Involving Seldom Heard Groups in the integration of Health and Social Care

Falkirk Reshaping Care for Older People Co-production Model



In a Nutshell

The Reshaping Care for Older People (RCOP) Co-production Model in Falkirk was funded by the Change Fund initially for one year and piloted in Bo'ness and Blackness. The aim of the project was to use a participatory approach to involve older people in the design and delivery of local services, enabling them to maintain their independence for as long as possible.

The project used an asset-based community development approach harnessing the skills and knowledge of older people, and their relationships with the wider community and services. This was achieved by engaging people through the area's existing network of community groups. Participants were encouraged to work in partnership to develop and agree outcomes for health and social care providers.

A range of stakeholders were involved in the project, including Step Forth (Falkirk Community Trust), CVS Falkirk, Royal Voluntary Service, Equal Futures, Alzheimer Scotland, the Princess Royal Trust Carers Centre and NHS Forth Valley.

Aims and Objectives

The project team recognised that Bo'ness and Blackness has a well-developed community infrastructure with a large number of active churches and associated groups. However, the team highlighted that these were not connected which made it difficult for service providers to keep track of available support networks for older people. The team emphasised that waiting lists for some groups suggested that demand exceeded supply including more specialised support for older people with complex care needs including dementia.

The aim of the project was to "transform service users from passive recipients into active participants, augment the connectivity between service users, carers and providers / enablers, and develop ties between community groups"¹

The project was initiated by the Falkirk Partnership which recognised that there was a need to involve end users in service design. The project team explained that this involved a shift from top-down, 'expert' led, to bottom-up user-led service design and delivery. They described a previous pilot project using a Public Social Partnership

Scottish Health Council Case Study

¹ Falkirk Council Corporate & Neighbourhood Services (2013) 'Working Together in Bo'ness and Blackness Briefing Note 1'.

(PSP) model, to reshape the commissioning framework for Falkirk Council's Children and Families Service, which formed the basis of this RCOP initiative. The first year of the project was funded by the Change Fund to cover the salary costs of a Stakeholder Engagement Officer, and a small budget for engagement costs. The project was managed by Falkirk Council's Corporate and Neighbourhood Services.

The project set out to:

- provide a forum for stakeholders to agree the requirements for transformational service change;
- include older people and carers, community and voluntary organisations, the independent sector and statutory agencies in the process of RCOP;
- enable stakeholders to participate in co-producing services;
- ensure that partner agencies understand the aspirations, capacity, strengths and weaknesses within local communities; and
- develop a sustainable network of stakeholders to embed into ongoing service planning processes.

Method

The project team worked with ten community groups during the first year. Mapping work was undertaken to identify older people through existing networks and services, for example lunch clubs and sheltered accommodation. The project was designed to engage meaningfully with older people, developing relationships between different community groups, enabling them to share knowledge and experiences with each other and to strengthen links between service providers and users.

The Falkirk Co-Production Model combined two approaches outlined by the project team. The first, action research, involved a phase of research working with older people to reflect on their experiences of services and to identify issues. This was followed by a period of action in which participants suggested solutions to issues through open dialogue in partnership with key service providers. The emphasis was on using existing resources which were identified using techniques such as solution circles. This enabled participants to work together to solve problems in a solutions-focused way. The second approach, a Theory of Change Framework, is a resource planning and evaluation tool demonstrating project output, which provided the context for these research activities.

The action research process was undertaken by the project team in three stages, each involving data collection and analysis. The team described how community and service provider engagement activities ran in parallel throughout the project. The views of older people around their experiences and expectations of services were gathered through focus groups by the team, and these were fed back to relevant service providers. The views of service providers were collected through semi structured interviews and observation during meetings.

The key themes emerging from focus groups with older people included:

- issues of mobility for older people including accessibility to transport;
- the need to develop networks connecting older people to communities;
- the lack of information available about services available for older people;
- variability in patient / client experiences of services; and
- restricted consumer choices within the area.

These themes were reflected in feedback gathered from key service providers. The project team used the Scottish Health Council's (SHC) Participation Toolkit² to help it select from a range of engagement tools as and when required.

"Approaches must be flexible in order to meet the needs of different communities and the SHC Toolkit allows you to choose relevant methods for engaging people"

(Project Team Member, Falkirk Council)

Outcomes and Impact of Engagement Activities

The project focused on co-producing:

- capacity building packs for volunteers and community groups;
- an older people's services directory for including a map of community groups;
- a network of Signposters to augment referral routes and update the directory;
- strength and balance sessions to improve mobility and reduce falls; and
- increased awareness of community transport options.

Qualitative research tools were used by the team to ensure that the project was not entirely based on statistical information. This allowed them to gather valuable data on the small personal gains in participants' lives, not easily captured by quantitative approaches. More tangible project outcomes also emerged through the delivery of strength and balance sessions by Falkirk Community Trust's Step Forth programme, alongside strengthened community networks and the establishment of sign posters.

The team explained how the project has contributed to a greater awareness of the benefits of qualitative research and asset-based community development approaches, of the partners involved. For example project findings fed into the Asset-based Research Project led by NHS Forth Valley Health Board.

The project benefitted from the enthusiastic involvement of partner organisations and community groups, according to the project team. Engagement with older people was made easier for them by tapping into existing groups and activities, and the project was designed flexibly to fit into participants' schedules. The team described

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² This is available online at: www.scottishhealthcouncil.org/toolkit.aspx

how this achieved a balance between structured and ad hoc community-based work, combining bottom-up engagement with strategic planning.

Project partnership working was described by the project team as "a combination of convenience and opportunism". They felt that one year was not a long time in terms of planning, gaining the trust of local people and completing the project. Therefore, they "had to work with the people who were available". This led to the formation of new partnerships at a local and Council-wide level.

Evaluation

The impact of the project was evidenced by the team through quarterly briefing notes and presentations to partners and stakeholders. Monitoring arrangements were set by the Change Fund Steering Group, requiring regular reporting and quarterly meetings. The project fitted into the existing governance framework of the Community Health Partnership and Community Planning Partnership.

"It may be too early to tell what impact on the whole has been, but a process model has evolved which works"

(Project Team Member, Falkirk Council)

The project produced a robust resource planning and evaluation tool enabling the project to be strongly evidenced and reflective. The methodologies involved have been used since within other local engagements across Community Planning, such as the Joint Commissioning Plan for Older People's Services.

Challenges and Barriers

Creating and maintaining links with key stakeholders was challenging largely due to constraints on peoples' time. This issue was partly overcome by gaining participants' consent and explaining that they could exit the work at any time. This removed much anxiety over the commitments of participation amongst service providers and users. The project team noted that a key strategy of the project was to include people not already involved in community engagement mechanisms with either the Council or NHS Forth Valley, for example, the Public Partnership Forum.

Future Development of Involvement Activities

A second year of the project is currently under development. The project team described how the project will build on the experiences of the pilot and take a thematic rather than locality-based approach. The team intend that the Co-Production Model will be embedded into the planning processes of service providers.

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