



Local Cornerstone

April 2019

Thank you for your continued interest in Local Cornerstone. We are pleased to share the latest news with you as we continue on our journey of transformational change.

Since our last newsletter in December, a lot has happened at Cornerstone including an increase in the number of Local Care and Support Teams operating across Scotland.

There continues to be worldwide interest in our ambitious vision to transform social care in the UK. We have hosted over 35 study visits including welcoming visitors from NHS Northern Ireland, United Care West Australia and Civic Disability Services also in Australia.

In addition, we have contributed to several publications, written blogs and essays, and spoken at a number of conferences. You can find out more about these and much more in this newsletter.

Let's Hear From Our Team Members



There are currently 35 active Local Care and Support Teams (LCAST) (self-managing neighbourhood care teams) and 24 in varying stages of progress, totalling 59 teams operating across Scotland. Our team based in Glebe Road in Fife celebrated their one year anniversary this month and are one of 35 teams that have been up and running for some time.

"Being part of an LCAST has been an amazing experience so far. It has given me a chance to grow as a person with confidence and knowledge. The support we get is fantastic, it's a huge learning curve for everyone involved. I couldn't be more proud to be part of Local Cornerstone."

Sophie Howard, Team Member



"The main motivation for me coming back to Cornerstone was the very fact that I thought the LCAST concept was brilliant. I wanted to see an end to the hierarchy and to be empowered to do amazing things. I found myself again, thanks to being part of team Moray and Wardend. Despite things not always running smoothly, the team has forged my new identity and for that I will always be eternally grateful to the people who helped me find my feet again. I am 100% committed to who we are and what we do in front line services. I feel inspired and motivated to always try my best!"

Sarah Jones, Team Member



"I love being a part of a LCAST. It's given me so many opportunities I wouldn't have had under the traditional ways of working. I've had training in budgets and finance, HR, change and managing conflict amongst other things, and I'm enjoying all the upskilling and autonomy. I feel the people we support are benefitting massively as everything seems to get done quicker, allowing us to support them to have the best life. Whether that's booking trips or speaking to day services or other agencies. The introduction of LCASTs has massively improved social care in my eyes."

Ashley Aitken, Team Member



"One of the most exciting things to happen since I joined Cornerstone is the recent changes which have resulted in Local Cornerstone. These have brought about our latest adventure, CCS, a social hub and retail shop in Stonehaven. Being part of a Local Care and Support Team has enabled my development and has given me autonomy to use my skills and knowledge in a completely new way. I am proud to work for such an enabling organisation as Cornerstone and truly believe I have the best job ever."

Adele Mackie, Team Member



Storytelling



One of the nine elements of Local Cornerstone is to introduce the art of storytelling across the organisation so we can share stories to inspire others to change. The aim of the storytelling programme is to collect stories from colleagues, people we support, and families throughout our Local Cornerstone journey. In January 2019, 14 colleagues had the opportunity to be trained as storytellers and we also employ one person full time as our storyteller in residence (read more from Hannah below).

The training started by exploring how stories surround us in our everyday lives; once you start looking, you can find important stories everywhere. Working with stories from the champion's own lives, they explored how to take the listener on a journey through the key events of a story and how to engage the listener's imagination. The champions learned how to gather images, sensations and emotions and how to create a compelling structure. Having experimented on themselves first, the second part of the training focused on how to gather a story from someone else.

Our storytelling champions are located around the country and we'd like to introduce some of them to you here. Let's find out a little more about some of our wonderful storytellers.



"I'm Cornerstone's full time storyteller. I work exclusively with the North and South Aberdeen branches and I am also a storytelling champion. As the branch storyteller, I've been working with ongoing story-based projects involving the people we support and our colleagues. I've been working to create an environment of celebrating and communicating success and achievement throughout the Aberdeen and Shire services."

Hannah Reynolds, Cornerstone Storyteller, North Aberdeenshire

"I have recently completed a training course in Aberdeen and have become a storytelling champion. I believe that the public lacks knowledge and understanding about what we do on a daily basis, particularly when it comes to Local Cornerstone. I strongly believe that stories are a very powerful tool to raise public awareness of Cornerstone's standards, how much we have achieved so far, and what challenges the charity faces."

Yuan Benson, Support Assistant, Moray



"I think that being a storytelling champion is an amazing opportunity to collect and share the collective experiences of Local Cornerstone and document our journey together. Stories have the capacity to create emotion, capture the imagination, make events and people (characters) memorable and inspire others - they don't have to be long or highly personal to be impactful."

Debbie Masson, Monitoring & Reporting Advisor (People) Cornerstone Central, HR, Aberdeen

My Cornerstone Experience



My Cornerstone Experience (MCE) is Cornerstone's new quality assurance process which focuses on the principles of the new Health and Social Care Standards and how well we meet these. The Standards state that the people we support should "expect and benefit from

a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". To meet this requirement, MCE places a strong emphasis on improving people's experiences.

All of the people we support take part in MCE. This involves a trained evaluator spending time with them to find out what is working well with the care and support they receive and what we can do to improve. Where appropriate, our evaluator will review their personal plan and may observe colleagues at work. The evaluator might also talk to family members, care managers, guardians and others who know the person well. MCE focuses on dignity and respect, compassion, inclusion, responsive care and support, and wellbeing. MCE evaluator training is underway across the country.

Participants to date have included LCAST members known as team members, non operational colleagues and volunteers. We currently have 75 trained evaluators. We may hold further training sessions in the autumn if we feel more evaluators are required in particular branches. MCE will be fully operational as our organisational quality assurance process as of April 2019. The new process has been very well received by staff across the organisation with a number of individuals commenting on how truly person-centred it is.



Highlights

- Seven finalists have pitched their entrepreneurial ideas to a panel of judges at the final of the Lens which was held at Pittodrie Stadium on 24th April. The Lens offers leaders an opportunity to uncover new ideas from across the organisation providing all colleagues with a platform to pitch their unique ideas.
- Watch our CEO's input to the Next Stage Health Care and Public Services Event which was held in London on 19 March 2019 [here](#).
- A blog by our senior leader Mairi Martin can be found on the Cornerstone website [here](#).
- Our investment in technology continues with over 900 mobile devices distributed to our Local Care and Support Teams across the country.
- The Local Cornerstone year two evaluation report will be published in the summer. If you would like to receive a copy please email [Cornerstone Central](#).
- Early indicators suggest that when we compare the Local Care and Support team performance against our more traditional service delivery, in all areas we see improvements. For example – improved staff retention, less recruitment spend, less mandatory training spend, improved lost time rate, increased employee engagement and happiness and most importantly an improvement in the quality of the service being provided to the people we support.
- Mairi Martin, Lynn Jolly and Sheila Gordon hosted a WebEx on delivering models of #neighbourhoodcare in a Scottish Social Care context. Get in touch with @LWiC_QI team if you'd like details, or for further info e-mail hcis.livingwell@nhs.net.

Commissioning and Contract Monitoring

Strategic commissioning is the term used for a range of activities that together support the planning of care and support on



a local and national basis. Good strategic commissioning has co-production at its core and is focussed on improving outcomes for people. Working in partnership with the Scottish Government, the Care Inspectorate, Scottish Social Services Council (SSSC), Social Work Scotland, Scotland Excel, Coalition of Care Providers Scotland (CCPS), and 6 of our 19 commissioning Health and Social Care Partnerships, we are planning specific tests as part of the overall evaluation of the model which will consider different ways of commissioning and alternatives to trading in hours of care.

There are several ways in which we can approach the testing of alternative forms of commissioning. The following list is not exhaustive.

Self-Directed Support (SDS) – A trial is to be undertaken with a newly established LCAST team being formed to respond to new work in a specific local community. There has already been some interest in this approach from rural communities in Scotland where it is challenging for independent provider organisations to deliver the volume of work required to make it viable and/or where there are severe staffing shortages. Every individual referred to the team for support would be in control of their own budget and any contract would be between the Cornerstone Local Care and Support Team and the individual and/or their family.

A particular town or community where Cornerstone currently delivers a service has been identified as a target area for proactively encouraging clients to consider SDS as an alternative to being part of a commissioned service or framework.

For the purposes of the test period, Cornerstone SDS advisers provide information on four options and provide practical support to individuals and families to overcome fears or apprehensions.

Outcome-based commissioning – A trial is to be undertaken where both parties suspend the monitoring of hours of care delivered and agree individual and contractual outcomes to be reported on. Funding will be released on evidence of successfully achieving personal outcomes rather than the traditional route of reporting on hours spent with a person. This allows the Local Care and Support team the autonomy to make decisions on how to use their time in the best interests of the people they support. There would be a close link to the monitoring of the team's performance in meeting their overall productivity targets (client-facing time).

Block funding – A trial is to be undertaken in an area where Cornerstone has been providing services for a number of years and where there is a relatively static number of annualised hours. This test suits a Housing Support service where the client group and their individual and collective needs are unlikely to change too much during the test period. Four quarterly payments to be made without any monitoring of hours of care delivered subject to the team reporting on Quality (includes customer satisfaction), People (employee engagement, retention and happiness) and Productivity (client facing time).

Tendering – From October 2016, if Cornerstone is involved in any tendering activity either for new work or as a result of re-tendering for existing work, we have been engaging in the process using the

Local Cornerstone model. This has raised some issues about higher than SLW rate of pay for team members and how this translates into an hourly rate (even though the contract value overall may be less) when in a competitive position; issues about how an un-traditional model based on a flat structure fits into the often restrictive questions about management and supervision; issues arising from the weighting placed on traditional hierarchies and levels of management, supervision and risk; and issues generally to do with time and task based contracts rather than those genuinely concerned with outcomes. Therefore a key part of the test is to consider different approaches to the procurement process that result in a fairer evaluation of submissions, focused towards improved outcomes for the people supported as well as best value for the commissioning authority.



Cornerstone Website

Our **website** has been updated with new stories featuring the people we support, colleagues and volunteers. It is also the best place to access up-to-date news and publications. www.cornerstone.org.uk

Evaluation



Through the testing of the new model - Local Cornerstone - the objective remains to ensure that Cornerstone is operating a sustainable model which continues to meet the organisation's charitable purpose. However we also have an ambitious vision to transform the social care sector in the UK.

It has always been the intention to share any learning from the evaluation of Local Cornerstone with interested

parties in the social care sector in Scotland and the wider UK. Although the findings from the various elements of the evaluation will be of huge benefit to Cornerstone and to our beneficiary group it is also anticipated that other provider organisations, funders, commissioners and regulators will find the information of use.

There is a wider applicability and interest in the research conclusions and, especially with an investment of public money, there is an expectation that reports are publicly available. Inherent in the evaluation proposal is a need to understand the replicability of the model (to parts of Scotland and the UK beyond the test sites, and indeed for other organisations) and this objective is explicit in the scope of research activity.

Research Methodology



Redesigning work in Social Care: an evaluation of a Buurtzorg/ Franchise model (Local Cornerstone) and the use of Self-Organising Teams (SOTs) in the delivery of social care in Scotland.

(University of Strathclyde)

The overall research objectives of this project are:

- a) To explore how the change in operating model proposed impacts on customer satisfaction and people in receipt of care and support achieving their outcomes (living a valued life – a life they choose).
- b) To examine the public expenditure implications of the change in Local Cornerstone and how far investing

in technology and paying up front (for an upskilled professional workforce) saves public funds over the longer term.

- c) To examine the degree to which the SOTs and the Franchise model facilitate or inhibit the required level of autonomy and self-organisation among work teams given the tensions around the centre's need to retain an element of control of franchisees and continued pressures on costs.
- d) To trace how clients and workers' views on the effectiveness and efficacy of the dual changes associated with the Local Cornerstone model change over time.
- e) To draw lessons with regard to change management, workforce engagement and service quality from this programme of change that can be shared and disseminated across the Scottish social care sector.



#JustASC



A key part of the Local Cornerstone strategy is to protect our team members from spending too much time on non-direct work with the people they support. As a result, we have introduced the advice and support service which exists to take ownership of problems or tasks on behalf

of the teams. The advice and support co-ordinators also respond to queries from the public. Last month the ASC team dealt with over 1,700 enquiries.

The Cornerstone advice and support co-ordinators are a vital part of Local Cornerstone. The team is driven by Jeanne Bhadani and Jamie Tuckwood who are on hand to assist with enquiries about anything Cornerstone related from service information to Microsoft Teams training. If you have any queries in relation to Local Cornerstone, you can contact the ASC team on **0300 131 3333** or [email](#).

Technology Enabled Care



An important part of the Local Cornerstone model is the introduction of technology enabled care to assist us in meeting our charitable purpose which is to enable the people we support to live a valued life – a life they choose.

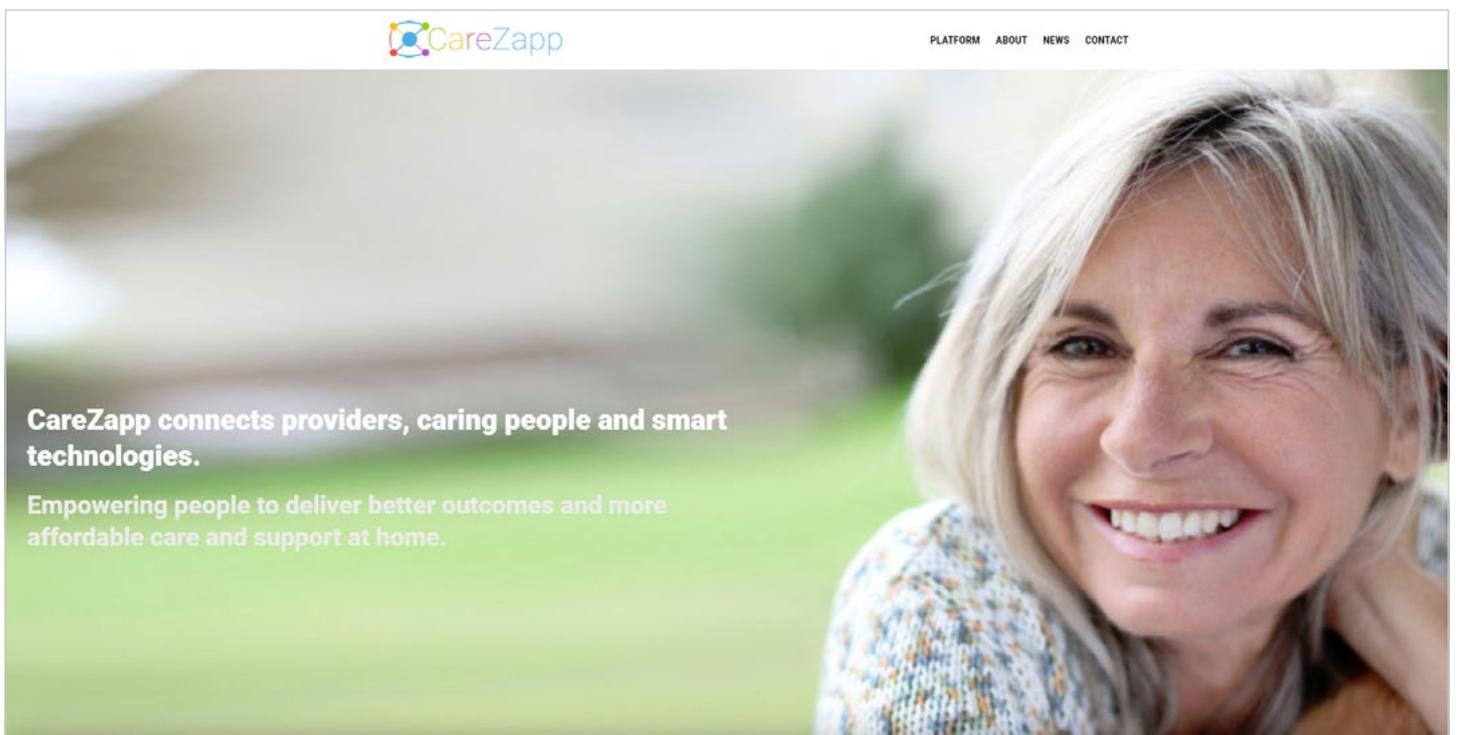
With our partners from CareZapp, we have introduced some new ways of working that help to increase independence and address some of the challenges facing social care providers in relation to the payment of the Scottish Living Wage for overnight support. The safe use of the new technology also frees up funds from individual budgets so more money can be spent on other things that enhance the quality of life of the people we support.

Cornerstone and CareZapp have introduced a technology-enabled care project in North Lanarkshire and Ayrshire with plans to roll the provision out across all areas of our operation.

Homes have been fitted with a variety of sensors that can detect motion, open windows and doors, movement in bed and incontinence, and other events. Alert buttons can be customised as part of the package as appropriate. The support is personalised to the individual client's needs.

The CareZapp platform provides an overview of the activity to a locally based response team who, if required can contact or visit the person at home. Alerts – also personalised – notify the team immediately if there is something that needs to be dealt with, with listening and video verification in place to assess the situation. In addition, the sensor data is parsed into meaningful information that can be accessed by the person's support network, including their family.

If you would like to know more about the Cornerstone/ CareZapp partnership please contact our ASC Co-ordinators on **0300 131 3333**.





Cornerstone SDS

0300 131 3333

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www.cornerstone.org.uk

