Social Care Providers Consultation Session

1. Background

In Glasgow, the NHS, Social Work Services, the Third Sector and the independent sector have produced a Draft Joint Commissioning Plan for 2013-2016. The plan sets out a vision for the development of services over the next three years. A city-wide consultation was launched on in April 2013 to engage with older people, carers and others with an interest in the proposals, to discern their views on the plan.

2. Introduction and format

In partnership with the Social Care Ideas Factory, Glasgow Council for the Voluntary Sector (GCVS) hosted a discussion morning aimed at Third Sector providers of older people's services across the city. The session's aim was to give practitioners an opportunity to hear more about the Draft Glasgow Joint Commissioning Plan for Older People and to provide an opportunity for them to give their views and ideas on the proposals. The session was held in the Scottish Youth Theatre and was promoted via SCIF, TSI, TSF and CCPS networks.

The group was divided into several smaller sub-groups to consider six consultation questions which were chosen to reflect the expertise of the partners involved. Please see **appendix 1** for the individual group responses to the consultation questions.

3. Key areas for consideration

Below we have set out the key areas that Third Sector partners see as crucial for consideration if we are to successfully move towards greater investment in preventative and anticipatory care, and proactive care and support at home. The summary of the feedback below outlines key asks, in terms of the prioritisation of efforts in the next three years.

3.1 Overview of feedback

There was agreement within all the groups that the overall vision set out in the draft strategy was correct – if ambitious, given the current challenges, resources and wider policy changes.

While practitioners felt it was reassuring that the vision was aspirational, there was consensus that the final JCS had to be explicit about what can be delivered through the plan. For example, it was felt that the plan at present doesn't adequately define what is meant by preventative services, or detail how partners will resources the commitment to double the spend on preventatives services over the life of the plan.

The common themes that emerged, in terms of requiring greater focus, commitment and supporting detail, were as follows:

- Local information and advice service
- Partnership working and collaborative approaches
- Equitable commissioning processes that align with Self Directed Support (SDS) principles
- Access to aids and adaptation, specialists and suitable housing options
- Challenges of waiting list and response time
- Increased provision for ethnic minority groups and deaf blind individuals

4. Emerging themes

Below, we have highlighted the key points raised by practitioners, and the key asks they make in response to the consultation.

4.1 Information and Advice

Information and advice services were cited as critical in supporting the vision of the JCS, particularly in relation to the accessibility and accuracy of information, and advice given to older people and their carers.

Current challenges

Providers shared their typical experiences of families and older people who are often given a variety of "Answers" when seeking advice and information from providers and Health and Social Care professionals. For example, they may receive incorrect facts about their condition, or get inaccurate advice about benefits and housing. This often leads to unnecessary confusion, stress and - at worst crisis.

Key Asks

Practitioners asked that the final JCS plan prioritises investment in services and approaches that help older people and their families to assess, accurate information, quickly and easily. They would like to see a specific focus on prioritising resources for services that are based locally, where this is possible and appropriate.

A suggested common thread was that local information and activity hubs should be further developed and invested in. This would support older people and their carers to stay health and well. It was also thought that local community hubs could play a key role in helping older people prepare and plan for an active retirement.

This feedback was strongly echoed in the feedback we received when we consulted older people and their carers.

One participant said: *"We need to get people to existing community hubs and Invite/Bring people to where the resources are. Enabling socialising, with the aim to giving them a sense of community. Make people feel valued – let them know they are in control."*

4.3 Improved partnership working

Improved partnership working and approaches was seen as integral in reshaping service for older people.

Current Challenges

Practitioners felt that the partnership landscape was cluttered and disjointed often resulting in older people and their carers being subjected to overlapping assessment process and competing

appointments. Many examples where given of older people and their families often having to arrange and commit to several appointments with different professionals in the same week or day and or are being asked to make several visits to the same hospital on separate days.

Key Asks

The feedback received suggested that the JCS plan needs to outline clearly how partners will:

- Share information, work more collaboratively and create joint assessment process, to avoid too many people entering the home and creating stress and confusion.
- Balance specialist care with not having more professional involvement than is required.
- Dismantle artificial barriers that block support for people living at home. Move towards more flexible and responsive services which are tailored, individual and personalised.
- Work towards having records that follow the person

> **One participant said**: *"There needs to be greatly improved 'partnership' working. We need to be able to all work together and where a problem is identified to agree together how to resolve this through dialogue and discussion".*

4.4 Equitable Commissioning and Self Directed Support

All participants spoke about the fundamental need for greater consideration of how we move towards a person centred – outcomes-based approach, in order to avoid the pitfalls that many experience in some of the current task-focused approaches. The specific examples given by practitioners, related to the task orientated/tick box led approaches often adopted within assessment processes and home care support services.

Current challenges

There were many stories shared at the session which highlighted the weaknesses in the current approaches being adopted within in home care support. Via:

- The lack of choice that individuals have in selecting home care providers, due to the preferred commissioning relationship currently held with Cordia, despite the principles of Self Directed Support.
- The rigidity of support packages being offered, in relation to meeting actual needs that will allow older people to live the lives they want.
- The short period of time that carers are able to spend with clients, due to workload
- The absence of meaningful dialogue between providers/professionals and older people, in order to truly understand their needs. This was cited as being due mainly to time pressures and the lack of continuity in staffing. Despite the fact that, for many older people, carers may be their only or main contact on a daily basis.

Key asks

All of the groups involved in the consultation deemed it essential that the RCOP lead partners address the following points in the final Joint Commissioning Strategy:

- Commit to developing an equitable and transparent commissioning framework, that will,
    - Open up the market place and offer a genuine choice of providers and support packages.

- Enable smaller organisations to provide choice and expertise by offering business/tendering support and short term grants that will help to level the playing field.
- Bring Self Directed Support and commissioning together

- Prioritise the roll out of Self Directed Support for older people
- Ensure the JCS centres on the principles SDS and reflects the impacts of wider policy changes like Welfare Reform

One participant said: *"Currently, with Cordia, people get 15 minutes but people don't live their lives like that. There needs to be more flexibility about times - people need social contact, not just a system that allows boxes to be ticked. Current system means support workers experience conflict at walking away and leaving things undone"*

4.5 Access to aids and adaptation, specialists and suitable housing options and minimising the challenges of waiting list and response time

Current challenges

It was deemed essential that the JCS plan must clearly outline partners' commitment to improving regular and timely access to specialist supports such as CPNs, Falls Assessor, Podiatrists, OTs and suitable housing options. From the feedback received participants felt that long waiting list and the lack of resources in these service areas was a significant barrier to supporting people to live at home independently.

Practitioners shared examples of older people experiencing 12-16 weeks waiting time to access podiatrist, waiting three months for a falls assessment, or having to fight to obtain aids and adaptations. Many similar experiences of long waiting lists and struggles to receive aids and adaptation were also shared when older people and their carers were consulted.

Key Asks

Based on the feedback, it was felt that clear commitments had to be given to the following in the final JCS:

- Agree targets to ensure a quick responses to OT and aids and adaptations
- Invest in more locally-based services such as podiatrist, OT's and falls prevention classes, within community venues
- Commit to investing in suitable housing options to meet the needs of older people and their carers
- Provide good quality responsive care at times of change
- Better sharing of information between partners

One participant said: *"To provide good quality responsive care at times of change it is critical that services are really responsive. We can't have 3 month waiting times for reablement services - there is a very short window of opportunity which could be missed. "*

4.6 Increased provision for ethnic minority groups and deaf blind individuals

It was felt that, in order to strengthen inclusion and diversity, practitioners would like to see more specific provision for ethnic minority communities who are more susceptible to isolation. It was also felt that this applied to other groups, for example those who are deaf/blind, or people for whom English is not first language.

One participant said: *"Statutory service must provide interpreters where necessary - there needs to be easy access to interpreting services to ensure discharge is as seamless as possible. "*

Another noted: ***"****In relation to ethnic minority communities and those who are deaf blind, there needs to be specific reference to how they will be included in plans/reports****."***

5. Subsidiary remarks on feedback

Please see below a section of quotes in relation to admission, discharge and support for carers.

"These are reasonable priorities but carers should also feature. Care for the carers is important and there needs to be a commitment to reduce their isolation and ensure they receive the information they need".

"Basic standards of care need to be explicit - e.g. nutrition, people come out of hospital malnourished and this not acceptable. People are sent out only with a discharge letter and providers not given time to put necessary things in place. Letter may say referral has been made to range of specialist services for assessment at home, e.g. palliative, CPNs, District Nurse, OT, Dietitian, Podiatrist but this is not enough - they should be discharged with services in place".

"There needs to be more open-mindedness about delivering alternatives, and not just continuing to deliver what has been done in the past. Catch 22 in current economic climate, services should be developed – not closed. For example, day services closing but when is money going to be put into developing new/alternative services to give choices"

"*We need Support for all carers not just those caring for a person with dementia"*
"For those suffering from dementia and their families, admission to hospital can be very distressing. People don't understand what is going on, they don't understand communication, they can get lost, and families say please don't send them. No blame attributed to nurses, but sometimes they feel that people with dementia should not be there. Need for some kind of specialist dementia admission/ options to avoid long waiting times and distress".