Project Report

Activities, outcomes, impacts & learning

October 2017
Report summary

This report provides a summary of the Caring Town network and project activities, our outputs, impacts and what we have learned so far. It includes information and links to our processes and documents so that others may freely use them. It ends with some reflections on our experiences to date, and planned next steps. We (the coordinating group) hope this is of interest to all the people and organisations who are part of the Caring Town network, and others who are interested in this experiment in community-led health and social care and systems change.

Caring Town is a local network of over 80 public, voluntary and private organisations and groups that care for our community of 23,000 people here in Totnes & District. We’ve come together to try to make sure that we all have the health and social care we need, across all stages of our lives. We want to make sure that the most vulnerable people are well cared for, and that we’re starting to understand and address some of the underlying issues. Our main areas of activity are:

1. Support and strengthen the Caring Town network of providers and related organisations, through providing a range of ways to build good relationships, and helping each other to build our collective capacity to respond. The majority of network ‘members’ report positive outcomes of their participation so far, and unsurprisingly, the levels of benefit are highly related to levels of participation (which is more possible for some than others).

2. Provide the Caring Town Information Exchange signposting service, that connects local people with local health and care services. Over 880 people have visited the CTIE in its first 6 months, and of these over 180 people have been referred to one or more of 58 network organisations to get their needs met. We’re open 20 hours a week at the Mansion, in partnership with Totnes Town Council and in 2018 will be exploring ‘social prescribing’ with our local GP surgeries.

3. Facilitate working groups that are actively addressing priority community issues including homelessness and safeguarding young people. Our recent Keeping Young Totnes Safe Event looks to have seeded some new community responses around drug misuse in particular. More themed working groups will likely emerge within the next year, with relevant groups of network members collaborating to address specific issues.

4. Explore new commissioning models and community-based services - we’re working with some Commissioners and providers to co-develop new services and the means to finance them to address high priority needs, including supporting young people’s good mental health (9-16 year olds); and addressing isolation and loneliness in older people as well as young/single parents.

Based on our reflections on our work so far, and interviews with some of the network members, we suggest that the elements which have helped Caring Town to thrive include:

- The enthusiasm and participation of a wide range of local groups and organisations - the timing is right and we are building on many existing relationships
- Paid coordination
- Clear vision and leadership
- Skilled facilitation with good listening and involvement skills
- Different communication opportunities / ways to connect within the network
- Development and use of a local evidence base
- Showing that it is meeting the needs of the local community, as well as many network members
- Being politically neutral
- Promoting an approach and way of working that’s positive, blame free and open minded

Moving forward, we’ll be continuing with our main areas of activity and looking to make further strategic level connections in some key organisations. We’ll continue to bring the end users more directly into the service development processes. We’ll also be exploring how we might support more self-organising working groups to emerge and address other priority issues, and the facilitation needs around this.

The biggest risk to the sustainability of Caring Town is funding, and much of our time continues to be devoted to pursuing both traditional and more creative means of financing our new services, as well as the essential coordination activity.

All of the learning and reflections in this report are being considered by the coordinating group to inform our way ahead, and this will be reviewed with the Caring Town network at our annual event in November 2017.

With much appreciation to all the people and organisations in our community that are contributing so much time, energy, enthusiasm and care to our shared endeavour - a heart felt thank you.
About Caring Town

What is it and why is it needed?

Caring Town is a local network of public, voluntary and private organisations and groups that care for our community here in Totnes & District. Since 2013 we have been laying the foundations for a fundamental shift in how we look after each other and ourselves. We've come together to try to make sure that we all have the health and social care we need, across all stages of our lives.

We know that our local health and social services are under extreme pressure, due mainly to budget cuts. At the same time, we have growing numbers of elderly people often with complex needs. Social isolation is a big problem for many in our community, especially among older people and single parents. There are not enough well-paid secure jobs in the area, or affordable housing, leading to financial pressure and stress on families in particular. Anxiety and depression are on the rise, especially in young people, and our mental health services cannot meet the demand.

Clearly our local services face an extraordinary set of challenges, with the greatest impact already falling on the most vulnerable. It appears that relying on a government and market approach to deliver what we need is failing us.

However, we believe there’s a huge opportunity to provide support and services in a far better way and collectively, we think have the ideas and likely solutions for many of the issues we face. This will not only create a healthier and happier community, but also provides good economic opportunities and livelihoods for local people and organisations.

As a priority, we want to make sure the most vulnerable people are cared for, and also that we are starting to address some of the root causes of many of the physical, mental, emotional and social problems that affect all of us at times. We are pooling our ideas, resources and skills, and working together strategically to develop combined professional and/or voluntary projects, services and enterprises to meet the local needs.

Based on discussions within the network, we agreed a number of priority areas for action - an overview of each is provided in the next section:

1. Support and strengthen the Caring Town network - helping useful connections to happen in various ways; and stimulating more volunteering by the community.
2. Delivery of a Caring Town Information Exchange signposting service, that connects local people with local health and care services.
3. Working groups that are actively addressing priority community issues including Homelessness and Safeguarding Young People.
4. Exploring New Commissioning Models and Services - co-developing priority services and the means to finance them.
Governance

Caring Town is a network, not an organisation in its own right - although this may become a useful development in the future. Project funding contracts, for example, are held by appropriate organisations in the coordinating group, or the wider network.

The Caring Town project is coordinated on behalf of the network organisations and groups by a small cross-organisation team that includes Bob Alford (CEO of Totnes Caring), Carole Whitty (Trustee of Transition Town Totnes), Mary Popham (admin) and Fiona Ward (facilitator/coordinator).

This group of founders has been given the remit to organise, fundraise and support the Caring Town activities and projects, in service to the wider network and community. This informal structure and the group participants are reviewed annually at least, and adapted as needed. Caring Town’s values, principles and desired longer-term outcomes, which continue to be shaped, are here.

Our work is currently supported by the Department of Health’s Health & Social Care Volunteering Fund, and Friends Provident Foundation (Exploring new services and commissioning models) which mainly funds the work of our coordinator for 3-4 days per week. Totnes Town Council funds the work of the Connectors at the Caring Town Information Exchange.

Learning and reflections around the establishing of Caring Town

Ideas around the need for an initiative to support health and social care in the community of Totnes grew as a response to national and local level cuts to health and social care budgets. The ideas were given form by the coming together of local organisations who were either already working on this issue, or were concerned about the need to provide support for the more vulnerable in the town. Transition Town Totnes, already a well-established organisation, had developed an “economic blueprint” for the town, in which health and wellbeing had been considered as central to ensuring a sound local economy and building community resilience. In so doing, they had linked with Totnes Caring, the primary sources of support for older vulnerable people in the town, and the conversations led to recognition of the need for organisations to work together better to ensure sustainability of health and social care support in the face of economic cuts.

There appear to have been a number of elements that helped to ensure that these conversations led to action, developing into an initiative which then engaged other parties. Firstly, the two organizations initially involved (Transition Town Totnes and Totnes Caring), were both well established, with a good track record and profile that meant that they were listened to within the town. This allowed the conversation to start to spread and to include other organizations.

Secondly, this level of authority also gave an element of strategic level influence, resulting in the conversation being taken to the head of Devon County Council. This is viewed by early members of Caring Town as being a very important part of ensuring that Caring Town developed further, as the initiative was welcomed by the council as part of their own plans to try and deal with social care budget cuts at a local level. Caring Town became one of the Council’s Locality projects, and Totnes was allocated a locality lead and a small but useful amount of money to allocate to Caring Town activities.
This money meant that plans could be made to start defining a plan of action. Firstly, funds were put towards gathering data to provide an evidence base around health and social care needs in Totnes. This gave further authority to the project, outlining the current situation and highlighting where work could be done to support people in the town. It was also an important part of community engagement, as the approach to data collection required in-depth conversations about health and social care across the community. Fitting the data to existing data sources (Devon JSNA and other public health data) ensured the evidence collected locally was framed by the data used in statutory-sector decision-making. Secondly, funds were used to hold a first networking meeting of health and social care organizations in Totnes and district.

The interactive data collection tool used for initial needs analysis.

This networking meeting was carefully planned to optimise the output by ensuring that a broad range of organisations were invited, that “buy-in” was achieved from the statutory and voluntary sectors, and that legitimacy was given to the proceedings through the use of local and national evidence and recognized expertise in the field of community development. The meeting was closely facilitated, giving attendees the opportunity to share ideas and experiences, and resulting in some clear decisions about next steps. This was very important to ensuring that Caring Town would continue beyond this initial meeting.
The next important step in establishing Caring Town, was a Caring Town Totnes event, at which a wide range of organisations providing health and social care support were showcased. This was very well attended by public and providers, and whilst it was successful in linking people up to organisations, it was also extremely successful in starting the networking between organisations that so many had expressed a wish for. This demonstrated that Caring Town was an organization of action, providing a “quick-win” to organisations who were then prepared to invest effort further in something they trusted to move forward.

One particular factor central to ensuring sustainability and trust, was that the network was not being organised by one particular group, as this could have had the impact of excluding some. The network became the basis from which to organize other activities, and stakeholders have reported that the email updates in particular have helped keep them connected. Organisations report feeling better connected to other organisations, and being better able to signpost to other organisations in town as needed.

The story of the early stages of Caring Town demonstrates particular aspects which helped to ensure that the organisation became something trustworthy and sustainable, with a level of authority needed to make decisions around health and care. These are:

1. Political imperative
2. Local government support
3. Clear leadership from locally established organisations
4. Seed funding
5. Building on local and national evidence
6. Careful facilitation
7. Stakeholder involvement
8. Quick-wins

**Current activities**

**Developing the network**

**Who’s in the network?**

The Caring Town network is open to any group or organisation that provides health, welfare, social or wellbeing related services or support to people who live in Totnes and surrounding parishes (pop. approximately 23,000). This is a wide and inclusive definition and all are welcome.

There is no formal membership process but we ask that any organisation or group that wishes to ‘join’ reviews this document which captures Caring Town’s values, principles and desired longer-term outcomes, so they can check if they are aligned or not. It also outlines a simple agreement of what they can gain and what they are asked to contribute, and then they can join the mailing list and are invited to a range of things. They then choose to participate according to needs and capacity.
The network includes around 80 local organisations, groups and experts from the public, private and voluntary/community sectors including: Action for Children, Age UK Devon, Bob the Bus, Bridgetown Alive, local churches, Christians Against Poverty, Citizens Advice, Daisy & Rainbow Childcare, Dangerous Dads, Dartington Hall Trust, DCG Housing, Devon County Council, Devon Victim Support, Different Strokes, Drink Wise Age Well, Marketplace Drop In Centre, Food In Community, Gardening for Health, Healthwatch, Hestia Care at Home, Incredible Edible Totnes, Kitchen Companions, King Edward IV Community College, Leatside Surgery, Lifeworks, Memory Cafe, Network of Wellbeing, Only Dads, Police, Proud2Be, Rise Recovery, South Devon & Torbay CCG, South Devon Carers, South Devon Rural Housing, South Hams CVS, South Hams District Council, Street Pastors, Totnes Caring, Totnes Food Bank, Totnes Town Council, Transition Town Totnes, Vocal Advocacy Group, Young Devon and others.

Network activities
The current approach is to provide an annual networking event where organisations can meet and speak with each other informally, and hear a project update from the coordinating group. In Nov 2016 this happened alongside a public event at the Civic Hall, where over 30 network members met over 200 members of the local community, explained what they offer, and recruited some new volunteers.

We organise regular inter-organisation skill shares on useful topics such as Community Engagement, Raising local money, Understanding community needs, Using social media and so on. This is where the network members share their expertise and experiences with each other, and offer mutual support in an informal setting. This helps us all to connect, raise our general skill levels, improve our personal and organisational resilience and strengthen our collective capacity. These have been well attended and well received and the programme continues to expand. We are exploring more formal training offers such as half day sessions on mental health awareness etc. that would be open to the whole community.
“the information you’ve shared is extremely useful in order to inform the work I do. I also thought it was a great networking opportunity. Moreover, I’m grateful for you accommodating my need to bring my son along with me, and the fact we could eat our lunch during the meeting” Skillshare attendee.

Bulletins are produced on an as-feels-useful basis and are the main means to share important project news with the network. Social media and group emails are used sparingly in a similar vein for project news. Social media is used to share information that members ask us to pass on to the wider network, and to promote public events and the Caring Town Information Exchange (CTIE). Our website provides an overview of the Caring Town project. Other opportunities to connect come via participation in other Caring Town activities such as working groups or projects such as the Exploring Commissioning work outlined below.

What’s the experience of the network members?

Our recent survey of the network had a good response rate (43%) from a range of organisations. Around half of these have been involved since 2013, and 81% consider themselves ‘part of’ the network, the remainder were not sure (likely to reflect the informal nature of ‘membership’). All (97%) considered themselves to be fully/mostly aligned with the aims, values, principles of Caring Town.

Most are participating in a range of ways and the most popular and useful are: providing info to the CTIE; staying up to date via emails and bulletins; attending at least 1 workshop or meeting; and attending the Caring Town Fair.

The most benefit has come from: knowing more about what other local services/organisations or groups do and being directly connected to people within them; being in a better position to signpost people to other relevant services/organisations or groups; and creating useful links to other organisations that has resulted in some kind of shared work or activity outside. Some orgs also report that their participation in the network is helping them deliver services to more people, some who are harder to access. A number of organisations - mainly those that attended the Caring Town Fair - have benefitted from some new volunteers.

“In the area of connectivity, you seem able to bring together into one space key people who need to know each other, and know about what each other is doing. This has been extremely helpful for us” a network member.

Over the next 2 years, the organisations’ priority asks are that their participation helps them connect more with other local groups and organisations; and helps them work directly with other local orgs and groups to address priority needs/issues. Some would also like help to build their skills e.g. through more free Skill shares, other training etc., and some help to find more volunteers.

One of our principles is reciprocity - that everyone gives as well as receives - and as such some of the organisations are offering to contribute more skills, education and training; provide information about statutory changes; promote and share information about the network and its activities; and support the organising group. A small number said they don’t have capacity to be involved at this time.
When asked ‘what impact has your participation in Caring Town had on you/your work so far’ rated from 1 ‘none at all’ to 5 ‘a great deal’, 71% scored 3 or higher. Unsurprisingly perhaps, those that reported the least benefit tended to be those with the lowest levels of participation. This might be through their own choice/lack of capacity or because, for example, their area of interest has not been one of the priority areas for the Working Groups or the Exploring Commissioning work.

“The Caring Town network provides an excellent resource for Devon County Council (communities) as it allows us to see ‘theory in action’.”

**Learning and reflection on the network**

As a young network and organisation, we felt that overall the survey results were positive, reflecting that the network is of some benefit to most of the members who replied, and a lot of benefit to a few. The input has been very useful to confirm we are doing what’s relevant for them, and to help set the focus for the activity for the next year (see final section) which will be presented for agreement at our annual networking event in November.

The informal nature of the network, i.e. a lack of a formal membership or registration process or fees perhaps, appears for some to limit a sense of ‘belonging’ and ownership. When combined with a lack of participation (due to relevance or capacity) it’s inevitable that some members are less engaged than others. We will continue to explore with such members - as capacity permits - what would be of most benefit to them, to ensure we understand the full range of needs.

Taking the time to meet individually with network members to learn more about what they do and their needs, while providing an update on Caring Town activities, has proven invaluable and worth the significant effort involved. The coordinator has met with representatives of over 50 individual organisations and groups, and established personal connections. This will become an ongoing activity to maintain and strengthen the relationships that weave the fabric of the network.

The informal structure of the network and remit of the coordinating group (see below) has just been reviewed, and it’s proposed that this continues to serve our needs for now. Depending on what emerges from the Exploring Commissioning work in particular, we may move to a more formal management structure and possibly even a separate organisation, if this becomes necessary.
Caring Town Information Exchange

This service, which started in April 2017, connects local people with local health and care services, groups and organisations. The network identified the need for such as a service as a top priority, because this will help ensure that the current service provision is known about, and fully used by the people who need it. It also helps ensure that organisations know about what else is available locally, so they can cross-refer. If people come and ask for help that’s not available locally, we capture this and feed it into our process that’s looking at addressing service gaps.

The CTIE is a drop-in service that’s open for 4 hours a day, 5 days a week, and is staffed by a friendly Connector (job share) based in the Mansion. See more information on the [CTIE flyer](#).

Who’s been using the service?

Based on the 3 month start-up period from April to June 2017, 90 people visited with ‘needs’ which we have summarised as follows:
“So grateful for the help, didn’t know what to do but you sorted me, and I got food. Thank you.” CTIE visitor.

Who is visiting?
- 15% under age of 30; 26% aged 30-50; 30% aged 50-65 and 28% aged 65-80.
- 79% of the visits were on their own behalf and 21% for someone they knew.
- 73% of visitors said it was an ongoing issue, 27% said it was more recent.
- 50% said their issue was urgent or somewhat urgent versus ongoing.
- 70% of visitors were female and 30% male.

We were able to help with practically all of the issues in terms of signposting visitors to local organisations and services including: Totnes Caring, Citizens Advice, Care Direct, SHDC Housing, Forgiveness Therapy, Kool Club, Hestia Care, Children’s Centre, Christians Against Poverty; Leisure Centre, Food Bank, Walk & Talk, Dementia services, Dart Counsellors, Learn Devon, Different Strokes and Drop In Centre and others.

Other visitors
We had another 290 visitors interacting with us in some way - coming in to find out what we do, organisations making sure we know about their services, people asking general questions about local provision and facilities etc. So a total of 380 local people have used the CTIE in some way over the initial 3 month period.

** Last minute update - “between April to September 2017 the CTIE has helped over 880 local people get much needed help. Over 180 of these visitors had a specific health or care need - people we were able to help by referring them to an organisation or group with the specialist skills and knowledge to support them”. Read more about the service and how to help keep it open on this blog.
Learning and reflection on the CTIE

We’re delighted with the initial stage of the CTIE, and the number of local people we have served despite being a brand new service (and despite a lack of external signage due to planning restrictions). As more people come to know about us, we expect that usage will continue to grow.

We now have details of over 160 providers/groups/services and we have been in direct contact with most of these, with a very positive response. We have a full range of leaflets to give to visitors and are increasingly confident that we have mapped most of current service provision. We have learned how impossible it is to keep a single, current list of all provision in a useful directory format and have moved away from creating a public version of this. We encourage all of the local providers to use Devon County Council’s very useful director of community services, rather than duplicate this and provide our own online directory (which we do not have resource to do anyway). Our approach is based on human contact and encouraging people to visit the CTIE in person, or increasingly, for us to go out to them.

The CTIE room is becoming a focus point for Caring Town activity and the wider network, and serves as the ‘shop window’ into the rich diversity of local support that’s on offer. It’s also - as expected - helping to inform our understanding of the gaps in services. This information is being fed into other Caring Town activity that is actively developing new priority services.

The role of the Connector is complex, and we have concluded that this is not one easily done by volunteers (especially given safeguarding requirements of lone workers), and so we are relying on paid staff at this time. Our careful recruitment process paid off and our 2 Connectors who job share have received excellent feedback.

We see great potential to explore the role of the CTIE in social prescribing, working with our 2 local GP practices to connect local people with needs, to appropriate local community/voluntary sector activities and services. We aim to secure funding to help expand our service into a partnership project with the GPs that designs, delivers and monitors social prescribing across our network. We are also experimenting with direct promotion of some network organisations during CTIE opening hours e.g. CVS for volunteering support, and local energy efficiency projects that are offering free support.
Our promotional activity will continue, including outreach through attending local events, joint promotions with providers based around certain needs themes etc. We continue to monitor usage of our service in detail, and adapt it as needed to best meet the requirements of local people. One of the challenges is knowing the final outcome of our service - we do not directly track/manage the referral through to the target organisation to know if the service user got their needs met or not (due to confidentiality and resource constraints), instead we reply on the visitor acting on the information and contact details we provide. Some visitors do pop back in and let us know how things have turned out, or to ask for more help where needed.

We greatly appreciate the financial support of Totnes Town Council, without which this service would not be possible. This service helps fill a gap left when the Council closed down the Tourist Information Centre, which was also supporting vulnerable people who would drop in there to ask for advice or support. However, there is a risk that the Council will stop or reduce funding for the CTIE in the next year due to limited budgets, and a community budgeting process that might divert funding to other local issues.

This risk might be mitigated if Councillors could get more involved in Caring Town and feel more of a sense of ownership, something which is thought to be quite difficult due to a lack of capacity amongst the Councillors. We will continue to share public information about the work of the CTIE service to help ensure the wider community can see its value, and make an informed decision when they are considering some of the more known/popular issues that may be competing for funding. This is not straightforward to communicate, as it’s impossible to put a ‘value’ on things like reducing personal suffering, feeling the relief of meeting with a warm and friendly listener who tries to help, reductions in later use of public services thanks to early intervention and so on. Looking at number of service users vs total cost is only one way of assessing the value of this kind of service.

**Working Groups - Homelessness**

**About the group**

A group exploring issues around begging, rough sleeping and homelessness in Totnes was established in June 2015. Concerns had been raised by several members of the community about the number of beggars on the main High Street. It had arisen before, following the death on the street of a man who was a rough sleeper; this stirred many strong emotions and angry exchanges. There was therefore reluctance for any one individual or organisation to pick it up again. Caring Town recognised the need / opportunity to convene relevant organisations to explore the concerns under the umbrella of its network. The opening question was “How can we make a meaningful, compassionate response to the issue of begging, rough sleeping and homelessness in our town and also address the many concerns being expressed about the negative effects of having vagrants on the main High Street?”.

We first convened the group in June 2015. Attendees included the drop-in and night shelter, marketplace ministries, the police, Leatside surgery, the street pastors, SHDC, DCC public Health, TTC, TTT, the children’s centre, Christians against Poverty, the Chamber of Commerce.
The group agreed 1) that it was important to communicate across the organisations; 2) that we should try to let the public know that the drop in and night shelter exist and that there is no need to beg. The Giving Back Scheme was launched that summer and a poster saying that “No one needs to beg in Totnes” was designed and displayed; and 3) that a regular group be established to continue to share information and monitor progress.

**Aims of our regular group**
There is a shared aim and aspiration to support those who are rough sleepers in getting constructive, sustainable help for their complex needs, help in finding accommodation and stopping the begging on the streets if at all possible. The aims of our meetings are to improve communications and share what group/individual each is doing; generate ideas for doing things differently; and provide support for those most close to the front line of work. We meet every two months but only by agreement that we want a meeting (we haven’t missed one yet).

**Main outcomes and impact so far**
- We have created a team approach to the challenge within our town.
- Those at the front line now feel more supported.
- The Giving Back scheme launched from within the group to encourage the community not to give money directly to beggars has raised several thousand pounds to support the work of the drop in and Night shelter.
- Communications with South Hams District Council on the issue has improved significantly and we have been invited to help them think through their strategy.
- There have been some changes in the way those most in need are getting help both from Leatside Surgery and Rise Recovery as a direct result of ideas exchanges which emerged in our meetings.
- We were instrumental in getting extensions to the Alcohol free Zones in the town.
- The Drop in/Night shelter is now part of the Marketplace Ministries/Freedom Centre. They are providing a training hub and innovative ways of re engaging the many vulnerable people who visit the drop in.

**Future plans/next steps**
- Continue to develop a holistic approach to the complex challenges this issue raises.
- Produce a document which explains the Town’s multi layered approach to the issue to be presented for adoption as Town Council policy.
About the group
This group is exploring issues around ‘Safeguarding Young People in Totnes’ with particular reference to the misuse of drugs. We learned a great deal about the amount of drugs coming into our community from our discussions within the Homelessness group. Concerns were also raised about the availability of some of those drugs to young people and the culture of drug misuse acceptance which is apparent in some quarters of the community.

Sadly the dangers for young people were underlined by the death of a 16 year old as a direct result of drug misuse. Pressure to pick this issue up through Caring Town and make some kind of response was growing. It is a difficult issue for any one institution to own for fear of stigmatisation, generalisation etc.
It was agreed that a new group should be convened, with Caring Town again serving as an umbrella organisation enabling all to come together to approach the issue as “community owned”.

Who is part of the group - Youth service, Leatside surgery, schools, Family support agency, the Police, Street pastors, SHDC, Totnes Town council, Devon Public health, youth drugs advisory service Patient advisory service, Caring Town, TTT, parents.

Our overarching aim/aspiration is to see whether there is sufficient concern and interest within the community to formulate a whole town response. If there is, then we would wish to help to create the means by which such a response can be formulated and delivered.

The aims of our meetings are to explore how much of an issue it really is; what kind of response does it warrant; be sure we know what each other is doing and within the boundaries of confidentiality share information; make links with other initiatives concerning young people in the
town; hear the voices of young people and their parents on the issues; and generate new ideas and approaches. We meet every two months but only by agreement that we want a meeting - again, we haven’t missed one yet.

Main outcomes and impact so far

- We have created a team approach to this challenge within our town.
- Those at the front line now feel more supported.
- We have brought about real changes in the way some things are being dealt with.
- We have produced “keep safe” advice cards distributed directly to young people.
- Shared information about hot spots.
- Agreed to open out the discussion to the community - we are planning an open event, “Keeping Young Totnes Safe” with all key organisations attending.

Future plans/next steps

- Follow up the event and support emerging actions.
- Continue to keep making links and connections which help us paint a bigger picture of how we are responding as a community, in order to improve our fundraising potential.
- Produce a document which explains the Town’s multi layered approach to the provision of youth support and facilities. We would hope this would be adopted a Town Council policy and would assist in their prioritisation and budgeting processes.

Learning and reflection on the Working Groups

As mentioned above, networking was a primary aim of the organisations first brought together under the Caring Town umbrella. From such networking emerged two issues which members viewed as urgent due to the vulnerability of the particular groups: homelessness and safeguarding of young people around drugs. In both cases, difficult local events meant that these issues were brought to the attention of the population. Caring Town therefore became the organization that managed these discussions, forming working groups to which key organisations and individuals were invited, facilitating discussions and helping decisions be made and actions to emerge.

How these groups were facilitated has been particularly important to their success so far. As already stated, Caring Town has the advantage of being seen as a non-political group which is on no particular “side”, and so could bring people together to have difficult discussions. This role also means that no particular individual or organization had to take this on as “their activity”, which meant that people were more likely to commit, knowing that it would be managed by someone else. The facilitation was done by someone with authority due to their professional background and their involvement in other activities in the town, allowing her to provide direction where needed and have credibility.

The facilitator has stated that she was very careful to ensure that everyone knew what the meeting would be about, what the expected outputs might be, and that there would not be another meeting unless everyone thought there was a need for one. This was important to ensuring the meetings had purpose and were therefore worth attending. Feedback from group members has emphasized that this was the case, as the groups and their outputs are seen to not only have had highly positive impacts, but were reported as being useful to attend.
To those attending, the range of different perspectives and professions present has ensured that they made connections on the issue which has helped them to work more positively in the area. For example, GP practice staff meeting the police has resulted in GPs having a better understanding about some issues of the homeless population, and also allowed for a sharing of different viewpoints about the drugs issue with the young people in town.

The surgery reported how they now register homeless people with the practice address which helps them to access support. Also, that links made with the homeless support service meant that they could have a conversation with them about the fact that patients were intimidated by a group of people who were blocking the path leading to the surgery. The support service fed this concern back, and the group stopped blocking the path.

These groups have helped keep the importance of the issues alive within the community, with the GP practice reporting that the working group meetings help keep them in touch with what is going on, and keep the conversations at the front of their minds. It is also clear that having the process managed by someone who is not one of the professionals directly involved, ensures sustainability as well as a neutral ground for discussion.

Exploring New Commissioning Models and Services

Some of the participants at the November 2016 meeting, left to right: Bob Alford, Totnes Caring; Tony Parker, DCC; Rebecca Lehal, CCG; Sara Burgess, DCC; Martin Randall, Leatside Surgery, Fiona Ward, Caring Town; Janine Payne, Leatside; Vikki Cochran, CCG; Frances Northrop; Deborah Oakey, Children’s Centre; Sarah Killiard, CCG; Simon Kitchen, DCC; Carole Whitty, Transition Town Totnes; Paul Collinge, DCC.
**Approach**

This activity is given more space in this report to better capture its complexity, outputs and learning so far. This Caring Town activity’s aim is to “Explore new community-centred services and commissioning models” and it began in November 2016, when a number of network organisations and commissioners came together to agree an approach to filling some of the gaps in local service provision.

In early 2017 this group gathered again to discuss the specific unmet needs of our community (based on our needs analysis), share ideas on ways to fill these gaps; and begin to explore how current commissioning structures and processes might adapt - or need to completely change - to support areas of mutual interest and make some of the public funding go further.

We found the 3 main areas of unmet need are: older people, especially isolation; adolescent mental health; and ‘general’ mental health around stress, anxiety, depression, financial worries and support for parents and families. Focusing on these areas of need, we came up with 17 opportunities for new or improved services, activities or roles.

We then met again about a month later to prioritise the opportunities using the following guidelines to help flush out the highest priorities:

1. **Current need:** this service/role/activity would help address a significant, widespread and immediate priority need(s). i.e. would have a significant’ impact on the current needs/suffering within our community, for a reasonable number of people, based on our needs analysis, and possibly addressing a range of needs across groups.

2. **Prevention:** this service/role/activity would help prevent, or reduce escalation of a potentially significant and widespread need across our community. i.e. would have a significant impact on reducing the likelihood of future needs/suffering within our community, for a reasonable number of people, possibly across groups.

3. **Sustainable:** this service/role/activity is likely to be sustainable long-term. i.e. will not rely on public or external funding beyond perhaps an initial pilot/training or capacity-development stage.

4. **Capacity:** although we may not yet have the funding in place - designing and delivering this service/role/activity feels to be within our current capacity as a network i.e. we have the understanding, the skills, connections etc.

5. **Early success:** assuming we get/have the funding in place - we feel confident that we could co-design and begin pilot delivery reasonably quickly. i.e. within roughly 6 months from securing required resources and partners - looking for early success to build our confidence, so not too complex, not taking on too much too soon.

**Additional criteria – for use by the commissioners:**

1. **Commissioning fit:** does this service/role/activity appear to meet current commissioning priorities and criteria? (if not, what changes might be required – with the criteria and/or with the service?)
2. Commissioning model: is there a commissioning model in place that would enable this to happen i.e. procurement processes are in place and workable? (if not, what changes might be required – with the processes and/or with the service?) 8. Other ‘public’ funding: are there other funds that available through the commissioning bodies that could be used instead? (e.g. funding for community services following current CCG hospital changes/consultation – how is this money being allocated?)

The results of this process identified 3 opportunities to take forward immediately:

- Supporting good mental health in adolescents: by developing a community/schools-based mentoring scheme aimed at early stage intervention and prevention of escalation;
- Connecting the generations and addressing isolation for both older people and single/young parents;
- Establishing a positive framing and foundation for our community’s well-being and mental health that can underpin and organise our collective Caring Town response including the 2 new services.

Potential delivery or impacted/interested organisations, and a representative of the CCG then attended a number of detailed co-design workshops during May-July 2017. These sessions, along with numerous other conversations and some detailed research, have shaped each of these 3 services/schemes in more detail, and as summarised below.

We are happy to share the detailed process design with others who may be interested in running a similar approach - please contact the author. The following 3 service summaries have been taken from the detailed service design documents which are also available on request.

This work to date has been kindly supported by Friends Provident Foundation.

**Service 1 - Community support for good mental health in children and young people**

This summary defines one of the new services that has emerged from this project - an early stage intervention that supports good mental health in children and teenagers, where volunteers with a range of appropriate skills and experience and under professional supervision, provide a free, 1 to 1 support service for Years 5-11 (ages 9-16) through our local schools.

This will offer a range of approaches according to the needs of the child or young person (CYP), and the qualifications of the volunteer - so options may include counselling or therapy, as well as just listening, bereavement support, suicide prevention, job/career support and so on.

The main goal of this service is to help prevent the escalation of common issues amongst CYP to more serious mental health problems. A number of outcomes will be monitored including whether CYP interacting with the service are less distressed / feel in a better place; have better coping mechanisms; and/or feel more cared for.

Our proposal has emerged based on our analysis of our community’s strengths and assets - a strong local skill base in therapeutic and counselling professionals, schools with a strong desire to ensure their students’ mental health needs are met, and the Caring Town network of caring and committed organisations and people.

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Organisations involved include Totnes Learning Community/St John’s Primary School, King Edward VI Community College, DYS Space, Children’s Centre, Transition Town Totnes and our local Clinical Commissioning Group, as well as a number of individual experts and potential volunteers. Providers of related services including CAMHS (Virgin Care) and Young Devon (EH4MH) are also in the loop, and some potential users have provided feedback. The Coordinator of Caring Town is facilitating the overall process.

There’s compelling evidence of the need for this service as outlined in the detailed document, and it seems clear that there’s significant potential value - both personal and economic - in offering this kind of flexible, early stage preventative support for good mental health, which can far outweigh the costs. Of course, the ‘cost’ of the human suffering and anguish due to poor mental health among our young people cannot be directly quantified - and our collective, deepest intention is to help all of our young people to have the best start possible and life a full and happy life.

This programme could within the first year offer support to around 115 children and young people across 2 schools, for a cost of around £260 per person (for an average of 12 sessions each). Thus the project budget we need to secure is around £30,000 for year 1. All of the parties are making in-kind contributions of their time, fully or in-part, and as such this costing model reflects a genuine community-supported service. The in-kind contribution of volunteers and organisations is estimated at around £70,000.

These figures reflect the true cost of running a scheme with this capacity that’s fully integrated with the schools, and professionally supervised in a way that ensures the quality and safety of the service for CYP and the volunteers. It ensures that the schools have capacity to manage the volunteers, and that proper monitoring and evaluation is carried out, and learning captured and shared.

We suggest this community-supported model that harnesses the expertise and goodwill of local residents in combination with professional supervision and school oversight, can contribute to learning about how public and community/voluntary sectors can work together effectively - and what might be the respective financial contributions and models that ensure the sustainability of these key services (or perhaps to find that such change is not possible within our current commissioning bodies).

Therefore we invite our commissioners, especially of child and adolescent mental health services, to continue to work alongside the Caring Town network of providers and our wider community, as well as other potential financing bodies, to find new ways to provide sustainable funding that ensures this service can become operational, and be delivered for as long as there is a need.

Service 2 - Connecting the generations: addressing isolation and loneliness

Despite much good work by organisations such as Totnes Caring, we know that many older people in our community feel lonely, isolated and without value. Evidence shows they are more likely to suffer anxiety, depression, declining mobility, high blood pressure and increased mortality rates (equivalent to smoking 15 cigarettes a day). These are often the superficial presentations of an underlying loneliness that’s shameful to admit.

At the same time, we have younger/single parents who are lonely and struggling and who could benefit from the kind of advice and support that elders typically provide. Clearly there’s an
opportunity here to experiment with new ways to nurture intergenerational connection (previously called families!) that can happen naturally, and reduce the suffering of isolation and loneliness - and sometimes prevent further escalation of related issues. As a priority issue for our local community, we have worked together with Totnes Caring, our local Children's Centre and Women’s Institute to shape this proposal for a new intervention called Activity Circles.

Recent research found that attempts to address loneliness, such as lunch clubs, activity groups, book clubs, befriending etc. have been the focus of most evaluations (and local work to date) and that they generally meet some of their objectives. However they found that such interventions need to be part of a wider framework of activity to be most effective in reducing loneliness beyond the life of the intervention.

They suggest that successful holistic approaches include means to reach isolated people directly, identify their interests and needs, then support them to join in; approaches where participants help shape and deliver services for themselves and others; support for new thinking and attitudes towards relating with others; and removal of barriers such as cost and transport. These recommendations are all reflected in our design.

Our Activity Circles aim to reduce loneliness and isolation for the ‘active and hard to reach’ older people and young/single parents in our local community. We plan to create the conditions that (1) help participants to make new, good relationships and (2) enable them to identify or develop activities which meet their needs, interests and priorities.

As such our approach provides free, enjoyable, shared activities in an informal environment where conversation and connection naturally emerge - a simulation of a family environment, sitting around the tables, doing things together, with children running around and tea and cake.

Specifically, each Activity Circle (AC) consists of 6 x weekly 2.5 hour sessions with a variety of activities and discussions involving a group of around 18 participants identified through local organisations - a roughly equal split of young parents:older people - plus children, activity leaders and volunteers. We aim to run around 6 ACs, each with a different group, each year. Outcome measures will include whether new relationships are built, people feel more supported, feel a greater sense of belonging and improved mental wellbeing.
There's compelling evidence of the need for this kind of service as outlined in the detailed document, and it seems clear that there’s significant potential value - both personal and economic - in offering this kind of intervention which can far outweigh the costs. Of course, the ‘cost’ of the human suffering from chronic loneliness in our community cannot be directly quantified - and our collective, deepest intention is to help ensure that everyone has warm, good relationships that are so essential to living a full and happy life.

This programme could within the first year offer support to around 100 lonely people, for a cost of around £226 per person. Thus the project budget we need to secure is around £24,500 for year 1. All of the parties are making in-kind contributions of their time, fully or in-part, and as such this costing model reflects a genuine community-supported service - this in-kind contribution of volunteers and organisations is estimated at around £13,000. Paid time is required to plan and deliver the programme and activities and run the evaluation/feedback processes. Other main costs include activity leaders, venues and materials.

We suggest this intergenerational community-supported model, based on the latest evidence of successful interventions, can contribute to learning about how public and community/voluntary sectors can work together effectively to address loneliness and reduce its cost impacts on the health-care systems; and what might be the respective financial contributions and models that ensure the sustainability of these key services (or perhaps to find that such change is not possible within our current commissioning bodies).
Therefore we invite our commissioners to continue to work alongside the Caring Town network of providers and our wider community, as well as other potential financing bodies, to find new ways to provide sustainable funding that ensures this service can become operational, and be delivered for as long as there is a need.

Service 3 - Framing and foundations: community-led systems change

The previous 2 services have emerged from a needs-based analysis and collaborative co-design process, and focus on addressing immediate priority needs in a way that hopefully has a preventative impact on future escalation. At the same time, given Caring Town’s wider aims a subgroup of the network has been discussing the following strategic questions about our local health and care system overall:

- What are the foundations of a healthy, happy community (what keeps us well)?
- How do we ensure these things are sustainably in place?
- What’s the role and responsibilities of community, private sector, government and individuals in this?
- How do we know that we’re moving towards or away from this ‘healthy’ model?
- What’s the specific role and scope of Caring Town?
- How do our current services, or proposed services, fit with this model?

We have developed a draft, place-based model that begins to answer these questions, and/or could provide a framework by which we will be able to fully do so. The model aims to show the importance of all parts of the system, and where we all fit in; to represent our network’s values and principles and the means to check if what we’re doing is aligned with these; and to help us ensure that our service design is optimised and integrated to impact as many desired outcomes as possible. It would underpin our evaluation approach; and it recognises we don’t live in isolation from the rest of the world - but this model helps show what we CAN influence here.

We suggest such a place-based model can help provide cohesion, structure and ambition to all of the work of the Caring Town network, its organisations and groups. It can in turn be influenced by and adapted to reflect our learning, as a living representation of our work, and can be shared more widely as a replicable model to elicit system change and strengthen a community’s resilience.

We would like to train a small representative working group, with interest in systems thinking and theories of change, to take this work forward over a 3 year period (this would include representatives from each of the current Caring Town activities).

Therefore this would be a process of development where Caring Town continually expands our capacity to create the results we truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together. This is the third ‘service’ to emerge as a priority and given its nature, is not a service that directly delivers to people with needs, but rather provides a service to the community and the Caring Town network as it unifies and organises the wider activity within the context of deeper systems change.
We suggest this Framing and Foundations work is a key enabler of a new collaborative and integrated approach to growing community-centred services and self-care. Part of our work is to develop the evaluation framework that can assess if, how and how much this systems change work actually helps bring this about.

We aim to develop an evaluation framework that looks at the system (how do all the different elements work together, where are the issues and bottlenecks) and outcomes (what has happened as a result of our approach) – e.g. Analyse how local infrastructure supports or disables; How our “ways to wellbeing” are forming the services/projects, or how they are being influenced by projects/services; How organisational cultures have shifted (if at all)?

Desired outputs include:

- Development of a system model, theory of change and evaluation framework which influences and is influenced by Caring Town activities and services over this 3 year period
- A fully tested and documented action learning process for developing a model > running network consultation > try it out > feedback & adapt > repeat...
- A systems thinking /theory of change training approach that’s been adapted for this context – and helps people to deal with complex system challenges, and use tools to examine systems structures, elements and interactions and identify leverage points.
- Documented conclusions and learning for sharing.

Next steps: Design and test commissioning/finance pathways

The above sections have presented the main outcomes of Stage 1 of the Exploring Commissioning project i.e. agreement of detailed service designs that meet priority community needs, with participation of potential commissioners and delivery organisations/enterprises.

We have agreed with our main collaborators that we proceed to Stage 2 (resources permitting) i.e. designing and testing specific new procurement/commissioning models for our new services - or concluding this is not possible - and disseminating the additional learning and insight that arises.

An important achievement of Stage 1 has been the building of good working relationships with organisations and individuals, especially our local Clinical Commissioning Group, Devon County Council, Devon Partnership NHS trust, our local GP surgery and voluntary sector groups and charities as well as some small, local enterprises.

The statutory bodies have been directly involved in the process and decisions about our core focus areas and which specific services to take forward, i.e. they helped identify those that are most viable for potential commissioning. They are especially looking for what is replicable, and what will relieve the growing pressure on their current services.

Stage 1 has helped us to understand how much time and effort it takes to get to the point of commissioners actually being in a position to commission/contract our new services. While they can agree with a service idea in principle, they cannot make a decision about commissioning it until they have a very detailed service design document with some evidence base - especially when our proposal and model is out with their usual types of services. This has resulted in a lot of detailed work as reflected in service descriptions above.
Relevant commissioning/procurement budget cycles also need to be considered 6-12 months in advance. Plus we need to explore together how the commissioning/procurement processes will actually work - the devil is in the detail. It's already recognised they don't have the 'right' sort of models in place for this i.e. community-based commissioning - but crucially they are willing and enthusiastic to work with us to develop these. To add further complexity, our local CCG is undergoing a significant restructuring - this is an opportunity for us to work together to build the new community-based capacity into their new structures.

We also need to establish if a new social/community enterprise is required (on behalf of Caring Town perhaps) that enables “micro-commissioning” of these and other services, using public funds via commissioning bodies distributed through the new enterprise, for example.

It’s become clear that we need to develop a mix of financing sources for each of our new services - this reduces total reliance on the CCG and other commissioners longer-term and makes their contribution more appealing to them if we can show how other financing streams will be used alongside their contribution. This reduces risk for all concerned and better reflects the potential of a true community-supported health/care model.

We already have some ideas for further exploration in Stage 2, and will hold a small number of workshops and discussions with financial innovators both within and outside of this sector to establish a small number of viable options to pursue including:

- Community wealth – possibly using the proven “Community of dragons” approach to invite the public to come and support services they feel strongly about. Other ways to raise local funds from residents?
- Business or organisational sponsorship – what potential for local businesses to support services they most care about? What do they get in return?
- Crowdfunding – what might be the role of other means of focused fund raising from local people/orgs? Too many asks already being made?
- Pooled finances and other resources – what might be possible from participating organisations, including provision of things like venues, materials, in kind contribution?
- Local currencies – is there a role for these here?
- Social bonds – have these been shown to work in this setting?
- Loan and equity options – a number of funds are aimed at community enterprises, how might these help us?
- More traditional grant funding – what’s the role of this moving forward? Perhaps aimed at supporting the pilot/start-up phase of each new service until we have captured enough evidence to unlock some of the other options?
- Plus finding other ideas from other sectors or contexts.

**Learning & reflections on Exploring Commissioning**

This process built on our local needs analysis evidence, which was refined with stakeholder interviews and county-wide data. Workshop participants reported how the use of an evidence base ensured that the process felt that it was “real”, and one key stakeholder reported how pleased they had been to be interviewed about the needs of the community as it gave them a chance to give their view, rather than something being based on purely statistical ‘evidence’. In fact we found that the available public data did not contribute much insight or understanding to local needs, and that the most useful knowledge sat within those working directly in the local community and our time was most usefully spent gathering this.
The workshops were seen as a valuable opportunity to hear the views of others working in the same or similar sectors, and to build something which would really fill gaps. Having commissioners involved in the process has also ensured that the process can feed in insight from the commissioning process, and also imperatives from a commissioning perspective. For some in the non-statutory sector, it was the first time they learnt of programmes, services or plans that would impact on their own work, and it gave them an opportunity to discuss those plans or consider their development after the workshops. There were some concerns that some organisations could not attend all sessions, and so there was a lack of continuity in the representation, as it was felt that this might hinder ongoing support from statutory organisations in particular.

We intentionally used a positive framing for the workshops, where we invited participants to notice when the conversation was getting into a negative spiral (common in this challenging sector where there are so many horror stories) and make a conscious decision whether to carry on with that direction or not. We found just naming this meant that it hardly happened, and the workshops retained energy and positivity as a result. The other principle we named was one of no blame - that no one in the room was responsible for the challenging situation in this sector - that we are all here as we care, and want to do something about the problems. The workshop opened with personal reflections on what each person cared about, which helped connect participants in their shared roles as members of the community rather than just work roles, creating a safer than usual space in which to share opinions honestly.

Agreement and use of the criteria to help prioritise opportunities was felt to be helpful by all, and there was an interesting discussion about how to prioritise levels of human suffering at a community level e.g. is it higher priority to address high levels of suffering in a relatively small number, or to address lower levels of suffering that impact many people. When resources are limited, this feels an important ethical question and we did not come to any conclusion.

Of particular importance is that this process has been led by a paid facilitator/coordinator. Many stakeholders have stated that without such a role, none of the Caring Town activities could have continued, and that this co-design process would not have been successful. The potential new services have been co-designed and documented to provide a basis for securing funding, which stakeholders are extremely impressed with, stating that this is in a large part due to the paid coordinator who has a clear vision and strong facilitation and management skills.

**Are we meeting the deeper aims of this project - to begin to bring about some level of system change?**

It feels like this has been a good start but we can’t yet answer this question. Relationships are at the very heart of our work, and these take time and effort to nurture, they do not just happen by themselves. Everyone is extremely busy and under increasing pressure (with related impacts on health of the individuals). However there’s been a high level of turnout, enthusiasm and flow in this process so far including from most of the public/statutory organisations.

It seems that people want to see change, and are willing to give this their best shot, but they often don’t have much confidence in the ability of the (statutory/public) organisations and systems in which they work to be able to change as there’s too much inertia (and paradoxically, some say that
the rate of change is too high and takes a lot of the attention away from things like this that have a chance of working well).

There’s a sense that in some cases, the more removed an individual/organisation is from local delivery and local issues (i.e. larger organisations and bodies that are responsible for wider areas), the more they don’t see the actual problems and resort to positions like “don’t worry we’ve got this covered and are doing something about this” when those on the ground see the exact opposite happening. It takes some time and effort, and continuity of representation on ‘both sides’ to address these misunderstandings and get to the truth of a situation.

Now we have clarity over the new co-designed community-supported services, and good and strengthening relationships in place with the collaborators, we are ready to proceed to the next stage where we will explicitly test whether new commissioning models in particular can be developed. This work will require building more connections with key people at more senior levels in some of the commissioning bodies, and generating a greater sense of shared ownership of the process and the outcomes. It may be helpful to use something like the framing below to enable clearer discussions and agreements about respective roles and responsibilities of the various organisations and groups.

Spectrum is adapted by 3KQ from Penny Walker’s ‘Spectrum of Collaboration’ in “Working Collaboratively – a practical guide to achieving more.”

Meanwhile we will raise other ‘traditional’ funding for the new services that will directly help young people with mental health issues, and isolated older people and parents, so these can move into pilot mode as soon as possible and address the urgent needs. While we are relatively confident this kind of funding can be secured for the first year or two, it’s unlikely to be sustainable and we will end up with the same funding issues that face current services sooner or later.

It remains unknown whether our experimental project will be able to exert enough influence to bring about some level of change in the public funding of this kind of community-led collaborative services - however we feel positive that our approach to finding out is working well so far, and we are all agreed we shall proceed to the next stage, which will reveal the answer to this question! We greatly appreciate the ongoing support of Friends Provident Foundation which enables this aspect of our work to continue into 2018.
Common ‘learning’ themes that have emerged

As part of the ongoing evaluation of the Caring Town initiative, a piece of work was carried out during August 2017 to consider views on its processes and activities. The aim of this piece of work was to highlight what has worked well and what hasn’t worked so well, but also, which processes, activities and types of involvement have contributed to outcomes. This information is being used to help inform the future direction of the project.

As part of this study, a series of interviews were carried out with key stakeholders (network organisations), focusing specifically on asking people what they had been involved in and how, what they thought had worked and why, and what may help or hinder the sustainability of the initiative. These findings have already been reported in the previous sections per the relevant activities. However there are a number of overlapping themes to emerge from the different strands of Caring Town work, and also a number of overlapping barriers to progress which are summarised here.

Elements which have helped Caring Town to thrive are:

- Paid coordination
- Clear vision and leadership
- Skilled facilitation with good listening and involvement skills
- Different communication opportunities / ways to connect within the network
- Face-to-face networking events
- Quick outcomes from workshops and events i.e. maintain momentum
- Development and use of a local evidence base
- Showing that it is meeting the needs of the local community, as well as (many of) the network organisations
- Being politically neutral
- Seed funding to help stage the first few events / gatherings and needs analysis
- Working with a wide range of statutory and non-statutory organisations
- Promoting an approach and way of working that’s positive, blame free and open minded.

The project was set up in a local context which, whilst not unique, did also provide identity and cohesion to the project, and central to that context were a political imperative (health and social care cuts), county-level support, active organisations, and local situations which made action imperative (in this case the loss of a teenager and a growing homeless population).

There have been some unexpected outcomes, for example, the Mansion coming into community ownership would not have happened without Caring Town. It opened up conversations at council level and set up links with people who then helped to seal the transfer, and the fact that it was to be a space for the CTIE was a huge part of the decision to hand it over to the community even if it took several years to accomplish.

Stakeholders have reported that it might be useful to have closer, more formal, senior ties to both government and key statutory organisations. Some suggest it’s important to avoid Caring Town becoming a parallel system (certainly not the intention, but good to keep an eye on this) and that there is value in becoming more involved in the system itself at a strategic level to be able to influence change. This would work both ways i.e. a more strategic voice representing Caring Town at
important discussions on new models and system changes (perhaps building on the connections that Bob Alford in particular has to New Care models etc.); plus identifying some strategic champions within each of the key bodies, that can “be shouting about Caring Town from the rooftops and ensuring it was mentioned everywhere to increase reputation, which has an impact on obtaining funds”.

It’s also been a challenge to include many end users/beneficiaries directly in the work to date - we have relied more on those working directly with the end users to represent to their needs and perspectives. But we recognise the importance of speaking directly with those that we are trying to serve, and ensuring they have appropriate levels of influence and power at decision-making level. Moving forward we will be embedding more ways to ensure this happens, for example, the new service delivery models will be shaped by the end users during the pilot stages and beyond.

And finally, overwhelmingly, funding is seen as the biggest barrier to the sustainability of any element of Caring Town, and this barrier is mentioned by everyone, from volunteer to commissioner. Other barriers include the lack of continuity of support from some parties (i.e. changing staff representatives or lack of capacity), and the health and social care system itself (i.e. its inability to change, its inertia).

All of the learning and reflections in this report are being considered by the coordinating group to inform our way ahead, and any changes that may be required, and this proposal for 2018 and beyond will be shared with the Caring Town network at our annual event in November 2017.

Reciprocity is a principle that runs throughout Caring Town, and is widely used in our public materials such as this shot from a Caring Town event, featuring Max Price from Proud2Be.
With much appreciation to all the people, organisations and groups that are contributing so much time, energy, enthusiasm and care to our shared endeavour - thank you all. And thanks again to all of our main funders - the Department of Health’s Health & Social Care Volunteering Fund, Friends Provident Foundation and Totnes Town Council.

October 2017
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