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Scotland

How Can We Commission Social Care for Peace of Mind on West Lochaber?

Initial Learning Report from Community Consultations

2024

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INTRODUCTION AND SCOPE

Following an appreciative inquiry self-evaluation of SDS across Highland, In Control Scotland was commissioned to explore alternative models of commissioning for social care in one rural community: West Lochaber. This is one of the most remote and rural communities in Scotland, with a population of around 2100 people, described in more detail at Appendix A.

West Lochaber comprises 5 community council areas: Acharacle, Ardgour, Morvern, Sunart, and West Ardnamurchan. It is a beautiful part of the world, which has attracted many people to live, work, and retire there, but it has been historically difficult to deliver social care because of its rurality and infrastructure. There has been a recognition from statutory services that local challenges require local solutions, and what may work in Inverness will not necessarily work elsewhere, leading to a commitment to explore the potential future of social care with and by residents. An appreciative inquiry was started, which has led with asking local people the question we want this inquiry to answer: 'how can we commission for peace of mind in West Lochaber?' The scope of the inquiry was wide, encompassing social care and support in its most inclusive interpretation beyond traditional services, and including the needs of both adults and children.

The project is faciliated by Pauline Lunn, Director of In Control Scotland,

and supported primarily by Louise White, Development Manager of Urram, a local community development charity that has a focus on care and support, who arranged a series of community conversations with local residents to explore their experiences of social care (example flyer above). Sessions were arranged and delivered by Pauline and Louise, with the additional support of Ian Thomson and Gavin Sell of NHS Highland.

This report describes the first part of a process of exploration, which it is proposed will be followed by a series of design sessions that will further explore some of the ideas described by the community.

APPROACH

In this first stage the project team visited 5 local lunch clubs, in Lochaline, Ardgour, Strontian, Acharacle, and Kilchoan. The conversations were relaxed, in line with the 'community conversations' that these spaces offer locals, and focused on gathering insights into residents' experiences of social care so far, and their worries and aspirations for the future.

A separate session was held in Strontian which was targeted towards local community organisations and key stakeholders, which took a slightly more formal approach. In this session participants worked through a process based on In Control Scotland's 'whole local offer' model, which breaks down a broader perspective of care and support into 4 quadrants.
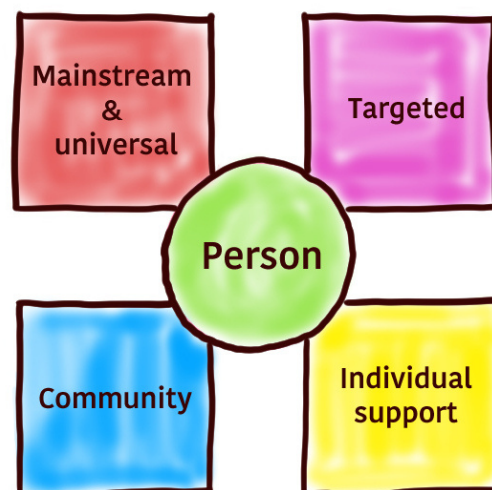
Mainstream and universal: supports that are available for everyone, such as GPs or schools.

Targeted: supports that meet the needs of a particular group or condition, e.g. a dementia café, or disability sports club.

Community: the local community assets on offer, such as the lunch clubs, or community gardens.

Individual support: support which is paid for by social services, including SDS.

OUR LEARNING

There has been a huge amount of rich data gathered from these conversations, which for ease of interpretation has been described in themes that we have noticed:

Theme 1: The Importance of Local Intelligence
This has been one of the strongest themes throughout all of our conversations: these are close communities that know their members well, and that clearly understand the challenges and potential solutions to these.

We heard stories of the local shopkeeper noticing that someone had not been in for milk one day, or lunch club members noticing that a regular attendee hadn't come along that month, and how important all of these can be in identifying potential risk that requires a response. Changes to the way that primary health services operate in some villages have meant that locum or part-time GPs had been introduced, leaving some uneasy at a reduction in strong relationships that can mitigate risk. We heard the real ramifications of this, with stories of people sadly passing away from what some perceived as illnesses that could have been overcome if they were spotted earlier or had their needs been met locally.

Some of the local communities have an organisation or group that focuses on driving forward local improvements, such as the Ardgour Communities Together group which has developed a place plan, or the Acharacle Community Company which operates the community centre and offers a range of local opportunities, and many also felt well-represented by Urram who have a strong, positive relationship across the area. There are many useful local supports that are led by community members, through these organisations and by motivated individuals alike, and these are highly valued.

There was some feeling of consultation fatigue locally, and at the time of this research we heard of multiple pieces of consultation happening concurrently. Some people we spoke to told us that they felt they had already fed back to statutory services about their needs and wants and they felt frustrated that change had yet to happen.

Confidence in statutory services was low, with some airing negative perceptions of what the local authority could or should do, and a strong desire to do things differently in a way that works for them. Many people told us they would like to help make things better, if this was led by local people, although we were told in no uncertain terms that 'all talk no action' would not fly.

Theme 2: The Strength (and Fragility) of the Communities
We heard repeatedly about the strength of informal support that neighbours, families, and friends offer to each other, and how this helps to significantly plug gaps in service provision. We heard many stories of people checking in on each other, getting shopping for neighbours, and examples of informal supports being set up, like a group of older adults who have set up a 'ring-a-round' telephone check-in with each other on a daily basis after some had experienced falls at home. We heard that they are more than happy to continue to do this informally, and most said they do not want or need this to be formalised through paid work, but some worried that there may be members of the community that are unseen and unsupported. Services like the community hospital transport volunteers and lunch clubs, through Urram, and the support of local organisations like Ewen's Room were greatly appreciated.

There is a huge sense of will and determination in these communities that leaves them motivated to make change. We heard of communities taking the lead on ambitious infrastructure projects, such as the building of dedicated keyworker housing in Acharacle, or the rebuilding of Strontian Primary School, both of which are projects through the Communities Housing Trust that have resulted in community-ownership.

In contrast to this, however, we heard about how fragile this strength can be. In the results of a recent (unpublished at the time of writing) survey by Urram, which focused on housing, an additional question was asked: 'do you have unpaid caring responsibilities?' Almost all respondents indicated yes. Carer burnout was noted as a significant risk, with many people telling us how much they would value local respite, or a safe place to give a loved one a bath, and people telling us that it can just take one person moving away or experiencing ill-health to bring down an informal support network or opportunity.
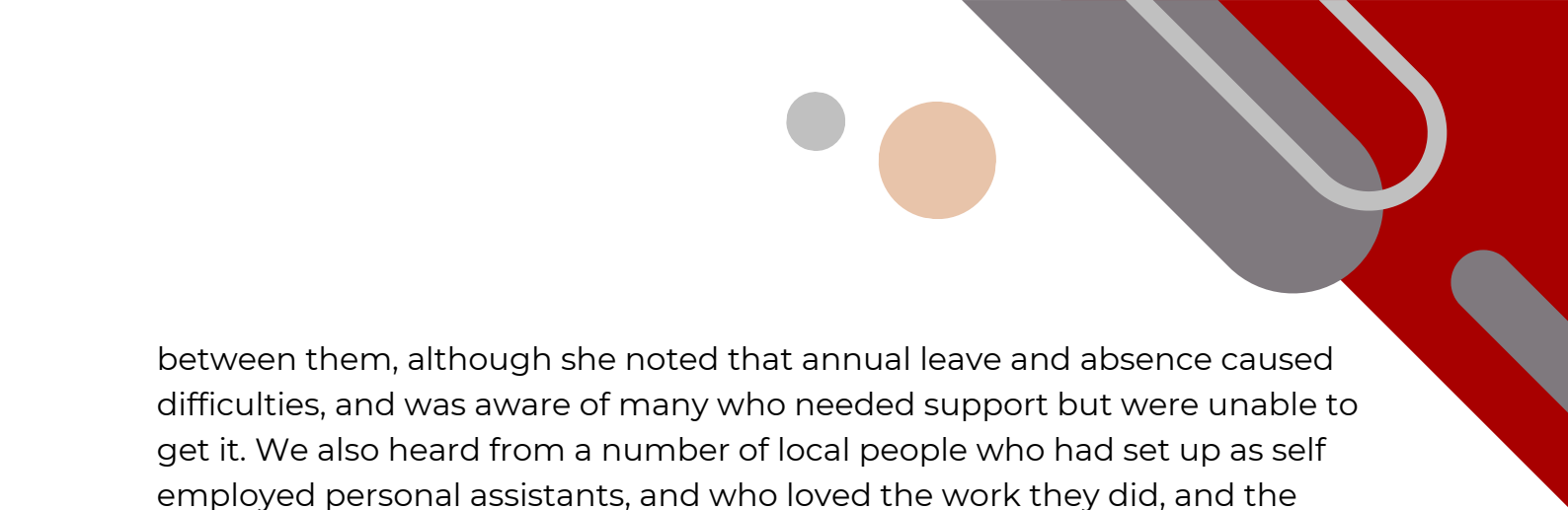
Theme 3: The Experiences of Centrally Managed Services

We heard the frustrations of some social care practitioners living and working in the area, including a group who had been recruited to work at Dail Mhor but were having to travel out of area to service a care home. Staff also spoke about the NHS Highland relief register, and how because this was centralised and spanned the whole authority, it was not felt to be relevant to them, so they were no longer looking at it for shifts that may need covered locally. Some of the simplest and most human elements of care and support were felt to be impossible to deliver within the time and task model of homecare, such as building a fire for someone or preparing a meal. They felt that increased flexibility and local coordination would bring real strength, and had ideas for what this could look like.

We heard of the challenge a third sector support provider had experienced when trying to set up services in a more traditional way, and how this had failed. Competition for practitioners was high, and they could not compete with the pay and conditions offered by statutory services. Additionally, there seemed to be some rigidity in service design – which was also a perception we also heard of NHS Highland services – all of which led to an inability to get a service off the ground. It is just one example of an attempt to parachute an urban service design model into a rural community, so while it is potentially unfortunate it is also helpful learning.

For residents, we heard of the frustrations in travelling for appointments and the lack of joined-up thinking in arranging these, with some stories of people having to travel to Fort William or Inverness multiple times in a week. We heard of the system blockages that could happen with policies and procedures, such as requiring the stretched community nursing staff to carry out particular tasks that could potentially be provided by others, or competing policies getting in the way of meals-on-wheels services.

In contrast, we heard from an NHS Highland home care practitioner who felt she and her colleague were able to carry out high quality to support in their village, because they had worked together to build a relationship with each other and those they supported that meant they could cover most tasks

between them, although she noted that annual leave and absence caused difficulties, and was aware of many who needed support but were unable to get it. We also heard from a number of local people who had set up as self employed personal assistants, and who loved the work they did, and the flexibility it offered both themselves and the people they support. Much of this is purchased through SDS budgets although there were some who privately fund support for themselves or their families.

Ultimately what we heard was that the supports that are working well are those that are led and delivered by local people, and that the foundations of this are a deep understanding of, and responsiveness to, local need.

Theme 4: The (Pragmatic and Realistic) Desire for Local
People living in West Lochaber are ultimately pragmatic about what support could look like for them locally. Many people made statements along the lines of 'we knew what we signed up for when we moved here', and they understand that they will have fewer options for care and support where they are, as opposed to living in a city. Many people told us about friends or family members having to travel great distances for appointments or to care homes as far away as Glasgow, and that they would prefer to have support closer to home.

There was some connection to the Dail Mhor care home with some people we spoke to, but this was far from consensus across all the villages, with those closest geographically to Strontian feeling it most keenly, and few sharing a strength of will to see it reopened as a care home facility. When the team probed further across all of the communities it appeared that many people felt a sense of loss, but that it was not necessarily because Dail Mhor was perceived to be the solution to all of their problems – indeed many were critical of it - but it was more of it being the last visible safety net to some that felt that it had been taken from them. People told us that they simply wanted to be able to feel peace of mind, knowing that something would be there for them locally when they needed it.

Theme 5: The Importance of Infrastructure in Building Resilience

We heard in almost every conversation that residents are worried about the infrastructure of their communities. This included concerns about ageing populations and falling primary school rolls (with the exception of Kilchoan which has grown and recruited an additional teacher) and the drain of young people leaving for work or education after school, the challenge of an unreliable ferry service and difficulties this can bring to the roads, highly limited local public transport, the loss of an upgraded community hospital service, the difficulty in finding affordable childcare, and the lack of affordable housing which prohibits families moving to the area to live and work.

In some villages there is functionally zero unemployment, with services such as the community fire service struggling to recruit even with attractive remuneration. The idea that we can create jobs in social care and people will take them is a pipe dream without changes to infrastructure.

While much of this is outwith the scope of this work, particularly around transport, there is learning from the Acharacle community housing project which could potentially be applied concurrently as part of the wider solution.

A Limitation to this Research

It is important to note that we heard very little from practitioners working with children and young people, beyond a small number of community support groups and organisations.

We spoke to one parent of a disabled child who described how positively the local primary school had responded to their needs, and how welcoming the community was to the family. Supports that the child need are not available locally, so the family had carried out a huge amount of fundraising to enable him to travel across Scotland and to England to receive specialist therapy. While this is a positive and proactive example, it highlights the lengths that some families go to, and raises questions of how achievable this would be for most.

For further stages of this project it will be important to actively gather the insights of those working in services for children and families, and more experiences of local people who are, or could potentially be, using these.

IDEAS FOR CHANGE

We heard a great many ideas on what change could look like to build community resilience through social care. Some of these are achievable through local experiments, and some will require to be promoted and managed elsewhere in statutory or local services.

Idea 1: Local coordination of care and support
Currently care and support on West Lochaber is piecemeal. There are various components working in isolation, some more effectively than others, and often in competing ways.

There is learning from models such as Buurtzorg and Community Led Support that could be applied to develop a new way of arranging and coordinating care on West Lochaber. A well-coordinated, local, multidisciplinary team comprising statutory, voluntary, and community services would be a strong idea to develop further.

This could include a great many elements, such as a coordinated social care delivery team that wraps around the community; a community on-call or relief service that includes training; a multipurpose local respite service/hub which could also support day opportunities or some physical support needs like bathing to be met; support for and recruitment of PA's and self-employed PA's; brokerage, advice and information on SDS, social care, aids and adaptations like telecare; opportunities for volunteering and accessing voluntary supports; and how all of this could link with local further education to promote social care as an attractive career.

This is an ambitious idea, but one which feels entirely achievable given the small size of the communities, which I would propose move to an experimental stage in one village as a test of change. This would involve developing a short life working group to come together to design an experiment of what this locally coordinated team could look like, describing the enablers and barriers to this and how these could be maximised or overcome, and exploring how it could work in practice. This must be led locally, and given the strong local reputation of Urram I would propose that they take the lead on this project, with our support.

Idea 2: Community asset transfer

Housing for keyworkers is a core problem, and if there is no affordable housing for skilled social care practitioners it will be difficult to overcome our social care challenges.

There have been numerous ideas proposed for repurposing the site at Dail Mhor, including developing sheltered housing for older people, or rebuilding an upgraded residential care facility. The idea which makes most sense in the context of this research is not to use this to create a new service, which would only serve a small number of people and which would place additional burdens on local recruitment, but instead transfer the site to the community to build affordable keyworker housing in Strontian, which could be socially rented rather than made available to purchase, which increasing the likelihood of families moving to West Lochaber to make a life for themselves locally. The Acharacle keyworkers housing project gives us strong evidence that community-owned housing is possible and can make a difference, and the Communities Housing Trust have the expertise to support.

This type of project takes time, and involves multiple actors in the wider system, many of whom have not been part of this research. However, this would be a strong and positive move that could increase local confidence in statutory services, that is worthy of exploration with the relevant people. A local organisation like Urram is best placed to explore this further, with the help and support of NHS Highland and The Highland Council.

Idea 3: Improved coordination of primary care, with local support

There were some – seemingly simple – ideas on how primary care services could be better coordinated. This could include working with dentists – the closest of which for many could involve a 50 mile round trip – or hospitals such as Raigmore, to make an agreement that the villages of West Lochaber have set days for non-urgent treatment, scans, or appointments. This would allow for local community transport services, or just neighbours and friends, to coordinate transportation much more effectively.

The simplest ideas can often prove the most challenging to implement, and this would require further conversations beyond those involved in this research. I would welcome the opportunity to either start these conversations, or support others to do this.

CONCLUSIONS AND NEXT STEPS

The learning from this has been incredibly rich, and the inquiry has produced dozens of pages of quotes and notes, we have gathered multiple local plans and pieces of evidence from consultations, and heard a great many stories of both hope and fear from local people.

The next step, beyond discussing the content of this report, is to take some action. There is a real risk that hopes are raised in the community without an appropriate response, further diminishing confidence in statutory services. The situations of people living on West Lochaber are not going to improve significantly without a healthy dose of bravery and ambition, with local people leading from the front.

I would propose that the first step should be to create a plan for the design stage for idea 1, which would involve gathering a group of local people and practitioners to develop a blueprint for a locally coordinated support team. This could be visibly and practically led by Urram, with the support of facilitation and expertise from the other members of the project team.

For ideas 2 and 3, I would welcome further discussion on how these could be progressed, with the support of NHS Highland.

APPENDIX 1: POPULATION DATA

This data is based on the latest available 2021 Mid-Year Estimates of population at Datazone level, which may not strictly align with community council boundaries, and is presented for illustrative purposes.

Community Council Name	Age 0–15	Age 16–64	Age 65+	Total est pop
Acharacle	88	304	145	536
Ardgour	64	275	98	436
Morvern	58	233	100	391
Sunart	68	273	116	456
Western Ardnamurchan	53	203	88	344
Total	**331**	**1228**	**547**	**2163**

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