healthy lives and community engagement.

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Trained resident members are provided the skills to support basic health checks in the wider community, this approach to social health provision was developed in order to combat some of the deadliest lifestyle related diseases, such as high blood pressure. In measuring their success, health and welfare co-ops target eight healthy habits and two health indicators⁷.

Co-operatives are also seeking to answer the issue of health inequalities in countries that experience a high level of deprivation. Brazil began officially developing co-operatives in 1969 and has grown to have co-operatives working across 13 sectors of the economy⁸. In 2019 Brazil had 6828 co-operatives with 786 of these focused on health⁹. USIMED and UNIMED have developed into the primary health orientated co-operatives in Brazil, with USIMED operating as the user-owned arm and UNIMED as the provider focused arm. The COVID19 pandemic has highlighted the importance of health co-operatives in the region, throughout the pandemic UNIMED has worked to raise awareness of vaccination and have increased services such as field hospitals. The Brazilian approach to co-operatives highlights their efficacy in both day-to-day health care and in responding to emergent situations.

Provider based co-operatives have worked to protect essential workers as well as providing essential community support, such as food and basic supplies to vulnerable communities. Sistema Unimed has the highest turnover per capita globally with 17.64 billion (US) of turnover in 2019¹⁰.

Globally, the social and economic impact of co-operatives demonstrate the potential role of co-operatives in the UK, in alleviating the current social care financial crisis, if they continue to develop.

⁷ Outline of Health and Welfare Co-operative in Japan (hew.coop)

⁸ Cooperatives of the Americas - The role of Brazilian

⁹ cooperatives in the country's economy (aciamericas.coop)

¹⁰ MAPPING: KEY FIGURES (coops4dev.coop)

Within the UK, the co-operative movement is gaining momentum however it is still small. The number of co-operatives grew by 1.2% in 2020, meaning there are currently 7,237 in operation across the UK with a turnover of 39.7bn¹¹ however only a small proportion of these are within the health and social care space. The number of care co-operatives currently stands at 101¹². There is increasing recognition that a community-based, personalised approach to care offers more control to care users and better outcomes. In line with this move towards co-operative principles, micro providers are forming a part of the care offer from Local Authorities. For example, Somerset Council are offering support to micro providers to develop and access funding.

Somerset Council have partnered with Community Catalysts CIC and The Community Council for Somerset, to develop the Somerset Micro- enterprise programme¹³. The aim is to use this programme to support the development of small, community care provision, that offers an alternative to traditional care.

The programme is specifically seeking to develop micro- enterprises that have eight or fewer members and are entirely independent of any other organisation. As of January 2022, the micro-enterprise directory in Somerset has over 400 micro- enterprise being supported through the programme, with over 9000 hours of support being provided per week. The increase in capacity across the system has supported people to remain well and at home, and has led to increased use of Direct Payments and speedier hospital discharges. The use of micro providers has also produced an economic impact, as the cost of care through the community enterprises is more cost-effective than the traditional model of care delivery.

Co-operative Care Colne Valley (CCCV) was established to support both vulnerable people who require support and those who choose to enter the care profession. The aim of CCCV is to make high quality care accessible and within the control of those who need it¹⁴. The four key elements of CCCV seek to ensure the well-being and sense of independence of its users. These elements are: My life, My home, My community, and My Care. These are considered to be interlinked and any changes to these areas creates instability in others.

CCCV works to treat user members as individuals with unique needs and views on how the service should be run. The services offered go beyond the traditional support provided by social care systems and include social support. CCCV is an example of a large-scale, umbrella co-operative that is able to deliver personalised care and support, through smaller scale community-based providers.

¹¹ The Co-op Economy | Co-operatives UK

¹² https://www.uk.coop/sites/default/files/2021-06/Economy%202021_1.pdf.

¹³ Somerset Micro-enterprise Project

¹⁴ Our Vision - Co-operative Care Colne Valley

CASE STUDIES

The CCIN strives to ensure that member councils uphold and strengthen co-operative values and principles. In acknowledging that Councils are not in themselves registered co-operatives, the CCIN developed Principles that have grown from those of the International Co-operative Alliance¹⁵ and are relevant within the context of local government.

The values of the CCIN provide the guiding beliefs for the principles.

‘Our Values are what we believe in, and our principles guide the way we, and our members put our Values into action’

CCIN Statement of Principles and Values¹⁶

The foundation of the CCIN values are rooted in honesty, openness, and social responsibility. These values provide the co-operative difference. The values are:

- **Self help**
- **Self-responsibility**
- **Democracy**
- **Equality**
- **Equity**
- **Solidarity**

The CCIN co-operative principles are as follows:



¹⁵ Cooperative identity, values & principles | ICA

¹⁶ Statement of Values and Principles - Co-operative Councils Innovation Network

Funding was provided to 15 projects across 11 members in order to build the evidence base for using co-operative principles in Local Authorities and to identify how co-operative ways of working can support and influence the delivery of both health and social care services; enabling a more sustainable approach across both systems.

The projects have been used as case studies to demonstrate the application of the Co-operative Values and Principles. These values and principles do not work in isolation, and all of the case studies showed evidence of meeting multiple principles.

The full range of principles each project met is illustrated by the additional icons included in each case study.

However, the principles of Enterprise and Social Economy, and Community Leadership and a New Role for Councillors are not specifically addressed here. These principles are discussed as part of the learning and guidance, and form part of the recommendations.

To see all these Case studies in full please visit: <http://councils.coop/funded-projects/published-projects/>.



Social Partnership

Co-operative innovation in health and social care requires a whole-system approach. Local Authorities who have a statutory duty to provide access to social care are often a dominant commissioner in the local market. Historically, this has led to a reliance on traditional forms of commissioned care, where micro providers and the community and voluntary sector are not the first point of call, and struggle to become part of a wider health and social care system. There is a key opportunity to identify the gaps in existing support to communities and use a co-operative approach to fill those gaps and address some of the challenges the sector faces.

The following case studies highlight how social partnership can be leveraged to provide community-focused solutions to the provision of support to vulnerable people in different ways.



CCIN Member: Billingham Town Council

Title: 4-week Summer Holiday Activity

Overview:

Billingham identified the need for support for young people over the summer holiday period. The overarching aim was to increase activity levels throughout the summer holidays; however arts and crafts were also included. Using resources within the community, Billingham have used these activities to provide support around food poverty, which typically worsens during holiday periods. The approach provided a safe environment that reduced the stigma around food poverty. Billingham were able to develop links with local activities in the area, such as the Fighting Chance Boxing Club. The aim was to provide young people with opportunities to continue with activities during the school year. Working co-operatively with sports clubs and community centres provided an opportunity to create new networks and links. They were also able to highlight the issues facing the community, in order to develop a shared and sustainable approach to tackling them.

Outcomes:

- Improved mental wellbeing of young people, reduced feelings of isolation
- Increased level of activity among young people
- Encouraged and provided opportunity for healthy eating

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CCIN Member: Plymouth City

Title: Plymouth Diabeaters

Overview:

Working with Plymouth Community Homes and building on work started through NESTA in 2014 and the Grow Share Cook model, Plymouth have been working to provide a link between volunteer growers and vulnerable communities. The project provided support with packing and delivery of home/community grown produce.

Plymouth worked with multiple organisations to support the growing, cooking and referral aspects of the project.

Originally, the project was aimed at people with diabetes, however this has been expanded to families experiencing food poverty. Prior to COVID19, cooking lessons, using the produce, were also a part of the project, however social distancing created a barrier to this. Plymouth are considering how to use digital channels to redevelop this offer and provide valuable skills and education around making healthy meals. Throughout the COVID crisis, the project has been providing door to door deliveries of produce to support those who are shielding. The project has evolved as a result of COVID and is now using children's centres to identify families that may be in need of help and support in relation to food poverty. The project has been included in Plymouth 'Food Poverty Toolkit'.

Plymouth are looking to the future, regarding continued funding and how to involve their local health partners in the offer.

Outcomes:

- Expanded reach of the project to include families experiencing food poverty
- Increased the consumption of fresh fruit and vegetables
- Reduced the reliance on health care professionals through reducing visits to GPs etc

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Democratic Engagement

The voice of the community is often missed when developing approaches to provide support. There are too few opportunities for people to have input into how care is delivered. Equally, the competing pressures of different services are not always balanced against each other, with each service having the opportunity to impact decisions made around processes and pathways. Working in silos can often lead to outcomes for vulnerable people, that could have been better met with a cohesive response. The current social care crisis represents an opportunity for services and systems to work together in partnership, around innovative solutions.

The following case studies highlight how equal engagement of services can provide an improved offer, without shifting pressures around the system.



CCIN Member: Plymouth City Council

Title: Plymouth Complex Needs Alliance – workforce development programme

Overview:

Over the last five years Plymouth have developed a Complex Needs Alliance that supports people experiencing homelessness and/or substance abuse issues. The founders of the alliance identified that the offer was spread across multiple services and created a 'fragmented' approach. As a result, they brought together 25 different services from across the care and voluntary sectors, to provide one offer of support to create the Complex Needs Alliance. Plymouth have used the CCIN funding to support their workforce development plans. This work was aimed at upskilling members of the Alliance to provide a consistent and high-quality level of support. The Alliance is a 'one worker' approach, with staff trained to support at all stages of the pathway and all types of need, with some specialist medical workers. This has provided a valuable flexibility to the service, as well as reducing handoffs between staff. Staff have been able to access a series of training courses covering all of the areas the Alliance supports and the approach the Alliance takes in working with people. The Alliance is underpinned by a shared financial responsibility, they operate from a single contract and budget, and consider social value to be the best measure for outcomes. Plymouth have been active in sharing their learning and approach across other networks and are looking to future development, based on a singular pathway not restricted by need or age.

Outcomes:

- Development of a generic job description that supports consistent and personalised working
- 50 staff have already attended training sessions with plans to train in excess of 150 staff
- Development of a group supervision space that supports staff through experiences of vicarious trauma

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CCIN Member: Plymouth City Council

Title: Plymouth Health and Wellbeing Hubs

Overview:

The Plymouth Well-being Hubs were first developed in 2017 and worked as a forum for providers, across primary care and the voluntary sector, to identify gaps in provision and emerging needs. Through the recent work supported by CCIN, the Well-being Hubs have evolved into building-based resources that meet the needs of their local community. Each hub has the same core offer of a 'Front Door' service and can operate additional support based on what the local area requires, delivered through partnerships with additional groups and local providers. The hubs include representation from commissioned care providers, who are able to use them as a space to provide outreach. Of the hubs, three operate as social enterprises with community economic development trusts. One of the hubs has 800+ community members. The funding from the CCIN, has enabled the hubs to provide learning events, as well as support the digital offer through the COVID pandemic.

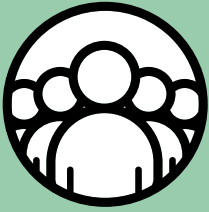
Outcomes:

- Hubs have become 'anchor organisations' in communities through COVID
- There is an evolving process for measuring success and sharing learning
- Evolution of the hubs to look at emerging areas of need such as food poverty and mental health issues

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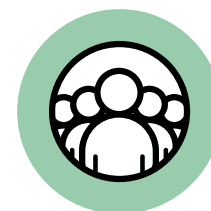




Co-production

Co-production ensures that the priorities of the community are reflected in ongoing work. The knowledge, skills and information held in the community are vital to moving forward. Co-designing services with them, allows for increased innovation and puts people back at the centre of health and social care.

The case studies below, highlight the importance of co-production, when embedding a new approach and focusing on what really matters to the community.



CCIN Member: Kirklees Council

Title: Kirklees Adult Social Care Vision – Social Marketing Project

Overview:

Kirklees identified that its strategic vision was not always understood or visible across those who provide services and those who receive services. In response to this, Kirklees co-produced their 'Vision' for Adult Social Care. Working across the voluntary sector, communities, social care staff and wider system partners, the aim was to look more specifically at the values required to deliver the vision over the next five years. In addition to this, Kirklees have been considering how to use innovation from across partners in commissioning. In order to drive the vision forward, Kirklees partnered with SCIE to work in collaboration with people who have experience of care services. Due to COVID, virtual gatherings were used to gain feedback from those with lived experience. These looked at an array of subjects such as the barriers to co-production and the projects that would be suitable for co-production.

Outcomes:

- The use of assistive technology has significantly increased in line with supporting people to have more control over their support
- Working groups have been initiated to look at key issues such as Direct Payments with the inclusion of service users

Contact:

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CCIN Member: Kirklees Council

Title: Personalised Commissioning model comparison event: Beyond Time and Task

Overview:

Originally the CCIN funding was to support a one-day workshop, bringing together commissioners and social enterprises from around the country, however due to COVID this was amended to three webinars. In total the webinars were attended by 84 participants including representation from CCCV, Think Local Act Personal and Power to Change. The webinars looked at the different models of commissioning and the impact they had. The outcomes from these webinars were to be used to develop local models and micro providers. They are now looking at how they can use and promote them across Kirklees.

Outcomes:

- The webinars helped develop the thinking around different models of commissioned support
- The learning from the webinars has been collated and shared across networks

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CCIN Member: Rochdale Borough Council

Title: Co-operative Engagement – Toolkits Tests

Overview:

Rochdale have used CCIN funding to co-design a toolkit for Co-operative Engagement. The aim of the toolkit is to support and guide engagement with communities around change. Rochdale worked with their community and voluntary sector to develop the toolkit and are actively using it when suggesting and carrying out changes that directly impact the community. The deployment of the toolkit has promoted volunteering in Rochdale, with over 300 new volunteers signed up. The toolkit has also supported the development of new Mutual Aid groups. Through this work and the increase in social action, the connection between mutual aid groups and the wider voluntary sector has improved.

Outcomes:

- Development and sharing of the Toolkit
- Increase in volunteers and mutual aid groups

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Maximising Social Value

Maximising Social Value at its core is the idea of 'going the extra mile' for people and communities. It is the additional value added by providing more support or services than are required.

The below case studies highlight how to maximise social value for children and young people through developing engagement approaches above what is traditionally provided, and through supporting employment opportunities in addition to preventing social isolation.



CCIN Member: South Ribble Borough Council

Title: One-Stop shop for Mental Health

Overview:

South Ribble have used the CCIN support to build on their MH:2K work from 2018, which was aimed at better supporting the mental health of young people in Lancashire. This partnership project was delivered in partnership with Preston and Chorley Councils as well as 'Leaders Unlocked' social enterprise to engage with young people around what matters to them when it comes to Mental Health. The themes identified have formed the building blocks of the current work and through this project, South Ribble have looked to re-focus, given the significant changes and challenges young people have faced over the last two years, and develop the new pathway with input from young people and local services. South Ribble have taken an open approach to discussion and consultation in order to ground the pathway in the community and ensure it meets the current needs of young people. As a result of the success of this work, South Ribble are now engaging with young people around how they would like to be involved and engaged with in the future.

Outcomes:

- Working with young people around how they would like to be engaged with
- Co-design of the mental health pathway for young people that enable resources to be shared with young people and learning to be shared between agencies

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CCIN Member: Member Preston City Council

Title: SafeSpaces

Overview:

The Safe Spaces project was delivered through the Preston North End Community and Education Trust. The programme sought to provide young people, identified as vulnerable from two different schools, with access to both physical activities and mental health support over the summer holidays. The mental health impact of COVID19 was recognised amongst young people in Preston in terms of its impact on educational attainment and engagement as well as self-confidence and social skills. The SafeSpaces programme was aimed at children and young people from disadvantaged backgrounds to support with nutrition, physical activity and mental health, over the holiday period, as well as support their on-going educational attainment when schooling resumed. Safe Spaces was linked with local primary education settings and sport centres, to support the delivery of this work. The programme over the summer provided positive outcomes for young people, and feedback was obtained from their educational settings to determine if their outcomes have improved. Moving forward, Preston are looking to secure further funding to run the programme over more holiday periods and widen the remit to include non-physical activities such as art.

Outcomes:

- Young people reported finding the programme positive and engaging
- There was an improvement in both school and home behaviour of some children and young people
- There was a significant value add to children and young people who reported they know how to make healthy choices

Contact:

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CCIN Member: Preston City Council

Title: Youth Development Project with Hard-to-Reach Groups

Overview:

The Fishwick Rangers, Youth and Community Development Scheme 'Unlock' programme was delivered in partnership with the Preston United Youth Development Project, in order to provide hard-to-reach young people with a space to develop their personal goals and key life skills. The programme sought to support young people who had been, and continue to be, significantly impacted by the changes brought about by COVID19, through structured physical activities held in the local community. The aim was to use improved access to physical exercise, to enable young people to gain confidence and communication skills, as well as develop life goals.

The programme also placed importance on the voice of young people in how their needs should be met in the community. The programme delivered a vital service and has had a significant impact on those involved. As a result of the programme, full time employment has been gained by a member of the 'Unlock' programme group. The project showed strong local community links as well as aspects of co-production.

Outcomes:

- Young People felt more able to work towards employment
- One young person has gained a job
- An increased desire by the young people involved to be part of their local community

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New Models of Meeting Priority Need

The crisis within social care has been compounded by the COVID19 pandemic. There is now an urgent need to meet needs in a new way, to provide the best outcomes and use of resources. Developing these models requires doing things that have not been done before and is an ideal opportunity to increase the use of co-operatives, micro enterprises and mutuals.

The case studies below, shows how a new and innovative approach to a priority need, can empower a community and increase the scope for support in the community.



CCIN Member: Burntwood Town Council

Title: Enabling a dementia-friendly

Overview:

Burntwood Town Council have linked with the Alzheimer's Society and the Ideas Alliance in order to develop a dementia friendly Burntwood. There has been a significant amount of work put into increasing the visibility of the scheme, including the placing of knitted 'forget me nots' around the Town. Within the scheme, people with dementia and their carers have been engaged with to create a photo exhibition in January to highlight their experience of Burntwood. Cameras have been provided to capture how they access the community and the barriers they face with accessibility. The exhibition will be used to support conversations with cafes, shops etc. regarding how they support their local community. The wider plan to gain Dementia Friendly status has involved engaging with faith groups and education to improve the visibility of the needs of people with dementia. Further work is planned to engage with health and emergency services. The development plan includes the redesign of a sensory garden and the redesign of dementia friendly film nights.

Outcomes:

- Key insights gained into the lives of people with dementia and how to improve their access to local communities

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CCIN Member: Torbay Council

Title: Early Years Help

Overview:

Torbay Council have been on a journey to redevelop their Early Help model that involves the community and is delivered on a hyper-localised basis. Torbay have used the digital opportunities to support engagement through workshops, which has led to the development of the Early Help Hub Network. The underlying principle is to provide support to the community, in the places they are regularly engaged with, for example cafes and food banks, and developing these safe spaces to enable conversations about their needs. The aim is to link these community assets into the Locality Network in order to increase their visibility and community awareness.

Torbay have also developed a Quality Assurance framework that ensures that there is consistency within the offer. An online map is also being planned to identify where and what support is being provided in order to improve the links between services. Moving forward Torbay, are looking to develop a 'hybrid' model that provides support in both the community spaces and virtually. The use of digital engagement has been vital to supporting meaningful community engagement and has allowed for further innovation and development.

Outcomes:

- 120 attendees across the three localities representing 80/90 organisations
- The Early Help Assessment Training is fully booked
- An online digital map of the services involved in the networks is being developed

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Innovation

In order to move forward we must work in ways we previously haven't. There is a key opportunity to be innovative in the way services are delivered and the 'make up' and focus of those services.

The following case studies highlight the different ways innovation can be applied in a changing environment. They also highlight how innovation can work on both a large and small scale.



CCIN Member: Telford and Wrekin Council

Title: Health and Social Care Urgent Response Team

Overview:

Telford and Wrekin identified the need to consider admission avoidance. Through frontline workshops, the ethos of 'if only we could do this together, it would make so much of a difference' was developed. The Telford and Wrekin Integrated Place Partnership (TWIPP) was established to support this aim. The partnership involved the voluntary sector, primary care, social care, and care providers. The partnership provides a referral and triage pathway, that involves a multi-disciplinary team. The strategic vision of TWIPP is based on a cross function view, that responds to the changing needs of the community. The TWIPP developed the Health and Social Care Urgent Response Team (HSCRRT) in order to specifically support people to remain at home with their family and networks instead of hospital admission. The CCIN funding was originally planned to support workforce development, however through COVID this was amended to target meaningful communication across health services and further care provision in order to raise the awareness of the TWIPP.

Outcomes:

- The HSCRRT was found to be effective, and the recommendation is to keep the team as part of business as usual
- There have been fewer duplicate referrals with more streamlined access to services
- People have been able to remain at home with their needs met rather than re-admission after a hospital stay

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CCIN Member: Stevenage Borough Council

Title: Connecting Communities: Community Transport Service

Overview:

Stevenage Borough Council have provided community transport provision for many years. The support from CCIN was originally intended to widen the remit of community transport drivers into community connectors. Stevenage had identified the importance of drivers' roles in the lives of older people, drivers are a regular point of contact. COVID19 led to the ceasing of community transport for safety reasons, however the use of drivers to support the community continued. Drivers were redeployed into the Community Response Team. The project evolved into a virtual community support function with drivers conducting weekly calls to older and vulnerable people who were shielding. Drivers were also used to deliver essential provisions. Phone calls were able to provide key insight into changing needs throughout the early stages of the pandemic and enable flexible and rapid responses. The link between the community transport service and the frontline social care provision allowed for targeted and essential support to be delivered and amended as needed.

Outcomes:

- Reduction on the reliance on individual car trips with users seeking alternative forms of travel support
- Planned expansion of the project and opportunity to review the overall strategic direction for the service

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Learning

It is important to utilise the knowledge that exists from members of co-operatives. In order to develop and learn lessons, it is essential that information, innovation and approaches are shared.

The case study highlights how work in one area can support development across entire networks.



CCIN Member: Tameside Council

Title: Living Well at Home (LWAH)

Overview:

Tameside identified the need to improve the quality of support provided to vulnerable people, as well as providing them with increased choice. The aim was to create a better quality of life for vulnerable people and support them to remain at home and within their communities longer. The Living Well at Home (LWAH) project utilised a 'bottom up' approach to promote innovative ways of working that support locally delivered services. In small community pilots, using this approach, they have been able to implement improved continuity of care through a singular key worker, improve worker satisfaction and reduce wait times for vital interventions. The approach utilised the independent sector and brought them onboard as partners.

Tameside have been working in conjunction with Salford City Council and Kirklees Council, in order to share learning around integrating services. In addition, Tameside have been able to develop new roles in the LWAH in order to support the training and education of providers. Tameside have plans to widen the pilot work into different neighbourhoods and integrate digital solutions into in their support offer.

Outcomes:

- People had to 'tell their story' fewer times due to the improved continuity of care
- Improved relationships between external providers and commissioners
- Staff have reported that the new working practice has had a positive impact on the care they provide

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OPPORTUNITIES

In addition to the wider academic and global position, the findings from the projects highlight the opportunities presented by co-operatives as well as the benefits.

Within social care, flexibility and responsiveness are an on-going issue. Commissioned care in its current form is often rigid and unable to respond in real time to emerging or changing needs on both a personal and community level. The use of co-operative principles and micro providers provides access to services and support that is adaptable. Moving towards a commissioning future with micro providers at the forefront would encourage individuals and groups to be more in control of the management of their care. In order to support this, there is a need for responsible authorities and their co-operative partners to understand what is available locally and how this can be supported and developed. Both Torbay and Kirklees have been working on developing more connected networks of services through their projects and are looking to build on the opportunities these open dialogues have provided around innovation and ways of working.

Social care, health and community services have been under increasing financial scrutiny in recent years. COVID19 has made the gap in funding for appropriate provision even starker. Co-operatives that develop a new way of working within the current constraints, including the use of micro providers, can offer more personal and innovative care that supports good outcomes. The improvement in job satisfaction and joined up care found by Tameside supports this.

The Care Act 2014 places emphasis on care planning and support including the voice of the person being supported however, often when using large scale commissioned care models, care plans are often standardised. This transactional model of care and support focuses on the cost of support rather than the outcomes.

Using a co-operative approach to planning, practice can become more relational, placing support back within the hands of the person who is being supported and the community around them. Where commissioned care is still necessary, the principles of a co-operative approach can still be implemented. The Telford and Wrekin Integrated Place Partnership (TWIPP) highlights how person-centred, multi-agency working supports discharge planning.

‘The co-operative approach to Adult Social Care uses micro providers to support people to set their own goals and be supported in a way that works for them.’

Commissioned care currently operates within specific parameters, often limiting support to personal care tasks and community access. The lives of people who require support are far more nuanced and complex than this and so support offers should be as well.

Community programmes such as Preston ‘SafeSpaces’ and Burntwood’s desire to become a dementia friendly town, are allowing access to support that is not usually available. In addition, micro providers that offer care and support are able to widen their offer to include services like ‘dog walking’, often not supported by traditional providers. Both ‘SafeSpaces’ and Burntwood’s dementia work enable people to retain their independence for longer and remain living at home with access to safe and supportive local communities.

BARRIER AND CHALLENGES



The barriers faced in developing, scaling, and sustaining care-based co-operatives in the UK are largely infrastructure and market-management related. While compared to Japan or Canada, there is significantly more power in the hands of local authorities, both in statutory responsibility and funding, there is also significantly less flexibility regarding how that power is used. The funded projects emphasised these barriers and offered insight into how to move forward.

1

There are additional barriers in developing co-operatives included in this report that are not specific to the projects but add context to wider issues.

2

An example of a wider barrier to developing existing or creating new co-operatives is the current mainstream approach to market management and commissioning. In general, these do not support the development of co-operatives and micro providers. While there are examples of Local Authorities who are actively seeking to use micro providers, this is not the norm. In addition, certain activities require a named person to be ultimately responsible, for example a designated safeguarding lead. While this does not prevent the development of a co-operative, it does mean that for certain types of care-based, co-operatives/micro providers there will be aspects that cannot be fully co-operatively led, without agreements in place to share responsibility as a singular organisation.

3

At a strategic level, accessing funding that can be directed by a co-operative group is a challenge. Many of the projects are looking to further grants and community funding options in order to continue operating, as developing a joint budget with member ownership poses significant difficulties.

4

Within the current health and care system services are traditionally in-house or commissioned, this makes it difficult for co-operatives to form part of this delivery model. There is a need for co-operatives that deliver services such as the Telford and Wrekin Integrated Place Partnership, to be an equal partner in the health and social care system, and not owned by either, in order to be fully co-operative. Currently, creating a system that allows for this is complicated.

GUIDANCE FOR COUNCILS

The wide variety work of undertaken by the projects, places a spotlight on how the co-operative principles can be applied to create new and effective ways of working, to help support communities and become part of a solution to the care crisis. This report highlights the significant amount of learning that can be taken from the projects supported by the CCIN, the global and local contexts, along with academic research. This learning can be translated into some practical key actions that Local Government can adopt immediately:

1

Development of toolkits or methodologies would support organisations to apply the co-operative principles to different types of projects and activities.

2

Specific support to co-operatives in developing funding strategies and joint approaches to budgeting.

3

Development a peer learning and feedback mechanism that promotes closer links between co-operatives, initially facilitated by Local Government.

4

Specialised support in relation to moving from being authority/ council owned, to independent co-operative businesses that work with the authorities.

5

Available advice and support regarding how to set up a care micro provider, including support for CQC registration and inspection.

6

Regular check-ins on the continued application of the principles.

7

Wider education on the use of co-operatives and how they can be used for small pieces of work as well as on a larger scale.

8

Co-operatives should be self-organising. Whilst they may initially start out pump-primed by commissioning authorities, there is a need for them to be able to largely self-fund in the future. There is a requirement to develop a commissioning model to enable trade and income generation to help sustainability.

9

The balance of power needs to be redressed, with the removal of the traditional commissioner/provider dynamic, through improved training and the adoption of shared visions.

We recognise that to be able to effectively deliver on the actions outlined above, will require not only expertise but also capacity. We would therefore strongly recommend that Local Authorities responsible for the provision of social care have a designated co-operative lead within their existing commissioning structure. We are aware that Local Authority commissioning functions are already 'cut to the bone' however introducing a lead responsible for co-operative working would support more creative commissioning that enables and empowers the community they are supporting to take a more active role in their support, while reducing the reliance on the traditional models of commissioned care.

Find out more about the UK local authorities who are driving global municipal co-operative policy development with a common belief in the Co-operative Values and Principle.

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