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Cornerstone would like to thank the partners who have contributed towards the costs of producing this report including:

- [Community Fund](#)
- [Carnegie UK Trust](#)
- [The Scottish Government](#)
Introduction

The Scottish social care sector is subject to a fast changing and challenging external environment, leading many care provider organisations and commissioners of social care services to consider options for change.

Cornerstone has developed an ambitious Strategic Plan, which we have called ‘Local Cornerstone’.

Local Cornerstone was developed to address the challenges and opportunities presented by the changing sector, and aims to ensure that Cornerstone continues to provide a high standard of care for many years to come.

We also have an ambitious goal to transform social care in the UK. Through our partnerships and our influencing work we have joined up with like minded people and organisations and Cornerstone is now part of an exciting social movement.

The annual review of the strategic plan involves an analysis of progress against our original objectives and includes an independent evaluation conducted by the University of Strathclyde.

We are extremely grateful to all the people and organisations that have provided encouragement and practical assistance, including our major funders; the Carnegie UK Trust, National Lottery and the Scottish Government.

We hope you enjoy reading the stories enclosed within this report and we hope that in capturing our journey and sharing the lessons we have learned along the way, that we will inspire others to change.

Edel Harris
Chief Executive

“We’re pleased to support Cornerstone in their ambitious new journey to transform their model of care and support through ‘Local Cornerstone’. With a greater emphasis on supporting and upskilling social care staff, Cornerstone has developed a model of care to improve person centred care and support. Throughout their journey, Cornerstone has willingly shared their experiences with others, most notably fellow participants in Scotland’s Neighbourhood Care Programme who, like Cornerstone, are looking to develop models of neighbourhood care inspired by the work of Buurtzorg. We look forward to continuing to follow and learn from Cornerstone’s forward-thinking work.”

Fiona Hodgkiss | Adult Social Care Policy | Scottish Government

“Overall the interviews with front line staff suggested a greater ownership of work, responsibility and confidence in decision making as a result of working in a LCAST which reportedly had led to more person centred care being delivered”.

Ian Cunningham, University of Strathclyde
Cornerstone’s Guiding Principles

Our purpose, vision and values will continue to guide us as we look toward the future:

**Our Purpose**
To deliver high quality care and support that enables everyone to live a valued life - the life they choose.

**Our Vision**
To be the first choice for care and support in Scotland.

**Our Values**

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring</td>
<td>We feel and exhibit concern and empathy for others</td>
</tr>
<tr>
<td>Customer focussed</td>
<td>We offer a truly personalised service</td>
</tr>
<tr>
<td>Professional</td>
<td>We offer a high standard of service that meets all regulatory requirements, delivered by qualified staff</td>
</tr>
<tr>
<td>Pioneering</td>
<td>We strive to be innovative in our thinking and to lead the way in the care sector</td>
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**Strategic Pillars**
Our strategic decision making will continue to be informed by our three strategic pillars:

a) Committed to quality  
b) A good and fair employer  
c) Financially healthy

**Four Key Objectives**

- Let us continue to put people at the centre of our activity and assist them to live the life they choose.
- Let us continually strive to do more than we are contractually obliged to do.
- Let us demonstrate that we genuinely value social care as a profession.
- Let us use our charitable income to do some amazing things that help all the people we support to live a valued life.
Kanter’s Law

During change journeys, it is often true that everyone feels motivated at the start. And we all look forward to happy endings. It is in the middle where the hard work happens. This is the territory of the last barrier to organization change, which has become known as ‘Kanter’s Law’.

It says everything looks like a failure in the middle. “The middle includes those moments when it seems you can’t move forward. You don’t feel comfortable. The goal seems far away. In the middle, we all have doubts—even the true believers.”

This is exactly when Kanter’s Law kicks in - the moment that grand promise gives way to the tough challenge of implementation.

With all new initiatives – like organization change – there is a good chance of running into trouble before the end. Problems tempt employees to give up, to forget this initiative, and move on to the next enticing rainbow.

There are unexpected obstacles and delays in any change process. Stopping too soon is, by definition, failure. Those who master change persist and persevere. They assess and adjust. Those who recognize the struggle of the middle succeed. They have stamina, they are flexible, and they expect obstacles on the road to success.

“Great fun spent today at Springhill with Helen hosting her Chinese themed come dine with me event! Food, fun and games involved! #TeamSpringhill #InItToWinIt Go Helen!”

“Team members Nikki, Rachel and Pamela spent today interviewing potential candidates to join our amazing team @LcastSpringhill thank you @denise_elder for your help and support #teamwork #successful #localcornerstone”

“Fantastic team meeting today Everyday is a learning day #TeamDundee #springhill #LocalCornerstone #upskilling #customerfocused #teamwork”

“Been a challenging few months for us at Glebe Road. We knew it wasn’t always going to be easy being LCAST. But our team meeting today gave us a chance to reflect & move forward with renewed enthusiasm #LocalCornerstone @CornerstoneScot”

“Janice had a great afternoon trying out the #MondayClub for the first time today. Plenty of Raffles, Games, Coffee, Cake and most importantly Janice, Dancing #LivingAValuedLife #Cornerstone #TeamWardend #TeamMoray #LCAST #GettingItRightForEveryone”

“Thanks to being part of a Local Care and Support Team and the autonomy it has given me, Rudi came into our lives! Rudi is in training to become a Therapet, much to the delight of the people we support.” @ConnectsStone #FeelGoodFriday | #LocalCornerstone | #Therapets

“On August 24th 2018, Cornerstone held several LCAST parties in celebration of the first pioneering teams. Events took place in Elgin, Irvine, Stonehaven, Dundee, Airdrie, Renton and Glasgow.”
Local Cornerstone consists of nine elements shown above, all of which combine to create a sustainable model for the delivery of personalised care and support undertaken by an empowered, up-skilled workforce.

The year two evaluation has considered each of the elements in turn and captured evidence, stories and feedback from key stakeholders, all of which is brought together in this report.

Early indications suggest that when comparing the performance of LCASTs against a more traditional teams’ performance:

- overall recruitment spend is reduced
- mandatory training costs are reduced
- staff retention is better
- lost time rate is improved and
- colleague engagement is better.

Cornerstone has seen a positive impact on recruitment and a decline in the use of agency staff in Aberdeen and Aberdeenshire since introducing a policy of recruiting straight into the team member role.

The impact on the people supported by Cornerstone is less easy to measure although there are a number of stories captured within the year two evaluation report that demonstrate the correlation between an up-skilled, steady, happier, more motivated workforce and the quality of the personalised care and support being provided.

Overall external quality indicators are not showing any noted improvement. This may be down to the unsettled period at the commencement of Local Cornerstone implementation. With a new and improved internal quality assurance process and the stability of the LCASTs, Cornerstone expects to see all quality indicators showing a marked improvement in 2019/20. Qualitative data collected for the evaluation report has captured many examples of where lives have been enhanced and impact measurements improved (outcomes) as a result of the change to the new way of working.

<table>
<thead>
<tr>
<th>Staff Turnover LCAST</th>
<th>Lost Time Rate LCAST</th>
</tr>
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<tbody>
<tr>
<td>2.6%</td>
<td>4.81%</td>
</tr>
<tr>
<td>Oct 2018</td>
<td>Oct 2018</td>
</tr>
<tr>
<td>0.43%</td>
<td>4.22%</td>
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<tr>
<td>March 2019</td>
<td>March 2019</td>
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Emma and Eleanor’s story

Cornerstone Connects Stonehaven (also known as CCS) offers community support for people with disabilities and other support needs, enabling them to develop their social skills and become involved within their local community. CCS operate a community hub which provides supported employment opportunities. They also offer a wide range of activities for the people they support ranging from workshops, crafts, discos and supported holidays.

CCS is one of Aberdeenshire’s first LCASTs. Naturally, with change comes uncertainty. Eleanor, whose daughter Emma is supported by CCS has shared some of her doubts ahead of the transition to LCAST and how pleasantly surprised she’s been by the change.

“My initial concern when I first heard that CCS would be transitioning into an LCAST was how it would affect Emma. Was the wonderful care she’s received going to change? It was all so new, I didn’t know what was involved and how it would all ‘gel’ together. I felt that I didn’t know enough about it - I knew there was going to be a change in the team but I was worried about what that change meant.

“Fast forward a few months, CCS are a fully-fledged LCAST and it’s been refreshing! The recent changes have had a positive impact on Emma. There is a range of new activities on offer, things Emma can look forward to. For example, CCS now organise supported holidays to Spain and Monymusk. It’s putting Emma out of her comfort zone. She had never been abroad without her family before, so it was a great experience for her to travel to Majorca with the team.

“Local Cornerstone now makes sense. I can see the benefits of not having one named person to answer to. Working in a team brings out diverse ideas and opinions rather than one person making all the final decisions. The team members can say ‘we can go here and do this’ without stressing about getting somebody else to authorize their judgement. It’s how I want my daughter to be supported, with no stress in her life with things going along smoothly.

“What I would say to another parent who’s worried about the change in Cornerstone is that the support teams are professional. The team members are knowledgeable and caring. I’ve been so inspired that I have even signed up to be an official volunteer for Cornerstone. I volunteer at the CCS craft group on a Wednesday morning, it brightens up my week.”
Kyle’s story

Within Cornerstone’s Moray branch, local care and support team members support adults and children living with learning and physical disabilities. Having the new model of care and support sees teams working in a more trusting and empowered way. This means the team members working closely with individuals are the people involved in their day to day lives and therefore best placed to encourage development and life skills progression. They have the freedom to be as creative as they like to assist those in their care to meet their goals.

Kyle’s mum was concerned that her son was becoming isolated from the community - he did not want to attend social groups and spent the majority of his time secluded in his bedroom.

Following his move to Wardend Place in Moray, Kyle started to enjoy interaction with the team members and fellow tenants. His self-esteem steadily grew, enabling him to take a lead role in Cornerstone’s 30 years in Moray celebration. Kyle immersed himself in the role of showing all guests to their tables and the presentation of awards to other services. He played a real part in planning and coordinating the event.

In recognition of Kyle’s achievements he was nominated by Cornerstone and the Moray Council for the Skills and Learning category for the Scottish Learning Disability Awards 2019. Kyle went on to win this category at a prestigious event in Edinburgh.

With his permission, Kyle’s story was shared as part of an initiative called The Lens, which allows team members and other staff within Cornerstone to put forward new and exciting ideas.

This resulted in funding for the Moray branch to create a bespoke app which allows people to access and share the information regarding progress towards achieving their outcomes. Kyle and anyone else in his life will be able to record and maintain information. This will allow Kyle’s health and social care workers to keep up to date with his progress in a creative and far more efficient manner. One great advantage is a reduction in the need for repetitive paper work which results in more time being made available to spend with Kyle.

For Kyle, the next step is that he is looking for employment. The local care and support team are supporting him to put together a CV and letters to send to local businesses. Kyle would like one day to move to his own tenancy.

The team assisted Kyle with independent travel and helped him to prepare and cook meals for the other residents in the house. He is famous for his macaroni cheese dish.

Working as a LCAST on the progression model has meant that the team has had to adapt to a more hands off, risk enablement approach. Team members and Kyle’s family are clear that working in a self organised way within a culture of trust and empowerment has contributed greatly to Kyle’s achievements in a relatively short period of time.
A Local Care and Support Team story

‘We Couldn’t Go Back’

Shackles

Working for Cornerstone in the old days, we used to feel shackled. We often needed simple, common sense decision making, but we didn't have the authority or the information we needed to make those decisions. Budgets are a good example. Budgetary information about our service wasn't shared with us so we couldn't make decisions about spending without checking with a manager first. It wasn't always practical to get hold of them, so the decisions couldn't be made quickly. When you're supporting someone 24/7 it's a long time to wait until Monday morning for the go ahead to buy a new pair of boots. It's a long time to wait for us - and a long time to wait for the young men whom we support. I remember having to explain the wait. It wasn't easy.

Then, in April 2018, we became a LCAST - a self-organising team - as part of the move to Local Cornerstone. Everything changed. The shackles came off! Suddenly we knew what our budget was - we had the whole picture! We could buy a new pair of boots or replace a ripped jacket for the individuals we support without having to ask anyone, other than ourselves- our team. It's so reassuring for us that a group of fellow team members, who really know the individual, are the ones making the decisions which are in their best interests.

These days, I don't have to explain the wait to the two young men we support at Glebe Road. We can make the right things happen for them, right when they need it.

A family gathering

I used to get my rota on the Friday, for the following week. It was really frustrating as none of us could plan even the most basic things in our home lives ahead of time. I understood that having the rota at the last minute was sometimes unavoidable, but surely it didn't have to always be that way.

Then the move to LCAST came - we became a self-organising team. Now we do the rotas ourselves and the last-minute rotas are a thing of the past. Instead, we make sure that we have the rota ready a month in advance. We also organise our own time and have more team meetings together, which has really helped to connect us all. We think one of the two young men we support, wasn't even aware that the different staff members at Glebe Road knew each other. We always had to handover while he was asleep so he never saw us together.

Now we involve him in as many meetings as we can. He has realised that the staff that support him actually know one another and he sees us all together at meetings which he loves. As we are the closest thing he has to family, it's like a family gathering for him!

There's no denying that there are still challenges with the rota. There's no manager saying this is how it has to be and it can be difficult to fit shifts to everyone's personal circumstances. We all want to support the people who live at Glebe Road but it's hard to balance that with our own needs sometimes. Like with any family, that will always be a difficulty. Still, our new approach means that we can plan our lives and the people we support can look at the rota and see who is coming in in a week or a month's time. I think that gives them a feeling of stability that they didn't have before.

Meanwhile, because of the team meetings, we know the people we support better. This means that we have learnt what they like doing and we can use this knowledge to suggest activities and plan days out that they might enjoy, without having to run it past a manager. We are able to make promises that we can keep. Things go at a more realistic pace for the people we support and, because of this, they are more settled and happy.

I think we are more settled and happy too.
Road trip

In the past when training was offered to us, we didn't have a say in who would go and when. We would never take a training course together and that has made it hard for us to share knowledge and ideas. Sometimes just being able to sit together on training and discuss how we can put what we have learnt into practice in our service is very motivating.

But after we became a LCAST we were empowered to make our own decisions about training so when the opportunity came up for two team members to attend the NHS Learning Disability course together we jumped at the chance.

This was one of the best decisions we have ever made. Even travelling together to and from the course in my car gave us valuable time to bounce ideas off each other and discuss what we can do differently. I remember getting excited when we were shown Talking Mats and how they worked to aid communication and saying to Alan, we should absolutely look into Talking Mats training for the team as it was clear to me that it would be of such benefit to the individuals we support. It was like our weekly brainstorming and planning road trip.

When we got back to the service we were able to apply our learning immediately. One day on the NHS course, one of the speakers was discussing a new form to be used to record challenging behaviour. He asked all the people attending the course if they could possibly try piloting the form. We thought the form was brilliant and agreed as a team to give it a go. We didn't have to ask anyone! We just went straight back to Glebe Road and put it into action. We've never had the opportunity to do that before and it feels brilliant!

Doing the training course together has joined up the dots. We have shared reference points and tools and we feel more connected, to each other and to the bigger picture. We're on the same road, driving things forward, and that feels great.

Knowing best

Traditionally we weren't involved in decisions about how and when new people came to live at Glebe Road. Meetings happened with social workers and managers, who supposedly knew best, not with us, the support workers who deliver the care. We just got told who was coming in and when, with no consultation.

When we became a LCAST this changed. As a self-organising team we gained the autonomy to influence how transitions happened. We were included in meetings with social workers about a new tenant’s transition into the service and this felt really important. We were able to advocate on the other resident's behalf and put forward what we felt was best for him before the new young man moved in. We think that, although there have been some issues; the way we handled the transition has been more in the residents' interests than it might have been. They were given space and time to get to know each other and if things had been rushed it wouldn't have worked so well. We know them best and we were the ones in those meetings who were able to say - it needs to be this way.

It has made such a difference being involved from the beginning and having our professional opinion asked for and listened to. It makes us feel respected and trusted.
The ladder

There was a time when we felt that we were the bottom rung of a ladder that goes on for miles above us. We felt that what we were doing was unimportant. Sometimes it seemed that all that was required of you was to turn up for your shifts, to follow the rules and protocols, to not ask too many questions and to not try to change things. Cornerstone often stated that we were important, but we didn’t feel that we were, in the sense that we really couldn’t do much. It maybe wasn’t meant to feel like that, but that’s how it felt.

While we were on an NHS Learning Disability course recently, one of the speakers was discussing the roles of other professionals, for example psychiatrists and social workers. Then they put up a slide showing the role of Support Worker and there was this explosion - the screen was covered with bubbles! There were so many aspects to our role.

It was amazing to hear other professionals who were there to train us say ‘We couldn’t do our job if you didn’t do yours’ and that made us feel valued- that they could see and appreciate what we do.

This was an external experience but nowadays, the Local Cornerstone ethos supports this internally too. Within the new strategy, team members are seen as the eyes and ears who can communicate important information to different professionals. After all, who better for psychiatrists and social workers to speak to than the people who know the supported person best? Particularly if that person is non-verbal.

For some professionals the adjustment to communicating with a LCAST has been tricky as they are so used to speaking to a manager.

Local Cornerstone makes it clear that we are the people they need to speak to and, because of this, we do feel more valued by Cornerstone now. They don’t just say that we’re important anymore - the move to LCAST has made us important. We don’t feel like the bottom rung of a ladder any more, now we feel we have a far louder say in every aspect of how the service is run. We can be proud of the work we do because it is OURS.
Bringing ourselves to work

Under the old Cornerstone model, it didn’t feel that there was a lot of space for creativity and personality. Doing work on personal plans just seemed to be filling out lots of forms but now we can edit the forms to include visuals and pictures which are relevant to the people we support and help it be more personalised and stand out so it’s more interesting to read.

Now that we are a LCAST we feel more empowered to come up with new ideas for the people we support. We can be more inventive and creative. We have recently been working closely with the speech and language team to develop our singalong skills to aid communication in the service and we have been able to create specific ‘social stories’ for the people we support. This involves downloading pictures from the internet of real life objects, places, shop logos etc which are familiar to the person we support or using photographs to create a visual daily planner and a visual shopping list, with lots of ideas and options. After all who doesn’t want ‘breakfast out’ as an option in their life? Both of the gentlemen we support respond to their planners so well, they love updating them and showing them off to family, staff and visitors to the service.

We feel that being a LCAST enables us to bring more of ourselves to work. Each team member has different interests and has come into their current role within Cornerstone from different employment backgrounds and tapping into these skills benefits all of us.

Clare’s Story

Clare moved into a self-organising team in Glasgow. She was supported to appreciate her value and given the confidence to recognise that hers is a valued profession. She was paid more. She has blossomed in her role and every day undertakes activities with the people she supports that are not restricted by a list of tasks and over burdensome processes and policies. She is free to use her imagination and skills to meet Cornerstone’s charitable purpose. She recently attended a care review meeting. In her previous role she would never have been allowed or expected to attend such a meeting. With her new found confidence as a ‘professional’ she contributed as an equal and her input was appreciated. Clare left the meeting feeling ten feet tall and knowing that the outcome for the young man is exactly what it should be, thanks to her contribution.
Cornerstone has exceeded its target (40 teams by end of March 2019) for number of LCASTs. However as a number of the teams are smaller, in terms of number of team members, than originally envisioned, the percentage of the workforce engaged in a self-organising team appears to be a better measure of progress. The target was therefore changed during the year - from the ‘number of teams’ to a percentage of the workforce - 20% of the contracted operational workforce by end March 2019.

At the time of writing the evaluation report (July 2019) there are over 70 LCASTs at various stages of the process, including two self organising teams within Cornerstone Central.

There have been delays in new LCASTs forming caused by the technology project being behind schedule and the time it took to reach agreement on the team member rate of pay. In addition the capacity of the training academy and the coach team to adequately respond to demand, is also a factor. As a result the Cornerstone Board has agreed an extension of the Local Cornerstone strategic plan to March 2020/21 instead of 2019/20 as originally planned.

The revised target is to have 50% of the contracted operational workforce engaged in a LCAST by end March 2020 and for the test period to have been successfully concluded.

The test period is defined as ending when there are at least 10 established LCASTs, representative of the range of services provided by Cornerstone, which have been operating successfully for a 6 month continuous period. ‘Successfully’ is defined as meeting the KPI targets. (Page 51)

11 LCASTs from a spread of different service types across the organisation have now been confirmed as the formal Local Cornerstone test sites.

The formal test commenced in June 2019 and will run for 6 months. When the formal ‘test’ has been concluded, if the outcome is positive, Cornerstone will commence the mandatory roll out of LCASTs.
The Cornerstone Foundation was established in 2016 to distribute funds in local communities to assist Cornerstone in meeting its charitable purpose – to deliver high quality care and support that enables everyone to live a valued life - the life they choose.

The Foundation has a clear fundraising strategy and a strong network of ambassadors.

The key focus area continues to be distributing funds raised, to local teams and branches to do some amazing things which ensure the people supported by Cornerstone live a valued life.

The current funding stream themes are:

- Quality of Life
- People and Families
- Home is Where the Heart Is
- Connections

In 2018/19 the Cornerstone Foundation raised £883,192 and distributed £788,367.

<table>
<thead>
<tr>
<th>Funds disbursed</th>
<th>Notes</th>
<th>18/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life</td>
<td>12 applications</td>
<td>8,910</td>
</tr>
<tr>
<td>Connects</td>
<td>£3,000 was distributed to each branch across 2017 and 2018</td>
<td>12,108</td>
</tr>
<tr>
<td>Gift of Time</td>
<td>Funds used</td>
<td>2,000</td>
</tr>
<tr>
<td>Historical funds redirected to services</td>
<td></td>
<td>65,831</td>
</tr>
<tr>
<td>Grant, trusts &amp; foundations</td>
<td>£293,926 raised for LC strategy</td>
<td>632,164</td>
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<tr>
<td></td>
<td>£338,238 raised for charitable purposes</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>£788,367</td>
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</tbody>
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The vision for the Foundation is to

- distribute funds to support an increase in the time allocated for care and support
- distribute funds to allow for more social activities and to purchase equipment/aids when required
- provide funding when people are in crisis
- distribute funding to provide respite care for families and carers
- enable Cornerstone to do more than provide basic statutory provision
- allow Cornerstone staff easy access to funds to support people to achieve their goals
- provide funding to develop new local community services
- provide additional funding for capital developments and specialist projects
- engage local communities in fundraising efforts
- create an internal culture that is proud of its charitable foundation.
Mags first holiday

Mags is a young woman from Dundee who has complex healthcare needs and as a result, had never had a holiday. Her LCAST accessed funds from the Cornerstone Foundation and were able to give Mags a truly wonderful experience.

Accompanied by her mum and two members of the team, Mags travelled to Homelands in East Fife for a five day stay. Homelands is a development of luxury lodges designed to meet the needs of people with a range of disabilities and long-term health issues.

Mags was a little anxious about travelling away from home but coped well and got a huge boost to her confidence as a result. She was very excited that Lilly, her dog, could come on holiday with her and that they could spend time together going on walks with her family and carers.

The trip away provided Mags with experiences she had never had before and her mum was delighted that her daughter was given the opportunity to build up her confidence and she looks forward to other holidays in the future.

In Your Corner

Young carers rarely get time to themselves and don’t always have the opportunity to experience what it could be like to be a typical teenager. The team at Cornerstone’s ‘In Your Corner’ service in Edinburgh wanted to give the young carers a break away from their demanding caring roles, and host an event for them to socialise together and have some fun. With funds accessed from the Cornerstone Foundation, the team arranged for supper at Nandos and the Coro Chocolate Café, providing the young carers with much needed respite from their caring duties.

Repairs for flood damaged floors

Jamie is 20 years old and is living with cerebral palsy and a learning disability. He requires 24 hour care and support. Having cerebral palsy means he is unable to support his own bodyweight and must be strapped into a wheelchair at all times.

His home is covered with laminate flooring to make every room easy for him to access when he is in his wheelchair. There was a significant leak in his building which damaged his flooring, causing the laminate to warp and curl, preventing him from moving around and being able to live in his own home. He had to move back in with his parents as he could not afford the excesses his insurer was asking for. Through the Cornerstone Foundation Quality of Life fund, money was given to Jamie to enable him to repair his floors, buy new furniture and move back home.

Theraponies

With £200 from the Quality of Life fund, a team in Aberdeen were able to arrange for therapy Shetland ponies to visit their service. The experience provided many of the people supported with the opportunity to pet the animals and have an incredibly fun and relaxing day.
Cornerstone reports good progress in year two with the vision for Cornerstone Central, particularly the establishment of the #JustASC service.

Almost all central staff members have undertaken customer service and Insights Discovery™ training. People in corporate roles are working much less in silos and much more as one team. The role of the Advice and Support Co-ordinators is now much better understood and the feedback on the #JustASC service is very positive.

“I wanted to let you know of some lovely verbal feedback I just received on the ASC line from a lady who is trying to find care for someone she knows.

The lady said it was lovely to pick up the phone and be able to speak to someone about her concerns and find out more about Cornerstone and the services they provide. She said she was very much feeling overwhelmed as she just didn’t know where to start. She said often she picks up the phone to other organisations and is bounced from person to person, but when she spoke to me it was nice that I could deal with her enquiry there and then. I told her I would pass on her enquiry to the appropriate branch and that if she hadn’t heard back in a few days to give me a call. She also said that she very much liked Cornerstone’s approach especially in a world that is constantly changing.

I wanted to forward this feedback on because it is nice to hear but it also sums up what the ASC role is all about. #JustASC #ExceptionalCustomerService #LocalCornerstone”

“I just wanted to let you know that when I was in Elgin delivering training, I received some excellent feedback regarding Jeanne.

The feedback was that Jeanne was very helpful to an external customer who was looking for advice on SDS support in the Moray area. He was delighted that his details were taken there and then and wasn’t bounced from person to person. He speaks very highly of the ASC service and I believe that a team in Moray are now helping the family with support”.

“Due to the implementation of Microsoft Teams and the Intranet closing, I required training to have a greater understanding. I contacted Jamie at ASC and organised a small window to allow her to go through this with me.

Jamie was excellent at explaining the set up of Microsoft Teams and what areas I could use to support me in my day to day operations. I went on myself and it was as easy and simple as Jamie had suggested”.

3. Cornerstone Central
The Advice and Support Co-ordinator story

I used to be a Senior Administrative Assistant, part of a team of seven people. With the move to Local Cornerstone my role changed and I became one of two ‘responders,’ tasked with dealing with enquiries on a daily basis. I survived the Local Cornerstone consultation process and I had a brand new job, so why was I not ecstatic? I should have been buzzing with excitement.

I signed up for a career with Cornerstone because I want to help people and to make a difference but nobody understood what a responder was. How can I help when nobody knows that I can help them?

I was supposed to be resolving enquiries and helping people but my phone didn’t ring. Sometimes I picked it up just to hear a dial tone. I sat, willing it to ring but it stared back at me silently. Why did things have to change? I’m not sure Local Cornerstone is for me. How do I find a way of settling in to this new way of working? Will I ever be able to?

My thoughts are interrupted as an intriguing email arrives in my inbox. It is an invitation to attend an event in Edinburgh. The event is a ‘Vistage’ event which means this is run and attended by people at the top of their game in the business world. I’m wondering why they want to send me to this event. I check the email again and see that this particular event is based on ‘value proposition.’ I do a quick google check to see what this actually means as I’m not used to business speak. Google tells me: “it’s an innovation, service, or feature intended to make a company or product attractive to customers” Ah, thank you google, at least I have a vague idea as to what to expect!

As soon as I walk into the building I feel different. There is a buzz of excitement in the air and all I can see are smiles all around. It automatically lifts my mood to be around such positivity. We are shown into the conference room where we are told there will be a presentation and talk from the guest speaker. He begins talking about the value of customers and the affect they can have on an organisation and then he comes out with it… “If you want to know what your customers expect from your organisation, get out of the building and meet them face to face. We are busy people, but so are our customers and this is often forgotten in business” I can literally hear the pin drop as loud as a drum. I gasp audibly and realise I’ve been looking at my role the wrong way. The rest of the day goes by in a blur of colour and enthusiasm but the words become my mantra and I repeat them over and over. It has all become so clear to me now and I know what I have to do. Finally! I have a plan and I can see the road ahead of me.

I realise that my role needs a different name. I’m not a ‘responder’ - I’m an Advice & Support Co-ordinator.

The next few months are a whirlwind as ‘Tuckwood-On-Tour’ begins. This even gets its own hashtag in the world of twitter. I travel to different offices and services across Scotland to deliver my presentation and the response is overwhelming. With each presentation I become more confident and the enquiries start to roll in. I’m beginning to find my place and become part of this jigsaw that is Local Cornerstone.

Now here I am, sitting at my desk today, and what a difference a year makes. I have purpose and am needed everyday. The proof is in the sound of the phone ringing. This sound comforts me and acts as a little reminder of how far I have come personally but also how far the ‘ASC’ service has come. The journey has only just begun and it can only grow from here. Great things can and will be achieved because I now arrive at work with hope each day and that is a nice feeling to have. It may have taken a while to get here but I have finally found my sound, my rhythm. It’s a different beat each day, but it’s my beat and I get to choose the steps.
Measuring culture change can be a very difficult thing to do however most of the Cornerstone staff who were interviewed as part of the Local Cornerstone year two evaluation and some of those who have contributed stories, suggested that the culture had changed for the better. The ‘How Can I?’ campaign is beginning to have traction but like any campaign it needs to be sustained.

There’s a culture shift happening in Cornerstone. We have created a new campaign to promote the culture of using the approach ‘How Can I?’.

It’s important that everyone at Cornerstone puts the people we support at the heart of everything we do while living by our values and behaviours. The ‘How Can I?’ campaign is aimed at taking these values and behaviours and embedding them even more in our day-to-day roles with all our colleagues. By doing this, we aim to have a working environment that creates a helpful and supportive environment that ensures everyone is providing an exceptional service to colleagues throughout the organisation.
There is still work to do in balancing the needs and expectations of operational colleagues with the demands and workloads of those working in Cornerstone Central; especially as the Local Cornerstone financial model requires a 40% central overhead saving. As the transition from one operating model to another takes place, the pressures on a reduced central function have to be acknowledged. Some temporary resource is being made available in support areas such as finance and technology.

Improving efficiency in operating systems and processes is a key objective to ensure that limited resources are allocated effectively. Alongside the technology advancements made in year two, Cornerstone will continue to encourage all staff to review their current processes in order to simplify and streamline activity and improve efficiency.

In 2018 EY undertook an effectiveness review of Cornerstone’s finance function and the recommendations have been captured in the Cornerstone Central 2019 objectives. Some early progress has been made in areas such as improving the aged debt position and the introduction of electronic payslips.

4. Integrated Business Systems

Cornerstone’s integrated IT system is almost complete but the overall ‘Enabling a Brighter Future’ (EABF) project is many months behind schedule and significantly over budget. Cornerstone staff feedback gathered in year two, has ‘frustrations with the delays in implementing the technology project’ as the number one issue.

The savings predicted from the use of the new technology have not yet been realised so Cornerstone has committed to undertaking a full de-brief and are planning to hold compensatory commercial discussions with their technology partner.

A critical element of the Local Cornerstone financial model is monitoring the productivity target. The concept is not widely understood within Cornerstone and the LCasts will need support in setting and then measuring their productivity. This should become easier once the new technology is up and running and the productivity calculator is an integrated feature of the rota management system.
5. Technology Enabled Care (TEC)

Cornerstone has formed a partnership with CareZapp and is piloting the use of the associated technology in some parts of the country.

Cornerstone is operating an overnight responder service for individuals using TEC.

A new business line has been created to respond to the need for overnight responder provision. Included within Cornerstone’s review of the sleepover policy, technology was deemed to be a key consideration to assist with reducing the overall number of sleepovers delivered.

Responder teams are on duty overnight 365 days a year. Each small team responds to the needs of approximately 20 people, with response times of up to 20 minutes. This ensures consistency in the support provided, allows for genuine relationships with the people supported and a speedy response when necessary.

There is no ‘standard’ sensor suite that works for everyone. The CareZapp team partner with a LCAST to assess the needs of each supported individual. CareZapp install a tailored sensor communication package (connected via Wi-Fi) in the person’s home. Responders are trained in how to use the technology installed. In the event of a power failure or network problem, there are robust contingencies in place.

CareZapp uses a suite of economical sensors to collect data and display it immediately. Personalised rules are set up to meet the needs of the person supported and they trigger an alert to the responder team. The sensors are unobtrusive and wireless, so can be installed easily and quickly. Information is supplied to the team, enabling them to respond within seconds if an intervention is required.

Data gathered by CareZapp’s monitoring system can be used to inform future care plans, giving a detailed picture of night time support needs. If unusual activity is triggered, alerts are sent to the responder team immediately. Responders will attempt to contact the person concerned, but if this is not possible or appropriate, they will travel to the person’s home and offer assistance and support.

There are clear protocols in place for all eventualities and in the event of an emergency, or if back-up is required, responders have access to Cornerstone’s out-of-hours on-call service.

Cornerstone is yet to appoint a technology enabled care (TEC) champion within each branch area and this is an action for 2019. The TEC champion is there to support the use of technology to enhance service provision and to assist the people supported by Cornerstone to live a valued life. This role is not to be confused with the super-users employed to assist with the internal technology project.
The use of TEC as part of a progressive sleepover policy.

Cornerstone, like many UK social care providers, waited in anticipation to hear the ruling from the Court of Appeal in the case of Royal Mencap Society v Tomlinson-Blake. The Court of Appeal handed down its judgment, addressing the issue of whether staff carrying out overnight ‘sleep-in’ shifts in the care sector are entitled to be paid the National Minimum Wage (NMW) for the entire duration of those shifts; the judgement stating very clearly that the NMW does not apply to sleep-in shifts unless the worker is awake for the purpose of working.

The prospect of having to make large unfunded back payments had threatened to bankrupt many providers, jeopardising the care of vulnerable people and the employment of many people working in the industry.

Unlike some other social care organisations, Cornerstone has been paying sleepovers at Scottish Living Wage (SLW) per hour since October 2018 which far exceeds the legal minimum wage requirement.

There is a fear that at a time when public funding for social care is already squeezed, available resources are being used to fund sleepovers which leaves very little to be invested in other areas of the system. There is also a concerning reaction from some care managers and commissioners, many of whom are now focusing on reducing the overall number of sleepovers because of the cost implications on already stretched budgets.

Cornerstone has therefore introduced TEC and increased the number of community responder services to assist with meeting this agenda but as an organisation that currently provides over 44,000 sleepovers per year it is evident that technology and other alternatives will not necessarily have the overall impact required. There are also concerns about the safety of some of the people being supported.

Cornerstone leaders are on record as saying that they hope the introduction of Local Cornerstone will make conversations about the minimum or living wage in social care irrelevant.
6. Local Branches

The branch structure is now well embedded across the organisation.

One of the main challenges expressed by Cornerstone staff, continues to be freeing up the branch leaders from overseeing operational matters so they can carry out the broader elements of their role.

Another issue still to be addressed is clarity of the role of team leader and service manager during the transition stage. Although senior leaders have clarified the position in relation to pay protection and expressed how much they value the experience and loyalty of the current post holders, without doubt they have created a situation where many people in these critical roles feel undervalued.

As a result Cornerstone has introduced, following consultation, a mentor role. The main purpose of this role is to provide leadership and best practice guidance to self organised teams where needed, under the direction of the branch leader.

The robustness of the model is at risk if in creating new roles, Cornerstone inadvertently introduces layers of management. The introduction of new roles needs to sit comfortably with the financial model and not have a negative impact on the ability of LCASTs to meet their productivity targets.

The year two evaluation has flagged up that some team members ‘do not know what they do not know’. In other words, where people who used to be team leaders become members of a LCAST they comfortably take on the role of supporting others to learn how to do new tasks. Teams that are making great progress such as the community support team in Stonehaven and the team from Moss Cottage in West Dunbartonshire include at least one person who used to be a team leader. Some teams that have struggled in the early stages are now benefitting from having a mentor.

The mentor is a resource for the local branch and will support a team with practical tasks until they are self sufficient. Team members and branch leaders are demonstrating more often how they are in control of making the day to day decisions, and feedback suggests that they are well supported by Cornerstone Central when advice or support is requested.

For the Local Cornerstone model to be a success, branch leaders and project leads are required to take responsibility for looking after all the business elements of service delivery and new business development to free up team members to focus solely on the needs of the people they support.

Cornerstone is committed to ensuring that relevant business related activity that used to be delivered at the centre is transferred to the branch leaders so they can meet the target of reducing overheads by the end 2020.

The move from traditional offices to community hubs is progressing well. New hubs opened this year in Peterhead, Stonehaven and Irvine. In Irvine, Cornerstone also opened the New Beginnings Cafe which is a social enterprise developed and managed by some of the people supported through the Shared Lives service in Ayrshire.

“A mentor to has been helping me with all the things I need to know to help run the service, she showed me how to do the imprest and health and safety checks. I know I can contact the mentor team whenever I need a bit of help with something. ”

“Our mentoring sessions are very good and I like that you let us do the work but you are there to advise on the tasks and your years of experience means that you have a great knowledge of what to do when things go wrong, I know I have learned so much from you.”
7. **Employee Engagement**

Cornerstone has continued to invest in the development of the Engagement Forum (EF) but understand there is still more to do to ensure this forum provides an effective and confident voice for all colleagues.

Cornerstone’s previously good working relationship with Unison has been challenged since they embarked on the implementation of the new strategic plan. After 24 years of working in partnership with the union the Cornerstone Board of Directors decided to serve notice on the voluntary agreement. In the Board’s view “the arrangement was having a detrimental impact on our ability to deliver on our charitable purpose and some of the behaviours of Unison representatives were contrary to our company values”.

Cornerstone staff report that since the decision was taken there has been a marked increase in pace related to key decision making; the appointment of project leads and mentors and a substantial increase in the number of LCASTs being established.

Unison has applied to the Central Arbitration Committee for statutory recognition and Cornerstone is currently engaged in the associated legal process.

Cornerstone is the only large, charitable social care organisation in Scotland which has appointed employees to the Board. The two employee directors have settled in well to their new role and make an active and useful contribution to the governance of Cornerstone. Having colleagues on some of the governance committees is also working well.

Employee Directors - Sharon Irvine and Alastair Forbes.
An employee director’s story

Finding my balance

I’m a service manager based in Glasgow. I work with team leaders to provide much needed care for the people we support. Colleagues often look to the service manager for the answers, never more so than over the past two years as we have transitioned to our Local Cornerstone model.

I’ve provided answers and solutions for the last 15 years, but this is no longer the Cornerstone way. We have removed levels of management and empowered people to make decisions, whilst still providing front line services to people that cannot wait until we are comfortable with this new way of working. This has been challenging, as colleagues perceive service managers to have the answers, and it has been tough when I can’t provide the reassurance they seek.

As part of these changes, I applied to join the board at Cornerstone. This is not a position I would have expected but it has benefitted my day-to-day job in unexpected ways. It provides a broad view and allows me to consider the governance of the organisation, not just what I see in Glasgow in the services I support.

I won’t pretend to fully understand a profit and loss report, and I am grateful to my financially savvy colleagues for explaining it to me, as I now see how the decisions we make affect all areas of the organisation, and ultimately the people we support.

Focussing on the facts and figures has been a challenge for me as, like most of my colleagues, I’m more people orientated. We wouldn’t be working in the care sector if we weren’t. To allow us to provide the best possible care in a sustainable way, we must understand the bigger picture and my role on the board allows me to do this. I can’t think of anywhere else I would have had an opportunity to learn new skills and make a real impact in this way.

I am also a member of the people committee. This provides a reality check that balances the facts and figures we speak about at the board. It’s my window on what people are really thinking. ‘Word on the street’ is not a quantifiable outcome, but without it we never know if the decisions we make at the Board are really helping our colleagues. It makes me proud that everyone has a voice at Cornerstone and that colleagues are being listened to.

Local Cornerstone removed managers which caused confusion. The recent introduction of mentors seeks to lessen confusion and support colleagues in a different way. This demonstrates that the peoples voice is being heard and decisions are being made accordingly.

My role as a service manager, and my involvement on the board and the people committee had the potential to be the perfect storm during the Unison negotiations earlier this year. It was perceived by some people that I was taking both sides. But having a holistic view of how decisions are made, and how these impacted the working lives of colleagues was insightful. It was a difficult and very emotional time but showed Cornerstone’s commitment to work together, and I believe we are a stronger organisation because of it.
8. Fair, Innovative and Transformative Work (FiTwork) in Social Care

Summary

The summary of the FiTwork report (a copy of the full report is available upon request) captures the main findings of research carried out with leaders and employees at Cornerstone on fair, innovative and transformative work in social care.

The Fair Work Convention has defined fair work as being characterised by: fulfilment; respect; security of employment, work and income; opportunity to access and progress in work; and effective voice.

There is evidence that promoting these inter-connected components of fair work can benefit individuals, organisations and society.

The research deployed the ‘Fair, Innovative and Transformative Work’ (FiTwork) survey tool, which has been used in a wide range of organisational contexts to capture employees’ and managers’ perceptions around fair work.

The survey asks employees to reflect on a range of workplace practices associated with job design, organisational structures and teams, support for employee voice and decision making, and organisational practices linked to fair work.

The survey was distributed to Cornerstone staff and completed by 119 frontline care staff (Team Leaders, Team Members, Support Workers and Support Assistants). We also conducted interviews with nine frontline care workers and members of the leadership team.

Our survey work and interviews with frontline staff and leadership team members at Cornerstone identified a number of key take-away messages:

- Most of the employees who we engaged with found their work meaningful and satisfying, and identified with Cornerstone’s values. It is important that staff feel that they have sufficient time to reflect on their work with service users, given that – according to our interviewees – engaging with and supporting service users was key to their sense of fulfilment.
- Findings on respect and strategies to promote respect were generally positive, but there may be value in seeking to raise awareness among the minority of staff who were less clear on the organisation’s approach to addressing respect in the workplace.
- Our interviews highlighted that employees were generally positive about learning and training opportunities. However, the survey evidence suggests that not all staff felt that progression opportunities were open to all. Cornerstone has sought to explore new approaches to defining careers in care. As organisations get flatter across the sector, it is important that this work continues.
- The majority of staff responding to our survey were positive about workplace wellbeing strategies at Cornerstone, and there was a good level of awareness among our interviewees. However, findings on perceived stress suggest that there remains a need for continued action to identify and address stressors.
- The interviewees acknowledged the work done by Cornerstone to improve pay. However, many survey respondents reported struggling financially at least some of the time. There is a need to continue to challenge Scottish and local government policymakers to ensure that sufficient resources are made available to care employers like Cornerstone so that they can deliver pay levels that reflect the skills and value of the care workforce.

Colin Lindsay, University of Strathclyde
Cornerstone is still working through some of the practicalities of establishing a new culture based on trust and empowerment although a lot of progress has been made on reducing the number of policies and procedures and in allowing colleagues to use their initiative to achieve the charitable purpose.

There continues to be a significant investment in coaching across the organisation and the leadership team recognises the importance of demonstrating the impact that coaching has on Cornerstone meeting its overall company and strategic objectives.

As part of achieving the Local Cornerstone strategy, Maria Moreno from M Potential Limited has been working with the organisation to deliver coaching training and development. This is a fundamental component in the transition to develop a coaching culture, realise the strategy and establish successful self-organising LCASTs.

A year after Maria Moreno commenced working with the first group, a questionnaire was issued requesting feedback from individuals on the value and impact of the coaching workshops and one to one sessions.

In the majority of cases, responses received were comprehensive with most individuals providing a paragraph or two of information for most of the questions. Very few people provided one or two sentences by way of response, resulting in a rich resource of feedback to draw upon.

The feedback suggests that individuals are gaining value from the coach training and development. Both the workshops and one to ones have provided tools, techniques and approaches which are being applied and starting to create a positive impact on behaviours, working relationships, performance and culture. From responses, it is also evident that individuals have increased levels of professional confidence and courage. Considering the challenges involved in organisational change of this scale, plus the key roles of respondents, the importance of this achievement cannot be underestimated.

Additional time and effort will be required to embed and cascade the learning. The plan is for the coaching style to become more prevalent, consistent and widespread throughout Cornerstone. It is encouraging to note that an increase in straight talking, constructive feedback and challenge is identified by respondents as a welcome development. This is an essential requirement of high performing cultures and it would be a great achievement for Cornerstone to manage to retain the qualities of a collegiate culture whilst developing overall levels of candour, feedback and resilience. This will help facilitate conditions for clarity and high standards, developing individual, team and organisational capability.

The feedback in the report relates to a small number of people within the organisation. Over time, it would be useful to gain feedback from a wider cross section of the organisation and also to gather impact evidence directly from people supported by Cornerstone.
"I have invited ideas from others… and often this has generated great results. People are more engaged."

"Colleagues are more likely to think about possible solutions rather than just present the problem now."

"I am not sure that a lot of colleagues are aware of what the role of a coach is about and that is something we need to work on, both as individual coaches and as a team."

"This is still very much the start of a journey, which will take time to fully embed. Ongoing support will be required to make it stick."

"Colleagues are "being supported to understand and embrace the new strategy through their own thinking and developing their own pathways towards this."

Over 90% responded to the questionnaire

Both the workshops and one to ones have provided tools, techniques and approaches which are being applied and starting to create a positive impact on behaviours, working relationships, performance and culture. From responses, it is also evident that individuals have increased levels of professional confidence and courage.

"I am starting to see colleagues model the behaviour" (the coaching style).

"The workshops enabled me to improve my knowledge of coaching, learn some great tools and techniques and gain direct feedback from colleagues which was invaluable."

"It was the coaching 1-2-1s that helped me most move forward with putting what I had learned into practice."

"Drawing more on abilities and strengths."

"I have invited ideas from others… and often this has generated great results. People are more engaged."

"This is still very much the start of a journey, which will take time to fully embed. Ongoing support will be required to make it stick."

"Colleagues have fed back that they feel valued."

"The culture within the Branch is improving. This also goes for C/ Central team members."

"There is a distinct shift in culture from 1 year ago where suspicion, blame and miscommunication were common place. There is a more trusting, open culture now."

"The culture within the Branch is improving. This also goes for C/ Central team members."
The coach team story

There are many moments of success in this role.

A recent one is that a team recognised that the hours of support an individual was receiving, although keeping them healthy and safe, were not sufficient enough to really make a positive difference to quality of life. The team discussed options which included requesting additional hours, looking at restructuring the current hours to allow supporting of activities in the community, technology enabled care in the future and what other activities needed to be done to enable the person to go into the community (e.g. get a more suitable wheelchair).

The team member leading on the support review for the person met with me to go over how they were going to approach the review. With the support from the team's mentor, the team member led on discussions at the review and the outcome was increased hours of support for the individual.

Fitting in all of the activities a coach does can be difficult at times. We want to be accessible to colleagues and this means in practice, quite a bit of travel, working around the availability of teams, keeping my diary up to date and being disciplined with my time.

To me being a coach means supporting colleagues to identify what they want to achieve; recognise their own capabilities in making that happen; and promoting action. It means promoting the coaching approach in everything we do as an organisation. It also means looking at myself and asking whether I am demonstrating the behaviours I am promoting in others.

Within LCASTs change seems slow at first and then is rapid as colleagues take responsibility for roles, learn and practice those roles and receive constructive feedback on their progress. I am starting to see change across other teams in terms of willingness to look at how effectively they work together as a team: to identify what's working; what's not; and what needs to change. I hear colleagues asking for feedback on their work practice and reflecting on to what extent they use a coaching approach. There are still times when I see old habits re-emerging (in myself also!) and when this happens it is usually followed by someone in the room asking how that approach fits with the Local Cornerstone culture. For me, that's progress.

Having a coach liaise with a specific branch is working well at the moment and I want to further develop my relationship with the branches I am working with. There is recognition that a coaching approach takes more time initially, yet pays dividends in the future. What I would like to see more of is teams and colleagues having the time to have the conversations that are necessary: how are we adopting a coaching culture in our team? How are we embedding the principles of Local Cornerstone? Who can support us to do that? etc

At a recent meeting with a local care and support team that I have been coaching, it was wonderful to see them working confidently as a self managing team. Listening to them talking and working together was inspiring and it really highlighted the value of local autonomy and trust.

I feel very privileged to have had this experience and I have learned a lot along the way.

There are no two days the same. Every day brings a new story, a new venture, a new challenge or a new experience. It is just brilliant.

There have been many highlights over the last 2 years ranging from helping individuals find their true potential to working alongside teams and watching them grow, both in confidence and skill. I work within a branch which is known to be heavily unionised and it was a challenge within itself to get support workers to engage at first. Through applying different approaches however, including structured Coaching in Practice workshops and targeted engagement sessions, the tide has most certainly turned.

One of the many highlights of my own journey has been achieved through the 1-1 coaching sessions that we offer to all our colleagues. I have worked with individuals, one in particular who was off on long term absence through alcohol misuse, and who struggled to think about their future with Cornerstone.
Through the use of a co-active coaching approach this individual is back at work, functioning successfully and has achieved promotion. Through their improved health and wellbeing, of which they feel the coaching sessions played a huge part, this individual has turned their life around both personally and professionally.

The role of Coach is hugely rewarding but like many other roles, it brings its own challenges. There are clearly many different interpretations of the coach role and what it means to our colleagues, ranging from counsellor, confidante, trainer, investigator, promoter of culture, mentor, etc. To be successful in this role means you have to be flexible, adaptable, approachable and willing to work operationally when required.

Personally, being a coach means I can help in lots of areas of the business as we navigate the challenges that present whilst embarking on a huge cultural change. I am able in influence in a positive way and this in itself is hugely rewarding. As a coach I often refer to the ‘direction of travel’ that Local Cornerstone is taking us on. There have been many twists in that road as our colleagues deal with challenges that significant change brings.

The issues with technology has hampered the speed of the journey and the very public withdrawal and continuing battle with Unison have not helped. The general feel from colleagues is still relatively divided, although it is satisfying to hear from the current LCASTs that none of them would like to revert to a ‘traditional’ way of working.

I hope to continue on my journey of being a coach and consolidating the learning and new experiences that this has brought me. The introduction of the mentors, and the joint working that this will bring to my own team will be hugely beneficial to the LCASTs moving forward.

My sense of ‘success’ over the last two years has come from the change in the kind of questions LCASTs ask me. So the movement from ‘what will things be like… and what if xyz happens’ to ‘how can we ? and who can help us do xyz…?’

To me being a coach means having the opportunity to listen to the people we support and my colleagues who support them; to respond where response is required and thus to influence how we, as an organisation reflect about what we do and so effect cultural change.

I think ‘on the ground’ a cultural change is taking shape. I see evidence of staff developing autonomy and responsibility to good effect. Communication also shows signs of being more engaging and open. The gradual nature of this I think is essential to it embedding properly. I’m less aware of it at wider leadership level where I think there are still elements of ‘command and control’ sometimes of necessity and sometimes just out of habit.

I would hope that the coach team would be supported to develop with a more local focus, in closer partnership with branch leaders, and also as an autonomous team continuing to provide one of the internal ‘critical friend’ voices.

It is a brilliantly interesting and effective role and there is much more to be drawn from it.

Having been a manager for many years in Cornerstone, when I saw the job description for the coach role I thought this is the job for me, I see my job very much about working where it matters with the teams who deliver the care and support. This is where Cornerstone’s positive reputation starts, with the fantastic care that is provided by our teams. I really enjoy when you see the growing confidence that teams have after I have worked with them and taken them through the steps to get them on their way to becoming a fully functioning self-organising team.

I still think that we have a way to go in terms of culture change, however you can see the change happening with teams starting to take responsibility and feel proud that they are part of the decision making process.

I have really enjoyed the last 2 years being a coach and being part of driving the strategic plan and the coaching culture forward in the organisation. I feel really proud of what the teams have achieved so far and it will be great to see what they can achieve in the future.
10. Action Learning

Based on feedback from Cornerstone staff the action learning sets run in partnership with the Scottish Social Services Council (SSSC) have been a great success and were warmly welcomed by those who took part.

The SSSC supported organisations and Health and Social Care Partnerships (HSCP) across Scotland to develop and test models of Neighbourhood Care. They offered Cornerstone, one of the test sites whose staff would be moving between new and existing ways of working, support through Action Learning Sets (ALS). They offered ALS because there is evidence that individuals who work to resolve challenges and barriers which may be negative influences on their work, improve their emotional wellbeing and it leads to change.

The programme of activity is to support learning and improvement. ALS provide the space to test out new ways of working, explore new ways of thinking, a chance to progress new opportunities and develop new ideas.

ALS are an ideal way of supporting (Cornerstone) staff to gain new skills while working with the development of self-organising teams. It addresses participants’ live issues, provides reflection, analysis and action through this change.

The programme of support to Cornerstone included a series of ALS workshops in three locality areas and with the senior leadership team. The SSSC also offered the senior leadership team three, one-to-one hour long coaching sessions with a coach from our learning and development team.

While this is a significant commitment of time and energy, at a crucial stage in the organisation’s change programme which included SSSC staff, it has received positive feedback. Members of the ALS felt the ALS created the conditions to be listened to, valued and time to reflect on working with the tension that exists between innovation and risk.
Support workers/team members felt:

• they had gained confidence in their abilities
• they had a greater sense of worth in their role
• better appreciation of the value of registration
• they now had a voice – I’m not just a carer but a professional
• it had changed their mindset, reserving judgement and speaking up in a constructive way within my team.

Coaches said they:

• had developed their own communication skills to meet the varying needs of their staff
• would hold more face-to-face meetings to build relationships and connections across the teams and the organisation
• had developed their skills in listening and questioning, which are crucial skills within a coach role.

Participants also said:

• “I don’t feel isolated”
• “knowing there is nothing we can’t do”
• “ALS allowed me time to speak, opportunity to express my feelings”
• “respect other people’s reactions and thinking”

ALS participants said the SSSC support to Cornerstone has:

• enabled them to role model and develop the skills needed to work effectively in self-organising teams; self-leadership, active listening skills, curious questioning, suspending judgement and working collaboratively
• supported the development of Local Cornerstone.

Their knowledge, skills and attitudes

• improved understanding of wider organisation and shared challenges faced by different professionals.
• improved problem solving skills and skills in collaborative working.
• improved confidence and sense of agency ‘no problem is intractable’.
• better awareness of own skills and how they can be applied.
11. The Training Academy

Change of this magnitude requires an organisation wide commitment to learning and development and the significant resourcing of training.

The Local Cornerstone strategy is shared at new staff induction and since the introduction of the new way of working, far more emphasis is placed on culture, charitable purpose and values when new people come to work for the organisation.

Since the Local Cornerstone journey began 53 LCAST training sessions have been completed and 282 Insights Discovery profiles have been produced all in addition to the ‘business as usual’ training sessions. The training academy has also seen 15,217 e-learning courses completed, of these 4,995 were mandatory training and 10,222 were team specific training. 52 staff members obtained a Scottish Vocational Qualification (SVQ).

A commitment was given to Cornerstone staff at the start of Local Cornerstone that they could determine their own individual and collective training needs (other than those which are determined by statutory requirements). This has continued to provide a challenge when the training academy is focused on delivering qualifications required for SSSC registration, other mandatory training requirements and keeping up with the volume of training required for the newly established LCASTs.
12. The Cornerstone Triangle

The Cornerstone Triangle was developed to help explain the theory of empowerment, autonomy and trust in the context of the new model.

Cornerstone Triangle

- Clarity of role & responsibility
- Competency (Skills & qualifications)
- Values & Purpose
- Autonomy & Trust

It remains the role of leaders within the organisation to ensure colleagues have clarity of role and expectation coupled with all the values and competencies to do their job well. Once these sides of the triangle are established the colleague or team has the autonomy to carry out their duties in line with the organisation’s purpose.

In LCASTs, fellow team members or mentors assist in the induction of new recruits to ensure they have clarity of what is expected of them and all the training and tools required to carry out their role effectively.

Supervising, checking and controlling remain prevalent in the social care sector and although Cornerstone has made good progress in adopting a more inclusive and participatory style of leadership there is more to be done at team level to genuinely free up time to spend more of it with people requiring support.

There haven’t been any serious incidents reported within the LCASTs however the year two evaluation does pick up on process errors particularly related to recording and reporting.

As Cornerstone strives to simplify systems and processes it is crucial that they adopt a similar inclusive and participatory leadership approach across all areas of the organisation.

There appears to be a ‘myth’ circulating within the organisation that the team member role carries with it all the responsibilities of what was previously a management role.

Cornerstone coaches and branch leaders will continue to reinforce the role of the whole team (in particular during the LCAST training) rather than the role of an individual team member.

One of the principles of Local Cornerstone is that the team decides what needs to be done and when. The team members should be spending as much time as possible doing what they do well and carrying out activities that have the biggest impact on Cornerstone meeting its charitable purpose. The skills required to be a social care professional should be valued more highly than the skills required to compile rotas, for example.
Cornerstone actively applies the company values in everything they do.

For example, hiring for values is common place and team members and others rigorously apply the ‘family test’ when recruiting new support staff. The ‘family test’ is that everyone involved in the recruitment process has to say ‘yes’ to the question – ‘would you like this person to provide personal care to your mother, son, brother etc?’ If they cannot say ‘yes’ then the person is not appointed.

In the last year, Cornerstone’s recruitment, induction and appraisal processes have been improved to reflect the new way of working. For example, the induction process is far more comprehensive than it used to be with a focus on welcoming new recruits to Cornerstone and sharing with them the passion for the charitable purpose and how to live the Cornerstone values in all that they do. Practical training is also provided along with training related to a person’s disability or condition and positive behavioural support strategies, where necessary.
13. Partnership Working

Cornerstone continues to receive support from a number of external partners and stakeholders such as the Scottish Government, the Care Inspectorate, Healthcare Improvement Scotland, SSSC, Insights and others.

Partnership working is crucial to the success of Local Cornerstone and it is acknowledged that there requires to be a continued nurturing of relationships, especially when key individuals leave critical roles such as has happened recently with the Care Inspectorate, the SSSC and some of the HSCPs Cornerstone works in partnership with.

Cornerstone continues to work in close partnership with the Care Inspectorate and the SSSC. Both organisations are very supportive of Local Cornerstone and are open to constructive challenge if Cornerstone staff feel they make unnecessary requirements in relation to audit and inspection.

Neighbourhood Care Networks

Inspired by the work of the Buurtzorg model, a number of HSCPs across Scotland are testing the model of ‘neighbourhood care’. These models will support them to understand and deliver person centred care that enables individuals to live well in their communities for longer, reflecting their local need and context.

In December 2016, the Neighbourhood Care Network agreed the Buurtzorg principles for Scotland’s test sites as:

- putting the person at the centre of holistic care
- building relationships with people to make informed decisions about their own care, which promotes wellbeing and independence with active involvement of family, neighbours and the wider community, where appropriate
- everyone, including support functions, enabling person-centred care at the point of delivery
- small self-organising, geographical-based teams
- professional autonomy

Cornerstone is one of the neighbourhood care test sites in Scotland.

Neighbourhood Care Across Scotland – What Next?
extract from blog published 19 April 2019.

On 20th March the Living Well in Communities team held a national event in Glasgow to mark the end of the first phase of the Neighbourhood Care Programme. It was an opportunity for those involved in the ihub’s national programme of work to come together with other regions in Scotland (and the rest of the UK) that are developing and testing similar models of care. 91 people attended.
It was particularly interesting to learn that those attending had varied knowledge and experience of Neighbourhood Care in their own areas, with just over half of attendees reporting that Neighbourhood Care teams were currently operating in their place of work.

In the first part of the morning, we heard from a variety of presenters in national roles: Chris Bruce, National Advisor, Neighbourhood Care Programme, Maria McIlgorm, Professional Advisor, CNOD, Scottish Government, Joanna MacDonald, Chief Officer, Argyll & Bute HSCP, and Jane Johnstone, Professional Social Work Adviser, Scottish Government.

They discussed what Neighbourhood Care meant in Scottish/integrated care context.

We then heard from a mixture of sites from all over Scotland that are implementing models of Neighbourhood Care in their Health and Social Care Partnerships (HSCPs). This included South Lanarkshire HSCP, Greater Glasgow & Clyde HSCP, Angus HSCP, Cornerstone, Aberdeen City HSCP, Western Isles HSCP, Clackmannanshire & Stirling HSCP, NHS Highland and Argyll & Bute HSCP.

Generally it was acknowledge that there is definite merit in working in this way both for staff and people that receive care, but there are common challenges too.

The world café session provided information that was particularly useful. The full transcription of the flipchart notes is available upon request but the word cloud below that has been generated from combining all discussions highlights the key themes really well.

Fiona McQueen, Chief Nurse, Scottish Government rounded off the day with her reflections. Fiona discussed the great impact of the stories that were shared earlier in the day and stressed that working together in an integrated manner is the only way to provide truly person-centred and holistic care.
14. Commissioning

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 focused on improving outcomes for people.

Procurement is the range of purchasing tools that a contracting authority has at their disposal to ensure that the right forms of high quality, flexible support are purchased.

Working in partnership with the Scottish Government, the Care Inspectorate, Scottish Social Services Council (SSSC), Social Work Scotland, Scotland Excel, CCPS and 6 of 19 commissioning HSCPs, Cornerstone is planning a specific test as part of the overall evaluation of the model which will consider different ways of commissioning and alternatives to trading in hours of care.

As Local Cornerstone is being independently evaluated by the University of Strathclyde and as Cornerstone is participating as one of the test sites for the introduction of neighbourhood care, in an independent Scottish Government led evaluation, it was agreed that any commissioning test would be adopted in this context and the learning captured to inspire others to change.

The National Lottery is keen to use any experience in Scotland to effect system change across the UK.

A workshop was held in December 2018 hosted by Cornerstone and facilitated by Karen Tyreman. The aim of the workshop was to explore with commissioners and representatives from HSCPs, options for testing alternative means of commissioning services.

Karen, until her recent retirement, was a public sector consultant who worked with organisations throughout the UK to develop and improve their commissioning capacity and capability. Karen led the Design Authority for the Commissioning Academy and was until 2012 the Tri-borough Director of Commissioning for Children’s Services for Hammersmith, Fulham, Kensington, Chelsea and the City of Westminster.

The workshop aim was to explore ways in which commissioners of social care services, using the opportunity presented by the Local Cornerstone model, can safely test alternatives to current commissioning practice which result in better outcomes for supported people and a better use of limited resources. The intended outcome was to gain commitment to participate in a number of tests for change in commissioning practice using the Local Cornerstone model.

The key themes underpinning the Local Cornerstone model were defined as:

- The need and desire we all have to deliver better outcomes for people
- The need to use our collective, limited resources in a different way to help us achieve those better outcomes.
- Partnership and collaboration is maybe more productive than competition?
- Moving away from trading in a commodity – an hour of care – can we consider other ways resources can be allocated and accounted for?
- Exploiting the benefits of self-directed support and genuinely placing control in the hands of the person receiving the support.
- Trusting the care provider (in the context of Local Cornerstone this is the LCAST) to use the resources available to best meet the needs of the people being cared for.
- An understanding that any commissioning tests undertaken will be with the consent of the supported individuals and/or their guardians.
There was wide recognition of the need for commissioning practices and models to change, and of the opportunity afforded by Local Cornerstone; alongside broad support for implementing tests of change. Colleagues wanted to test out models that were more collaborative; focussed on outcomes; and that were genuinely person-centred. Largely speaking, the alternative models or tests discussed were locality or neighbourhood based, with a stronger element of choice and control by the people being supported, required more flexible funding in terms of its use and accountabilities, and were based on a higher level of trust between commissioners and providers than is often currently the case.

Potential barriers were felt to be:

- Procurement and contract regulations
- Hearts and minds – especially taking care managers with you
- Perceptions of other providers
- Changing existing practices and setting up new processes safely
- People requiring support and their families may be concerned about change
- Regulatory requirements
- How to define outcomes, price outcomes and pay for outcomes
- Payment mechanisms that get the balance right in terms of incentive, reward and performance

At the same time, it was recognised that the time was right for change with an acknowledgement that the status quo is unsustainable and that many commissioners are looking for new ways of doing things.
Commissioning test options

**Self-Directed Support (SDS)**

A trial is to be undertaken with a newly established LCAST 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 Cornerstone (more specifically the LCAST) 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 can provide information on the four options and provide practical support to individuals and families to overcome any fears or apprehensions they may have.

**Outcome-based commissioning**

A trial will 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 LCAST team the autonomy to make decisions on how best 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 will 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 would suit 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 will be made to the provider 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).
The North Lanarkshire commissioning test

North Lanarkshire Health and Social Care Partnership (NLHSCP) currently commission services based on individual self-directed support budgets and already commission based on outcomes, as opposed to hours of support. Inevitably however, budgets are calculated into hours of support for the individual with some bespoke purchases and technology included for some.

To further test the Local Cornerstone model of outcomes based commissioning, team members and colleagues from NLHSCP have identified some key areas where a pilot can be undertaken to give Cornerstone greater autonomy over how to use budgets creatively using the Local Cornerstone model to deliver on agreed outcomes.

Initial meetings between Cornerstone and NLHSCP led to a discussion around two key areas: transition support for school leavers and innovative, responsive support for older adults living in the community.

Tendering

From October 2016 Cornerstone, when involved in any tendering activity either for new work or as a result of re-tendering for existing work, have engaged 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 commissioning test needs to be to consider different approaches to the procurement process that result in a fairer evaluation of submissions, weighted towards improved outcomes for the people supported as well as best value for the commissioning authority.

Since Cornerstone has been submitting tenders based on Local Cornerstone service delivery, the overall success rate has worsened. This is believed to be linked to tender questions being based on a presumption of a traditional model of service delivery which makes it difficult to score highly in some aspects of the technical/quality section of the tender.

In addition, there are a number of factors that can result in the commercial/price section of the tender scoring low which may be the result of the higher costs associated with team member staff costs not yet being offset by the anticipated reductions in overhead costs.

Tender opportunities that are issued by local authorities and HSCPs are typically evaluated on the basis of the Most Economically Advantageous Tender (MEAT) which is a combination of quality and cost. This is normally between 80%/20% (where the emphasis is on quality) to 60%/40% (where there is greater emphasis placed on price). Under the MEAT arrangement, the contract is awarded to the provider who achieves the highest score based on the published MEAT criteria.

Price evaluation of a tender submission can be based on a number of things – either an annual cost for service delivery (typically for an individual or group living service) or an hourly rate (typically for a framework/call-off service). In addition to the prices submitted for evaluation, bidders are sometimes required to submit a detailed budget to support the rates submitted.
When bidding based on the Local Cornerstone model, Cornerstone is unlikely to be the low cost bidder as a result of:

• higher staff costs resulting from the introduction of the team member rate of pay
• not yet having achieved the central overhead savings which are anticipated as part of the introduction of the model
• increased direct staff costs from the creation of project lead and mentor positions which will have an impact on productivity rates

If the tender price submitted is higher due to the Local Cornerstone cost base, then in order to succeed in overall MEAT evaluation, Cornerstone must outscore other bidders in the quality evaluation.

Following the implementation of the new strategy, Cornerstone began to include the benefits that would accrue (through time) to enhance service provision as a result of Local Cornerstone.

This approach was well-received as it was proposed as a future development or a hybrid with a small element of self-organisation which added value to traditional service delivery rather than a new service delivery model in its own right.

However, when Cornerstone began to submit tenders based on the use of the new model of service delivery, there was a noticeable deterioration in the tender success rate. This is believed to be due to the ‘presumption’ of a traditional model of service delivery associated with current competitive tender processes.

This is supported by some recent tender feedback received from a submission for a core and cluster service where responses to questions on leadership, management & supervision and quality assurance did not score well. Feedback from one HSCP established that while they are supportive of the Local Cornerstone approach the difficulty is not so much to do with a presumed model of traditional service delivery but more to do with weakness in the practical application of the new model to effective service delivery.

Other challenges include:

• policies and procedures are being simplified with some being replaced with guidelines.
• word counts are invariably restricted which limits the scope for explaining the innovative nature of Local Cornerstone.
• tender documents are normally clear that ‘variant models’ are not acceptable – while Cornerstone may wish to propose an innovative solution through the implementation of Local Cornerstone, they need to ensure that they meet the tender requirements of the HSCP outlined in the evaluation methodology.

Some feedback has been received indicating that the proposed model of service is, as yet, unproven. When responses are based on benefits that will be achieved when the new model of service delivery is implemented, rather than what has actually been achieved it is reasonable to understand why a quality score may be low.

Cornerstone will be in a stronger position to bid based on the Local Cornerstone approach once the test period has passed and success is able to be evidenced.

It is clear that while HSCPs may have ‘bought-in’ to the concept of Local Cornerstone at Integrated Joint Board (IJB)/senior management level, and recognise the benefits that could be delivered, tenders are typically administered by local authority procurement departments who are required to follow objective evaluation processes which limit/remove the ability to use their judgment in assessing tender responses. The strict application of procurement law mitigates against successful evaluation of innovative/variant responses.
Transitions:

Senior officers and the transitions team at NLHSCP have identified a rising need for early intervention work with school leavers - interventions that are responsive to their needs and meet meaningful, age appropriate outcomes.

The pilot proposal seeks to test an interest-based approach to outcomes, working with a group of families and young people to identify a programme of training, skills acquisition and activities that will meet intended outcomes and widen networks for young people. This will be a time limited programme involving key partners including the Duke of Edinburgh Award Scheme. Families and individuals will be encouraged to use their individual budgets to buy in to parts of the programme that best meet agreed outcomes. The Cornerstone element of the support is as ‘community connectors’ delivered under the Local Cornerstone model.

One area for exploration is the notion of interest based recruitment where Cornerstone will seek to employ people with a particular skillset as dictated by the needs and wishes of the families and young people involved. This will involve targeted recruitment at individuals with assets to offer such as sporting abilities, digital media skills, artistic aptitude etc. with the aim to link young people with others who have similar interests who can introduce them to groups, classes and events that will increase their independence and skill set.

The overall aim of this pilot would be to formalise a step-down budget that ensures adequate interest based support at the outset with a view to evidencing a reduction in the need for paid support over time.

Older adults:

Another pilot to be explored is reducing the amount of organisations involved in delivering care for older adults in the area. Elderly people in North Lanarkshire can often have several organisations visiting them each day for various aspects of support.

The proposal would be to utilise the Carezapp technology to respond to the needs of the clients during the day, when the need arises and not at a time more convenient for the provider organisation.

This will involve awarding the full budget to Cornerstone, who will set up a response team for a group of older adults and utilise technology to respond when need arises. This will allow for set visits to take place where required but also a more immediate and appropriate response to personal care needs, falls and sudden ill health.

The overall aim is to evidence that increased outcomes can be met and individuals can stay at home longer with a more responsive, innovative approach to traditional care at home service provision. This would be delivered under the Local Cornerstone model.

Any savings made will be shared between the HSCP and Cornerstone with the Cornerstone share being reinvested into local service provision. This will allow the LCAST to focus on an overall productivity target rather than time and task based provision of a commodity - ‘an hour of care’.

The up-skilled, more professional team members will be in a position to take a more enablement approach focusing on early intervention, health and well-being and social inclusion.

It is proposed that in order to get a true picture of impact, efficiencies and productivity that any money awarded to the pilot within the branch is ring fenced, setting aside a 7% management charge for Cornerstone Central, and setting aside funds that would allow Cornerstone to pay staff comfortably at the team member rate of pay.
15. Intrapreneurship

Intrapreneurship is a system that allows an employee to act like an entrepreneur within a company or other organisation. Intrapreneurs are self-motivated, proactive, and action-oriented people who take the initiative to pursue an innovative product or service.

Cornerstone’s partnership with The Lens is a perfect way to demonstrate the entrepreneurial element of Local Cornerstone.

The Lens offers senior leaders a process for uncovering new ideas from across their organisation and front line staff the opportunity to turn their idea into action.

The Lens improves people’s lives. They do this through their intrapreneurship programme which develops staff and ideas in mission driven organisations. They encourage the organisations they partner with to create new ways of thinking and working. The programme develops the skills, knowledge and confidence of staff at all levels to be more creative and help them turn their ideas into action.

The Lens develops people and ideas by providing coaching, workshops and mentoring support with an emphasis on business storytelling, business modelling, value propositions, prototyping, testing and pitching. They try to develop new thinking, create a pipeline of ideas and support intrapreneurs to pitch their ideas to a peer led judging panel. They also encourage team working and collaboration, sparking creativity. The Lens programme turns ideas into action through an investment fund. Intrapreneurs test and prototype their idea which results in those ready to scale and replicate achieving funding.
Cornerstone Evaluation Report

Cornerstone’s Lens Intrapreneurship Programme kicked off on the 27th of September 2018 and the Investment Day was held on the 24th April 2019. The key stats from the Programme include:

- 9 Enablers were trained.
- 5 Judges were trained.
- 7 applications were made.
- 11 Finalists were selected.
- 7 pitches were made.
- 6 ideas secured £30,500 of investment on the day – with two ideas securing additional support for Cornerstone Board and Leadership Team.

This evaluation report details how The Lens Intrapreneurship Programme has delivered against the measures of success outlined in the Partnering Agreement.

Those measure include:

1. Increased culture of innovation.
2. Increased staff engagement.
3. Increased innovation skills.
4. Increased participation, across all levels of the organisation, in the innovation process.
5. Increased number of ideas turned into action.

The information contained within this report is based on an analysis of the feedback survey sent out immediately after the Investment Day.

18 staff filled in the survey, of which, 11% were front line staff, 78% middle managers and 11% senior management.

We will explore measures 1 – 4 in this report as we are unable to report on measure 5 until
after the Mentoring sessions have been concluded. It will finish with some of the highlights of the Programme and areas for development.

**Increased culture of innovation**

86% rated Cornerstone’s culture as extremely or very encouraging towards innovation in our survey after the Investment Day. To understand this in more detail we also asked staff to rate how they felt the organisation measured up against 6 of the key organisational innovation attributes identified by ideo.

We have summarised those rating the organisation extremely or very capable before and after the programme in the graph below.

The largest change was seen in collaboration with an increase of 43% - with 36% rating the organisation as extremely or very capable before the Programme and 79% after. This is followed by refinement at 36%, looking out and experimentation at 29% and finally purposefulness at 14%.

**Increased staff engagement**

When asked to rate how engaged they were as a staff member before they started the Programme the average response was 67. When asked how engaged they were after the Programme it increased to 90, a jump of 23.

One staff member commented, “I was unaware that Cornerstone also invested money in ideas pitched and it shows an additional side of how forward thinking Cornerstone is. Continuously supporting the ability of their staff and enabling them to make a difference to the people we support through their own initiative.”

**Increased innovation skills**

We asked Cornerstone staff to rate themselves against the 5 key innovation skills identified in The Innovators DNA published in the Harvard Business Review. We have summarised those rating themselves extremely or very capable before and after the Programme in the graph below. The largest change was seen in questioning at 40%, and then networking and experimenting at 30%, and then associating and observing at 20%.
Increased participation in the innovation process
78% of those giving feedback had not previously taken part in Cornerstone’s innovation processes before The Lens Programme. 94% of those responding went on to take part in the Programme which is broken down below.

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<tr>
<th>Activity</th>
<th>Count</th>
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<tr>
<td>I attended an Enabling Intrapreneurship Workshop</td>
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<td>22.22%</td>
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<td>I talked about an idea with a colleague</td>
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<td>I attended an Activating Workshop</td>
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<td>I attended a Studio</td>
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<td>I made an application</td>
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<td>I was a Judge</td>
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<td>I was a Finalist</td>
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<td>Other</td>
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Highlights & areas for development

**Highlights**
- Committed, enthusiastic and energetic Intrapreneurs with strong collaboration amongst the group.
- A very successful Investment Day.
- Additional investment given on the day of the Investment Day – this allowed more ideas to be turned into action.

**Areas for development**
- Attendance at Enabling Workshop – we are keen to work with you to improve this.
- Communication across the Branches – how do we ensure that everyone is fully aware of the opportunity?
Workplace Innovation Diagnostic Survey

Workplace Innovation Diagnostic ® survey 2018

The following extracts are taken from the Workplace Innovation Diagnostic ® survey which is a survey Cornerstone participates in annually.

“Teamwork culture and practice is strong in most parts of the organisation, and teams contribute regularly to improvement and innovation. Managers and supervisors tend to avoid micro-managing the work of teams and focus on their development. This is likely to contribute to high levels of productivity, job satisfaction and engagement, including the avoidance of individual stress. It is important to identify and celebrate the good workplace practices that lead to these outcomes in order to ensure that they are recognised and sustained”.

The Workplace Innovation Diagnostic ® is a unique employee survey that provides a detailed understanding of where change is needed in order to enhance engagement and performance. Its principle focus is based on four evidence based bundles (or Elements) of workplace practices: Jobs, Teams and Technology; Organisational Structures, Management and Procedures; Employee Driven Improvement and Innovation and Co-Created Leadership and Employee Voice, each of which is associated with high performance and workforce health and well-being.

We also ask senior managers for their assessment of whether these workplace practices are prevalent throughout the organisation. This makes it possible to measure the Discrepancy between senior managers’ perceptions and employees’ actual experiences in the workplace.

On average, senior managers scored questions 3 or 4 points higher than their workforce suggesting that they have some knowledge of working practices and culture in the organisation but that there is significant room for improvement.

In addition to a score for the organisation as a whole, your Diagnostic results are broken down into Elements.

In turn, the Elements are broken down into eleven Themes, each of which provides a clear and specific focus for follow-up actions where required.

This report details results for the specific workplace practices within each Theme (please note that these are not necessarily answers to specific questions in the Diagnostic), together with an interpretation for each Theme score and suggested actions for improvement.
## OVERVIEW

### Jobs, Teams and Technology

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### Employee-Driven Innovation and Improvement

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### Structures, Management and Procedures

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### Co-Created Leadership and Employee Voice

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### The Essential Fifth Element
17. **Storytelling**

Cornerstone has shown a willingness to share with others, learning from their journey of introducing a flat structure and a culture based on empowerment and trust.

The following is a list of some of the events they have attended or publications they have contributed to in order to tell their story:

- **NHS Scotland Event 2019 Working Together, Improving Outcomes**  
  30 – 31 May 2019, Scottish Events Campus (SEC) Glasgow

- **Who Cares? Transforming social care in Scotland**  
  Pioneering new care models and shifting power balances with Cornerstone  
  Nesta August 2018

- **Insights for a Better Way – Improving services and building strong communities**  
  Carnegie UK Trust and Civil Exchange

- **Leadership: The Current State of Play by W B Howieson**  
  Vignette 7 — by Edel Harris, Chief Executive Officer of Cornerstone — offers clear insight into distributed leadership in practice.

- **Integrated Neighbourhood Care Aberdeen (INCA) Test of Change**

- **The Local Impact of Technology Enabled Care** - The Carnegie UK Trust - The Enabling State

- **Leadermorphosis** - a podcast exploring the emerging world of self management and progressive organisations - Edel Harris on transforming social care in Scotland

- **Social Work Scotland Conference 2018** - Edinburgh

- **Carnegie UK Trust June 2019** Interview with Edel Harris on the radical shift to a new model of social care

- **Centre for Workplace Learning (CWBL) Innovation in Social Care** - preparing for the future. RGU, Aberdeen

- **Collaborate - Exploring the New World.** Practical insights for funding, commissioning and managing in complexity. London 2019

- **Project Lift Storytelling event**, Edinburgh 2019

- **Neighbourhood Care Webex**, Living Well in Communities, NHS, 2019

- **The New Power.** Alex Fox, April 2019

- **NCVO Annual Conference**, London, April 2019
In addition to speaking engagements Cornerstone’s influencing work over the last 12 months has included hosting study visits. Some examples are listed below:

“...thank you all so much for your time and generous sharing of knowledge. I learnt so much from being with you all, chatting, asking the set questions and observing your organisation in action. I am in the process of writing a paper from all the meetings I had while in the UK and Spain, and as I said I will share it with you all once completed. Once again, thank you all so much”

Kim Brooklyn, Deputy CEO, Uniting Care West, Perth, Australia

“I just wanted to drop you a note to say thank you so much to Edel and the team for making us feel so welcome last week, and also for sharing all of their journey with us in such an open and honest way. We all really enjoyed and feel inspired by what we heard. In our conversations, we discussed with Elaine, the brilliant coach who we met, and some members of the team coming down to visit us in the near future; we would love it if they were able to visit us and share more widely some of their learning with our staff. Many thanks again for all of your support, and for Edel, Elaine and the team’s time, passion an energy. We are hugely grateful!”

Dr Sarah Lehmann Associate Director of Workforce and OD Torbay and South Devon NHS Foundation Trust.

“Thanks again so much for Tuesday. I was really blown away by the effort you put in and we all left feeling really inspired by your values and achievements.”

Emma Ward, Business Growth Manager, South Yorkshire Housing Association

This has been such an exciting week, not least because of the amazing Fresh Thinking Labs event hosted by Cornerstone on Wednesday. They presented one of the best examples of the journey towards self managed team working that we’ve heard in 25 years!”

Peter Totterdil, Workplace Innovation Europe
Because of the worldwide interest in Local Cornerstone and the organisation’s ambitious vision to transform social care in the UK, they are facing a capacity issue in terms of responding to the numerous requests.

To consider this, Cornerstone hosted a saltire fellow, Dr Suzi Macpherson, between December 2018 and February 2019 to undertake a piece of work to consider the opportunities and options for commercialising the Local Cornerstone offering. The following is an extract from Dr Macpherson’s report:

**Summary**

Cornerstone is going through a period of transformational change with the development and roll out of the Local Cornerstone strategy. The changes that are currently taking place affect all parts of the business, from greater empowerment of frontline staff to reframing the way that central services are offered to support service delivery.

It is in the context of this transformational change that this project was pursued. The aim being to look at opportunities to commercialise the learning and practice emerging from the implementation of the Local Cornerstone strategy, while protecting the intellectual property that has emerged with this new business model.

This report highlights five related but distinct areas of commercial opportunity for Cornerstone:

- **Strategic Leadership** – continuing to share and promote learning and innovation as a thought-leader that is driving forward values-based organisational change in the social care sector.

- **Specialist Advice** – sharing expertise on areas of business innovation that focus on delivery of high-quality person-centred financially sustainable social care services.

- **Business Support** – providing a range of business support services relevant to the social care sector to assist and support others with addressing specific issues affecting their business.

- **Training** – providing access to a wide range of relevant and high-quality specialist training packages and wider learning and development opportunities to those working in the social care sector and beyond.

- **Coaching** – promoting the value of a coaching culture in organisations seeking to operationalise working practices focused around self-managing teams; and with this utilizing the emerging skills of the coach team as a resource to help other organisations with moving to self-managed team arrangements.

There are different ways to offer these services commercially.

The recommendation is for two types of service offer. The first enables access to single services – where customers can access specific single services to meet their individual needs. The second offers access to packages of services which includes a range of services intended to meet particular circumstances and business needs.

The franchise model was considered but not currently recommended. This is partly due to the risks and costs associated with this offering. With the Local Cornerstone strategy not yet fully implemented and tested, there is also a question of timeliness.

There are measures being pursued that recognise the intellectual property associated with the development of the Local Cornerstone strategy. These provide a solid foundation for protecting Cornerstone’s learning and practice. These would be translated over to any new commercial venture that Cornerstone sought – particularly around sharing of learning and techniques as part of the package offers proposed here.

Practical steps will be needed if commercial opportunities are to be pursued. Additional capacity will be needed to develop and maintain the marketing and management of commercial services. There may also be capacity issues to address in future, where demand for services from specific business areas may be high.
18. Key Performance Indicators

The Key Performance Indicators (KPIs) being used to measure the success or otherwise of Local Cornerstone include:

Staff retention

As reported elsewhere in the evaluation report, when LCASTs are compared to more traditional models of operation, there is evidence that staff retention is improved. Cornerstone wide staff retention at 19% is better than the industry standard of 22% (CCPS benchmarking report 2018).

Recruitment spend

When staff retention is improved it is evident that recruitment spend will reduce. In addition, under the Local Cornerstone model, recruitment is carried out by the team members and the people being supported and/or their families. This results in decreased activity at the centre. The new recruitment process is less process oriented and apart from the statutory requirements related to employment law, safe recruitment and disclosures, Cornerstone can see a reduction in associated administrative tasks.

Lost time rate (sickness absence)

It would be anticipated that if employee happiness and engagement is improved there will be a corresponding reduction in lost time rate. Steady staff teams mean that involuntary overtime and pressure on team leaders to cover shifts is reduced which in turn has a positive impact of lost time rate. There are times, of course when team members will be off work for health reasons and an average amount of time is captured as part of the formula for the Local Cornerstone productivity calculation.

Quality indicators/customer satisfaction

As reported earlier in the evaluation report, Cornerstone is not seeing any marked improvement in quality as a result of the introduction of Local Cornerstone. There is qualitative data available (captured through storytelling and in personal care plans) relating to improved outcomes for the people being supported by a LCAST, but as yet there is no change in external measurements such as Care Inspectorate inspection results. In some areas Care Inspectorate grades have gone down. This is probably due to the unsettled period at the start of the transition phase and is being carefully monitored by Cornerstone.

My Cornerstone Experience (MCE), which better reflects the empowerment culture as a result of the introduction of Local Cornerstone, became the organisational quality assurance process in April 2019. Twelve training sessions for MCE evaluators were held across the organisation between January and March 2019. Numbers participating were lower than expected, with a total of 74 evaluators trained.

The evaluator role is open to all colleagues, and participants including front-line staff from LCASTs and traditional teams, team leaders and current managers, and a few non-operational staff members. It would appear pressure of other work commitments and essential training (such as People Planner) along with changes such as the introduction of project lead and mentor roles, impacted on people's capacity to undertake the training. Cornerstone intends to run further sessions, where needed, later in the year, and have also recommended that all the new mentors become evaluators if they aren’t already.

Cornerstone had 81 trained evaluators in April 2019.

In addition to the full MCE process Cornerstone has introduced a mini MCE which is a discussion-based document that can be used flexibly with the person supported. This is particularly aimed at people who receive an advisory service or a shorter support service from Cornerstone such as Connects, respite or some community services, where the full MCE would be disproportionate. This is also offered if a person being supported/guardian chooses not to take part in the full MCE. The Mini MCE document has been further adapted following feedback from early use, and an easy read version also developed as requested during the evaluator training.
Evaluators rate the experience of the individual against each of the five principles of the Health and Social Care Standards - Dignity and Respect, Compassion, Be Included, Responsive Care and Support and Wellbeing using a four point scale with poor, adequate, good and exceptional ratings. Using the Mobizio software on mobile devices, automatic alerts will go to the relevant branch leader for any poor or exceptional ratings.

The majority (94.5%) of ratings to date are good or exceptional.

The number of Cornerstone services registered with the Care Inspectorate was 60 as at 31st March 2019, one less than the year before. These include 18 dual registered Housing Support and Care at Home services, who each receive a joint inspection and report.

There are a number of changes to these registrations at various stages of progress across the branches. The Care Inspectorate are also looking for variations to registrations to cover LCASTS in different geographical areas.

2018/2019 Cornerstone had 37 inspections across a range of services. This is the same number as the previous year.

The organisational target for all grades awarded remains grade 5 (very good) or above. Cornerstone had 88 grades awarded this year, with 40 reaching grade 5 or above. This is 45% of all grades awarded. Overall 90% of the grades awarded are at 4 (good) or above.

Two services, Shared Lives and Baxter View, achieved grade 6s this year.

One service, Uphall Care Home (Forrest Walk in West Lothian), was inspected using the new quality framework and inspection methodology. This is now in place for Care Homes for Older People and was being tested in this Care Home for People with Physical Disabilities as part of the roll out to all Care Homes for Adults. Uphall received two grade 5s, for How well do we support people’s well being? and also How well is our Care and Support planned? Within the wellbeing inspection focus area there were three statements inspected, with two achieving a 5 and one a 6. The other three new inspection areas were not inspected on this occasion.

This new framework is gradually being rolled out by the Care Inspectorate, and Cornerstone expects their 12 care homes to be inspected using this framework in 2019-20, and all other registrations in due course.

When benchmarking against comparable organisations, 90% of Cornerstone grades were 4 (good) or above compared to 91% of the benchmarking group. However Cornerstone had a lower percentage, when compared with similar organisations, of grade 5s this year.

“It was a time of transition in the service. Some projects had made considerable change to their model of support. Teams were becoming self-organised, more creative and led by staff and supported people. Whilst we saw some promising developments and high staff morale, it was too early to comment on the overall, long-term success of these changes. We look forward to visiting next year.”

Care Inspectorate inspection - West Dunbartonshire

“We could see that the implementation of ‘Local Cornerstone’ and the shift towards self organising teams was progressing. We will monitor progress of this initiative, both how the organisation includes stakeholders in reviewing the impact of changes and ensures the current quality of care and support is maintained.”

Care Inspectorate inspection - North Ayrshire
Employee engagement / happiness

Cornerstone sees a small increase overall in employee engagement and happiness in staff working as team members when compared to the rest of the workforce. Qualitative data being collected through storytelling also suggests that when people are trusted and empowered and as a result feel more valued by their employer, their engagement and job satisfaction increases.

Financial sustainability (productivity)

Cornerstone's financial year end (March 31 2019) shows an operating deficit. A deficit was expected and planned for but not to the extent which materialised.

The non-recurring additional costs of implementing Local Cornerstone are estimated (over three years) to be approximately £1.2m. Some grant funding has been secured from the National Lottery, the Carnegie UK Trust and the Scottish Government however there is still a requirement to raise £0.5m.

In addition the organisation has made a significant financial investment in new technology and the planned efficiency savings have not yet materialised due to the delays in integrating the systems.

The major reason for the operating deficit however, is the decision taken to reward team members for the job they do and to demonstrate that Cornerstone genuinely values social care as a profession. At a time when public sector funding and the impact of austerity results in many social care contracts not being sufficiently funded to pay SLW, it is not a surprise to see that those care providers who pay more than SLW face a position where full cost recovery is not realistic.

Cornerstone also made the decision (contrary to many comparable organisations) to pay SLW rate per hour for overnight support (from October 2018) even though the organisation has not received adequate funding in all HSCP areas to cover the additional costs.

The leadership team at Cornerstone still report confidence in the Local Cornerstone financial model. The 40% overhead savings will be realised by the end of the strategic plan period and the efficiencies as a result of new integrated systems should result in productivity being higher.

With improved staff retention less money will be required to finance recruitment, agency costs and mandatory training.

The commissioning tests should result in alternative funding options (to trading in the ‘hour of care’ as a commodity) becoming available and the evaluation of the financial model is anticipated to demonstrate that, although the Cornerstone service may require a higher investment up front, the payment of a higher price will result in overall savings in the longer term and much better outcomes for the people being supported.

The productivity calculator is now available for LCAs to use to monitor the number of hours the team collectively spend with the people they support (client facing time). The Local Cornerstone financial model requires that teams hit a productivity rate of 74%. (74% is the average across all operations. The individual team target will depend on the type of service being provided and the number of clients).
Executive Summary

Overall the interviews with front line staff suggested a greater ownership of work, responsibility and confidence in decision making as a result of working in a LCAST which reportedly had led to more person centred care being delivered.

The views of LCAST members

1. Most of LCAST members stated they enjoyed the new approach to working, and mentioned multiple benefits.
2. These benefits of working in a LCAST included: more person-centred working, upskilling, closer working relationships, better communication in teams, greater opportunities to express their ideas, more ownership of work, speedier decision-making, more contact with families, confidence to speak out on behalf of the people they support to internal colleagues and local authority representatives, and greater awareness of the financial issues facing the sector.
3. Some scepticism was expressed by a few regarding the benefits to the people they support although there is an abundance of qualitative data being collected by the storytellers and the teams themselves that demonstrates the benefits to the people supported by a LCAST.
4. Some LCAST members felt the move to self-organising was a journey, which would reach an end point later than anticipated by the strategy although it should be noted that based on feedback and the pace of change, the Cornerstone Board has extended the implementation period to 2021.
5. In training members of the team in new skills, shadowing a team member as a way of learning is done in conjunction with the production of written guides.
6. One team created a ‘Wins and Fails’ book as a learning tool to identify strengths and shortcomings within the service.
7. The organisation of rotas and working time remained a significant challenge to LCASTs. This was always a challenge previously for team leaders, due to the nature of social care work but in LCASTs this becomes a team responsibility.
8. Cornerstone has a lower lost time rate than the industry average however staff absences, turnover and challenges facing the sector re recruitment meant some LCAST members were responsible for covering additional shifts. This situation exists in traditional services as well and is not unique to self managing teams. In some cases working overtime affected staff members’ work – life balance and was reported by several respondents to generate stress.
9. Some LCAST members requested further training for undertaking peer supervision.

10. Evidence suggested that peer supervision was not undertaken regularly, and respondents confirmed concerns about confidentiality, although it should be noted that there have been no recorded issues of breaches of confidentiality since the strategy was implemented.

11. Team meetings and having time to undertake administrative duties were sometimes difficult to organise given absence problems.

12. Teams felt independent and not closely monitored which reflects the new culture at Cornerstone. However, a few respondents said they were still uncertain about the relevance and feasibility of the 74/26 productivity indicator.

13. There were concerns that teams varied in the extent to which they monitored their own quality and performance. Cornerstone has introduced a new internal quality assurance process called My Cornerstone Experience which reflects the new culture and provides an organisation wide quality monitoring process that to date over 70 evaluators have been trained to use.

14. LCAST members reported that they enjoyed learning the skills previously undertaken by team leaders, including rotas, budgets, audits, reviews and referrals, and recruitment.

15. Finding time to undertake training in the area of service reviews or writing up support plans, and service specific training such as mental health and learning disabilities was reported by some as a challenge. E-learning was not always seen as effective.

16. Training was described as an afterthought by one respondent however before the Local Cornerstone strategy was launched a skills audit was undertaken and a comprehensive training plan developed by the organisation. Training has been added to and adapted based on the feedback received from the teams. Some LCAST members said they had to push for specific training themselves.

17. Some LCAST members said they would approach their former manager to help with any issues such as team conflict rather than the coach, thus reverting to prior behaviours. Team members are always referred to a coach if this happens to ensure the new behaviours are embedded.

18. Some LCASTs were seen to varying degrees to be self-organised in name only. A few former team leaders pointed to discrepancies between their expectations of self-organised teams and the reality, with concerns raised that some team members continued to rely on managerial expertise. The introduction of mentors to support, up-skill and pass on knowledge to team members is designed to address this.

19. Views on the role and helpfulness of Branch Leaders (BL) and mentors were mixed, with the former sometimes being said to exert too much control.

20. Lack of progress in introducing the use of technology was highlighted as a significant barrier to change.

21. Several respondents thought that community support posed the most difficult environment to introduce the LCAST model, along with services in which there were clients with very complex needs. After the period of data collection ended, a formal test of the model commenced that includes community support teams and teams in services where there are clients with very complex needs.

22. Some reservations about the appropriateness of self management with regard to its applicability to the care sector were expressed although it should be noted that the success of Buurtzorg, Zorg Accent and Amstelring in the Netherlands, and the Well-Being teams in England is contrary to that view.

23. Issues around the role and responsibilities of former TLs, and job security for those who did not want to join an LCAST were cited as ongoing concerns. Cornerstone has promised no redundancies (other than those planned in Cornerstone Central (CC)) and pay protection for those currently in Team Leader (TL) or Service Manager (SM) posts.
24. The one family member interviewed said that the fears and concerns from family members needed to be heard in the transition process. Ultimately, their wishes (if they are legal guardians) were viewed as paramount in deciding the nature of service provision for their loved ones. Consultation events were held for families in every branch area when Local Cornerstone was launched. At a local level part of the health check before establishing a new team includes gaining the support and permission of the people being supported and where appropriate their family members/guardians.

25. Cornerstone is collecting qualitative evidence from families whose loved ones are supported by a LCAST that suggests satisfaction with the Local Cornerstone approach - in particular the improvements in staff retention and the more innovative and creative approach to meeting people's outcomes.

General

26. There has been a stabilisation of pay as a percentage of organisational turnover in the last year at 82%.

27. Cornerstone anticipates an increase in the direction of this trend due to recruitment to new roles created to address skills shortages not initially anticipated and as a result of an increase in the salary level of the team member role.

28. Considerable progress has been made in reducing absences among the workforce, down to 3.79 days compared to 7.3 days last year. Overall, Cornerstone's absence rates compare well with comparable benchmark organisations and Chartered Institute of Personnel and Development (CIPD) averages. Lost time rate is better in LCASTs than in more traditional services.

29. Cornerstone saw an increase in employee turnover from 18.1% to 19.1%, although staff turnover still remains below the benchmarking average and that of the sector. Reasons for increases in staff turnover include continued job security fears among some post holders ie team leaders, the ongoing challenges with the recruitment of staff with relevant skills and experience, (this is comparable with all providers in the social care sector), some staff members opting out of the new way of working and Cornerstone taking a more proactive stance re values and associated behaviours.

Progress towards Local Care and Support Team (LCAST) Targets: The View of Leaders, Branch Leaders and Coaches

30. When this report was compiled there were 40 LCASTs live (this had increased to a reported 53 LCASTs live).

31. The strategy is to have 50% of the workforce signed up for LCASTs by March 2020.

32. Cornerstone has reorganised CC in order to deliver 'exceptional service' to LCASTs.

33. Reorganisation of CC included the appointment of a new leader, greater consultation with the functional heads, and the revamping of how the Advice and Support Coordinators (ASCs) deliver their service internally and externally.

34. 50% of CC staff have attended a series of coaching workshops, with the remaining staff to be included in the near future.

35. All Cornerstone staff have been introduced to the ‘How Can I?’ programme to encourage proactive responses and to build on the culture change taking place.

36. Some concerns have been raised about the effectiveness of the ASCs and whether they always respond fully to internal inquiries.

37. Functional areas such as finance continue to have the most difficulty in embracing the change in culture.

38. Respondents presented mixed views with regard to the capacity of LCASTs to introduce and disseminate innovations across Cornerstone.
39. Some respondents indicated that change and innovation were restrained by the impact of austerity on public spending.

40. More significant innovations were generally found in LCASTs that had been established the longest, and revealed greater engagement by team members in the lives of people they support.

41. Care Inspectorate grades overall had fallen slightly although there are exceptions to this in some areas and service types. Reasons for this may be to do with the transition period where in some areas staff felt unsettled. However, Care Inspectorate reports this year did not highlight support and supervision in the LCASTs as a concern.

42. The introduction of the 74% - 26% productivity indicator was progressing slowly. There were some respondents who found it difficult to introduce within community support teams, and need further training in this regard.

43. Guidance and documentation has been distributed to the LCASTs with regard to conducting peer support, supervision and appraisal. Feedback is being collated to ensure compliance with regulatory conditions.

44. A few respondents said they were concerned about elements of peer supervision and appraisal, and related issues of confidentiality. Some concerns were raised with regard to the friction peer supervision could potentially cause as well as the possibility of bullying. These issues are covered fully in the LCAST training and it is the role of the coach to support teams with these types of issues if they arise. Cornerstone has a policy on bullying in the workplace.

45. Training resources had increased significantly since last year’s study, but some respondents raised concerns with regard to whether they were sufficient.

46. LCAST training was now devolved to the coaching team. This was seen to make the behavioural and attitudinal training more relevant to the job, as well as shortening it by a day.

47. Some BLs identified significant skills gaps were found to be in evidence on the frontline that were not anticipated in the original strategy or picked up in last year’s report despite a skills audit being carried out at the research stage and on an annual basis. The skills gaps cited by some BLs included the lack of basic care skills, especially among new starts, and a lack of knowledge with regard to roles and tasks previously undertaken by TLs. The latter included rota management, finance and dealing with external parties. As a result Cornerstone has introduced the role of mentor and early indications are that this is working well.

48. A few respondents thought that some LCASTs had been declared operational before they were ready. Cornerstone has introduced a pre go-live health check and more focused training to ensure this is prevented from happening in the future.

49. As with all companies operating in the social care sector, staff turnover and recruitment problems further added to these skills gaps.

50. Some BLs were struggling to undertake their responsibilities because they were having to support the LCASTs with the tasks concerned.

51. One branch piloted a new induction period that focussed on the team member role, the wider elements of Local Cornerstone including the Cornerstone Foundation and the new technology, as well as the basic requirements of working in the care sector.

52. Cornerstone has introduced two new roles – mentor and project lead (PL) to provide support to LCASTs and BLs.

53. These two posts were open to everyone in the organisation to apply including existing team leaders and service managers. It is hoped they will address the ongoing concerns that Cornerstone might lose valuable staff because of a lack of career development opportunities although note in the longer term mentors should not be required as the workforce should be operating fully under the new model.

54. Some respondents raised concerns that the mentor and PL posts were re-inserting layers of management into the organisation's structure however the recruitment process has clearly articulated that these are not line management roles but rather supporting roles to ease the transition and to support BLs with business development.
55. Some concerns were raised with regard to the capacity of the Scottish Vocational Qualification (SVQ) team to meet the targets for workforce accreditation. This is not unusual in the social care sector where all individuals and providers are tasked with meeting the Scottish Social Services Council (SSSC) targets. Cornerstone has a workforce plan specifically created to mitigate against the risks of non-compliance with the SSSC registration process.

56. Industrial relations with UNISON continued to be the most controversial aspect of the Local Cornerstone project with the de-recognition of the union.

57. Tensions between management and UNISON were particularly acute over the issue of pay, the new roles of mentor and PL and the union’s social media campaign.

58. The Board of Directors and the wider leadership team were all supportive of the de-recognition decision once every other avenue had been explored.

59. The position amongst front-line workers was mixed with some actively continuing to support UNISON’s position and others supporting the Board’s decision. Others, as with last year’s report, found management and UNISON equally culpable in the breakdown in industrial relations and urged them to work together.

60. The majority of the front-line LCAST members interviewed felt that the organisation’s recent pay award and the current £10.00 an hour rate (increased to £10.10 from April 1 2018) did not adequately reflect the level and amount of effort they expended in their work and wanted fairer remuneration. This view regarding LCAST pay was supported by some managers, coaches and BLs. Leaders emphasise that team members go into the role voluntarily.

61. There were ongoing concerns raised by several respondents among coaches, BLs and managers with regard to the willingness of the Board and the leadership team to accept what was seen as constructive comment on the change process. At the same time, some respondents did not fully agree with this assessment and were encouraged by the level of participation and voice in Cornerstone.

62. Engagement forums and employee directors have been established as part of voice mechanisms within Cornerstone. Cornerstone is the only major care provider in Scotland that has employees on the Board.

63. Some coaches expressed concern that their involvement in disciplinary investigations conflicted with their coaching role, although it was also noted that this involvement was declining.

64. There seemed a degree of confusion about the difference between coaching and mentoring and there would appear a need to take action to ensure that staff understand the differing roles played by mentors and coaches. The job descriptions make the distinction very clear and all job roles are available on Microsoft Teams for colleagues to see.

65. Differences of opinion continue to exist between coaches and some BLs regarding the desirability of the former being aligned to branches although recent feedback suggests that this is now working well.

66. Team members were generally supportive of the work of coaches. However, BL views were more mixed, suggesting that the performance of coaches varied.

67. In relation to the last point, some interviewees felt that coaches needed to be made more accountable in performance terms and engage in greater collective self-reflection.

68. For their part, coaches expressed ongoing satisfaction with their own self-organising team.

69. Quarterly joint meetings provide an on-going forum through which coaches and BLs can meet to share ideas and experiences.

70. BLs reported that much of their time was still spent acting as line managers to traditional teams. As a result, the time they spent on developing new business remained constrained and below that which they expected.

71. BLs were supportive of the decision to appoint mentors and PLs and hoped that together they would help relieve them of some of their current management activities.
72. Some BLs suggested that more care needs to go into identifying suitable teams, both in terms of size and skills mix, and ensuring they have sufficient front-loaded support. Attention was also drawn to the challenges of establishing LCASTs in community support services, with one BL raising the possibility of creating joint housing and community support teams – this mirrors the neighbourhood team approach taken by other (NHS) teams in the Scottish Government test of the Buurtzorg principles in Scotland.

73. Both coaches and BLs stressed the ongoing importance of investing in the practical, operational skills of those staff working in LCASCs. The use of peripatetic teams to free up LCASCs to undergo training was advocated by one BL and is being trialled in Aberdeenshire.

74. Coaches and BLs both also continued to stress the importance of the introduction of the new technology to the success of the Local Cornerstone strategy, while reporting some progress regarding its operationalisation. In general, optimism was expressed regarding the potential benefits of the People Planner and Mobizio software.

75. It was reported that LCASCs and coaches were now sharing information and communicating via Microsoft Teams. It was suggested that the software would be easier to use if material was stored on it alphabetically however this is not a feature currently available on the system.

**Recommendations for Cornerstone**

There are a number of recommendations to be drawn from the above with regard to Local Cornerstone:

76. Continue to engage with other members of the Human Resources (HR) benchmarking group to share and develop best practice regarding recruitment and selection in social care.

77. Conduct a review of current induction processes, with a view to introducing improved training and awareness of the nature of care work, if required.

78. Continue to monitor the ability of the Scottish Qualifications Authority (SQA) centre at Cornerstone to cope with the demand for SSSC registration and qualification.

79. Continue to regularly communicate about the transformation programme, i.e. LCASC members remain unsure about the roles of, or differences between, such key actors as mentors, BLs and coaches.

80. Continue to undertake the annual skills audit of all staff in Cornerstone.

81. As planned, deliver the coaching training to those CC staff who have yet to complete the training.

82. Introduce further training with regard to peer support, supervision and appraisal.

83. Depending on the outcome of the union’s application for statutory recognition consider alternative models for employee representation and continue to invest in the Engagement Forum.

**Lessons learned for the social care sector**

There are a number of lessons to be drawn from the above with regard to the rest of the social care sector.

84. Ensure you undertake a thorough skills audit of the entire organisation before embarking on any similar change.

85. Pay attention not to leave any particular groups or functions such as central services behind in the transformation process.

86. Disseminate lessons learned regarding absence management in Cornerstone so that other organisations will benefit from the low rates secured within this organisation.

87. Ensure that recruitment processes (irrespective of whether working in a self managed team or not) provide a full insight into the nature of care work.

88. Sector research needs to be undertaken with regard to matching the needs of people being supported and the work – life balance needs of groups such as young mothers, and others with care needs.
89. Undertake an evaluation of induction processes to ensure sector induction always includes mandatory training.

90. If introducing forms of peer support and supervision, ensure teams are trained properly to allay fears about what happens in situations involving allegations of bullying or breaches of confidentiality. Proper recognition should also be given to the difficulties with introducing peer supervision and appraisal within community support services where it is more difficult for teams to meet on a regular basis.

91. Be flexible with regard to job roles, and, in particular, be prepared to introduce mentor or other roles to meet concerns regarding skills within teams and roles such as project lead to address career development issues.
20. **Summary and next steps**

Cornerstone has undertaken an annual review of the strategic plan and agreed the key themes for the next 12 months which are:

**Influencing systems change** - Cornerstone will use the evaluation and lessons learned to influence positive change in the sector. The commissioning tests and the financial evaluation are critical. The results of which will be used to demand change in the way social care is currently commissioned and funded.

**Clarity of expectation on roles and responsibilities** – balancing the empowerment and trusting culture with necessary delegations of authority and accountability has proved to be challenging in a few incidences.

**Accountability** – Cornerstone leaders recognise that a more formal reporting and monitoring process needs to be in place particularly with the branch leaders. The franchise test has been put on hold for the time being due to other pressures and priorities but it is evident that the testing of a franchise type relationship may assist with getting the right balance between autonomy and accountability.

**Evidencing impact** – this has been a challenge from the start of the implementation of Local Cornerstone. The main reason being that the operations in 2015/16 weren’t ‘broken’. It was evident that if Cornerstone continued along the ‘efficiency and responding to cost cutting’ line that the future looked particularly bleak and inevitably quality of service provision would be negatively impacted upon. However, because Local Cornerstone is proving to be an effective intervention, there is limited base line data to be compared with. However, the storytellers are gathering the experiences of people supported by Cornerstone and their families and more of these stories will be shared as Local Cornerstone progresses. In addition, quality improvement staff are designing a monitoring tool to follow the individual experiences of people supported by a LCAST which they anticipate will demonstrate improved outcomes for those individuals and their families.

**Colleague engagement** – the monitoring of colleague engagement shows a small positive increase overall since the advent of Local Cornerstone, although as with any large organisation there is always work to do to improve upon the status quo. The national engagement forum plays an important role here.

**Continuous improvement in quality of service provision** – the culture at Cornerstone is such that all employees are educated in the importance of providing a high level of personalised care and support. It is evident that a lot of effort goes into the recruitment and induction process; into training and professional development and into ensuring that there is an embedded culture of striving for excellence.

**Understanding of the Local Cornerstone financial model and the resulting ‘productivity’ calculator** - it is evident that many staff members are unsure of what the terms ‘productivity’ or ‘utilisation’ (in the context of LCAST performance) mean. Therefore a priority for the organisation is to spend some dedicated time, explaining the financial model and how it relates to ‘productivity’ or in other words, the time a team collectively spends with the people they support.
## Priorities for Year 3

### QUALITY

- Cornerstone will continue to put the Charter for Involvement at the heart of all they do
- Cornerstone will continue to engage with the people they support and their families to ensure they are meaningfully engaged in the ongoing change process
- By end of March 2020 the aim is to have at least 50% of the workforce working in a LCAST or an equivalent self organising team
- Storytelling will be embedded within practice and more stories will be used to evidence the impact of Local Cornerstone on the lives of the people supported
- The registered manager position (in the context of self managing teams) will be agreed with the Care Inspectorate
- Cornerstone will actively work on dispelling the myths that surround the strategic plan particularly those that relate to the role of team member
- Cornerstone will identify champions in the organisation to take the policy lead on issues such as children, autism, dementia, SDS, TEC, inclusion, learning disability etc.
- The recommendations from the review of the organisation’s sleepover policy will be implemented
- A pilot involving the setting up of community LCASTs to support people in receipt of SDS will take place

### RESOURCES

- Cornerstone will act on the recommendations in the EY effectiveness review
- Particular effort will be made within the branches to stay within budget and re-negotiate contracts if need be to ensure full cost recovery
- The business case for the technology project will be revisited and a full de-brief at the end of the project will be undertaken
- Cornerstone will seek funding for capital projects to address the needs of people with complex needs currently living out of area (ref Coming Home report)
- Cornerstone will open at least two further SDS services
- The commissioning tests as part of the Local Cornerstone evaluation need to be re-energised (these tests are arrangements Cornerstone has with HSPCs to focus on commissioning for outcomes and/or the better use of SDS rather than the funding of hours of care)
- The business plan for the roll out of the fully licenced Local Cornerstone offering including applying for registered trademark status will be complete
- An independent financial impact assessment as part of the three year financial forecasting will be undertaken
- Cornerstone will be in a position to accurately measure team productivity in line with the Local Cornerstone financial model
- The new company – Cornerstone Services Scotland Ltd – will be trading
- Cornerstone will engage with Scotland Excel who are supportive of Local Cornerstone and its potential positive impact on social care commissioning in Scotland
## PEOPLE

Cornerstone will invest further in the Engagement Forum

Cornerstone will seek external accreditations and awards for the efforts they make to be a good and fair employer ie LW accreditation

Cornerstone will develop a graduate apprenticeship to include higher education qualification for the team member role with our university partner

The registration point for a LCAST member will be agreed with the SSSC (currently working on ‘future proofing the register’)

Cornerstone will improve internal communication and employee engagement by using video and other mediums to communicate key messages.

Cornerstone will give consideration to changing all job titles in the organisation to team member

A suite of relevant technology courses will be developed and rolled out

Cornerstone will continue to ensure all Cornerstone employees uphold the values of the charity

Improving processes for effective customer relationship management will be a priority

The process for enabling colleagues to determine their own training and development needs will be articulated

Cornerstone will start the process of job evaluation in the context of the new model

## FOUNDATION

Cornerstone will keep their charity message at the forefront of all they do

Colleagues will continue to be encouraged to engage with and promote the Cornerstone Foundation

The Foundation will secure grant funding to cover some of the non-recurring costs of implementing Local Cornerstone

## ALL

The branch leader/board member matching scheme will be optimised

Cornerstone will recruit to the vacant positions on the board in particular the appointment of a director with a health background

Branch leaders will continue to take responsibility for looking after the business elements of service delivery, to free up team members to spend more time with the people they support

Relevant business related activity that used to be carried out at the centre will be transferred to branch leaders to assist Cornerstone to meet its targets in reducing central overheads by 40%

Everyone at Cornerstone will work together to actively dispel the ‘myths’ that surround Local Cornerstone by increased communication and improved employee engagement
The overall aim of Local Cornerstone is to take the learning from the implementation of the strategy, share it with other care providers and make a significant difference by transforming the way social care in delivered within the UK.

Therefore if you would like further information on Local Cornerstone or would like to discuss how Cornerstone might be able to assist you or your organisation with transformational change please email enquiries@cornerstone.org.uk or call 0300 131 3333.
Appendices

‘Turn the Ship Around’

When the offer to attend the Vistage summit arose, I initially skimmed over it and paid it little mind. I thought why would someone like me want to attend a management event when I was in a role which on the surface feels very much like support work?

I decided to research some of the speakers billed for the event.

I was fascinated by some of the information I found online about David Marquet’s career and intrigued about what exactly a Navy Officer could have to say that would have any benefit to me?

The theme of his famous book, ‘Turn the Ship Around,’ sounded like the interview conversation I had with my branch leader about the vision of the future for Cornerstone. This had attracted me to the position in the first place, and now that I was a member of a self-organised team, there seemed to be great potential to take something from this event.

I decided to go for it. I was supposed to be on annual leave that week but had no particular plans. At worst, I got an all-expenses-paid trip to Edinburgh, which was far more fun than decorating my kitchen.

Do I pack a suit? This I struggled with. I wanted to look smart, and more importantly I wanted to positively represent Cornerstone but my goodness do I hate suits! I’d never been to a ‘corporate meeting’ but if I was going to work hard to help the people I support have the most fulfilled and essentially best lives possible, I guess I better present the best version of me. Suit packed, I set off.

Arriving in Edinburgh was great, a friend who lives locally met me and we went for dinner. We got chatting and he asked about the event and what exactly it was that I was doing there. In all honesty, I didn’t have much of an answer - I wanted to hear David Marquet speak, and was looking forward to meeting Edel Harris and putting a person to the big, scary CEO title that I didn’t really understand. A weak justification for the trip I guess, but I was determined I would make the effort to learn something new and make the most of the money Cornerstone had shelled out to send me there.

The morning of the event I set off to the Sheraton Hotel. Outside the hotel, I started to get nervous. There was a steady stream of the suited-and-booted (glad I wore the suit), but they were all walking with real purpose, like they knew exactly what they were there for, exactly what they were going to hear and the significance of what they had to say. I began to feel way out of my depth.

I went in, biting the bullet so-to-speak. A warm welcome from some of the staff began to placate the nerves but when I got into the main lobby, I felt like a fish out of water. I collected my badge, got myself a coffee and went to hide in a corner.

Now I’m not exactly sure whether my idea of hiding in the corner appealed to others or whether I simply looked welcoming, or maybe even that they could read on my face that I could do with a stiff drink and some moral support, but to my surprise I was soon joined by a small group of people.

They introduced themselves and asked how I was doing, how far I had come, where I worked and whether I was looking forward to the event. I put my ‘management’ head on and told my story, telling them about myself, Cornerstone, the vision for the future of the organisation and that I was keen to hear David speak. I soon relaxed and began to feel right at home.
The day before the event I had received an email from the CEO’s PA, passing on a message from Edel that I should be sure to stop her and say hello. With my new-found confidence, I decided to go over and introduce myself. Within seconds, that big, scary CEO title evaporated. She was warm, welcoming and genuinely interested in what I had to say. She thanked me for coming, told me she was glad to meet me and we got chatting. Edel explained that she had read David’s book and was instantly a fan of his perception of management and that it had almost been somewhat of a catalyst in the birth of the strategic plan for Cornerstone. Not only did I feel reassured that I had attended for the right reasons, I also saw the same passion and spark in her eyes that I had seen in my branch leader when he spoke about the plan – Local Cornerstone.

Before David’s presentation, there was a Q&A session with some Vistage award recipients. As the participants were being called up on stage I was pleasantly surprised to find that not only was Edel speaking, but also the group CEO of Insights. I am familiar with Insights as a training tool, as we had used it to great effect in our team training and I am a big fan of what Insights is able to achieve.

The Q&A got underway and I thoroughly enjoyed it. Hearing Edel talk with such passion about the work we do was so reassuring. Hearing of how there was a real desire not only to empower and train all of the support workers in the organisation, but to also ensure that we are better paid, valued and have an opportunity to have our say. This genuinely made me so proud to be a part of it all.

Shortly after the conclusion of the Q&A, David Marquet took to the stage. I was captivated. His story is simply phenomenal. It was fun, interactive and so much more relatable than I ever imagined. What would I have in common with a navy commander? I didn't need to know anything about submarines; I didn't need to be able to relate to his responsibilities as a captain in the Navy as all of his examples were applicable in my life. We all end up in the position of being the key decision maker at some point, we all end up as the person having to call the shots and we all at a point in time will have people looking to us for the answers. The benefits to having the team members as informed and empowered as possible just made sense.

I felt what David said had really resonated with me; sometimes some of the answers will come from the crew rather than the captain. I did, however, feel that there was something mentioned that really could work within Cornerstone - breaking down that initial barrier. My branch leader told me very early on in joining Cornerstone that if I needed anything, I shouldn't hesitate to ask. But I never really felt that I should or could disturb him with something which might have been ‘too small’ for him to deal with. I realise now that he really meant it.

With regards to Edel, it took the breaking down of that initial barrier for me to feel comfortable. I felt nervous in approaching her and it literally took minutes for that to be rectified. I felt anxious in almost “stepping out of my station” in just approaching her to say hello. I think opening up an opportunity for support staff to meet some of the senior team in a more informal setting could prove invaluable in fostering an environment where people are willing to speak up, to have their say and to involve themselves more with the organisation as a whole and we could really evidence the empowerment of staff.

I can almost guarantee that many support roles have no idea of any of the work involved in the senior management side, no clue of the operational constraints, opportunities available to them or platforms in which they could bring to light their opinions and actually be heard.

I think it would really help to break down that barrier.

The event helped me re-associate leaders and people who are further up hierarchically, with the fact that they are human. It was mentioned by Edel in the Q&A about allowing yourself to be vulnerable, and I really saw that at the event. I was definitely out of my comfort zone, but I enjoyed getting to know people as people, and not as my boss, boss’ boss, or the owner of a business or the MD of a law firm - but as David, Chris or Gordon.

I felt reassured that it’s okay not to know the answer, it’s okay to ask for help, it’s okay to lean on others for support. There is a time to train and a time to learn. There’s knowledge to impart and wisdom to gain. I think this is the first real time that the phrase ‘a problem shared, is a problem halved’ made sense to me. Having a well-trained team, who feel valued, who feel empowered and want to speak up can really ‘turn a ship around’.
It has always been the intention to share any learning from the implementation of Local Cornerstone™ with interested parties in the social care sector in Scotland and the wider UK. Although the findings from the various elements will be of huge benefit to Cornerstone and their 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.

Local Cornerstone has continued to be implemented across the organisation during 2018 with promising results, instilling itself in both the way colleagues work and the support we provide across Scotland. These encouraging results ensure that we continue to put the people we support at the centre of our activity and assist them to live the life they choose.

Local Cornerstone continues to be of interest to like-minded organisations and we are pleased to share our experience of implementing our strategy and to demonstrate how it is positioning Cornerstone for continued success and a sustainable future.
Local care and support teams (LCAST) are a key component of how we will achieve our strategic objectives. Providing up-skilled colleagues with the trust and empowerment that would not normally be seen in a typical hierarchical structure, results in teams continuing to deliver high quality care and support that enables everyone to live a valued life - the life they choose. Today there are 50 LCASTs at various stages of operation across Cornerstone. This exponential growth demonstrates the belief and dedication our colleagues show in Local Cornerstone. We have provided colleagues with a clear direction and guidance on what is required to become a LCAST. Our newest resource, ‘So You Want to Become a LCAST Team Member?’ provides useful information in the form of a flowchart that gives colleagues a clear understanding of the steps and procedures required in becoming a LCAST. If you would like a copy, please contact enquiries@cornerstone.org.uk.

Another resource, the ‘Dos and Donuts: Your Guide to Recruitment’ is available to teams to assist them with recruitment. The resource was used by the team at Springhill, a service in Dundee, where not only colleagues but also the people we support helped decide who they felt would be best to join the team. The interview method chosen was bonding over a game of dominoes.
We have always been very open in sharing our Local Cornerstone journey with others who wish to hear about both the positive impact our new way of working has had, and the challenges we have had to overcome. Therefore it was a hugely proud moment when Edel Harris, Cornerstone CEO, had the opportunity to speak at the Business in the Parliament Conference to share the impact Local Cornerstone has had on the social care sector in Scotland. Sharing the stage with First Minister of Scotland Nicola Sturgeon provided a great opportunity to share our story with politicians and business leaders.

Edel’s input received a great response, especially across social media with comments such as, “Edel Harris inspiring as always leading system change in social care” by Leona McDermid, CEO of Aberdeen Foyer and “Fantastic presentation by Edel Harris – valuing young people in the social care workforce and driving transformation” by Vivienne Dickenson, CEO CrossReach.

We pride ourselves on taking a pioneering approach to some of the challenges facing the care sector in the UK. Subsequently, there is a lot of interest in Local Cornerstone. We have hosted several study visits from external organisations keen to learn from our experience.

One such organisation is West House Care, based in Cumbria, who were keen to learn more about Local Cornerstone and the impact it has had on our ability to continue to provide high levels of care and support across Scotland.

Local Cornerstone was also the subject of interest from colleagues from the NHS in Torbay and Devon who were keen to learn about the ups and downs of implementing his new model. We hope that by sharing our story with other care organisations we can transform the way social care is delivered and demonstrate that we value social care as a profession.

It is not only other care organisations who have shown interest in our strategy. We have hosted study visits from businesses outwith the sector. Danobat is a company who describe themselves as a technologically advanced machine tool and production system manufacturer. They made the journey from Spain to Scotland to hear from us about the development of Local Cornerstone and how it has changed the way our organisation works.
Cornerstone colleagues from all across Scotland came together at the Colleague Conference held in the Apex Hotel in Dundee for a full day of informative workshops and networking. Colleagues were divided into four working groups, these groups were aimed at bringing colleagues from different Cornerstone branches together.

The workshops held throughout the day included one hosted by the Cornerstone Self Directed Support (SDS) service which involved a game of ‘Who wants to be a millionaire?’ - testing participants’ knowledge of SDS. Another workshop delivered by the team at Insights* focussed on the challenges that teams face and how they can be overcome. People with a learning disability provided an in-depth look into the work of the National Involvement Network (NIN) and our final workshop was a question and answer session with one of our local care and support teams.

The conference also featured an inspiring talk from our keynote speaker, Marcus Child, who both captivated and motivated the audience.

One of Cornerstone’s coaches Elaine Cochrane updated colleagues on where the organisation is in terms of establishing more LCASTs across the country. She also dismissed some of the common myths.

Elaine was joined by members of a team from Fife who told colleagues about their journey, including why they wanted to become a LCAST.

“Great positive energy, wished it had been filmed to allow us to share with others who were not able to attend and still have concerns about becoming a LCAST.”

“Was great to see a team so committed to how it can work. They all spoke honestly and are an inspiration to others.”

With our partners from CareZapp we have introduced some new ways of working that help to address some of the challenges facing social care providers so what if there was a way to both improve the outcomes for clients and use the available resources more efficiently? Cornerstone and CareZapp are expanding a technology-enabled care project to test just such a solution. All findings to date indicate that it’s going to be successful. 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 can manage the needs of supported people. Alerts – also personalised – will notify this team immediately if there’s something that needs to be dealt with, with listening and video verification in place to assess the situation. In addition, the sensor data is translated into meaningful information that can be accessed by the person’s support network, including family.

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This year Edel Harris had the opportunity to be interviewed for the Leadermorphosis podcast. The podcast explores the emerging world of self-management and the work of progressive organisations. Hosted by Lisa Gill, each episode features a guest thought leader or practitioner offering a unique perspective on new and innovative ways of working.

“Learn about the remarkable transformation journey of one of Scotland’s largest charities Cornerstone. The journey began by taking three months out of the business to visit inspiring companies around the world like Southwest Airlines and Buurtzorg. Two years in, Cornerstone has lost nine layers of management in favour of nurturing self-managing local care and support teams. Austerity has made it painfully tough for the social care sector, but here’s a story of how one organisation has reinvented itself and found innovative ways to deliver person-centred care.” - Lisa Gill.

“There’s a whole different culture emerging in the organisation… people feel free to make decisions, do the right thing, and use their initiative and creativity.” - Edel Harris.

You can listen to the podcast here.

We are willing to share our story with other organisations who may be considering change. If you would like to find out more about our pioneering strategy please contact us on 0300 131 3333 or visit www.cornerstone.org.uk where you can view both our strategic plan and request a copy of our ‘Local Cornerstone Year One Report 2018’.

You have received this newsletter because you have asked to be kept up-to-date with the progress of Local Cornerstone™. If you no longer want to receive the newsletter, please send an email to vanessa.finney@cornerstone.org.uk and we will remove you from the list. Thank you for your continued interest in our work.

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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

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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

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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.
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

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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.

(Understanding 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.
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.
Advice and Support Helpline

0300 131 3333

Please contact one of our Advice and Support Co-ordinators if you would like further information on Local Cornerstone.

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