

**Reshaping Care for Older People Change Plans  
Third Sector Aspect  
(Community Capacity Building and Coproduction Approaches)**

**An Overview**

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This paper comprises an overview of the proposed role of the Third Sector and the provision of community capacity building and coproduction approaches to Reshaping Care for Older People as evidenced by the 32 'Change Plans' recently produced and submitted to the Scottish Government by local Health & Social Care Partnerships. It's purpose is to inform the work of those involved with or interested in the ongoing development of the Reshaping Care Programme.

Given the short timescale in which Change Plans were put together, it is perfectly reasonable at this stage for local health and social care partnerships to have chosen to treat building Third Sector capacity as a proxy for building community capacity and for engaging coproduction approaches. In truth, they are typically synonymous. That said, it is encouraging to see that several plans reflected an understanding of the direct role that statutory partners can undertake in this regard. This represents a welcome willingness to think creatively about how all partners can use their resources to best meet desired outcomes.

Overall the Change Plans demonstrated a good understanding of the contribution that the Third Sector in its broadest sense (voluntary and community organisations, social enterprises, volunteering initiatives) and in some cases in particular guises (carers being the main example) could make in terms of the activities required to realise desired outcomes. It appears appropriate to assume that the requirement that the Third Sector agree the plans played a major part in this but we must also recognise that many statutory sector partners have a longstanding appreciation of the positive role that the Third Sector can play and that this will have very much contributed to the robustness of plans.

It was interesting to note that, in some plans, whilst partners had a clear idea of what activities the Third Sector would undertake and had made financial provision for it to do so (often under the heading of 'community capacity building') it was not always explicit which outcomes for older people or which outcomes for services (such as those set out in the Change Fund guidance logic model) these activities would directly contribute to realising.

This may be because partners felt that Third Sector activity would contribute across the board and, indeed, some plans contained a statement to that effect. However it may well be helpful, when moving to the delivery stage, for partnerships to be more explicit about which outcomes for older people and for services they expect the Third Sector to most usefully contribute to realising. Doing so will be of benefit to older people and all service delivery partners as it will help identify the different strengths that different partners bring to the table and make best use of these in future

strategic planning. In saying this, we appreciate that the plans were required to be 'high level' and we intend our comments to be helpful not pejorative.

In many cases, a specific slice of the Change Fund allocation was earmarked for activities described as 'community capacity building' or as something similar (e.g. community well-being), amounts generally ranging from between 3% and 20% but in one case reaching 40.5%. In some cases other activities that will necessarily involve community capacity building and coproduction approaches (for example support to carers) were separated out in terms of allocation of funds but in fact, because of their very nature, allocating money to these areas represents an implicit investment in community capacity building and coproduction approaches. Ultimately, what matters is that partners are working together to make the most of the resources available to them.

With respect to proposed governance frameworks, a number of plans clearly identified the position and role of the third sector. Others did not make specific reference to the Third Sector's involvement but cited groups having a governance role for the programme upon which it may perhaps be assumed the Third Sector already has a place (e.g. the Community Planning Partnership board). A number of plans were not immediately clear as to the third sector's role in governance or whether it was considered to have parity with other partners.

In summary then, plans generally exhibited a firm grasp of the Third Sector's potential role and contribution but some were clearer about it than others. The Joint Improvement Team is aware of the consensus across partnerships on the importance of bringing all partners' strengths to bear in order to achieve the desired outcomes. Consequently, we anticipate that partnerships will continue to be keen to work with the Joint Improvement Team to maximise Third Sector involvement and the use of community capacity building and coproduction approaches to reshaping care for older people.