



The community opportunity:

Lessons for adult social
care from the Keep it Local
campaign



Contents

Executive summary	3
Introduction.....	5
The evidence of community power in adult social care	7
The Keep it Local argument.....	7
A growing body of evidence.....	9
What must we overcome to unlock the community opportunity?.....	14
Our Keep it Local principles and practical guidance.....	16
Community power approaches to social care.....	18
Adult Social Care in Bristol.....	18
NEDCare: stepping in to fill the gap	24
Goodwin Development Trust: Danny’s Dream	27
Community Catalysts: Empowering communities to support themselves.....	30
Individual Service Funds (ISFs)	32
Seizing the community opportunity	36
About Keep it Local.....	37
Locality.....	37
Lloyds Bank Foundation	37
for England and Wales	37

Executive summary

Community organisations play a vital and distinctive role in the adult social care system. As the government presents proposals for reforming a system in crisis, we explore the opportunity to put community power at its heart.

Our [Keep it Local campaign](#) has highlighted the trend of large-scale outsourcing and standardisation in public service commissioning. It has created “one-size-fits-all” services which can’t properly respond to an individual’s needs. This is shown clearly in social care through the tick-box practice of “time and task”¹ provision.

Community organisations play a unique role in the local service landscape. Their distinctive qualities are particularly valuable for services which tackle complex social problems. Yet, the trend towards scale and standardisation has prevented them from playing this role to the full.

There is a growing body of evidence showing the value of community power in adult social care. It shows how community organisations provide high quality services. These services keep people independent and living in their communities for longer. They provide greater choice and control over the support local people can access.

We have seen this in action across our Keep it Local councils and network of local community organisations. This report provides new case studies of innovative, community-led approaches to social care. They also show how these are being supported by local authorities.

These case studies are:

[Adult Social Care in Bristol](#)

Bristol is focussing on investing in the local economy and reducing long-term pressure on the public sector. To do this, the council is working with its Voluntary, Community and Social Enterprise (VCSE) sector to find innovative community-led solutions to the care crisis.

[NEDCare](#)

Northeast Dartmoor was in social care market failure. NEDCare has stepped in to provide over 30,000 hours of care for over 100 individuals. This shows how

¹ The practice of commissioning home care where services are purchased in time slots for care workers to complete certain personal care tasks for an individual accessing care such as getting them out of bed or giving them a meal.

community organisations can fill gaps in provision with high-quality, person-centred care. Care that looks after both the client and carer.

[Goodwin Development Trust, Danny's Dream](#)

Goodwin provides over 700 hours of care each week for adults with complex needs in Hull. It is rated "Outstanding" as a Care Quality Commission (CQC)-registered care provider. This is thanks to its ability to connect individuals to a range of services across the city.

[Community Catalysts](#)

Community Catalysts supports small and micro enterprises to provide vital social care services in their local communities. In doing so, it delivers savings for local authorities. Through preventative activities, it achieves better outcomes for both care staff and receivers.

[Individual Service Funds - Wakefield and WECIL](#)

Individual Service Funds aim to give individuals more choice and control over the care they receive. Wakefield Council are working with community organisations to maximise their role in health and care. In Bristol, WECIL is putting this all to the test. It's running a pilot to help its care users use their personal budgets more creatively. It's also putting in place the infrastructure to help more people across Bristol do the same.



Introduction

Up and down the country, councils and communities are coming together to transform their places.

More and more local authorities are moving away from bureaucratic commissioning and big outsourcing contracts. Instead, they are unlocking the power of community: building strong local partnerships, sharing power, and maximising local strengths.

Keep it Local is Locality's campaign, in partnership with Lloyds Bank Foundation, to support this journey. For the past three years we've been working with two local authorities, Bradford and Bristol, to provide practical Keep it Local support, while building a wider network of Keep it Local Councils. So far, 13 local authorities have signed up to our six Keep it Local principles and joined the Keep it Local Network. They believe that by working with communities they can create collaborative public services and invest in the local economy.

In practice, much of the work we've done with councils over this period has focused on adult social care. This is for two key reasons:

Adult social care is one of local authorities' statutory commitments and takes up significant proportions of their budgets (in Bristol, 40% for example). So, it is an area where there is a pressing need to find innovative new solutions – driven both by a desire to raise the quality of service being provided, plus a need to drive down budget pressures.

It is an area where it is recognised that community organisations can make a distinctive contribution. Increasingly, the aim of adult social care commissioning is to keep people living happy healthy lives in their own communities, for longer, rather than needing expensive residential care. Community organisations have a particular role to play in this, which has historically been underplayed, but whose transformative potential is being recognised more and more.

So, this report brings together what we have learnt about how community power can provide important solutions to the challenge of adult social care. The government's recent announcement on funding to "fix" social care, in the words of the Prime Minister, has the potential to provide the financial backing for much-needed reform.

However, the financial settlement was not backed up with a detailed plan for how this reform will look and how additional revenue raised will be spent. In this, the government has the opportunity to recognise the importance of locally rooted solutions as a vital part of reform and future provision. It is clear that this new national settlement is needed more than ever as the NHS struggles with the backlog

in patient care caused by the pandemic, but also for long-term investment in the care system.

We believe the long-term answer to the care crisis can be found in local communities. The Prime Minister has rightly pointed out that we “can’t fix the NHS unless we fix social care”.² But for that to happen, it will require local community organisations to be at the heart of the solution, working in partnership with local authorities and the health system.

We know, and our case studies demonstrate, that community organisations play an essential role at all levels in the social care system. From micro-enterprises and small local charities to place-based community anchors and user-led organisations; and from informal befriending services to formal, CQC registered services, local community organisations play a vital role in meeting the needs of their communities. This includes providing those accessing care with greater freedom and choice to access the services they need to remain in their homes and in their communities.

The ongoing crisis in adult social care

The growing interest in and evidence for community-led care approaches is happening at time of ongoing crisis for adult social care. Even before the pandemic hit, it was clear the future of adult social care was one of the biggest challenges facing our society. Increasing demand, driven by an ageing population, coupled with squeezed local authority budgets has put huge strain on the system. In 2018, the King’s Fund predicted a £6bn adult social care funding gap by 2030/31.

More and more, the task of meeting this gap has been falling on individuals accessing care and their families. Augmented by increasing thresholds for access to formal social care these individuals are being left to care for themselves and their relatives out of their own pockets, and for longer. Families are even turning to the measure of selling their homes to provide care for ailing relatives.

The pandemic has made the need to deliver on the promise of social care reform even more urgent. Most prominently and devastatingly, the coronavirus crisis has shone a light on residential care. But it has also made us think deeply about isolation and loneliness; the instability of the workforce and how much we value care work; and the stark inequalities that exist in our society.

In terms of home care alone, the CQC has raised concerns over the fragility of the home care markets with questions over the quality of services being provided. The home care sector has seen a rise in the number of complaints and fall in satisfaction at a time when demand for home care is forecast to increase significantly; the King’s Fund predicts that older users of local authority funded home care will rise by 82% from 257,000 in 2015 to 468,000 in 2035.

² Prime Minister’s Office, 10 Downing Street and The Rt Hon Boris Johnson MP, 2021. ‘PM statement at press conference on health and social care: 7 September 2021’. Available at <https://www.gov.uk/government/speeches/pm-statement-at-press-conference-on-health-and-social-care-7-september-2021>

The evidence of community power in adult social care

The Keep it Local argument

Keep it Local's substantive argument is encapsulated in [Saving Money By Doing the Right Thing](#), Locality's major research report with Vanguard, published in 2014. This demonstrated how the trend towards scale and standardisation in public service commissioning has created tick box, "one size fits all" services which don't see the whole context of people's lives and can't respond to their individual needs. The consequence of this is growing pressure on services from "failure demand": problems which have mounted up over time, having not been properly addressed when they were first reported, with people re-presenting at multiple services for the same problem.

Locality's research with Vanguard for the report found that eight people with drug or alcohol dependency presented to GPs a total of 124 times. Broader analysis from Vanguard suggests that failure demand accounts for 80% of demand into health and social care services.

So, our argument is not that community organisations can or should provide all local services. However, there are certain things they are really good at – which are of particular value in tackling the complex nature of our current social problems. But the trend towards scale and standardisation has been preventing them from playing this role to the full.

Recent [Locality research](#) has shone a light into exactly what the distinctive characteristics of community organisations are; in particular their unique role as local "cogs of connection" in their neighbourhoods. Over time, they build deep relationships with particular places. They know the people who live there, and they care passionately about their wellbeing. They have unrivalled local knowledge and have developed strong bonds of trust. This makes them able to connect all parts of

their community – especially those who might traditionally be less likely to engage – with not only the different services they need but also with wider local life.³ Staff at Manor and Castle Development Trust in Sheffield described how they see their role as being able “to recognise links and connections”. Their services may operate independently, but “once you’re in one you get linked up to other things”. This ability to connect often extends beyond organisations’ own activities and services. Many community organisations are able to provide links and connections with those services, both formal and informal, offered by other providers in their communities, thereby expanding the choice of which services an individual can access. This also reflects the fact that so many of the services and activities offered by community organisations do not require CQC registration and can supplement the formal care which individuals access.

³ Also demonstrated in Sheffield Hallam University CRESR, IVAR and Centre for Voluntary Sector Leadership at the Open University, 2018. ‘The Value of Small’. Available at <https://www.lloydsbankfoundation.org.uk/we-influence/the-value-of-small>

A growing body of evidence

There is growing body of evidence that it is precisely this quality – the ability to connect – that is vital in services for individuals of all ages, to tackle issues around loneliness and isolation, build strong relationships, and keep people living healthy lives in their own communities.

Community organisations play an essential role in prevention and early intervention. The cuts to preventative public services in the last decade have hollowed out local authorities' ability to respond to some care needs. And it is particularly these preventative services where the work of community organisations can come to the fore.

Their role in prevention, ranging from social prescribing to tackling isolation and loneliness, mental health and so much more, can ensure that an individual's entry into the formal care system can be prevented or delayed. When individuals are successfully connected into care in their own homes, within their communities, provided by local community organisations, this can represent significant savings for both local authorities and the NHS. This is demonstrated by the savings which can be achieved by linking individuals being discharged from hospitals with VCS care provision.

Delays in hospital discharge to care in the community has a huge cost implication, Age UK estimated that between June 2017 and December 2019, this cost the NHS over £580m.⁴ Community organisations play a role in joining up formal and informal care provision which can produce savings such as this. NHS data shows that 21% of Delayed Transfer of Care (DTOC) days in England in 2019/20 was because of individuals awaiting care packages in their own home. Demos research in 2021 estimates that this could cost the NHS £30m.⁵

This growing body of literature has been augmented in recent years by research which evidences how community approaches to social care provide a valuable solution to the challenges in the sector. From the idea of highly personalised and individual care which gives those drawing down on it more freedom and choice over what they access, to the models of care which can help to develop and retain a workforce with high churn. Here, we look at some of this evidence which we see as

⁴ Age UK, 2019. 'Lack of social care has led to 2.5 million lost bed days in the NHS between the last Election and this one'. Available at: <https://www.ageuk.org.uk/latest-press/articles/2019/december/lack-of-social-care-has-led-to-2.5-million-lost-bed-days-in-the-nhs-between-the-last-election-and-this-one/>

⁵ Demos, 2021. 'The Care Commitment, A new model of social care for England'. Available at: <https://demos.co.uk/wp-content/uploads/2021/02/The-Care-Commitment-Report.pdf>

supporting this community approach and the distinctive attributes of community provision.

Community power in adult social care

Research from [NEF for Power to Change](#) has highlighted just how community power can play a transformative role in adult social care. Their research with community businesses found them to be highly networked and embedded in the local community, providing highly personalised care delivered by dedicated staff who are paid fairly. The focus of these local organisations is on building and maintaining social relationships, and the autonomy of the individuals receiving care is prioritised.

Many of these organisations carry out services which have been described by commissioners as being on the “edges of social care” – activities which maintain relationships, reduce isolation, and increase mobility for those individuals who may not qualify for social care. But those people supported are certainly at risk of needing more acute forms of care without these interventions.

Their report concludes that:

“ As we look towards an alternative model of social care, we can see that it is exactly these community-scale organisations who will be most suited to delivering quality social care for a population with growing needs. Rather than being on the edges, these organisations should form the cornerstone of a preventative social care agenda focused around wellbeing and laid out in the 2014 Care Act.”

The research found a broad consensus that the local roots, agility and creativity of community businesses put community-led care models in a strong position to help the social care system move upstream towards prevention.

Community-led approaches to homecare

[Recent research by the Royal Society of Arts \(RSA\)](#) has focused on the potential innovation of self-managed teams. This work describes how social care has shifted over time to become “an almost industrial model of care and support. This presents challenges to those innovators and micro-providers who may be innovating in the sector. The system of care provision has not changed substantially for many which can mean those who are innovators find it difficult to scale their model to enable more to receive a type of support they would like.” These micro-providers play a vital role in the wider social care ecosystem as evidenced by organisations such as Community Catalysts (see page 30) who support sole traders and micro-providers to innovate and play this role in their communities.

The RSA's research further highlights how commissioning models are consistently cited by providers as a challenge to the provision of good quality home care, stating that "the time and task model of care ... leads to poor staff satisfaction and retention" and, focuses on basic tasks rather than person-centred care. The report shows that models such as [Buurtzorg and Wellbeing Teams](#), can enable small, community-based and values-led teams to function in a way which provides the best outcomes for individuals.

New models of care

The King's Fund has produced a [wide-ranging report](#) which brings together common themes from the latest research into what people want from care delivered in their home. Again, much from this can be found in the Keep it Local approach:

- **Person-centred care** – caring for all the person's needs together in a holistic, integrated way.
- **Valuing and involving people, as well as their carers and family members** – ensuring that people are able to express their preferences, views and feelings. listened to and acted on.
- **Continuity of care** – ensuring that care is consistent and reliable.
- **Personal manner of staff** – a caring and compassionate approach to care.
- **Development and skills of staff** – ensuring that staff are equipped with the training, supervision and experience to do their jobs effectively.
- **Good information about services and choices** – ensuring that people know where to get advice and understand their choices about local care options, including quality and financial advice.
- **Focus on wellbeing, prevention, promoting independence and connection to communities** – to be able to stay in their own homes and be supported to do things themselves. This may include signposting individuals to activities which allow them to be able to contribute to their local communities.

The report further speaks to the major workforce challenges, especially around recruitment and retention, which we know are major problems in the sector. It highlights the benefits of alternative commissioning models such as direct payments and Individual Service Funds (ISFs), which can give individuals greater freedom and control over their care decisions.

An optimised model for adult social care

Recent research from the [County Councils Network and Newton Europe](#) put forward a proposal for an "optimised model" for adult social care. Their report

states that, “adult social care needs to start from the fundamental principle of achieving the best and most independent outcomes for individuals”.⁶ Once this foundational understanding is in place it then becomes easier for the right services to be commissioned, and the right pathways designed and delivered with the right partners, at the right scale.

The model acknowledges the vital role which VCS providers have in the wider social care ecosystem. They are valuable partners to councils in providing care and closer collaboration between councils and community partners can help to improve knowledge of the provision that is out there. However, long-term funding is needed for this to be achieved with temporary grants making up 59% of all adult social care funding from central government, resulting in short-term thinking and uncertainty for local care providers.

The report states that:

“ With the optimised model ... there could be a 4-6% reduction in total commissioned home care hours by better connecting older and working age adults to their communities when, or before, their needs escalate. Offsetting spending requirements by an estimated £95 million per year and could be achieved through local delivery of ASC, strong partnerships with the VCS and effective pathways to community provision.”

The Local Government Association’s thinking on the [Future of Adult Social Care](#) also recognises the importance of community organisations as part of the solution. Their lessons from the pandemic highlight “the importance of local” and working on an equal level with partners such as community organisations and others in the VCS space. There is also recognition that “traditional services” such as residential, domiciliary and day care, need to be “part of a much broader local offer including smaller, more bespoke providers, micro-enterprises, a vibrant voluntary sector and wider community assets, such as community-owned care, mutual aid and shared lives, that have all played a part in responding to the current pandemic”.

⁶ Locality, 2014. ‘Saving Money By Doing the Right Thing’. Available at <https://locality.org.uk/about/key-publications/saving-money-by-doing-the-right-thing>

What must we overcome to unlock the community opportunity?

If the pandemic has refocused minds on the scale of the problem, it has also brought to the fore the role community power can play in finding the solution. Locality's report [We Were Built For This](#) detailed the incredible community response to coronavirus, how community organisations stepped in to keep us together at a time when there was a public imperative for us to be physically apart. We've seen powerful partnerships develop between councils and communities that harness the deep networks and relationships community organisations have built up over time.

We believe this power of community offers vital answers to the entrenched challenges facing our social care system, from the long-term demand pressures to the instability of the workforce.

However, there are a number of big challenges facing community organisations working as an essential part of the social care eco-system.

As outlined above, commissioning and procurement of adult social care services can be a huge challenge for community organisations. As has been well established elsewhere, bureaucracy and big contracts tend to exclude smaller local VCSE organisations from participating⁷. There are also often concerns about the capacity in the sector locally – about the ability of community organisations to step up and play a bigger role in local services. Sometimes these concerns will be well founded – many community organisations have struggled with the challenges of austerity over the past decade. In which case, this must be seen as a shared challenge rather than a reason to continue with business as usual, with proactive strategies to build sector capacity and grow their role in local service provision over time.

However, there can also be a lack of knowledge from adult social care commissioners about who is out there locally, what services they are providing, what their potential to do more might be. So, it is imperative that commissioners have built the right relationships with their local providers, engage early and openly, look outside narrow service parameters, and get creatively engaged.

⁷ See also Lloyds Bank Foundation for England and Wales, 2016. 'Commissioning in Crisis'. Available at: <https://www.lloydsbankfoundation.org.uk/media/ulrkbflf/commissioning-in-crisis-full-report.pdf> and DCMS, 2018. 'Civil Society Strategy: building a future that works for everyone'. Available at: <https://www.gov.uk/government/publications/civil-society-strategy-building-a-future-that-works-for-everyone>

Market development and capacity building is needed by both the sector and contracting authorities. This can be as much about developing partnerships and relationships between VCS providers as it is about having a stronger relationship with the council. A lack of pre-procurement or pre-commissioning activity with VCS providers can make consortia bids harder. In turn, this can mean that the VCS is unable to build the strong partnerships which could allow them to deliver across the scale and scope that the council is looking for.

In the case of those VCS organisations carrying out services in the communities, things like befriending services, activities to tackle isolation and loneliness and to improve mental health (all things which can prevent or delay formal or specialist care), providers are not helped by the uncertain funding landscape and the short-term contracts with councils. Particularly in the wake of the coronavirus crisis, where we have seen that community organisations are in an increasingly unstable financial position, short term contracts and grants lead to more uncertainty, for both community organisations and individuals in the communities they serve.

A further result of short-term contracts and grants is that capacity within these, often small, organisations is being taken up by bid writing for competitive funds and processes.

While community organisations play an important role in all parts of the social care eco-system, relatively few operate at the formal, regulated end of the care spectrum. It can be challenging for community organisations to know whether they should become a CQC registered provider.

Our Keep it Local principles and practical guidance

As part of our Keep it Local campaign we have developed a range of approaches and recommendations to help local areas overcome these challenges and realise the community opportunity to address numerous issues, including social care.

Keep it Local principles

Our six Keep it Local principles were co-designed with councillors, commissioners, community leaders and policy experts, to build high-level support across councils and guide Keep it Local practice on the ground:

1. Think about the whole system, not individual service silos.
2. Co-ordinate services at the neighbourhood level.
3. Increase local spend to invest in the local economy.
4. Focus on early intervention now to save costs tomorrow.
5. Commit to your community and proactively support local organisations.
6. Commission services simply and collaboratively so they are “local by default”.

We have published a series of essays exploring each of the Keep it Local principles in more depth – authored by thought and practice leaders in each area and accompanied by exemplar case studies.⁸

When it comes to adult social care, the Keep it Local principles can give local authorities a framework for involving community organisations, those accessing care, their families, and unpaid carers in the conversation about how services are designed. They can help to build the basis for the trust and strong partnerships which are needed to provide high quality, person-centred care which address the needs of those accessing it. The case studies in this report show how keeping it local is possible in adult social care.

⁸ Locality, 2019. ‘Keep it Local: How councils and communities are coming together to transform their places’. Available at <https://locality.org.uk/policy-campaigns/keep-it-local/keep-it-local-principles>

Practical guides

Our report [Join the Keep it Local Movement](#) sets out different ways councils can put the Keep it Local into practice – with advice on how to build community capacity and the best ways to use social value.⁹

We have also produced specific guidance for commissioners. This sets out the different contracting and procurement approaches that can be used to bust through the bureaucracy and unlock the power of community – from alliance contracts to innovation partnerships.¹⁰

Through our work with Bradford Council we have also developed a pre-procurement market engagement guide, to tackle the short timescales and lack of engagement that so often prevents community organisations participating in procurement exercises.

Policy advocacy

In March 2021, we published a national [Keep it Local Manifesto](#),¹¹ which outlined how government policy can best harness the innovation we've seen locally through our Keep it Local Network. One of our central calls was to “create collaborative public services” by:

- Long-term investment in councils and communities.
- Making collaboration – not competition – the guiding principle of public services.
- Localising social value.

Local and national government must strive to create collaborative public services if we are to overcome the crisis in care and realise the “community opportunity” as a key part of the solution.

⁹ Locality, 2019. ‘Join the Keep it Local Movement’. Available at <https://locality.org.uk/wp-content/uploads/2019/04/Join-the-Keep-it-Local-Movement-FINAL.pdf>

¹⁰ Locality, 2018. ‘Better Services, Stronger Economy: A Keep it Local guide for commissioners’. Available at https://locality.org.uk/wp-content/uploads/2018/04/KEEP-IT-LOCAL-COMMISSIONERS_FINAL_220318.pdf

¹¹ Locality, 2021. ‘Keep it Local Manifesto’. Available at <https://locality.org.uk/wp-content/uploads/2021/03/Keep-it-Local-Manifesto-March-2021.pdf>

Community power approaches to social care

Despite the widespread crisis in adult social care, we have seen a range of innovative, community-led approaches to social care across our Keep it Local Councils and membership network of local community organisations.

In this section we look at:

- Adult Social Care in Bristol – a Keep it Local pilot area supported by Locality
- Innovative approaches to social care in the Locality network:
 - NEDCare, Devon,
 - Goodwin Development Trust, Kingston-Upon-Hull,
 - Community Catalysts, UK-wide,
- Approaches to Individual Service Funds:
 - Wakefield Council, West Yorkshire,
 - West of England Centre for Inclusive Living, Bristol.

These case studies represent a small fraction of the community power approaches to social care. From micro-enterprises and small local charities and from community organisations to user-led organisations and councils, they showcase the community opportunity in adult social care across the country and the distinctive role which the VCSE sector has to play.

Adult Social Care in Bristol

Looking at [Bristol's Adult Social Care Market Position Statement](#) clarifies the Keep it Local opportunity in practice. Published in 2018, the statement is framed in relation to Bristol's overarching Corporate Strategy. In response to a difficult financial backdrop, only heightened by the coronavirus pandemic:

“ Greater emphasis is being placed on treating public spending as an investment, generating returns to be re-invested and promoting independence to reduce the need for high-cost public services in social care, health and housing.”

This is precisely the argument which Locality has made in favour of keeping it local: investing in the local economy and reducing long-term pressure on the public sector. Locality’s [Keep it Local for Economic Resilience](#) project has shown how community organisations act as local economic multipliers, creating and retaining wealth, and building economic resilience. Also Locality’s [Saving Money By Doing the Right Thing](#) report produced evidence that community organisations provide preventative “person-centred” services, that deal with people’s problems early and reduce long-term demand for public services.

The statement also sets out a range of synergies with the Keep it Local approach:

- Empowering people, taking a strengths-based approach and working with the VCS to bring new ways of working.
- Stressing social value and Bristol City Council’s (BCC) policy to spend 25% (later updated to 40%) of total budget with Small and Medium Enterprises (SMEs) and the Voluntary and Community Sector (VCS).
- Co-production – with users and providers.
- Collaboration and joint commissioning across the system, for example the CCG.
- Commissioning approach to support and deliver strengths based collaborative approach.
- Place-based/joint commissioning.
- Taking a “locality approach”: bringing providers together in one area.

Adult social care is broken down into three tiers in the statement, which provides a useful framework for thinking about where the opportunities for a Keep it Local approach lie.

- **Tier 1: Universal support** – family and community based, providing “help to help yourself”.
- **Tier 2: Targeted support** – professional led, providing “help when you need it”.

- **Tier 3: Longer term formal services** – Care Act services providing “help to live your life”.

The relative costs of services clearly highlight the challenge and the opportunity. While nursing homes and residential homes cost on average £908 and £797 per person per week respectively, home care can cost far less at £180 per person per week.

So, the big prize for commissioners is to keep people living at home for longer, rather than needing expensive nursing or residential care. Or, as the statement puts it, the key is “sustaining and building the Tier 1 and Tier 2 offers to reduce reliance on Tier 3”.

The opportunity

We believe there are big opportunities to make the Keep it Local approach a core way of delivering this.

- **Tier 1** – this is already the core work of community organisations. So how can we ensure they are playing this role to the full?
- **Tier 2** – there may currently be some involvement from local community organisations. What is this at present and how can we go further into this territory?
- **Tier 3** – are there opportunities within the regulated, Care Act end of social care provision to make greater use of community-led approaches? In particular, to improve Home Care to reduce reliance on Nursing and Residential care?

Home Care has been identified by BCC as an area where innovative community-led solutions could bring innovation into the more formal Care Act end of social care. This has been the focus of the Keep it Local programme’s practical work.

Commissioning Home Care using the Keep It Local Principles

In a Keep it Local scoping workshop in September 2019, officers at Bristol City Council, set out how Home Care commissioning might be transformed using the Keep it Local principles.

The CQC definition of Home Care (or domiciliary care) is:

“...personal care for people living in their own homes... The person is visited at various times of the day or, in some cases, care is provided over a full

24-hour period. Where care is provided intermittently throughout the day, the person may live independently of any continuous support or care between the visits.”¹²

Currently in Bristol what is commissioned is personal care from regulated providers. But the council is thinking about what people really want and need to enable them to live their lives at home, in their community. They recognise that personal care is essential – but it is not the only type of care people need.

Currently in Bristol over 17,000 hours of Home Care is commissioned per week by the city council with an annual spend of around £14m. There is a recognition of the essential part that Home Care plays in enabling people to live as independently as possible in their homes for longer, and as an important part of the hospital discharge process. There is also a recognised need to grow the Home Care sector in the city as BCC decreases the amount of commissioned residential care that it provides.

There are however some key challenges for Home Care. A big one is around workforce. It is very difficult to recruit and retain homecare workers. It is low paid work, that can be very rewarding but also very difficult, with competition from Amazon and other service sector roles.

Much of the dissatisfaction with Home Care – for commissioners, providers and workers, as well as those accessing care – lies with the “time and task” model. The [RSA describes](#) this and outlines the problem:

“ Certain amounts of time are assigned to certain tasks, and that’s what care workers are asked to perform. For example, dressing the client: 8 minutes. These tasks are then ticked off. But real people don’t live in tick boxes. They might need different things on different days. And the care will be better if care workers have the time to build up a relationship,

¹² CQC. ‘Service types’. Available <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/service-types#domiciliary-care-services>

instead of rushing off the moment tasks are completed.”¹³

So, commissioners are currently paying for inputs – the tasks – rather than outcomes, like whether a person’s wellbeing has improved. What’s more, even within this tightly managed, heavily rationed model, demand for Home Care always exceeds supply. There is a clear need for different providers to enter the Home Care market to meet the diverse range of needs people have, and commissioners want to facilitate them. But they recognise providers need to jump through too many hoops and this is preventing new types of provider from entering the system.

Bristol City Council have set out to reshape Home Care along Keep it Local lines. In developing a different vision of Home Care, there are opportunities to support local workers and address workforce challenges, with more rewarding, better paid work. By using local, community-based providers they can invest in the local economy and support local economic resilience. They can create a more “mixed economy” within local social care provision – direct payments, some commissioned services, some regulated personal care, some preventative services, some in-house services.

And ultimately, by investing in home care they can prevent hospital admissions and reduce need for residential care.

Make it Local

These insights have led to the Make it Local pilot project, which is focused on “developing place based social care solutions”. It is a practical expression of the Keep it Local approach. Locality has been working to develop with BCC.

The Make it Local Project is an alliance of BCC (Adult Care and Community Development), Power to Change, Locality members (predominantly Southmead Development Trust, Wellspring Settlement, BS3 Community Development as neighbourhood-based community “anchor” organisations, with WECIL and Black South-West Network) and Age UK Bristol.

A grant funded pilot is now underway to begin to understand the opportunities for, and to design and develop, a locally based Home Care offer that will contribute to an improved, locally based social care offer.

This offer will be built on the principles of co-production with communities, addressing existing inequalities of access and strength based local approaches.

¹³ RSA, 2019. ‘4 social care challenges we can tackle with self-management’. Available at <https://www.thersa.org/blog/2019/10/social-care-reform>

The partners will work together to fill gaps in the adult social care and support market by offering a range of different services. The aim is for this eventual place-based offer to include options available for purchase or funding by commissioners, personal budget holders and self-funders.

There is no prescription of what offers might look like, as they will be based on, and contribute to, an asset-based approach. Eventual offers could involve community anchor organisations developing regulated or non-regulated local support services, working with other local providers, including regulated providers to develop a more joined up effective approach to local need, recruiting and supporting micro-enterprises who can deliver small scale for personal budget holders and self-funders, or other creative approaches.

BCC's strategic ambitions for adult social care are bold and have set an overall vision for adult social care provision to become person-centred and to be a system which both meets the needs and utilises the assets of communities, supporting people to live happy, healthy, and fulfilling lives. These strategic discussions have continued alongside partners as the Make it Local pilot continues to develop.

NEDCare: stepping in to fill the gap



Image: NEDCare

NEDCare, based in North-East Dartmoor, Devon, provides an example of the distinctive role that small community organisations can play in stepping up to deliver adult social care provision where no one else is.

In 2014, the area in which NEDCare now operates was in market failure. There was a lack of access to care services with long waiting lists. The local cottage hospital was also in trouble, with the Clinical Commissioning Group (CCG) carrying out a consultation to permanently close beds with the assumption that individuals would be cared for at home. Seeing this failure of the system, a small team of local people decided to fundraise and set up a regulated care agency. As they began raising the money that they needed to become Care Quality Commission (CQC) registered, the group ran an introduction service which made matches between individuals with social care needs and local carers. This service supported 63 people over the eight months that it ran and proved the impact that connecting local people to care in their community can have.

In the four years following August 2017, when NEDCare formally became CQC-registered, they have delivered 32,550 hours of care and support for 115 individuals and their families and now have a core team of 22 carers delivering this. Between 50-60 % of the clients that NEDCare support are local authority clients whose care is paid for by the local authority. This is, however, supplemented by a charitable legacy which NEDCare has, as the local authority rate does not cover the costs of care. This year's Home Care Deficit Report from the Homecare Association further shows that home care costs are outstripping funding from councils in many parts of the UK.¹⁴

In what is an incredibly rural area, with a population which is far older than the national average, NEDCare's social care services are not just distinctive: they are absolutely vital. There is still no competition in the local care system, meaning, without their provision, there would be 111 people left unsupported.

And these services are having an important impact on both the wider health and care ecosystem and the individuals receiving that care themselves. NEDCare's provision has been able to reduce hospital admissions amongst the people they work with, as well as the need for GP visits. Carers work closely with local health practitioners on early intervention and prevention, spotting issues before they become major problems and ensuring individuals are safe in their homes. Being able to swiftly get individuals out of hospital, providing a safe environment to return to their own homes not only helps recovery, but it can also provide individuals at the end of their lives with the dignity that they deserve. As Julia Darby co-founder of NEDCare said, "dignity in later life is what we have brought to this population".

NEDCare has focused on building a values-led culture for their staff. Indeed, the continuous active learning, accountability and honesty that they promote as a team has provided an environment in which staff are supported in their work. This culture and the organisation's values also mean that the committed staff are empowered to provide the best care that they can for the people they serve. They are not constrained by time pressures and will never leave an individual in a precarious situation. The organisation's staff turnover is far below the average for the care sector at around 13% in 2020 compared with the 31% national average. This relative stability has a positive impact on those accessing care, with a greater consistency and an ability to build strong and meaningful relationships with carers.

Another important aspect of NEDCare's success is that it is truly rooted in the community it serves. This, for them, is one of the defining characteristics which illustrates the distinctive role of community organisations in the delivery of adult social care. Providing care for the community, by the community. This is illustrated in the fact that there is one carer who is looking after an individual who used to babysit them when they were a child. It is their existing community relationships, paired with the relationships with other local community organisations, which helps

¹⁴ Homecare Association, 2021. 'Homecare Deficit Report'. Available at <https://www.homecareassociation.org.uk/resource/homecare-deficit-report-2021-launched-by-the-homecare-association.html>

to reintegrate individuals with their communities. It is also not just about connecting with the community, but with the local area too. In the case of one client, who had spent her whole life on and around Dartmoor, the care team were able to give her the additional help needed to take her back out on to Dartmoor. They received a phone call from the individual, weeping on the phone, expressing her gratitude at the fact that she thought she'd never see the moor again. So, the local knowledge and ability to use the natural landscape in care shows the level of personalisation that NEDCare provides.

Julia, and colleagues at NEDCare see the many challenges facing adult social care at the moment. One of the biggest challenges is around workforce. While NEDCare have been able to retain their staff at a much greater rate than in the wider care system, they too are experiencing difficulties in recruiting staff. They, like others in the sector, are contending against wrongly held perceptions that care is a low-skill job, and how daunted many people are by the responsibility carers take on and how much training is required. Another challenge is around the cost of care and how much local authorities pay for adult social care, the majority of whom use the UK Home Care Association calculation of unit cost of care, which the UK government also recognises. However, the Personal Social Services Research Unit (PSSRU) have calculated the unit cost of care to be far higher than the UKHCA. NEDCare believe that this disparity needs to be addressed for local authorities to pay a higher unit cost for care.

However, NEDCare also sees some opportunities. This year, they are turning their original care connection service, which is where NEDCare started, into a trading subsidiary. The new platform, Community Care Connect, will be an easy way of making connections between those seeking to access social care services and local carers.

Age UK estimates that around 15% of over 65s are not getting the care and support that they need. This has a lot to do with access and the availability of services. This model will enable different areas across the country to use the platform to enrol local carers and target specific gaps in social care provision. Community Care Connect will support local authorities and community organisations, and the platform will also provide valuable sector support to carers, bringing together a community of practice and providing advice, tools, and training.

Due to be launched later this year in Bristol, it is a shining example of how community organisations are taking a leading role in tackling the social care market failure, and care deserts. The very same things which led to NEDCare being set up in the first place.

Goodwin Development Trust: Danny's Dream



Image: Goodwin Development Trust

Goodwin is a local development trust based in Hull. It provides a wide range of services across the city from children's centres to social housing and from youth provision to CQC-registered domiciliary care. Their aim is to holistically support the needs of the people in the communities that they serve.

Goodwin plays an important role in the wider adult social care ecosystem in Hull both as a partner and provider. They have, over a number of years, built up a strong relationship with the council and are regarded as a partner who can help to provide solutions to the big challenges the council tackles through its work. As a provider through "Danny's Dream", they are commissioned to deliver services for individuals and families, often with multiple and complex needs.

Danny's Dream is a regulated domiciliary care agency owned by Goodwin and was set up and developed with a small number of families who wanted personal assistance for profoundly disabled family members. They wanted to have control over the care that they were able to access. The service was developed and amalgamated into Goodwin's delivery offer in the city, registered with the CQC and now helps families across the city with packages of support which meet the care

needs of, and empowers, the individuals and families accessing the support. Danny's Dream now provides over 700 hours of care each week, helping families and individuals accessing social care to get the support that they need whether that is for things like domestic tasks or the provision of nutritional, mental health or social support.

“ Nanna advised that she feels J is having lots of activities and engagement and he has been singing and is very and settled at home.”

From the family of an individual drawing on support.

Playing a distinctive role in the care sector

The value of community anchors such as Goodwin is emphasised in their adult social care work. They are a locally rooted and locally run organisation, providing services for the good of their local community. Services are not being run to make a profit and can therefore be as person-centred and bespoke as possible. The social care services provided through Danny's Dream are able to easily connect into, and join up with, so many other services.

This distinctive role as a “cog of connection” in their local community is one of the factors which saw Danny's Dream achieve an outstanding rating in their last CQC inspection. The CQC report stated that, “The service continued to build positive links in the local community and people were actively involved in their local areas”. This ability to connect with other organisations, and the care taken to match personal assistants with those accessing care, brings an additional level to the service, which is clearly valued by the regulator, as well as by the families of those drawing on care services.



Image: Goodwin Development Trust

Dianne Hamilton, Head of Wellbeing Services at Goodwin Trust, says that this deep-rooted connection with the local community means that so many barriers are removed to joining services up. The ethos of Goodwin as a whole is that staff go the extra mile to support the community that they are serving.

Looking to the future

Goodwin's adult social care provision, through Danny's Dream, evidences the high-quality services which community organisations provide in this space. Its recognition by the sector regulator as an outstanding service shows the value that it is bringing. However, the service still faces the same challenges as others are throughout the sector, the uncertainty of local government finances putting a potential strain on their ability to carry out the service as they are now, the challenge of recruitment into the sector, and retaining and developing those staff too.

Goodwin Development Trust plays an active role in developing its staff. They are a diverse staff team and have entered the care sector at different stages with some having started as apprentices while others have joined later in life. As part of their development, the organisation offers a range of diplomas



including health and social care diplomas and further support staff to gain experience through other external training and diplomas in things such as team leadership. External partnerships, especially with the health sector are an essential part of the organisation's working. Partnerships with district nurses for example has mean that they can provide additional training for staff and ensure that those drawing on the Danny's Dream service are truly having holistic care. This level of integration and partnerships with health teams is vitally important and will become even more so in future years.

Image: Goodwin Development Trust

“ D was brilliant on Friday, really engaging and a credit to Danny's Dream. He always listened and took on advice.”

From the family of an individual accessing care.

Goodwin does see some opportunities, including thinking about the vital transition of young people into adult social care. Further, they see innovative commissioning from their local authority around community wellbeing and outcomes focussed commissioning as holding exciting potential for the future.

Community Catalysts: Empowering communities to support themselves

Community Catalysts was founded in 2010, a response to the demand for social care and support services that put people at the heart, and which keep individuals connected to and involved in their communities. Their aim is to “build capacity for people in communities to care for and about each other”, reduce demand for more institutional services and unleash the energy of individuals in their communities. Over the last decade, Community Catalysts has worked with over 100 local authorities and other statutory bodies, and VCSE and private organisations, to help them take an asset-based approach to care. They have also supported individuals and groups across the country to set up small and micro-enterprises, empowering them and giving them the tools to offer care to those in their communities.

The Community Catalysts community micro-enterprise model

Community Catalysts works with local authorities to carry out a diagnostic assessment, to understand what the council’s provision is and what provision and other resources already exist in the community, to understand the options and pathways which are available to people who need care and where the gaps are. Community Catalysts hires a “Catalyst” who works within their local community, acting as a go-between for enterprising individuals and groups, and the council. They support, advise and guide the enterprise leaders and act as an essential cog of connection.

Community micro-enterprise and social care

The Community Catalysts model helps to develop community capacity alongside developing the capacity of individuals to care for those in their communities. The individuals or small groups play an essential role as community-level entrepreneurs, not only helping to develop the local social care market but boosting the local economy. These community practitioners are well placed to play a role in prevention and early intervention, often spotting problems before they become medical issues and keeping people in their homes and contributing to communities for longer. These micro-enterprises can provide individualised and personal care to those who need it in the way which suits them best. It is not a “top-down” or “done to” approach which some providers take; it is far more collaborative.

An example of this new model of working is a mother-daughter duo in Nottingham who run day activities for those with learning disabilities. Their enterprise, Pulp Friction, was founded as a response to the experiences and difficulties the daughter had in accessing support during the day which offered her the same life experiences as her non-learning-disabled peers. What was needed did not exist so, with the help

of Community Catalysts and many others, the duo decided to create it. The enterprise wanted to break out of the traditional day care activities and now runs a range of activities from smoothie making on their standing bikes, to healthy eating classes; from community choirs, to helping run the canteen in the local fire station. As these community micro-enterprises develop, they can provide an opportunity for local authorities to move away from large-scale, single-provider contracts for social care. Having a more diverse social care marketplace reduces the risk of contracts being provided by a single “too-big-to-fail” provider and increases the amount of choice for local people.

Community micro-enterprises supported by Community Catalysts can be sole traders, small enterprises (SMEs), cooperatives, charities, social enterprises and more. For Community Catalysts, how the organisation is constituted is not the primary measure - it's about the values that they have in wanting to support local people in their communities.

Economic benefits of SMEs and community-level entrepreneurs

In a 2020 report with the New Economics Foundation, Community Catalysts set out the economic benefits of this approach to social care.¹⁵ It highlighted how these small social businesses can make a huge economic contribution. For example, in Somerset, where the local authority has promoted these community micro-enterprises as a way to offer more diverse options for people needing homecare or help at home, their number has increased from around 50 to 450 in five years. In 2017, an evaluation showed that the 223 micro-enterprises which were running at that time were delivering over £900,000 in annual savings while achieving better outcomes than traditional homecare agencies.

The individuals who Community Catalysts supports are not your “typical” entrepreneurs. Many of those supported in setting up businesses are women, often women re-entering employment after having children or setting up their own enterprise after working in other sectors for many years. These individuals report having a higher job satisfaction, a better work-life balance and feeling less stressed and anxious than in previous employment. This could help to address the rate of burnout and high staff turnover in the sector, which is much improved in this model.

The impact of community-level care

Community Catalysts sees a huge impact of this model of provision both on those providing the care, and those receiving it and their families. This care is keeping individuals in their homes, in their communities and away from hospitals, more institutional care services and sometimes even the council front door. The carers are

¹⁵ New Economics Foundation, 2020. ‘Community micro-enterprise as a driver of local economic development’. Available at <https://neweconomics.org/uploads/files/Community-micro-enterprise2.pdf>

supporting both the physical and mental health of the people they support, often also helping them to re-engage, reconnect, and contribute to their communities. There are so many examples from Community Catalysts' work which illustrate the impact they have. Engolve Wellness, for example, runs Boxercise classes for older people, those with severe autism and their carers. In the case of one older person, they reported being able to get themselves out of bed without assistance in the mornings after taking four sessions over a couple of weeks.

The additional value that these carers bring also has a huge impact. In rural Powys, one sole trader, Emma Launder, who runs Independent Care Mid Wales lives on a farm. This allowed her to bring the people she supports into a safe setting, enabling them to get out of their houses and interact with animals, both of which had a huge and positive impact.

In Rotherham, My Front Door Rotherham has been helping to move away from traditional models of care. Community Catalysts has supported 20 enterprises in the area helping to create new choices and options for those accessing social care services. These enterprises have helped 470 people with a learning disability and helped to create 116 new jobs in Rotherham. It is another example of how small enterprises can play a role beyond social care provision by strengthening the economy of a place.

The future of adult social care

Overall, Community Catalysts work hard with local partners to bring about positive culture change, from frontline social care workers to those setting the strategic direction. They know there needs to be a shift away from the view that big, CQC-registered and national providers are the only ones that can offer good social care outcomes. Equally, a shift is needed away from the view that unregistered, small, community-level organisations providing care are too risky. There is good and bad practice and outcomes in both small and large services. For a council to fully develop local community potential and expand the capacity of communities to support themselves, they need to recognise this and find ways to commission and support great social care providers of all sizes and truly understand what good and bad care looks like from the perspective of those accessing it.

Key to achieving better outcomes for individuals will be giving people more choice and control over the services which they can access. Moving away from "time and task" and hourly rates and towards more outcomes focused services. Helen Allen, Operations Manager at Community Catalysts, states that "until individuals are in control, with real choice, it is really quite difficult to change that".

Individual Service Funds (ISFs)

An Individual Service Fund, or ISF, is where an organisation (an ISF provider), holds a personal budget on behalf of an individual who is accessing social care. This organisation then helps the individual in need

of support to plan out and decide how best to achieve their desired outcomes. They help the individual to find the services that they want, often in their community, and are responsible for all of the monetary transactions to service providers. All of this helps an individual to have the freedom to decide on what care they receive and from whom.

ISFs in Wakefield

In Wakefield, West Yorkshire, the council has made a commitment to “Keep it Local”. They have a well-developed community anchors network with whom there is a very strong relationship. This has been most recently aided by the Third Sector Framework, an innovative partnership between NOVA, Wakefield Council, Wakefield CCG and Young Lives Wakefield. It is a framework of how public sector partners will work more closely with community organisations, big and small, to support their sustainability and resilience, and importantly, to maximise the contribution of the VCSE sector in improving the health and wellbeing of the community in Wakefield.

The forward-thinking commissioners and directors from Public Health and Adult Social Care in Wakefield have looked for sustainable mainstream commissioning routes for the sector rather than having to find new resources in ever-depleting local authority budgets. One route which has been discussed is that of personal budgets and ISFs.

The aims of this approach would be to:

- Ensure that delivery of social care goes to as many local providers as possible.
- Ensure that services are centred on community settings, enhancing people’s social connections and wider wellbeing, rather than stand-alone segregated activities.
- Work with the third sector to use this core funding to underpin their wider community work.

Research carried out by Locality with community organisations in Wakefield showed that it can be a big step for community organisations to become ISF providers in their own right. One suggested first step has been joining up their community services with ISF providers and their clients. There was also concern around CQC registration which is known to put some community organisations off providing social care services because of both the cost implications of registration and the amount of work it takes to achieve that. Overall, there was a clear message that culture change within the council was needed to go from grant funded services to charging out at the right rate in a new market.

West of England Centre for Inclusive Living (WECIL) – giving individuals greater freedom and choice

The West of England Centre for Inclusive Living (WECIL) is a user-led disability organisation based in Bristol. It operates across a wide area covering most of the West of England area around Bristol, South Gloucestershire, and Bath and North-East Somerset.

They believe that disabled people are entitled to the same access to their communities as non-disabled people and deliver a large number of services for a range of people. This ranges from support and self-advocacy for young people to services for businesses to make them more accessible.



In achieving their aim of enabling disabled people to fully access their communities they run a payroll social enterprise which allows over 700 individuals to take control of their own care and become micro-employers, employing their own Personal Assistants. Their ambition, including through the Make it Local pilot in Bristol (see page 22), is to source more micro-providers from within the communities that they serve to build up a strong social care market in Bristol and the surrounding area, and therefore offer more choice to those accessing care.

One of the Make it Local partners, Southmead Development Trust, is trialling the NEDCare Care Connect platform to determine how well it can bring together local care seekers and care providers. The other Make It Local partners are watching closely to see how this performs before adopting it and are investigating partnerships with WECIL to try an alternative to Care Connect.

WECIL is not CQC-registered, nor is it intending to register. They see that a large amount of the care services for which there is demand are not Home Care, and therefore, does not require CQC-registration. Rather, they want to be a broker in their community; playing an important role as a community anchor in signposting and referring individuals to care in their communities.

Direct Payments to ISFs

The WECIL Independent Living Payment Service, through which Direct Payments and ISFs are managed, is having a positive impact on the 800 people who benefit from its use. Not only does it give individuals choice and control over the care they receive, but it also enables citizens to better access their community and improves outcomes. The following experience of one WECIL citizen, an adult with learning

difficulties, demonstrates how the flexibility to use their Direct Payment more creatively on activities impacted their life through lockdown, when Personal Assistants were in short supply:

“ Alistair was really happy to have something new and interesting to do at a time when he was very bored and lonely. The online treasure hunt is a lovely idea, really added interest to our walks around the area, and we have done other treasure hunts since. The online theatres were lovely before the weather improved in the summer, just something new and different and motivating during a lonely isolating time.”

Running this service and helping these individuals to manage their Direct Payments has shown that the theory behind giving individuals more choice and control is solid.

WECIL is aware that a number of the 800 individuals who they support on Direct Payments do not want to manage that money themselves. They are now, with a small number of individuals, starting to think about how they can play the role of ISF provider and hold that money on behalf of the individuals accessing care.

They have a person-centred support planning tool called [Create My Support Plan](#) and are looking to really push the boundaries when it comes to thinking about what support an individual could access. Their key thought through that process is, “what could this individual access, which would meet the outcomes that they set, and be in line with the Care Act?” This really broadens out the range of services which an individual could access be that cookery classes, a befriending service, a personal trainer or home care.

WECIL is now collecting data on this small trial to assess how many staff it takes to run the process, how long the process takes and how much it costs. They are confident that this method will bring savings on the personal budget.

Next steps for the pilot

Bristol City Council have committed to working with WECIL on the ISF trial until March 2022 and are working with them and [Self Directed Futures](#) to embed the infrastructure that will support the launch of ISFs for all citizens from April 2022. WECIL are busy working on sourcing funding for a platform that will act as a broker between care seeker and care provider and that allows Direct Payment recipients

to pool budgets, access person centred support planning, find the care that they choose and meet other citizens with similar interest.

Seizing the community opportunity

This paper has set out the importance of putting locally-rooted solutions at the heart of adult social care reform. The long-term answer to the care crisis can be found in local communities, and it is these community-led approaches which are the “community opportunity”.

We have found that the trend towards standardisation and scale in public services has created “one size fits all” provision. It does not give individuals the freedom, choice and control over the care services they access to address their personal needs. Indeed, many reports in recent years have built up a strong evidence base for community-led solutions. They can address this significant challenge and play an important role in tackling the crisis in adult social care.

Adding to this evidence base, our case studies show how community organisations of all sizes are providing an outstanding quality of care and giving individuals choice and control. From sole traders and micro-enterprises to large community organisations providing CQC-registered care services.

They are stepping up to provide care where no one else is doing so. They are providing personalised care, meeting the specific needs of individuals. They are supporting care staff and retaining them in employment. Furthermore, the case studies also show how local authorities are already taking note of community-led approaches and are including them in their provision.

The publication of the government’s Adult Social Care White Paper presents a moment to seize the “community opportunity”. It is an opportunity to put local solutions front and centre as the government now moves forward to implement its vision for social care.

Our Keep it Local approach provides a framework for local authorities to include community-led services in their local provision. It can help them to move away from poor-quality, “one size fits all” services. It is an opportunity for councils to put communities at the heart of the solution to adult social care crisis.

About Keep it Local

Keep it Local is Locality's campaign – with Lloyds Bank Foundation for England and Wales – to build transformative local partnerships between councils and communities.

More and more local authorities are moving away from bureaucratic commissioning and big outsourcing contracts. Instead, they are unlocking the power of community: building strong local partnerships, sharing power, and maximising local strengths.

Locality

Locality supports local community organisations to be strong and successful.

Our national network of over 1,500 members helps hundreds of thousands of people every week. We offer specialist advice, peer learning and campaign with members for a fairer society. Together we unlock the power of community.

For more information visit locality.org.uk



Lloyds Bank Foundation for England and Wales

Lloyds Bank Foundation for England and Wales partners with small and local charities who help people overcome complex social issues. Through funding for core costs, developmental support and influencing policy and practice, the Foundation helps charities make life-changing impact. The Foundation is an independent charitable trust funded by the profits of Lloyds Banking Group.

Since 2018 the Foundation has worked with Locality on Keep it Local as part of its work to improve the commissioning environment for small and local charities.

For more information visit lloydsbankfoundation.org.uk



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