Engagement and consultation findings

Adult Social Care Strategy

November 2021

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Overview of activity

Consultation and engagement on the Adult Social Care Strategy took part in two main phases:

1) *Engagement* with residents and professionals to imagine and inform the strategy & its priorities.

2) *Consultation* with residents and professionals on a set of principles and ambitions on which to base the strategy.

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Engagement and coproduction activity

Analysis of existing feedback and coproduction

- Carried out May 2021

- Community insights on disabled residents and the Covid vaccine in Tower Hamlets (March 2021) Healthwatch Tower Hamlets

- Integrated Homecare (2020-21) Healthwatch Tower Hamlets & Almost Any How

- Neighbourhood Conversation (2019-20) Healthwatch Tower Hamlets

- The impact of Covid-19 on local communities (2019-20) Healthwatch Tower Hamlets

- The Experience of Social Care Services April 2020 – June 2021 (June 2021) Healthwatch Tower Hamlets

- Independency or learned helplessness: A co-designed day centre service model in Tower Hamlets(October 2020) Toynbee Hall

- Adult Social Care Community Charging Consultation Outcome Report (October 2020 Cabinet report)

- Revised approach to day support in adult social care (March 2021 Cabinet report)

- Report to Council re: elders post Covid-19 (2021) Neighbours in Poplar

Engagement and coproduction on the strategy

- Carried out June – September 2021

- A staff working group with representatives from across the service met four times over three months to help develop the strategy.

- Two virtual workshops were held on 16 and 18 August 2021, promoted to providers, service users and carers.

- Carer Forum meeting was held in July 2021

- Older People's Reference Group meeting was held in August 2021

- Healthwatch meeting was held in August 2021

- Taking Control of Your Live meeting was held in September 2021 (those with lived experience of social care)

- Promoting Independence workstream meeting was held July 2021 (this group includes representatives from across health and social care services)

- Elders Post Covid Report – Follow-up Report, August 2021, Neighbours in Poplar.

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Engagement & coproduction findings – adult social care users and carers

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What is good

- Coming into contact with **good staff can be life changing**. Relationships – including time to speak and listen – are important

- **Satisfaction levels** collected via council surveys and staff is largely positive.

- People want a **service that supports people to feel able & "normal"** within wider society, not one that makes them feel different from the rest of the society or reliant on others.

- Day support is important in **enabling people to come together & socialise**, to go to a safe and inclusive space with access to support staff when needed, to form a structure or routine if preferred & access to activities that build skills, confidence & improve mental and physical health.

- Service users enjoy **supporting each other & contributing to society** through ways that they are able to.

What is causing concern

- Concerns that the pandemic is causing the **quality and availability of care to decrease**

- Suggestions that people are **poorly informed** about social care. Concerns about communication, including access to information and advice.

- Social care support can be **difficult to be navigate**

- Concern that financial pressures are resulting in care being **harder to get.**

- Need to ensure care workers are **culturally sensitive**. Reports that people of White British ethnic background report more positive experiences than other groups.

- Concerns about **meals-on-wheels** ending and the need for meals over lockdown.

- Concerns that people can get stuck between social care and **health**, and social care and **housing** – with unclear roles and responsibilities.

- Concerns about the **impact of Covid-19** on loneliness and mental health.

- Concerns about recent changes to **day support** and changes to **charging**.

Ideas for change

- We need to do more to shift the service model from service delivery to **partnership working**.

- We need a different mind set so users and carers are considered **the owners of services**, not receivers; encouraged to steer their own paths, create ideas & play an active role in the delivery and evaluation of services.

- Some people want **flexibility**, some want a **routine** – we need more services that allow for both.

- How might we **adapt care** to hold what the carers need, and what the patient needs? Adult social care should be flexible and adaptive.

- The **ethos of reablement** would benefit from being part of all services

- People want to **use community assets**, and clean, safe outdoor space is very important to health & wellbeing; but transport and confidence are **key barriers** that need to be addressed. Other barriers relate to physical accessibility and lack of knowledge about what is out there.

- **Social prescribing, care at the right place and right time** and flexibility are all ways to meet people's needs and improve health, wellbeing and quality of life.

- Recommendations for all care workers to be **registered**, for more **monitoring** to be carried out, and make it easier to **switch** care agencies.

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Engagement & coproduction findings – adult social care users and carers

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Ideas for change (continued)

- Isolation, reduced mobility and the onset of chronic illness precede grief, depression and limitations – consider **how to do more to meet those feelings & thoughts** head on with courage and compassion.

- How might we better employ **storytelling** to help service users understand and navigate the complexities of the day-to-day?

- How might we more harmoniously balance care that is **affectionate and direct** in order to build resilience and wellbeing in our carers, nurses and users?

- How might we create enough space at the outset to make the care plan/ package more **collaboratively**?

- How might we hire and train for **problem solvers,** particularly for people who get stuck between services?

- How might we build on and improve the role of social prescribers, care coordinators, citizen's advice professionals, among others to support people to work through issues from health to housing?

- How might we support carers and nurses to have the capacity to deliver the **extra inch** across those things that are meaningful to people?

- Be clear on how people can make a complaint and the next steps after this

- Health and social care appointments and online forms should not be the only option available – **face-to-face** is important.

- Important to innovate with technology, but we also need to **keep what works well** with more traditional methods.

- Funding and time should be put into joining people up and **rebuilding community post-lockdown**.

- To help address financial pressures, we should look at **different sources of funding**.

- Need to **be careful that messages on budgets** and spending within our means don't sound like people who need support won't get it.

- We need to use plain language and **avoid jargon** in the strategy & in information we produce. Accessible information is needed so people can make informed decisions about their support needs.

- Include glossaries when needed.

- Actions in the strategy should be **commitments** and 'set in stone'.

- We need to demonstrate how we have **acted on feedback** in the strategy.

- Treating people with **dignity** is an important part of social care.

- Support for everyone – social care has **a role with everyone**, not just those with eligible support needs.

- **Person-centred care** should be part of strengths-based practice.

- Need to be careful that messages on **prevention** don't sound like people will never need care.

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Engagement & coproduction findings – stakeholders

- Need to consider **quality of life** as well as independence

- The vision for social care should be ambitious, and consider the need to provide people with meaningful **choice about their own goals and how they want to live**

- This could mean taking a human rights approach, seeing social care working collaboratively with partners to provide **the building blocks for people to achieve their goals.**

- It could also mean adult social care as an enabler to provide people with the **freedom to live as they wish**

- There is a need to communicate **what adult social care is**, **what the offer is**. There are aspects of adult social care that are not well-understood.

- Need to consider **diversity and equality** in the strategy.

- Social care should be **accessible** and **inclusive**. It is about the impact on **residents and communities**, not just service users and carers. The role of social care in promoting **wellbeing** should be considered.

- Supporting people to be independent must be done through **co-production** and through **partnership working**, with staff, service users, carers and providers having an **equal relationship**.

- Adult social care could rephrase aims around 'spending within our means' to **utilising our resources efficiently and effectively** & seeking value for money.

- It is important to **empower** **people with the tools** to remain independent.

- It is important to be clear around the aim of enabling people to use new technology – **enabling is key**. **Technology is just one new way of working**.

- Prevention is about **empowering people** to enable them to support themselves

- It is important that staff **reflect the diversity of the borough**, that our workforce is **consistent, caring and empathic**. Support should be **culturally sensitive**.

Engagement & coproduction findings – social care staff

- There are **historic, entrenched challenges** in LBTH related to deprivation and difficulties navigating services, but we are not exceptional

- Residents, health colleagues and others can have unrealistic and more traditional perceptions of social care. We need to **raise their understanding and knowledge to reset expectations** & change the conversation. This includes being clear on what we can and cannot do.

- We need to move away from traditional models of working & care towards more **innovative, enabling models**

- The move towards empowering people means a **more equal,** more collaborative relationship with service users & carers

- Need to be mindful **not to create a dependency culture**. It is harder to change things once they are in place (high D2A packages, packages from CSC

- We need to move away from traditional 'time and task' models to being truly **outcomes-based**

- We need a system that allows for **flexibility and innovation**. Technological innovation should be a core focus. Processes should be simple.

- **Improving partnership working with health** should be a core focus. This means an equitable relationship, working together in tangible & practical ways. Staff can struggle to navigate the interface between social care and the NHS.

- **Improved partnership working with providers** also means sharing risks. We are all part of **one system**, and each part has an equal role.

- **Improved partnership working with children's services** is also needed as part of a focus on transitions. The emphasis form children to adults changes from protecting to enabling.

- We need more **borough-based accommodation** options.

- **Senior management turnover** can create change that makes culture change and system-wide harder.

- **Questions we need to ask ourselves**: how have other

- boroughs tackled similar issues? What do we do well? What lessons can we learn from previous attempts to change?

- The vision needs to be **ambitious**, about being **excellent** and driven by **what SU & carers want** social care to achieve for them. Maintaining **relationships, being connected** to others, living **independent and happy** lives; getting **personalised** care in **partnership** with others that is provided for as long as is needed.

- The key issue is: **What can we change to meet the vision, given the financial pressures we face**. Solutions are a focus on technology, culture change and partnerships.

- **Technology**: we should invest-to-save in this area and provide staff training on it. Technology should be part of the conversation on outcomes with service users.

- Strengths-based practice: we should build on this to include **outcomes-based assessment**s.

- Culture change – we need to move away from framing care around

- **time-and-tasks**, **restricting choices** to a short & familiar list, looking at **figures not people**, a **blame culture**, being **risk averse**, unnecessary **bureaucracy** and working in **silos.**

- Culture change – we need to move to being **outcomes-focused**, **creative**, continually reflect and develop with **training**, be more **personalised**, enable **positive risk-taking** and **address the anxiety** that can come with this, more **enabling**, more **diversity** in leadership and in decision-making.

Consultation activity

Consultation on the strategy

- Carried out 20 September – 31 October 2021

- Online public consultation on the Let's Talk council website, promoted through various communication channels.

- Taking Control of Your Live meeting was held in October 2021 (those with lived experience of social care)

- Beyond Sight Loss meeting was held in October 2021 (those with experience of sight loss)

- A written submission was received from Bromley-by-Bow Centre, following a focus group discussion with adult social care users in October 2021.

- A written submission was received from Neighbours in Poplar in October 2021.

- Discussion at Health and Adults Scrutiny Sub-Committee in October 2021.

The online consultation asked the following six open questions:

1. Is this the right vision in describing an ambitious future for adult social care?
2. There are nine aims in the strategy. Are these the right ones?
3. There are ten areas of work in the strategy which describe the practical actions we will take over the next 3-5 years and what difference this will make to people. What do you think about the 10 areas of work we are proposing to focus on?
4. Are the actions for each area of work the right ones and are any missing?:
5. What do we need to prioritise?
6. Do you have any other feedback?

32 people responded to the online consultation, of which:

- 19 are aged 65 or under, 6 are aged over 65 years
- 5 have a disability, 17 do not
- 13 have caring responsibilities, 11 do not
- 19 are women, 6 are men, 1 self-describes
- 24 identify with the gender assigned to them at birth, 1 does not
- 20 are heterosexual/straight, 1 is gay/lesbian and 3 are bi-sexual
- 12 are married, 10 are not
- 1 respondent is pregnant or gave birth in the last 12 months.
- 12 are of a White British ethnic background, 4 are of a Bangladeshi ethnic background, 5 are of a 'White Other' ethnic background.
- 9 have no religion or belief, 5 are Christian, 5 are Muslim.

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Consultation findings

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- **Positive feedback on the 'vision'**, with most people agreeing with it – especially the importance of connection. Some feedback that is was written for staff rather than service users. One suggestion to include treating people as equals in the vision, and one suggestion to include providing encouragement.

- **Most people agreed with the aims**, seeing these as the right ones for the strategy. A few respondents felt that the aims are too vague, and a few respondents raised concerns that the aims expect too much of communities. One person proposed an aim to **coproduce services** with people who use them.

- Most people agreed with the areas of work in the strategy as being the right ones to focus on.

- Some of the text in the draft strategy is **jargon** and was described as 'management-speak'.

- It would be useful to include **background information** in the strategy on adult social care (what it is, who gets support).

- The strategy should include actions to ensure social care is **easy to access**

- and that no-one 'slips through the gaps'.

- Adult social care needs to improve **communication** from adult social care and staff **listening skills.**

- Processes and communication in social care should be as **simple and uncomplicated** as possible.

- People need a **menu of the choices** available to them when it comes to support, rather than a 'blank slate'.

- The 'working with others' section should include **coproduction**, working with adult social care users and carers, whilst being aware that people who use social care may be hesitant about being critical of it.

- The **communication** between different services and organisations, and between social care and residents, is a key issue. Improving it should be a priority.

- Providing clear information on **charging** in adult social care should be a priority.

- Concerns about spending restrictions and **budgetary constraints**; and the importance of services being adequately funded.

- The 'working with others' section should include working with **volunteers**

- and with the **community and voluntary sector**.

- Adult social care staff would benefit from closer working with **substance misuse** services.

- **Technology** and online information is good but should never be the only offer. Some people do not have internet access. **Face-to-face contact** and more traditional forms of communication are important.

- Concerns that some people with support needs have been **housed inappropriately.**

- Feedback that **more housing with care** provision should be built in the borough.

- The strategy should have commitments to work **closely with housing** services.

- The strategy should consider how to give people more **choice over equipment and adaptations** at home.

- More work is needed to make **gyms and leisure centres accessible** for people with a disability.

- The 'daytime support options' section should include support in the **evening.**

- More **activities** and **'life skills' training** from social care would be useful.

- The 'daytime support options' section

- should recognise the importance of people having **reliable transport** to attend; help for people in attending **appointments**; **befriending** services for those living alone.

- The strategy should address supporting people to access **nutritional food and meals**.

- Good social care staff are '**problem solvers**'. We should consider having '**trouble-shooters**' to help people who have issues that fall across more than one area.

- The 'care at home' work should look at how **care agencies** will be **monitored**, the **standards of care** to be expected from care workers, and make sure care workers are paid a **decent wage**.

- The **training** provided to care workers should be prioritised.

- There needs to be clear **performance indicators** for the strategy and a way of viewing what difference it is making.

- Once in place, **progress on carrying out the strategy** needs to be communicated to staff, adult social care users, carer and other stakeholders.

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