

# Caring For Our Future - Shared ambitions for care and support

## A joint response from





## Overview

This report has been produced in response to the Governments Consultation Document "Caring for our Future" as part of the national consultation process.

In partnership, Knowsley LINK, St Helens LINK and Sefton LINK held a consultation event attended by over 50 people from across the three boroughs.

Working in smaller focus groups the attendees discussed the six questions posed in the Easy Read version of Caring for our Future: Have your say about how social care should change, although they had all been given access to the full version of the document and a summary document prior to the event.

Throughout the consultation process there were differing views expressed to each proposal. This is to be expected in a far reaching engagement activity. This report has attempted to capture the key themes that were expressed throughout each session, using where possible direct quotes. The headings used in the report are taken directly from the consultation documentation, and all of the quotations used are the exact words of the people who took part in the consultation.

## 1. Quality of Care

### 1.1 How Could Care be Better

There was a strong feeling in all the groups that to improve care both cared for and carers needed to be fully involved and information needed to be more accessible with less jargon.

Comments included:

*"Involve the user (what they are doing and why)"*

*Respect/[Courtesy](#)/Communication is a two way thing required from the user and care providers to build up a rapport"*

*"Clarity about what people can expect"*

*"Simpler social care models which users and staff understand"*

*"Less jargon"*

*"Listen to the carer they are the experts"*

*"Think about the person in wider social setting – family, house etc"*

*"Respond to people's needs"*

*"Listen to people's needs"*

*"The use of plain language not acronyms and give people their full title"*

*"Access to information, not just the website"*

*"Listening to people"*

*"Information and communication to the patient/families"*

*"More information for families/support for families"*

*"Guidance"*

*"Comprehensive Handbook – know what to ask for"*

*"Protection and Involvement of carers"*

*"Communication – use the wheel and hub principal"*

*"Listen to people and their experiences"*

Assessment was also a priority with people feeling that the process of actually getting into the care system could prove problematic.

Comments included:

*"Knowing who to contact (too complex)"*

*"Comprehensive assessment based around individual needs"*

*"Common standards across the county"*

*"Ask difficult questions on discharge from hospital eg: who is going to look after you"*

*"More simplistic initial access to social care not off putting"*

*"Reasonable timescales"*

*"Clear pathway's"*

*"Care packages in place – after care"*

*"Ensure care plans are in place – as a right!"*

Funding was another very clear concern around all aspects of this subject, including the investment in staff and their training and ensuring a strong message that there needed to be investment in the sector to ensure that there was equity of access to services.

Comments included

*"Quality of staff (pay levels etc)"*

*“Cost appears more important than operation of care agencies (protected time)”*

*“Funding”*

*“Make more money available”*

*“Fairness between the wealthy and not so well off”*

*“Protection of those who may be above the threshold but not wealthy (may choose to go without)”*

*“Training”*

*“Managers need to improve co-ordination of workforce”*

*“Aids to help people”*

There was also a strong feeling that the care system should be robustly monitored and regulated.

Comments included:

*“Enforcement”*

*“Legal Monitoring”*

*“Regulation and monitoring (i.e.: un announced inspections and spot checks)”*

*“Enforcing and checking staff qualifications and training”*

*“Accountability and organisation”*

The final message from this section was that we should never lose sight of the primary reason for this service which is to provide care, and this is the responsibility of all professionals.

Comments included:

*“Be honest and show respect”*

*“Localised care “*

*“Duty of care – statutory”*

*“G.P. Involvement”*

*“Staff attitude”*

*“Follow up none attendance could be a good reason e.g. ‘in hospital’”*

*“Designated person in surgeries”*

## 1.2 How could people who provide care be better trained?

The discussions in this area focussed very strongly on the need for staff to be fully trained and their training appreciated.

Comments included:

*"Better training"*

*"Higher status recognition for care providers"*

*"Learning from good practise"*

*"Money – funding for training"*

*"Training must be enforced"*

*"Basic counselling skills for Care Home staff"*

*"Person centred training not Text Book"*

*"Training needs to be ongoing / updated"*

*"Hands on training"*

The importance of caring skills, which were to do with attitudes not qualifications, which could be achieved by involving service users and carers in the training, was also stressed.

Comments included:

*"On the job training – to learn 'how to do it' (Care) not 'why to do it' (Degree course)"*

*"A more caring approach (smile/talk)"*

*"Involve the user (what they are doing & why)"*

*"Respect / Courtesy / Communication is a two way thing required from the user and care provider to build up a rapport"*

*"Involving Community / Service Users in the training (on the job training)"*

*Learn on the job"*

*"Compassion"*

*"Invisible skills – communication & understanding"*

*"Need to know the patient"*

*"Families and carers should advise care workforce and service providers – welcome comments and advice"*

*"Social workers need apprenticeships or at least on the job training"*

*“Quality training should be provided in consultation with the carers”*

*“Consult people at a ground level – ‘Reality check training’”*

*“Keeping continuity – familiarity”*

*“Attitudes and approach to training”*

*“Improved communication between managers and staff and this should be stressed in staff training – Managers responsibility”*

Specialised training was also recognised as a priority

Comments include:

*“Training in dementia is a must”*

*“Don’t only look at Disability also think about ABILITIES – we don’t always ask what people can do”*

*“More consideration for people with specific needs (Alzheimers) – consider human rights (common sense)”*

And finally there was a plea to acknowledge that the people best placed to deliver services are the service users and carers themselves who have a wealth of knowledge and expertise in the field.

Comments included:

*“Don’t charge volunteers for CRB’s etc”*

*“Do more for carers employment etc”*

*“Engage unpaid carers in training and improve financial support for unpaid carers”*

*“STOP BEING AN ARROGANT GOVERNMENT! – you don’t know what is going on at ground level”*

## **2. Personalisation – how could we give people more choice so they can choose the type of care that is best for them?**

Familiar themes were now emerging in the discussions. The first one in this section being the need to involve service users and carers more in the decision making process, with support.

Comments included:

*"Tell people what they are entitled to"*

*"Advocacy & Signposting"*

*"Told of all options in Layman's Terms"*

*"Have a list of what's available for informed choice"*

*"Listen to the service user and meet their needs"*

*"Empower individuals and improve communication to let them make their own choices"*

*"Highlight the individual's care package and welcome input from them. "*

*"Paid brokers or advocates need to be utilised"*

*"Involves carers and families as well as the individuals as these can advise on what is best for service user."*

*"Clear information – sectioned"*

*"Make sure we have the correct information but please don't call us consumers!"*

*"Support in making choices & awareness – back up for the patient"*

*"More guidance"*

*"Advocates to guide them through personalisation"*

*"Communication, advocacy and signposting is crucial"*

Not everybody was convinced that personalised budgets were always the best way forward.

Comments included:

*"Holding a budget could be open to financial abuse (Family)"*

*"Do people know the range of care they can access?"*

*"Is it truly a choice if the funder can veto proposed choices"*

*"Many people are worried about employing carers"*

*"Issues raised by the mechanics of personalisation"*

*"Should more experienced people be in charge of choices of patients eg: PCT's"*

*"Issues of responsibility on the service user"*

*"Making sure the right people have access to personalisation"*

*"Considering the needs of vulnerable"*

*"Back-up for the patient"*

Consideration was given to how these problems could be overcome with proper monitoring and enforcement of the delivery of personal budgets.

Comments included:

*“Vulnerable people need another layer of protection and support – an independent body WITH TEETH”*

*“Involve independent and neutral bodies to ensure ore enforcement using financial penalties and closely monitored by local authority – come down harder on them”*

*“Potentially corrupt decision making”*

And again the need for a streamlined assessment was highlighted very strongly.

Comments included:

*“Guidance at the point of assessment to help people with the process, these should not be interpreted so inflexibly by funders”*

*“Start the assessments early on – don’t leave it until the last minute”*

*“Single assessment”*

*“Integrate discharge procedure”*

*“Joined up thinking”*

*“Ensure the care package is the best you can get”*

*“Assert the service users right to a care plan”*

*“It should be about what you know, not who you know!”*

*“Clear pathways”*

*“Consider changes”*

*“Communication”*

*“Needs led assessment – wide ranging”*

*“Ongoing assessments”*

*“Training for assessors”*

*“Clear information- sectioned”*

*“Communication”*

*“Needs led assessment”*

*“Ongoing assessments – considering the needs of vulnerable people”*

*“Training for assessments – wide ranging”*

*“Training for assessors”*

*“Monitoring for assessors and administrators (Independent)”*

*“Can a care plan be changed if it doesn't work as expected”*

The economic climate and austerity measures again gave cause for concern.

Comments included:

*“How will the austerity measures affect personalisation”*

*“Abolish fit to work”*

*“Ensure people don't run out of funding”*

*“Monitoring funding”*

*“Adequate funding”*

### **3. . Shaping Local Care Services - How can we make sure there are lots of local organisations which can provide different types of care?**

Involvement in the decision making process and easy access to information was again the number one priority.

Comments included

*“Consultations – speak to people on a local level”*

*“A centre as a point of call”*

*“One centre used to signpost and support individuals in different types of care – a central signposting organisation”*

*“Geographical knowledge – know what social care services are available in areas”*

*“If a local area has a number of different care providers, ensure a directory or signposting is available.”*

*“Management → Carer structure. Top down.”*

*“Advertise what are [\[available\]](#) in the borough”*

*“Resource directory of local services”*

*“More personal service – speaking to someone directly to get information on local services”*

*“Information for communities (how is this info collated?)”*

*“Accessible info in the surgeries and health centres”*

*“Communications and listening”*

*“Simple pathways for people”*

*“By giving the consumer informed choice (but please do not call them consumers)”*

A general feeling was that GPs and surgery staff should take a lead in ensuring that this information was made freely available.

Comments included:

*“A greater role for GP’s around signposting people for informal (Social) support”*

*“Mechanisms for them to know this? – [Practices](#) currently have a carers champion”*

*“New Health Centre – good practise”*

*“GP involvement (HUB) – understanding what is out there in relation to local services – link between services and the patient – point of contact- use information correctly”*

*“Information for receptionists – awareness – not acting as a doctor – boundaries”*

However not everyone was convinced that there should be lots of different organisations offering the same service for the sake of competition and that the emphasis should be on ensuring that the correct service was available providing quality and a joined up approach.

*“Ensure people are accommodated for by organisations i.e: know issues faced by blind/deaf community”*

*“Cross – boundary relations with neighbouring boroughs (Knowsley, Sefton & St Helens – look at what is or isn’t working) Eg: wheelchair service in Knowsley and changes to service”*

*“Ensuring services are better integrated around people’s needs”*

*“Previous integrated model in Knowsley has been damaged by plans to abolish “PCT’s (How will GP commissioning regain this integration)”*

*“There are some really good examples of linked services in Knowsley (OOPS book community messaging)”*

*“Good quality service provider value for money”*

*“Community, quality care contracts”*

*"We don't want a 'market' we want quality services"*

*"Too much choice is unhelpful – less choice better quality needed"*

*"Consultants coming out into the community/integrated services"*

*"Grouping services – services out in the community"*

*"More joint work with local services"*

Most people expressed a preference for local services rather than services provided by large national companies.

Comments included:

*"Ensure community members are on the tendering panel"*

*"Invest in local services"*

*"Commissioning panels (well balanced)"*

*"Make it easier for people to volunteer"*

*"Confidence building for local organisations"*

*"Restore funding for local services – social care/medical"*

There was also a call for robust monitoring and enforcement of services provide by the private sector.

Comments included:

*"Legislation of who can run Care Homes the same way Football does with owners of team's – Southern Cross a good example of failure"*

*"Have a quality standard for all local organisations and a need to meet their training needs"*

*"Rigorous monitoring and enforce findings"*

*"Start at the beginning and have the same standards set out for all"*

#### **4. Prevention - How can we stop people's health from getting worse and help them to look after themselves for longer?**

The main theme of this section was the numerous examples of services throughout Knowsley, St Helens and Sefton that supported people to look after their own health and wellbeing. There was much concern that the austerity measures, and that cuts in

funding to the NHS and Local Authorities, which were passed on to the Voluntary Community and Faith sector would result in the loss of some of these much valued services.

Comments included:

*“Physical & Mental Health, housing and benefits they receive”*

*“Funding for local services and community groups”*

*“Retaining Good staff”*

*“Preventative services need to be funded”*

*“New ways of working should support not threaten existing good work”*

*“Financial support and strategy for prevention “*

Some of the examples of services were:

*Local Involvement Networks*

*Ageing Well Plus*

*Looking After Me*

*Veggi Van*

*Knowsley Older Peoples Voice*

*Falls Prevention*

*Activity for Life*

*Shoppers Co-op*

*Libraries*

*Lifelong Learning (U3A)*

*Age UK*

*Older Peoples Olympics*

*Expert Patient Programme*

It was generally agreed that prevention is better than cure and that GPs and other professionals should take an active role in promoting good health and wellbeing with early intervention strategies being actively promoted and fully funded.

Comments included:

*“Smoking/Alcohol and other health promotion messages are not always properly resources (e.g. TV commercial promoting flu vaccination has been pulled and free swims have been*

removed). This is counter to prevention – “Where is the Government’s commitment to this?” (Resources)”

“Ability to discuss issues fully with your GP to help diagnosis”

“Improve communication & information sharing “

“Prior intervention to avoid people’s health deteriorating “

“Dementia – ensure tools are put in place to support individuals with dementia or Alzheimer’s and look at prevention “

“GPs – stop being reactive and be more proactive”

“Early Intervention = campaigns such as Healthy Eating and 5 a day – are they working? “

“Ensure GP’s and providers have a level of specialist care and can treat lots of various illnesses – issue penalties (i.e. consortiums – are they covering all areas) “

“Address issues early on and treat any early signs of problems “

“GP’s need to take a level of responsibility when it comes to prevention”

“Authority based groups – monitoring family and carers and how suitable they are to take account for a dementia or Alzheimer’s sufferer (family member)”

“Ensure all activities are fully funded and the funding is ring fenced”

“Ensure people get their health checks every 12 months”

“Better health education, fitness and diet”

“Regular MOT from the GP – this should be a right for all patients “

“Care package for people living on their own – changing the criteria to consider people’s needs and situation.”

“Easy access to well-being services, e.g. cholesterol checks”

“Ensuring that health & well-being is kept in place”

## **5. Integration - How can we make sure the NHS, social care and other support services work more closely together to make things easier for people who use more than one service?**

Communication between services was highlighted as vital with hubs such as Centres for Independent Living and Primary Care Resource Centres singled out as examples of good practice. Again people felt that joining up services rather than promoting competition should be the priority to ensure effective quality services are available to all.

Comments included:

*“Improve communication between trusts, providers, and support organisations for the benefit of the patient “*

*“Local and national government need to enforce communication between providers and groups and be accountable for any gaps in communication – a ‘model’ “*

*“CONSULT EACH OTHER – in relation to specific types of care “*

*“Any services being provided should be directed by the way of a flow chart, as to what other services are available “*

*“Assessments need to be general health & well-being rather than ailment specific”*

*“Integrated services”*

*“Central Hub “*

*“Stronger partnership working “*

*“Communication & Listening”*

*“Working together to avoid duplication – creating a bigger impact”*

*“Creating positive relationship -multi-agency “*

*“Working with hospices and residential care homes”*

*“Developing a co-ordinator role to bring organisations together”*

*“Building networks “*

*“Developing working practices with a multi-disciplinary approach”*

*“Bringing organisations together - literally – same base “*

*“Eliminate any competition or rivalry between providers and support groups – they are there for the patients not to be competing with one another.”*

*“One universal assessment for passport to services “*

*“The present system is too diverse to facilitate a universal way of assessing people”*

*“Referral of people through the GP’s to the system”*

*“More mergers between organisations “*

## **6. The Role of Financial Services - What sort of financial products and services would be useful for carers and people who need care?**

There was much concern expressed at this question. Respondents felt very uncomfortable at the suggestion of the financial services industry having anything to do with care provision.

Comments included:

*"The examples (case studies) seem too good to be true! There are no examples where under the reformed system people would be worse off. How can these new proposals be more sustainable than the current system."*

*"How can the banks/insurance schemes be held to account for our contributions? A government scheme (such as National Insurance) may be seen as safer."*

*"How can reducing peoples benefit allowances lead to an improvement in their health?"*

*"What care? It will cost so much that people will lose the right to it"*

*"When are they bringing the workhouses back and can I have the contract to build them"*

*"The financial services have failed when asked to help the nation"*

*"Those who have nothing – what will happen to them?"*

*"Keep them out they only see the bottom line"*

*"This question is enough to keep you awake at night worrying about your future and ageing"*

*"Moneyed classes think they are going to make a profit – otherwise it does not happen"*

*"Care along with the wording financial products is scary!! Don't go hand in hand!"*

*"Don't want services that create those who can have and those who can't afford them"*

*"We need a bail out like banks got"*

*"The community is too big to fail"*

*"Means Testing – will this be reinstated?"*

*"What is the fall back when this all goes sour, as with the Prime Mortgages"*

*"We have bailed out financial services and are part of the 99%"*

*"Please may I have 1% of the lowest directors bonus"*

*"Is this the don't care service"*

*"Avoid private firms from using pension funds – this should be made law."*

People were however completely comfortable with the idea of increasing National Insurance payments.

Comments included:

*“Query – the sense of stopping NI contributions at age 60 for women - Continuations until retirement would help the whole system”*

*“National Insurance“*

*“Increase national insurance”*

## **Conclusion**

The respondents spent much time discussing each of the six questions before giving their responses and there was a general consensus that the plans put forward in “Caring for our Future” would prove detrimental to the long term health and wellbeing of more vulnerable people in particular and all but the richest members of society in general. All quotations are the direct unedited words of members of the community from either Knowsley, St Helens or Sefton.