

Co-operative Care Colne Valley (CCCV) – insights and suggestions following site visit 13th / 14th May 2022 – Simon Sherbersky

Summary:

- CCCV is delivering excellent care, but still needs to grow its care business to break even
- CCCV has aspirations to broaden its impact around its other three elements – My life, My Home and My community
- CCCV would like to do this in a way that aligns to the community co-operative values and principles
- An asset based community development approach can achieve this
- The small care team needs to focus on growing the care element, which means that other resources need to be secured to develop this, prove concept and enable a broader sustainable offer
- Colne Valley is rich in assets and so a partnership approach would enable this with CCCV acting as the anchor / enabler
- These approaches lend themselves to National Lottery Community Fund award(s)

Recommendations:

Short term 1 to 6 months

- Review intelligence and mapping info from covid anchor activities and from care assessments (wellbeing element) to inform below.
- Apply for Awards for all to conduct a community engagement and mapping exercise (up to £10K) to refresh the elements, identify key partners and people's hopes, aspirations and needs.
 - timescale four to five months from bid to final report

Medium term 6 months to 12 months

- Use intelligence from short term activity to construct a Reaching Communities Partnership bid with other partners to develop the community strand of activities to complement the care business (maximum bid £500,000, six month process from submission).
- Review the care needs assessment to broaden wellbeing element and create link into wellbeing and community work, potentially via the coordinator role.

Long term 12 months plus

- **Implementation of community work**

Of interest: Housing solutions are an issue, i.e. can elderly residents downsize to more suitable accommodation and stay in the valley and can care workers afford to live and work in the valley. A housing supply could address these issues and bring in an additional revenue stream if suitable land could be secured at the right price.

Context

CCCV has identified Four Key Elements to Health and Wellbeing. In order to achieve a holistic approach to care and support, all four key elements of a person's daily life need support to ensure people's health and wellbeing.

These are: My Life; My Home; My Community and My Care.

The approach has been developed on the basis that if one of these elements is incomplete, absent or has changed, this can very quickly lead to a decreasing sense of independence, wellbeing, happiness, and security.

CCCV has, in difficult circumstances (covid-19), created a holistic person centred care offer for private clients and is in discussion with Kirklees Council, re taking on referrals from LA, as it reaches the size and capacity required for a Council contract. There is some capacity within the team as not all care hours are utilised, but plans for expansion limit the ability to draw on this capacity for the other elements.

The Manager and team have a fantastic ethos and are delivering excellent care - but what about the other elements of life, home and community?

Additional coordination capacity has been recruited to free up the Registered Manager to support the other elements, but the care delivery is mission critical and needs expansion to bring activity into surplus to enable the other three elements to progress.

The current care needs assessment is more holistic than most and asks broader questions, but is predominantly focussed on enabling care services.

The board is made up of impressive people with a wide range of skills and knowledge to bring these elements to fruition.

Colne Valley has a heritage of community, including an impressive range of businesses, people and creativity to build on.

CCCV acted as a local anchor support agency in the pandemic and made good connections with other groups and supported mutual aid across the valley, including mapping what is provided by a wide range of groups and residents.

In a nutshell you are asset rich and have much to draw on to support the other three elements, but also challenges to creating an inclusive community where everyone thrives. With rising inflation and the cost of food, utilities, fuel etc and being a lovely place, is there a threat to the diverse community that exists? Will young people be able to stay, can local people afford to live and work in the area and contribute to the growing needs of the communities it serves – ie provide the necessary workforce to achieve the aspirations (link back to housing).

Housing related note

There is one care home in the area called Meadowcourt, owned and managed by local people, who care about the local community having grown up in the area.

There is limited sheltered or appropriate housing for people as they age and their needs change to downsize and stay in their local community. There is knowledge and expertise in housing that could be utilised to grow a housing element to the business, which would support the four elements and provide another income stream, if land could be secured for development. Also an issue for care staff due to cost of housing locally.

Torbay Community Development Trust (TCDT) / Simon Sherbersky

CCCV's journey and aspirations echo those of TCDT, which is a registered charity and company limited by guarantee and a member organisation. Although it doesn't deliver care, it supports improved outcomes for adult social care and wellbeing in a number of ways that are relevant to the four key elements, as outlined above. It does this through collaboration with residents and a wide range of partners – the assets!

TCDT was founded by Simon ten years ago, from very humble beginnings and is now a well established anchor, using a strengths or asset based approach to building community resilience and is now funded by Torbay's Adult Social Care to deliver the front door (enquiry line). TCDT has developed the ability to harness the strengths across a wide range of voluntary and community offerings and most importantly from the local community itself, it is supported by over 100 groups and at its peak over 1700 residents, following seven years of lottery funding to alleviate social isolation and loneliness.

The bedrock of this approach is a team of Community Builders trained in the art of asset based community development (the largest and most impactful in the country – as is demonstrated on our learning website here [Legacy & Learning – Ageing Well Torbay](#)).

TCDT's anchor role has enabled the involvement of the people, often those with challenges, enabling improved neighbourliness, discharge from hospital, respite for carers, a wide range of support from benefits and debt to bereavement and housing.

TCDT's values and approaches are grounded in extensive engagement with the local people and can be defined by two words *value and purpose*, with an overriding principle that everyone is a potential contributor and without that principle we do not achieve the four elements above.

If I provide everything for an individual, where do they get to feel valued and purposeful, recognising that none of us can turn back time and there is a time for all of us when we can contribute less.

Aspirations

The Four Elements are outlined here [Four Key Elements - Co-operative Care Colne Valley \(valleycare.coop\)](#)

My Life – the list of activities appear quite transactional, i.e. potential for services that could be provided to people to assist with their life, for example: digital support, help paying bills, advocacy. This has potential to create additional income for CCCV and for those that can afford it. There are already examples of progressive care providers, who look beyond care and focus on wellbeing, e.g. We Love to Care in Torbay and NED care on Dartmoor.

My Home – again a list of practical tasks, including transportation and activities – is there a handy-person scheme in the area, including gardening etc. These have been successfully run involving

volunteers, but could also be part of neighbourhood care – similar to anchor role CCCV could be the enabler rather than the provider, giving residents the opportunity to help each other, e.g. timebanking.

My Community – focus is on enabling interactions, some of which could be paid for services, but again this model does not give the people the opportunity to be contributors.

People need to feel they can contribute not just receive, so suggestion here is to review the activities and think from a community involvement lens about what can the people do for each other, rather than what we can do for the people.

My Care – team and systems now established, proven track record of delivering excellent person centred care. As the core business of the co-operative with a need to expand delivery to achieve break-even / surplus, this team needs to focus on care.

Suggestions

- broaden range of activities to include respite care, support for carers, elements of the above could be incorporated for those that can afford to pay, e.g. gardening, but needs some market research to see if there is a market to make this viable.
- federated community care, with shared central services is the broader vision for creating a movement of co-operative care across the country and reduced central overheads through a shared support service.

Link back to cooperative principles and values

The suggestions below are in tune with the cooperative values overleaf and take you further on your journey to transform the approaches to 'neighbourhood care' or 'community focussed care' outlined in your vision (source: [Cooperative identity, values & principles | ICA](#)) :

1. Voluntary and Open Membership (Cooperatives are voluntary organisations, open to all persons able to use their services and willing to accept the responsibilities of membership, without gender, social, racial, political or religious discrimination.)

Suggestions made below: enable the membership to grow to include organisational members, contributing members as well as investor and user members.

2. Democratic Member Control (Cooperatives are democratic organisations controlled by their members, who actively participate in setting their policies and making decisions. Men and women serving as elected representatives are accountable to the membership. In primary cooperatives members have equal voting rights (one member, one vote) and cooperatives at other levels are also organised in a democratic manner.)

Suggestions made below: take this a step further & it is in tune with the growing appetite for co-production in health and social care – i.e. residents co-delivering as well as co-designing and co-governing.

3. Member Economic Participation (Members contribute equitably to, and democratically control, the capital of their cooperative. At least part of that capital is usually the common property of the cooperative. Members usually receive limited compensation, if any, on capital subscribed as a condition of membership. Members allocate surpluses for any or all of the following purposes: developing their cooperative, possibly by setting up reserves, part of which at least would be indivisible; benefiting members in proportion to their transactions with the cooperative; and supporting other activities approved by the membership.)

Suggestions made below: enable member participation in activities / supports, much of which is neighbourliness (including a range of activities outlined in your My life, My home, My community elements). It will be fostering reciprocity, valuing the contributions that people themselves can make, so time and talents – you could even explore the principles adopted in Japan around timebanking where residents contribute to helping people with care and support needs, building up hours / credits for when they need it – transformational innovation!

4. Autonomy and Independence (Cooperatives are autonomous, self-help organisations controlled by their members. If they enter into agreements with other organisations, including governments, or raise capital from external sources, they do so on terms that ensure democratic control by their members and maintain their cooperative autonomy.)

Suggestions made below: build on this by enabling contributing members to offer their time and skills...

5. Education, Training, and Information (Cooperatives provide education and training for their members, elected representatives, managers, and employees so they can contribute effectively to the development of their co-operatives. They inform the general public - particularly young people and opinion leaders - about the nature and benefits of co-operation.)

This would be an integral part of the suggestions below – this principle is common with lots of vcse / third sector organisations, where the trade is time for skills and could well help grow the care worker supply for the future.

6. Cooperation among Cooperatives (Cooperatives serve their members most effectively and strengthen the cooperative movement by working together through local, national, regional and international structures.)

Trailblazing this community element as part of a co-operative care organisation at a time when co-production is once again vogue, would enable a wider strengths based offer from the movement that would assist in preventing need for care, improved wellbeing, social capital / community resilience – it would take the movement to the next level!

7. Concern for Community (Cooperatives work for the sustainable development of their communities through policies approved by their members.)

The most sustainable approach for the development of any community is to involve the people in as much as possible – it is the lowest cost options with the greatest impact in building caring community for the future.

Suggestions

The principle of being strengths / contribution based in approach is enshrined in the cooperative principles above, so the suggestions below are in line with CCCV's defining values and will take the level of community involvement and responsibility to a new level.

Short term (1-6 months):

1. Harvest existing knowledge of assets in Colne Valley – through existing relationships, mapping and activity conducted through the anchor role in the pandemic.
2. Secure resources for a more extensive creative engagement project to establish the needs, aspirations and opportunities for a more contributory approach to My life, My home and My community.

- This could be achieved through an awards for all grant from the National Lottery Community fund, up to £10,000, which I can help you with.
 - I would suggest partnering up with a local arts based organisation on this, as we have found that a creative engagement process is much more effective than standard survey approaches.
 - This is the beginning of an ongoing engagement led approach to everything below with a key principle of going to the people where they are rather than just laying on events and expecting the people to come to you.
3. Review the assessment for care process to add in strengths based questions and additional information to inform the other three elements, whilst harvesting the data already collected to inform the bid.
Secure wellbeing and asset based community development training for the care team and board to provide a wider range of practical tools and techniques to build on the holistic, person centred approach to care.
 4. Play to your strengths by allocating this work to board members with relevant skills, maintaining the Registered Manager's focus on growing the excellent care delivery, maintaining linkage through the Coordinator role.

Medium term 6 to 12 months:

Having created a wider network of involvement through 2 above, co-produce a partnership proposition for a Reaching Communities partnership bid to grow the community arm of the business, using a strengths based approach.

- The National Lottery Community Fund introduced a partnership strand to its Reaching Communities Fund a while ago and has had limited take up. This fund supports bids up to £500,000 and, if successful would enable you to develop the community element (incl My life, My home) in partnership with residents, community groups, voluntary sector and local business, with you acting as the lead and anchor or enabler (6 months process from submission).
- Note: we have successfully secured this in the past by ensuring that the proposal is in line with NLCF strategic vision - 'Putting People in the Lead'.
- Note – there are other funders in this space that might also be interested, such as Lankelly Chase, Esme Fairbairn, Lloyds Bank Foundation to mention three.
- You could, of course raise funds through other means such as an additional share offer, but you are much better placed than I to know whether this is plausible.

Long Term 12 months onwards:

Having secured funding to grow the community / partnership element, move to implementation with a Community lead and, if adopting asset based community development, paid community builders (1 per 8000 population).

Using your relationships and assets to explore the feasibility of a low cost / affordable housing development for both older people (to ensure they can stay in the valley as their needs change) and for keyworkers (care workers and community workers). Key is securing a site at a reasonable cost, which enables funds to be secured / partnership with housing provider to be formed.

Housing note: if site identified and option secured – progress to securing funding / partnership and then construction. (Note: there has been some success in developing affordable housing on village exception sites where the land value is at agricultural value rather than housing value.