



Adult Social Care Committee

Corrected oral evidence: Adult social care

Monday 6 June 2022

3.45 pm

Watch the meeting

Members present: Baroness Andrews (The Chair); Baroness Barker; Lord Bradley; The Lord Bishop of Carlisle; Baroness Eaton; Baroness Fraser of Cragmaddie; Baroness Goudie; Baroness Jolly; Lord Laming; Baroness Shephard of Northwold; Baroness Warwick of Undercliffe.

Evidence Session No. 12

Virtual Proceeding

Questions 90 - 96

Witnesses

[I](#): Nick Sinclair, Director, Local Area Coordination Network, Community Catalysts; Les Billingham, Director, Adult Social Care, Thurrock Council; Rhys Davies, Community Enterprise Service Manager, Somerset County Council.

Examination of witnesses

Nick Sinclair, Les Billingham and Rhys Davies.

Q90 **The Chair:** Good afternoon and welcome to this meeting of the Adult Social Care Committee. We have two apologies for absence this afternoon: Lord Polak and Lady Campbell cannot be with us. We are absolutely delighted to welcome no fewer than five expert witnesses.

We are going to break into two sessions. The first is on so-called asset-based approaches to social care. Our group of experts for this session are using, in different parts of the country and in different ways, the assets of the families and communities themselves to develop excellent practice and services. They are Les Billingham, Nick Sinclair and Rhys Davies.

In about an hour, we shall move on to the second session, where we will take evidence on independent living, what it involves and the issues and implications around it. Our witnesses will be Theresa Shearer and Adolf Ratzka.

We are delighted that you have made the time to come and talk to us. We need your expertise. We need to know the challenges that you faced, why you were successful and where else the good things that you are doing might be encouraged and enabled to happen. It is particularly good for our committee because we have taken a lot of evidence, not least in our last session, that showed that there was a rather negative attitude to and image of older people. We see them quite often in those Highway Code posters, for example, leaning against each other and tottering across the road. That is only elderly people; the image of disabled people and young disabled adults is also always couched so negatively. The image of dependence and growing old as a whole, actually, is described in the language of a burden rather than a contribution. So, as we work through the evidence today, we will look out for the ways that you have found to challenge the stereotypes in what you do.

With that very brief introduction, I will address the first question to Nick Sinclair. You will know that the main theme of our inquiry is: why is social care so invisible? Why is it invisible in relation to the health service, for example? Why are people who care for others or who are cared for relatively invisible in the community, and what are the consequences and impacts of that invisibility?

First of all, how would you define asset-based care? It has a pretty impenetrable definition. What does it really mean for lay people such as us? How is co-production involved? What is the relationship between co-production and asset-based approaches to social care? What would the difference be if we were all on a system of asset-based care, rather than the traditional way that services are designed?

Nick Sinclair: That is a great question and one that we routinely consider in the Local Area Coordination Network. Co-production, as a principle, very much runs through our work in local area co-ordination. It is also an asset-based approach, or it can be understood as one. I think your question is: what is the difference? What does "asset based" mean?

That is a good question. Fundamentally, for me, it is about building on strengths rather than focusing on weaknesses. It is often referred to as thinking about what is strong, not what is wrong. The work of Cormac Russell is often very helpful in understanding this.

We certainly enshrine this principle in local area co-ordination, asking how we can not just focus on the things that are going wrong in someone's life—although we do not ignore those either—but instead help people to build on their own strengths and gifts and recognise the gifts and strengths of the local community within that. Place-based approaches in particular—namely, working very locally, as local area co-ordination does—are where place-based and asset-based come together very well.

The most important thing that I have learned about co-production through local area co-ordination is that it is more about a mindset, or a cultural practice of doing things, rather than something that you do as a process. It can be programmatic at points, in relation to programme design, service design and specific things like that, but for me it is more about a culture and a way of doing things. Listening to people is at the heart of that: it is about listening, understanding the world through people's eyes and then doing something differently with that knowledge and information, and doing it together. This should be the underpinning philosophy of all asset-based approaches. Co-production should run like raspberry ripple through all asset-based approaches. In local area co-ordination, we see that happening at various levels: individual people that local area co-ordinators are alongside, as they seek their better life; communities; and our services. This approach in local area co-ordination is happening in hundreds of communities right now; we will hear about Thurrock from Les later.

Local area co-ordinators are employed by local councils, but their role is to be a resource to all people in the places where they are based, building relationships with local people, families, groups, organisations, services and things that are going on. They work in places that have a population no bigger than 10,000 or so—this is a hyper-local level, which gives you space and the opportunity to build up a solid understanding. On your question about people who become invisible to the system, one of my reflections is that, unless you are in the mix with people, alongside them where they live, you will not fully understand the challenges and gifts that people have but that may be going unmet or unshared.

So the job of a local area co-ordinator is really to help people to determine what their vision of a better life is and then to walk alongside them for as long as it takes for that person to achieve that. So it is very much community-based, as I said; it is about getting to know the whole local community. It is not mandatory, so people can opt in and out of it as and when they want—there is no formal referral pathway or assessment process. Again, on your question about asset-based approaches, it is not about focusing on people's deficits. They never turn people away either, and people do not fall through that crack that is often within our system. Equally, they have no time limits, targets or

expectations that people have to meet to have a co-ordinator alongside them.

The Chair: It sounds like a relatively new idea, but that might be because this is the first time that I have come across it. If it is a new idea, is it accelerating? Are people seizing on to it?

Nick Sinclair: It is 30 years old. It emanated from Western Australia in the 1980s and has been in this country for well over 10 years. Thurrock was one of the first adopters of it 10 years ago—Les is with us today.

It grows at the pace of trust, and it spreads rather than scales. It tends to grow as a local authority becomes aware of it, or as a system leader in one place becomes aware of it, and sees how it could be brought into another area. That tends to be how it develops. It is growing. There are 12 local authorities in England and Wales doing it, which accounts for some 120 local area co-ordinators working in England and Wales with populations of around 10,000. On whether it has been scaled up nationally, it has not been approached in England and Wales with local area co-ordination yet. However, in Australia and other parts of the world, it has become part of the formal support system.

The Chair: It is interesting that you use the words “scales” and “spreads” in a way that makes sense to us. That is very interesting. Thank you so much, Nick.

I shall move on to Lord Bradley. I think your question is to Rhys Davies.

Q91 **Lord Bradley:** Yes, welcome, Rhys. I am very pleased to meet you. I would be interested in any further reflections you have on the definition of “asset-based approaches” to complement what Nick has just told us. Asset-based approaches are intended to make the most of people’s personal assets as well as the strengths that are already in their existing communities. To what extent, from your experience, can you demonstrate that it is feasible and beneficial to deploy an asset-based model of care in an area that does not have many strengths to start with, from a care and support perspective, in the community? How can those areas be developed to ensure that such an approach would be robust in every community across the country?

Rhys Davies: Thanks, Lord Bradley. Hi, everyone. To pick up your point about asset-based approaches, my view is that that everybody has strengths, gifts and talents, but sadly not everybody has the opportunity to show, share, nurture and develop them. That is at the heart of asset-based approaches is the job of uncovering these strengths and gifts, especially for those who have been labelled or marginalised in a way that does not give natural opportunity to use these skills. Reflecting on your question, my answer would be that in all areas there will be those gifts, those talents and those strengths. They have not been uncovered, connected, they have not been mobilised. In most areas there has been no investment or role in that community for someone to speak to people and to listen, as Nick said, and to understand what those strengths and

gifts are and maybe connect people with others who share that same strength and passion. Potentially, we do things only if we are joined by others around that shared passion, around that shared interest.

My experience began in Somerset seven years ago. I started the journey of developing community enterprise. I was lucky that this was my role, to find people with ideas. Really, that was my role: to sit around in pubs and in church groups to find people who had an idea, to find people who might be frustrated with the social care system or people who said, "I've always wanted to do this, but I've never known how". My role was to give people that confidence, that permission to explore and develop services to help other people.

You mentioned areas where there are not that many strengths. I clearly remember doing bits of work in west Somerset, where people said, "It'll never happen in west Somerset. It's the second-most deprived area of the UK. People won't come with those ideas". They did not to start with, but then John came along one day, who was an accountant by trade but had found himself in a caring role for his mother. He had had to give up his accounting business and was the carer for 15 years for his mother. When the caring role finished, he said, "I didn't get any support. There wasn't any help for me, but maybe I could help someone else in that position". So, through word of mouth, he found out about me, and we helped him set up his Helping to Remember dementia support service, where he takes people experiencing dementia out. Shopping trips, playing snooker, mainly to give the carers a break. He has developed his own enterprise. It is local, it is flexible, it is person-centred: it is everything that we would want in a care and support service for our family.

Really, that is our asset-based approach, where we have said, "Well, let's uncover those strengths, gifts and talents. Let's see what people want to do and what ideas people have". I suppose that I am sitting here now because, seven years down the line, we have 1,070 Johns in Somerset. We have people who drew on social care themselves. We have Rosie in Wells, who suffered from a period of mental ill-health which meant that she needed social care support. Following her recovery journey, she said, "Well, actually, other people might need this help", so she set up a peer support group for people in her area. It was with a little bit of help, but she just needed the tools, the confidence and the permission to do that. That is what we provided, but those people are the story of this show. They are out there; they are in every community, and they have ideas. They want to do stuff, but they need to know how to go about it: "How do I do it safely? How do I do it legally?"

In Somerset, we receive approximately 60 inquiries a month from people looking to set up different services and support. It is the quirky, alternative, small, personalised support that I suppose we may all want or need to draw on in future.

The answer to your question, Lord Bradley, is that they are there, but they just need uncovering.

Lord Bradley: Do you think that pump-priming resources to help those connections to take place are “freely available” in Somerset, to enable you to scale up in the way that you have achieved over those seven years?

Rhys Davies: I still feel that I have got the best job ever. I can go out and find people, talk to them and ask them, “What do you want to do? Well, yeah. Give it a go. What help do you need?” I have not met many people whose full-time job it is to do that. It is a tiny resource; it is just me. Now that we have 1,000 people involved, we have a small team doing this work and it has moved on to other areas.

Nick mentioned Cormac Russell. He provides a map for people to do this work. We need connecting models like local area co-ordination to support our community capacity building models. We want more groups, clubs, associations and services that are going to be a menu of support for people who might need a bit of help to live their lives in the future. The investment is small not big, but it needs investing in without key KPIs or targets because the nature of community development is that you never know what you are going to get.

Lord Bradley: That is very helpful. Thank you, Rhys.

Q92 **Baroness Jolly:** Les, can you outline what challenges and opportunities you faced when it came to deploying LAC to Thurrock Council? Were there, and are there still, specific pain points that could have been made easier thanks to more appropriate legislation or policy?

Les Billingham: Good afternoon. I would break this down into two areas of concern. The first is professional scepticism and cultural resistance. When we first started talking about local area co-ordination back in 2012, it was very new to us but obviously not new in terms of its international reputation, but it created quite a stir among our colleagues and partners.

For example, there were concerns from health about clinical governance areas. The idea was that we would be connecting adults in the community who had had similar journeys and who we felt could benefit one another through that connection. Our social workers were very concerned by the idea that we would be applying a values- and principles-based recruitment process that did not depend at all on previous experience but depended on people showing their empathy and understanding of what it meant to support people who were highly marginalised. Getting back to one of the earlier points, these are not necessarily people who are in the adult social care system. They may well have been and may have experienced the revolving door that we hear too much about, or they may have just been people living on the periphery of that community that we or the local area co-ordinators were introduced to through a whole variety of areas. So there was concern about that, and about the fact that they were out there working with vulnerable people, seemingly in a very autonomous way.

There was concern from our third-sector colleagues. They felt this was something that should be delivered through the third sector, although it was very clear from the literature and from the experience in Australia that these had to be people who were engaged in the system, because one of their fundamental jobs was to assist people to navigate that system. As we know, it is highly complicated at times and it is often difficult for people, particularly those in crisis, to be able to work their way through it.

So those were the concerns. What inspired me more than anything else was how quickly those concerns were dismissed—through the work of the local area co-ordinators. Very quickly, the social workers realised that these people were a support for them. They were people who they could refer people to—or introduce people to, to use the language properly—where a satisfactory solution had not been found through more typical social work intervention. They had amazing success. I remember somebody from the local mental health trust ringing me up about six months in, saying, “I don’t know who this person is who you’ve employed, but he’s been working with one of my clients, a guy who’s been in and out of services for years. I’ve just seen him and I can’t believe the change in him. He’s empowered, he’s full of what he’s doing. I know he’s supporting somebody else in his community”.

Similarly, health colleagues were reassured very quickly that what we were doing was not in fact highly risky. Of course, all interventions carry some risk, but I will say that nine years into local area co-ordination, I do not think we have had any safeguarding alerts. If we have, they have been very few and far between, and certainly nowhere near as many as in more formal services.

So that reassured people and very quickly we moved on from that kind of resistance. The biggest fans are now our local members, who, again, were very resistant to begin with, but now often refer to them as “my local area co-ordinator”, because of course they work within their wards. They are now very confident about making that introduction to a LAC because they know there will be a good outcome.

Secondly, there were the financial issues. Referring again to an earlier statement, my personal view is that there is not enough resource in the system that rewards and supports innovation and transformation. We have a system that relies by and large on local authorities using their own resource, which is often very scarce, to support that transformational work. Sometimes you have a bit of double running or have to put something in place for a short time, evaluate it and make sure it is working, all of which consumes resource but all of which has to come out of the adult social care pot. As I think everyone will be aware, that pot, because of the rise in demand we have experienced and the rise in complexity, is increasingly under pressure.

There was a lot of resistance to local area co-ordination from the point of view of it being a non-statutory service. Through the difficult financial period of 2010-plus, there was a lot of pressure on us to stop local area

co-ordination because it was something that could easily stop because it was non-statutory. We held our nerve and our ground, and I am so pleased we did, because it has been the fulcrum upon which all of our transformation since has been built.

In terms of policy, I am not sure that any policy would impact our ability to introduce change efficiently and effectively, because that is about human nature and people most often being afraid of, scared of or resistant to change. That is not true of everybody, but many members of council staff are naturally concerned when they see these things changing.

In terms of finance, as I have said, if money could be made available to support genuine transformation and innovation, and allow us the kind of R&D that any private organisation would have, to enable us to test things comfortably without having to make sacrifices in the delivery of our mainstream services, that would be really useful and something that I would support.

The Chair: Thank you. We do not hear the terms “innovation” and “R&D” enough in adult social care. You have drawn attention to a really important area of development. You also spoke about the difference between systems and relationships—between policy and human nature. I am going to ask Lady Barker to carry on this question.

Q93 Baroness Barker: Les, in view of what you have already said, I am going to tweak my question slightly. I want to ask whether there has been evaluation of local area co-ordination. In particular, has there been any comparative evaluation with other interventions in social care?

There is one other thing I would like to ask. I happen to know quite a bit about Thurrock and I know that a lot of your innovation has been with adults with learning difficulties. To what extent is local area co-ordination effective for older people; for example, older people without children?

Les Billingham: That is a big question. On the evidence base, there is a 30-year international evidence base, mainly from Western Australia. There is a detailed and very thorough evaluation of the system in Western Australia that has proved that it is very efficient and also cost effective, and indeed that it improves outcomes for people who are supported by local area co-ordination. That is there and I believe some evidence is now emerging from New Zealand and Singapore that reaches the same conclusion. So they are there as an evidence base.

Local area co-ordination in the UK is somewhat different from that of those other areas, but not because the principles are different. The whole point of local area co-ordination is that it has principles which have to be adhered to; otherwise, what you get may be effective, but it will not be local area co-ordination. So we maintain those principles and that value base, but we have extended it out. In Western Australia, it is primarily still a learning disability and mental health service. In the UK, and certainly in Thurrock, it is across the piece and it is remarkably effective,

depending on people's individual circumstances, including for some older people.

One of the big areas where we have had a lot of success is with people hoarding. In our experience, they are generally older people who have had a substantial issue with hoarding for a long time.

As we know, that represents a mental health issue, most often, and can often be linked to things such as bereavement and other life-changing events. For a long time, we found it difficult to do anything more than enforcement with people who were hoarding, which is absolutely the wrong outcome in many ways. But with local area co-ordination we realised that because the co-ordinators can take time to establish trust, very gently, and wait for people to come around to start believing in and trusting them, over a long time, sometimes three to six months, we started to make inroads into helping them not only with the hoarding issue, because that is only symptomatic, but more generally with the whole of their lives. We have had some dramatic success. That is an example of how broad and all-encompassing the local area co-ordination approach can be.

In terms of local evaluation, our public health team has done a couple of bits of local evaluation on our LAC service and found it to be preventive and successful in dealing with individuals who traditionally could challenge the service. It reduces GP visits and hospital admissions, because it deals early and long term with people who have issues that, generally speaking, mean that they will end up at their GP at some point.

We have been talking about asset-based, and I think Nick mentioned place-based. What has been so vital for us in Thurrock is to use it as a model for developing a truly system-wide transformation programme. We are in the third phase of that now. We have just issued our third strategic document, because we have been at this since 2011, basing everything on those principles and values that local area co-ordination embraces. We have issued a whole range of different innovations. We have micro-enterprise, as Rhys was describing. The impact of that, particularly on the people starting the enterprise—not necessarily on the service, strangely enough—is that it gives back them a sense of purpose when they have lost that. They start to re-engage. They want to be part of their community. They want a reason to get out of bed in the morning, and it really does transform their lives.

We have community-led support teams now, so our social work teams are all out working in the communities that they support. We have a whole range of different things all based on having a shared vision and a shared set of values and adhering closely to those. Those are things such as subsidiarity—delivering services at the lowest possible point, and to have decision-making at the lowest possible points. We have some self-managed teams that are delivering what was traditional home care but is much broader now, a much more holistic service. As I said, we have community-led support teams of social workers. They are encouraged to make decisions and are empowered to innovate at the point at which

they have that engagement. Of course, that goes with a non-hierarchical structure, and it requires a lot of support from management, as well as that sense in which you are allowed to make mistakes, because that is what happens when you start to innovate and when you encourage people.

It is important to see the evaluation in that broader sense. Yes, local area co-ordination as a stand-alone is fantastic, but when it is set within the context of the transformation of the whole way in which adult social care is perceived and delivered, you really start to see the potential for that way of working when made systematic and across a much broader footprint.

The Chair: Les, can I ask you one question before we let you go? One thing we hear a lot from families who are caring and the people they care for is that there is not in fact anybody who can act as advocate for them. Do the local area co-ordinators act as advocates for the families as well, in your experience?

Les Billingham: Absolutely. This is a bit about what Nick was saying earlier. At its heart, this is about changing the power relationship between organisations and individuals, and organisations and communities. This moves away from the traditional professional gift model of "I know best, because I'm the professional. I'm going to come in and you've got to prove to me just how bad things are and then I'll prescribe a service to you" to one of mutual respect and mutual power, and a real sense that the person you are trying to support is in control. That is the asset-based side of it. By encouraging them as much as possible to see the gifts and the aspirations they have, they become an equal partner in that care and support. That is the nature of local area co-ordination, and the advocacy of that is partly, as I said earlier, navigating a way through systems. But it is really important to say that it is a self-help model; the local area co-ordinator will not take over and do all that. He or she will support the individual to do that themselves, but they will support very closely and encourage that building of trust and confidence.

That does not replace the need for formal advocacy, and I am disappointed to hear that a lot of people report that they do not have access to that. If that is a necessary part of their care planning then they simply should have it. One does not replace the other, but by working in that far more reciprocal way, the need for advocacy will be lessened, I hope, because people will feel that they are in control.

The Chair: Thank you. Those were wonderful answers. Baroness Shephard has a question for Rhys Davies.

Q94 **Baroness Shephard of Northwold:** We have heard most interesting evidence—overlapping, really—about what can be done in two very different areas: Thurrock and Somerset. My question to Rhys Davies is: to what extent does your county council's scheme allow for replication elsewhere? What are the key conditions—apart from, say, the council's

will—to reproduce what you are doing in other areas? We have heard from Les that it can work in Thurrock. What would be involved if you were going to expand the project? If you were a policymaker, a councillor, what would you be looking at? How would you be persuaded that this was a better approach? Which groups would you be proposing to help the most?

Sorry, I am making a speech. I will be quick, but I ask that because a lot of our evidence up till now has been very difficult to hear. People have been unable to get access to services or, worse, information. How do they know this is happening? Is there a handy telephone number? Should they go to the pub? There will be a lot of word of mouth, I am sure, but there must also be a system.

The other thing, which we were discussing before the session, is: how sustainable are the systems and schemes that you have been describing? If the main mover and enthusiast for a particular scheme moves on to somewhere else, how easy is it to replicate and build it up again? There is a whole load more things I would like to ask but I will stop now. Thank you very much, it has been hugely interesting.

Rhys Davies: Thank you. On creating those conditions, a number of factors are critical for it to work at a scale that counts. I am part of a community practice of more than 30 local authorities working in this area. We share information, advice, tools, tips and techniques. Part of the solution is sharing different things that are doing well.

What is coming through this community practice is the fact that certain core elements need to be in place. A key core element is having that dedicated community development worker—I was lucky to be one a few years ago—who is focused not on the system or on changing a council's culture, system or processes, but on identifying and engaging with the unlikely entrepreneurs, the real change makers in our communities.

However, as Les has pointed to, there still needs to be resource and investment in creating council culture, systems and processes that can create the conditions for these enterprises to thrive. What you have described is almost what we call a bridge to choice: how can we connect this new capacity of people who want to help with people who might want a different menu of support to choose from? Every area does its own thing. In Somerset, we had an e-marketplace. To start with, I had a paper directory featuring 600 providers. It was never fit for purpose. . We have now created a care brokerage system in Somerset which we can share. There are lots of different e-marketplace type solutions or brokerage solutions.

As well as having a community development worker, the other key factor is having connectors on the ground—trusted brokers. In Thurrock, the local enterprise scheme works hand in hand with the local area co-ordination team. Similarly in Somerset, we have 70 or 80 people whose full-time job it is to be community connectors or brokers; they are called Village agents, Health Coaches, Health Connectors in Somerset. You might hear them described as social prescribers. These connectors often

identify potential entrepreneurs for us. We help to set them up, we do the capacity building, and they do the connecting. So you have that trusted link. I do not know whether this was by design, but we have the local area co-ordination, and then we have the capacity-building work of the micro-providers or the community enterprise work. This connect and build model is central to scale and success. It is about brave leadership. You need system leaders who believe in the power of communities. Like Les, somebody who is not scared to say, "We're going to try this and test it". We were lucky to have leadership in Somerset that said, "We know this is the right thing to do. It's messy, we can't commission it directly, but we know the answers to our future challenges lie in unlocking the power of communities."

Somerset is now reaping the rewards. There was the same opposition in Somerset all those years ago that Les had, but now they can see that the additional capacity is saving our local authority over£2 million a year. So you need those key ingredients. My question is always: why is this here and not everywhere at this scale? It can be, and it should be. There is no reason why it cannot be, but you need to have those ingredients in place.

In terms of policy, I suppose the challenge is the fact that it is giving other areas the confidence, the tools, the permission to do this. Certainly the enterprise stuff is not as resource-hungry as local area co-ordination would be, because you need lots of co-ordinators in the areas, but you need that leadership and buy-in giving that capacity in areas to test it and try it. Les mentioned a pot of money for research and development. Try it, test it. My authority and all the other local authorities are on this journey and are happy to share tests, and there are external people, Community Catalysts, who have a whole toolkit and can support this, working with the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) to try to develop their confidence in an area that is still quite scary for an awful lot of local authorities.

Baroness Shephard of Northwold: If the Chair would allow me, I would like to ask you another question. We have heard a lot of oral case studies during our evidence-taking sessions. We are not going in that direction with you or Les, because obviously we are talking in generalities, but could each of you perhaps provide the committee with two case studies of a particularly difficult and intractable case where other systems had failed and how that was brought to a stage of improvement? That would be tremendously helpful.

I can think of analogies to this approach in my own Norfolk authority, although dating from decades back, where communities were helped to build through specific projects such as a village hall, a playing field, this or that. The key thing if you are doing this, especially with people in a vulnerable position, is sustainability and safety. I would be grateful if we could ask these two super witnesses to let us have maybe two cases each in writing.

The Chair: Absolutely. We are hearing a lot of wonderful explanatory

high-level reasoning and experience, but the sorts of stories that come out of case studies are what the people who will read our report and publicise it for us will retain in their minds.

I hope to come back at the end to Lady Warwick and Nick Sinclair with a fundamental question that wraps a lot of what we are talking about now, but, first, Lord Laming has a question to raise.

Q95 Lord Laming: This is a most interesting and stimulating session, and we are very grateful to you. We have heard about Community Catalysts, micro-providers, entrepreneurs and brokers, but it would be enormously helpful to us, Rhys, if you could set out the structure that you operate on, and the finance, in your area. Who is employed to do this work, and who are the local volunteers, as it were, doing it? Could you give us an idea of how it works in organisational terms?

Rhys Davies: In Somerset, we have an enterprise development team. There are three of us. We ran a programme whereby if somebody had an idea we would support them, they would come to start-up surgeries, and we would give them advice and information to set up their service according to best practice. As a local authority we have decided to quality-assure this service sector, which is small and falls outside the regulatory requirements of the Care Quality Commission so it is not regulated by the CQC. We think of it almost like a trusted trader scheme, so we support people, give them a badge and connect them with our connectors and people who require care or support.

The people who set up a service are traditionally in their own enterprise, business, group or association. They are independent of us. The vast majority of them in Somerset are self-employed. They run their own business and offer support either to people who self-fund their care and support or to people who are in receipt of a council-funded direct payment. What we want to do in Somerset, and hopefully across the UK, is give people and families out there real choice and real control. We want to give them their pot of money and for them to go shopping for their care and support.

So I see our role, and the infrastructure, as giving people a menu of choice, with some confidence that the choices they will have have met an agreed standard and have a commitment to quality. Practically, we are there if the providers or the families have a problem. They can come to us. But we are a small team, and as we speak there are 1,000 micro-providers out there in Somerset providing 26,000 hours of care and support a week to the people of Somerset. It is not for everyone. You mentioned the limitations of it. This is not a replacement for home care: we need regulated home care and we need regulation. But this is a great option for people who are able and willing and have capacity to self-direct and self-manage their care or who need lower-level support.

In terms of infrastructure in Somerset is that we have a small team, as I said. Our voluntary sector supports us as well. Our local connectors run local provider networks. At the start, I explained about John, who runs a

dementia support service. It might be a retired nurse who says, "I want to support my village. How do I set it up?" We offer the links to insurance, DBS checks, how to get your contracts placed—all that nitty-gritty stuff we do, and we check it: we make sure they have everything in place before they set up. But we are not a replacement for a regulator. The way these providers operate is exempt from CQC registration because they do not meet its criteria.

Lord Laming: Yes, that is fine. So you and your immediate team are employed by the council —

Rhys Davies: That is right.

Lord Laming: —but nobody else is employed by the county council.

Rhys Davies: Originally, seven years ago, I was employed by Community Catalysts, which gave me the tools and the advice framework to work towards this in Somerset, the same as Les does in Thurrock. The good thing about Community Catalysts is that it creates the conditions for enterprises to thrive and then it leaves. So we have the tools now in Somerset. We do not need its support, so it is just us in Somerset. There are lots of ways to do it. That is just one of them.

Lord Laming: And what you offer is advice, information and support. You do not offer finance.

Rhys Davies: No, and they do not need it.

Lord Laming: So Rosie, who you referred to earlier, is not being funded by the county council.

Rhys Davies: She is being funded by the people who use her support service. They may be funded by the county council. She will not be commissioned directly by the council; she will be commissioned by the people who use her service. We will facilitate that payment, yes.

Lord Laming: I am sorry to press this point, but what do you think the county council is accountable for? Where do its responsibilities start and end?

Rhys Davies: It might be good for Les to come in here on the attitude to risk. As you can imagine, lots of local authorities are like, "Oh, goodness me, I'm not sure about this. How are they safe? How are they quality-assured? They're not regulated". There is a lot of nervousness about that. We have evidence. We have a quality assurance process. We have a really strong business case to say that the quality is really good. We have a process for things that are going to crop up in this area. But the bottom line is that this is a service for people who can self-direct and self-manage their care, who want choice and control over how, when and by whom their care and support are provided. This is not an option for people who are vulnerable, who live on their own and who require regulated services. That is when you need regulated services.

Les, is there anything you want to add? You are probably in a better position to talk about the attitude to risk and liabilities in a local authority.

The Chair: We definitely want to hear from Les, but we are over time. This has been a very illuminating exchange, but perhaps you could give us a brief response, Les.

Les Billingham: I will be very brief, because I think Rhys has said it all. As a sole trader providing care and support in this country, you do not need any regulation. These people could pop up anyway. They emerge out of the direct payment self-directed support programmes. So, in many ways, having them linked to a micro-enterprise service, even though it is very light-touch, gives them a degree of exposure that perhaps they would not have had.

As I said about local area co-ordination, compared with the regulated market we have had far fewer safeguarding concerns from the unregulated market, if you like. I think the evidence speaks for itself. These are individuals with passion and commitment who want to put a bit back. I do not know if that changes things, but because it is a non-commercial in its origin, it seems to me that most people are in it for the right reasons and display the right values. We can have only a light-touch involvement, because that is the law.

On your request for case studies, I will put my hand up and say that it is probably impossible. My emphasis has been on siting this in the middle of a system and giving a strategic view, but if people are interested, I can send the executive summary of the last strategy that we developed, because that has case studies in it. I think it sets them in that context and may be of interest. If you can let Daphne know, I will happily provide those.

The Chair: We would absolutely love to have that. It is that relationship between the strategy and the impact on the family and so on that we are really interested in. Baroness Warwick has the last question.

Q96 **Baroness Warwick of Undercliffe:** In a way, this question sums up this absolutely fascinating conversation. Rhys almost introduced it by referring to Community Catalysts and with the question he asked of himself at the beginning: why is this model, which works so well, not used elsewhere? Why has it not spread?

Nick, what are the hard barriers to scaling up? We have heard words like "small", "quirky", "messy", "scary" and "risky", but what are the crucial barriers, including from a workforce perspective, that stop the scaling up of this approach? How can they be overcome? We have all been searching for a model; Lord Laming talked about the system or the process. How can we provide the idea of a model to spread to other parts of the country, and who should drive that programme?

There are a lot of big questions here, but all of you have been solving them, in your own ways. However, trying to produce a model to

incorporate all the work that you have done will be quite a challenge. Could you help us with that, Nick? I know that Les felt that policy-making might not be much help here, but do you think there is a role for policymakers in all this?

Nick Sinclair: I do. One of those key things could be the framework for what is used to scale something. If we are going to use the same old public management metrics, Key Performance Indicators (KPIs) and management culture to do that, we will not get the desired results. We also need time to grow asset-based approaches and approaches like local area co-ordination. Our philosophy is always to start small and grow, even in the areas where we do it. Les talked about Thurrock, where this started in only a few areas but has grown over those nine years to cover the whole borough.

On how you replicate something like this on a national scale, applying the same principles, this is where policymakers could play a really interesting role in exploring what a framework like that could look like on a national basis. When we just put a good idea out there and scale it up, it sometimes loses its essence. How do you maintain those core principles? How do you work from that set of principles, rather than that set of KPIs? That is a tricky thing about the framework side of this.

On the way we maintain our shape as a constant at the moment in terms of local area co-ordination, we are a self-supporting network, with people buying into that conceptually and financially. Community Catalysts supports and convenes that network. We also do a huge amount of development work with the areas that are adopting it; I am working closely at the moment with Luton, Nottinghamshire, Surrey and Wakefield, which are all on the journey of establishing local area co-ordination. They are benefiting from all the learning and understanding that has come before them, and they are sharing that back into this repository—this learning network and community of practice.

From a policy-making perspective, the way learning can be embraced in the design is really important for asset-based approaches. We need to improve and use the insights and learning from being alongside people, families and communities, understanding the stories that we have talked about and using them to effect a wider cultural change in the system. That is the important thing that all asset-based approaches need to do. It should not just be about bolting on to a system that we know is not functioning as we would like but about that learning being brought into the heart of it, helping to bring about change in a long-term and transformative way. Certainly, from our perspective, that is what we try to support as a learning network—that is our role.

One of the key challenges is often that we favour specialism in our system. As we progress through our careers and our roles, we get narrower and narrower, with more and more limited or specialist focuses. In certain areas of our work in social work, that can be good thing, but we also see it as a barrier if we do not have enough expert generalists who have that range and whose focus is relationships and building trust

with people over time. If those people are not available in our communities, that can be an issue as well.

Again, from a policy perspective, it is about the design principles that need to underpin such a thing and the framework for how we learn from it, know that it is working or not and grow a workforce that is recognised for its value in relationships, rather than its knowledge and tasks. Those are certain things that are fairly absent from our system at the moment, on the whole.

The Chair: Thank you. You have all done brilliantly. We have heard so much about the importance of trust and balancing relationships. A lot of what you said was about relationships at the heart of care—and so much good practice that is clearly saving money as well as lives, and bringing people in to contribute everything that they can. We will come back to that.