

# Putting People First

**Shaping your future, choosing your care**

Hampshire County Council Commission of Inquiry to help shape future services for people needing support and care

Briefing Paper 10: The local authority - summary of submitted evidence



# Putting People First - Shaping your future, choosing your care

## Briefing Paper 10: The local authority - summary of submitted evidence

We received information from Hampshire residents, organisations involved in the care and support of people in need, staff from a number of local authority departments and a union. This paper summarises points from the responses, focusing on people's views, experiences and ideas with regards to the implications of personalisation across all parts of local authorities, including the workforce, transport departments and environment departments. This paper is intended for quick reference and it is recommended that the submitted evidence be read in full.

### **Whole systems change**

Organisations led by people who use social care services stressed the need for a change across all local authority departments and beyond as part of the shift towards personalisation:

*“Believe it or not, there is more to life than Social Services! We urge this commission to highlight that every part of Hampshire County Council needs to take their responsibilities seriously when it comes to the empowerment and independent living aspirations of Disabled People. All too often Disabled People are viewed as a Social Services issue, when in reality Disabled People need all of Hampshire County Council’s services to be inclusive of their needs if they are to realise the ambitions of the Personalisation Agenda.” (SCIL)<sup>i</sup>*

*“What about the places where we live? Our surroundings, the infra-structure society depends on? Local transport, the built environment, shops, cafes, cinemas, pubs, restaurants, further education facilities etc., all are partners, all can play an important role in enabling an inclusive and active lifestyle.*

*One would have thought that common sense and commercial pressures would result in a more accessible and inclusive society but not so. We live in supposedly one of the wealthiest parts of the country and yet much of our built environment, public transport and other such everyday facilities remain inaccessible. This is not just a matter of ramps, level thresholds, wider doors and so on, but a much broader, more inclusive understanding: a greater tolerance, accommodation of the deaf and partially sighted, affordable facilities and so on. These are facilities, attitudes and provisions designed to sustain, to include, to nurture community. Their benefits are not peculiar to any one group in society but to the whole of society.” (HCIL)<sup>ii</sup>*

It was also mooted that though local authority services such as leisure services have an increasing role to play in meeting the needs of people who require care and support, not all people's needs can be met outside of social care departments. It was argued that there is still a need for local authority provision of day-care style services for people with dementia if services are altered and made more flexible with an aim to providing respite for carers and contributing to the prevention agenda.<sup>iii</sup>

### **Partnership and involvement**

Several respondents stressed the importance of partnership or co-production between local authority departments and people who need care and support (or organisations who represent them) in the design and delivery of services in order to make them more accessible and more responsive to people's needs.<sup>iv</sup> It was suggested that disabled people's organisations could help

local authorities to ensure that all of their services are made inclusive to disabled people.<sup>v</sup>

One example of a partnership approach in service delivery is the Wellness Recovery Action Planning (WRAP) model. WRAP is a self-management tool for people who use mental health services in Hampshire Partnership Trust. It is designed to enable people to have more control over their whole lives. The Trust, in partnership with Hampshire County Council Adult Services, has organised training for service users and staff to support others in developing their own Wellness Recovery Action Plan. Individual service users are also on the steering group for WRAP as well as representatives from service user organisations. A pilot of WRAP with older people and people with physical disabilities will take place in Andover in the autumn.

*“Wrap is an empowering experience as I am writing my own recovery and feel listened to; as before I felt I was always being told what to do whether I agreed or not. My recovery is now a partnership with the Mental Health Team rather than us and them scenario.*

*I am now helping to facilitate the WRAP course which has boosted my confidence ... I enjoy helping other people with their plan because I know it will help them to take control of their lives and stop feeling a victim.” (Jaynie Oram)<sup>vi</sup>*

## **The workforce**

UNISON, the union for many members of staff in Adult Services in Hampshire, indicated that staff feel able to support personalisation:

*“Personalisation means flexibility and responsiveness to individual needs and wishes; a task which Hampshire UNISON members feel they are up to given adequate resources and imaginative management.” (Mike Chivers, UNISON)<sup>vii</sup>*

However, it was also indicated that there is a degree of scepticism about individual budgets and concern that they would mask service cuts.<sup>viii</sup>

Several respondents expressed the view that personalisation necessitates change in the culture and roles of staff.<sup>ix</sup> Areas for change mooted include a shift from financial gatekeeping and a gift mentality where the professional knows best, to one in which people’s self-determination and individuality is respected and supported.

*“The problem is not at the top where the incentive and commitment to change is given – it is turning around staff at the point of access who need retraining and support to change the traditions of years. Some staff are excellent and recognise the need to change the system and provide different support to enable independence and there has been a considerable shift in recent years towards individual support. ... People, whether they have a medical condition, a disability or are carers, are first of all people with aspirations and lives outside the role with which they have been labelled. They have the right to choose their own lifestyle, the right to be treated as a whole person not the disability or condition which forms part of their lives - be treated as innocent until proven guilty. Instead they are often treated as the condition, everything seems to connect or be affected by the negative rather than the positive. It is assumed they will do what they are told, follow what the professional has ‘advised’ (instructed), be grateful for help and support (even the wrong help). They are expected to fit the box prepared for them whether or not it is disguised as person-centred care or care and support or is service or building driven. They often feel that the right thing to do is what other people expect of them whereas most other individuals are given freedom to choose for themselves within the wider parameter of available resources and financial probity. Many people who are professionals start from the premise that they are giving resources or services to someone and that they need to create a series of checks and balances to make sure the gift is used correctly. No one is denying that public finance has to be spent wisely and economically – but the nitty gritty*

of financial restraints should not detract from the individual freedom to choose for themselves how they wish to live their lives.” (Anne Meader)<sup>x</sup>

“Despite undoubted advances in the equality and quality of life of Disabled People in recent years, we still live in the shadows of society; and are often seen by Social Services, we believe, as a drain on resources. We urge this Commission to change this perceived culture, so that investing in Disabled People’s futures is accepted as a valuable investment in the future social prosperity of Hampshire.” (SCIL)<sup>xi</sup>

“The social care staff culture, the attitude is so important. It is very debilitating and discouraging to be greeted with eligibility criteria and a list of ‘what we cannot do’ when making a first enquiry about help, say for an ageing relative. People are not stupid, they realise there are limitations on what can or cannot be done but these do not preclude a more positive response: ‘How can we help you to care for your mother?’ would be an encouraging start.” (HCIL)<sup>xii</sup>

Compass, in a paper submitted to the Commission by UNISON, argued that frontline staff need to work with service users to co-produce reform that will improve services:

“The end of deference does not necessitate the end of professionalism, or a denial of the important skill and knowledge of experienced public servants. But we need a different sort of public servant, the sort that Donald Schon referred to in his compelling work in the 1980s on ‘reflexive practitioners’, who are able to work on equal terms in partnership with the users of their service, respectful of the ‘expert knowledge’ that users bring about their own conditions and their own lives; and willing to negotiate solutions that make sense from both perspectives.”(Compass)<sup>xiii</sup>

In Control suggested that local authorities should refocus the care management role towards ensuring the soundness of support plans and that people and their families should develop support plans themselves instead of care managers. They recommended that investment should move away from care management and instead shift towards independent and community-based models of support brokerage.<sup>xiv</sup> This could result in cuts in the number of staff employed by the local authority. Other respondents more explicitly mooted that the shift towards self-directed support as part of personalisation means fewer local authority social care staff might be needed, and employees would need different skills that previously:

“... the impetus will have a major effect on numbers and skills needed in future.”(Anne Meader)<sup>xv</sup>

“Today’s Social Care professional expertise lies in two areas:

1. providing unbiased expert social care related advice, information and recommendation;
2. quantifying and ensuring appropriate practical support to those identifying themselves with ‘needs’.

Both areas build on existing expertise at the service of the individual...

We anticipate that adult social care departments would be pruned to a minimum and that in most instances their roles outsourced. We suggest that in future the role of adult social care will be to identify and confirm needs and Institute the means of meeting these needs, a signpost.

‘Get off our backs and leave us to get on with life.’

Our premise is that given the ready availability of expert unbiased advice and information and the necessary resources to meet their needs, most disabled people will get on and do a good job to the satisfaction of the individual involved. It is our contention that by and large this is what the Independent Living Fund has been doing for the best part of 15 years. Agree the needs. Agree the funding. Leave until you're wanted again.”(HCIL)<sup>xvi</sup>

“One young man we know who receives a DP package likes to cycle around the roads near to his

house. His support staff need to be able respond without delay when he says he wants to go cycling and to cycle with him. He also likes to be driven round in his car when he chooses. He requires 2 to 1 support and all of his support staff therefore need to be able to drive and cycle; there is no scope for 'pooling' skills among staff as there might be in a residential service. He is only able to do this because his family provide dedicated, proactive management of his support package. Providing a standard of support that is able to respond to needs such as this is very difficult. Many 'standard' services with perhaps a dozen or more staff have difficulty in recruiting even a few drivers, let alone cyclists who are able to keep up with a young man. For personalised services to be a genuine advance on what is available in a 'standard' home, significant extra effort (and possibly expense) is needed to recruit staff that are capable of offering the required options." (Chris Munns, Turning Point)<sup>xvii</sup>

Submissions by the staff union UNISON argued that the potential of local authority social care services and their employees is being overlooked and implied concern about potential job losses and cuts to in-house services. They stressed the need for any changes in the workforce to be informed by proper evaluation:

*"The value-base is there [amongst staff], but it is felt that staff are not trusted to deliver due to central government's ideological reliance on market mechanisms. A multiplicity of providers competing on cost to provide the same service does not lead to meaningful choice. Members believe that users who wish to receive quality in-house services are being denied that choice; the trajectory which home care has taken being evidence of this." (Mike Chivers, UNISON)<sup>xviii</sup>*

*"UNISON is clear that there should not be any knee-jerk attempts to carve up social work roles with the aim of delivering them with cheaper less qualified staff. Support brokerage needs to be properly piloted and evaluated including how it can be best delivered within the range of social care functions and job roles." (UNISON)<sup>xix</sup>*

## **Role of local authority departments**

### **Transport and travel**

According to the Hampshire Highways & Transport Policy and Passenger Transport Group, key issues for transport in relation to the personalisation agenda in the County include:

- Existing transport services that specifically target the people with impaired mobility have tended to be provided by voluntary groups, with support from the County Council. This has resulting in a patchwork of provision that differs by area, with local groups deciding on eligibility criteria and the range of services offered;
- The Council is working with officers in Local Planning Authorities to try to ensure that services are delivered more locally, reducing the necessity for travelling long distances;
- Current initiatives that enable people who need care to get access to the services they choose include:
  - Dial a Bus, which is like a mainstream bus service except drivers will deviate from the usual bus route to pick up passengers from outside their homes;
  - CANGO demand responsive services to take rural residents to population centres for services;
  - Call & Go, a bookable bus service for anyone whose travel needs are not met by public bus services;

- Taxishare and Carshare, which are similar to bus services except a car picks up passengers. They are often put in place in an area when a bus service no longer operates;
- Increasing the percentage of pedestrian crossings with facilities for disabled people.
- Many providers are resistant to intervention by the Council in their services despite receiving Council funding. This results in the Council having no control over issues such as driver training and maintenance and hence the Council are reluctant to recommend services in fear of compromising user safety;
- Provision of community transport is considerably more expensive than mainstream bus services per trip and new approaches necessitate service cuts elsewhere or the emergence of a new funding source. Recent years have seen double figure percentage increases in tenders for transport services due to rising costs in fuel, labour etc;
- Services are promoted through the Neighbourcare website but there is no system of advice and support on transport hence many of the services are unknown to those who could most benefit from them;
- Barriers to use of current services include cost, understanding of how to use the services, lack of confidence and concern about personal safety or fear of crime.

The Group suggest creating a 'Travel Care Plan' in order for services to be able to respond to individual transport needs of people using care and support and overcome the barriers mentioned above. This would involve developing a post of Travel Care Officer who would be able to advise on which transport solution available would best meet a person's needs and find a bespoke solution where necessary. A 'travel buddy' system would be created to coach people on how to use the desired service if they are lacking in confidence or understanding. Personal budgets could be used to secure transport and transport costs should be factored in to resource allocation in Adult Services. The value of travel could be placed on a card system for those who do not receive Direct Payments. People who do not receive support from the council could also use the card system, which may help some for whom money handling is an issue. Without an additional funding stream, the Plan would compromise existing service delivery. The longevity of any additional funding would need to be guaranteed.<sup>xx</sup>

## **Environment and planning**

Respondents highlighted the importance of the environment and planning with regards to the quality of life and wellbeing of people in need of care and support. Hampshire County Council's Corporate Biodiversity Group summarised research evidence demonstrating that contact with nature can:

- Alleviate mental health problems;
- Improve physical health;
- Improve quality of life for older people;
- Calm people with Alzheimer's;
- Enhance social interaction and improve community cohesion;
- Reduce aggression, violence and crime;
- Improve children's wellbeing in transition to adulthood.

They described some current projects in Hampshire that provide access to nature for people who need social care. These include initiatives to assist older people with maintenance of their gardens, which enables them to enjoy their gardens and stay in their own homes as long as possible. More projects could be developed in order to meet the personalisation agenda. They suggest these could include providing public information on the benefits of nature and where to access it in so that the potential of nature in prevention of ill health might be maximized; supporting groups or activities in the countryside or green spaces; supporting gardening activities, talks and visits for people in care homes or day centres; providing pictures of nature or wildlife webcams in care homes; providing bird feeders for people living in their own homes or in care homes. Recommendations from the Biodiversity Group for the Commission include:

- Raise public awareness of the health benefits of nature to help inform choice and self-help;
- Working in partnership to develop pilots and provisions using nature within the range of support, e.g. in care homes, independent living;
- Promote and support access to nature in self directed-support;
- Audit the extent of current schemes using nature to support health and wellbeing to identify options for referral and signposting and adequacy of provision;
- Encourage recognition within the local strategic Partnership of the value of nature to help deliver Local Area Agreement priorities for health, older people and independent living, anti-social behaviour and violence, and community engagement;
- Work in partnership with organisations across Hampshire to access schemes and support involving nature that will provide more choice for people;
- Promote intergenerational work programmes between the old and the young based on nature.<sup>xxi</sup>

The importance of making the natural environment accessible was also mentioned.

*“ My view is that the emphasis needs to be on planting trees along roads, in car parks – everywhere possible. We know hot weather is part of climate change. I want to see more benches in parks, seats in shops – a kinder world to old people.” (Ms G.S.Dyson)<sup>xxii</sup>*

HCIL called for better planning of housing developments to promote social interaction and inclusion:

*“For example as society grows older so there are more and more lonely people. How are we going to encourage community, to involve, to include these people? We are familiar with housing developments that promote isolation when a more imaginative design could encourage community and go a long way to enticing people out of their homes. Instead accommodation is built around the dominant road along which cars race. Why not housing built around the roads predominantly made of children friendly, adult friendly facilities designed to minimise vehicle access and encourage community? Places to sit and sun, places to play, places to meet and talk instead of hiding away in our little castles, pinned in by design.” (HCIL)<sup>xxiii</sup>*

## **Housing**

Two respondents mentioned the need to alleviate barriers to accessibility of housing which hinder independent living for people in need of care and support:

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*“Just how many mobility impaired people can get into their neighbour’s house? Think PVC double-glazed replacement doors complete with 5cm thresholds! How friendly is that? The law (DDA etc) should by now be removing such barriers but sadly this is not the case.” (HCIL)<sup>xxiv</sup>*

*“A further barrier arises when house adaptations are needed to enable patients to continue to live and be cared for at home. In those cases where the work is greater than £500 then responsibility is passed to Local Councils and in that case the Financial Assessment is conducted on all owners of the property even though the work may well lower the house value. If living in the community is to be effective then this process needs to be streamlined in time and very much reduced in to the user.” (Bill Drake)<sup>xxv</sup>*

## **Recreation and heritage**

Respondents from the Recreation and Heritage Department in Hampshire submitted examples of ways in which the Department is currently supporting the personalisation agenda and identified ways in which this could further be developed. The Library and Information Service, for example, has already instigated changes to ensure that its services are accessible for people in need of care and support, and that the services contribute to wellbeing and support community cohesion. Recognising that barriers were in place preventing use of library services by many people, measures were taken including:

- Changing access procedures to enable people who have visual impairment or reading difficulties, including people with learning disabilities, and people with housing and employment difficulties, to join the library without having to provide written evidence of name and address. People with reading difficulties can borrow audio-visual items, which are usually charged for, free of charge without being required to produce evidence of disability;
- Working in partnership with the NHS and other organisations to provide ‘books on prescription’ schemes, in which GPs and health centres guide people with mental health problems towards the best self-help manuals held in libraries;
- Changing libraries into ‘Discovery Centres’ which have more events and activities and co-locate other services;
- Obtaining software to make computers accessible to visually impaired people and employing a visually impaired person to develop and deliver a training course in IT for people with a visual impairment. The trainer has also trained staff to enable them to give basic support;
- Setting up reading groups for visually-impaired people, which contribute to their social and intellectual wellbeing:

*“Joyce, a relatively young member in her eighties and now the longest serving person in the group, remarked “I consider it the most positive facility available for our disability and I thoroughly appreciate it.”(Nick Coe)<sup>xxvi</sup>*

In addition, the Arts Service developed ‘Activehearts’ in collaboration with the Adult Services Department. This project takes music, reminiscence sessions, arts, crafts and exercise into Hampshire County Council’s residential care and nursing homes. Professional artists and musicians work in partnership with the Arts Service and Adult Social Care to deliver more than 1,000 arts performances and participatory activities every year. Adult Services has committed £105,500 annually towards the initiative since 2003 and last year it was expanded across all 32 of the homes, reaching around 1,500 residents. Furthermore, volunteer opportunities, courses and regular programmes of activities and social contact are provided by all of the Recreation and Heritage

services, contributing to the older persons wellbeing agenda and encouraging more people to stay active as they grow old e.g. Reminiscence workshops, Silver Surfer, Walking for Health and Young at Heart schemes encouraging people to use the rights of way, and sports activities for the over 50s.

The Department suggested that various developments could help to take the personalisation agenda further forward, including:

- A new senior management post with responsibility for developing, co-ordinating and promoting the personalisation agenda across the department working with and representing the department's services on key boards such as the Well-Being Board, and supporting the development of more activities targeted towards people with specific needs, including disabled people and older people. The post will be established later this year;
- Increasing the capacity to engage in outreach and development work to respond to the needs of the ageing population and the most isolated;
- Working in closer partnership with other providers to coordinate services in the community, such as organising the library service, chiropodists, hairdresser etc. to come to a convenient location (e.g. village hall) in isolated communities on the same day.<sup>xxvii</sup>

## **Trading Standards**

Representatives from Trading Standards and Adult Services in Hampshire collaborated to propose ways in which the two departments might work together to ensure that people in need of care and support who are in receipt of Direct Payments are protected from fraud or poor service and are able to obtain the best possible outcome from the payment they receive. Proposals, which would require funding, include:

- Encouraging people to use the Buy with Confidence scheme of approved traders for areas such as home repair and expanding the scheme accordingly. This would protect residents from rogue traders and ensure that funds administered through the Council are used well;
- Trading Standards to support and advise on a register of personal assistants. The register would be managed by an independent organisation;
- Providing Trading Standards information to Direct Payments recipients on such things as doorstep crime and consumer rights;
- Trading Standards working with the contact centre to follow up complaints made by Direct Payments recipients, e.g. referring complaints to CSCI or Adult Services to address poor businesses (e.g. care providers).

Trading Standards is currently working on a project to provide an education pack on consumer and financial issues for young adults with learning difficulties to help them use their money wisely.<sup>xxviii</sup>

## **Conclusion**

The evidence submitted indicates that some mainstream local authority services in Hampshire have taken steps to ensure accessibility and inclusion of people who need care and support who choose to use them, or are engaged with, and keen to support, the personalisation agenda. It is heartening to see that staff have produced many ideas for supporting personalisation and prevention across departments of the County Council. However, the evidence reveals that opportunities for departments to work together more closely and seamlessly to develop community cohesion, improve social inclusion, and enable people in need of care and support to have choice and life chances comparable to those of other Hampshire residents, are not yet being fully utilised. This is due, at least in part, to concern about who will pay for programmes of work. This is an issue that must be addressed. Furthermore, the evidence indicates that there are still in existence barriers for disabled and older people in using non-social care services provided by local authorities. Perhaps rather revealing is the lack of evidence from some local authorities and local authority departments - which may indicate that much work needs to be done to make it clear that all have a contribution to make towards the personalisation and prevention agendas.

Rachel Dittrich

02.09.08

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- <sup>i</sup> SCIL, [Personalisation and the partnership role of User-Led Organisations](#)
- <sup>ii</sup> HCIL, [Personalisation: session 2 – Partners and funding](#)
- <sup>iii</sup> Jane Duncan, [Hampshire County Council Day Services](#) and Bill Drake, [Putting people first](#)
- <sup>iv</sup> SCIL, [Personalisation and the partnership role of User-Led Organisations](#); Anne Meader, Carers Together, [Carers Together's response to the Commission](#); Compass, [Co-production](#) (submitted by UNISON); Barbara Evans, WRAP in Hampshire, [Feedback from staff and people who use services](#), [WRAP leaflet](#), [WRAP stakeholder event](#), [WRAP newsletter](#) and Jaynie Oram, [Jaynie Oram's experiences of WRAP](#).
- <sup>v</sup> SCIL, [Personalisation and the partnership role of User-Led Organisations](#)
- <sup>vi</sup> Jaynie Oram, [Jaynie Oram's experiences of WRAP](#)
- <sup>vii</sup> Mike Chivers, Unison, [Hampshire feedback](#)
- <sup>viii</sup> Mike Chivers, Unison, [Hampshire feedback](#)
- <sup>ix</sup> Anne Meader, [Carers Together's response to the Commission](#); HCIL, [Personalisation session 2](#); SCIL, [Personalisation and the partnership role of User-Led Organisations](#); Compass, [Co-production](#) (submitted by UNISON); Chris Munns, [Turning Point's response to the Commission](#); in Control, [Report on in Control's Second Phase, Evaluation and Learning 2005-7](#) (Chapter 3). See also Briefing Paper 2 and submissions for Session 2 for evidence on the skills staff need (e.g. person-centred planning skills) and the failure of staff to treat people as individuals or behave in a supportive manner.
- <sup>x</sup> Anne Meader, Carers Together, [Carers Together's response to the Commission](#)
- <sup>xi</sup> SCIL, [Personalisation and the partnership role of User-Led Organisations](#)
- <sup>xii</sup> HCIL, [Hampshire Centre for Independent Living's response to the Commission](#)
- <sup>xiii</sup> Compass, [Co-production](#) (submitted by UNISON)
- <sup>xiv</sup> in Control, [Report on in Control's Second Phase, Evaluation and Learning 2005-7](#), p.69.
- <sup>xv</sup> Anne Meader, Carers Together, [Carers Together's response to the Commission](#)
- <sup>xvi</sup> HCIL, [Hampshire Centre for Independent Living's response to the Commission](#)
- <sup>xvii</sup> Chris Munns, [Turning Point's response to the Commission](#)
- <sup>xviii</sup> Mike Chivers, Unison, [Hampshire feedback](#)
- <sup>xix</sup> UNISON, [UNISON Briefing on Individual Budgets in social care](#)
- <sup>xx</sup> Highways & Transport Policy and Passenger Transport Group, [The Personalisation of HCC Transport Services](#)
- <sup>xxi</sup> Corporate Biodiversity Group, Hampshire County Council, [Nature, health and well-being](#)
- <sup>xxii</sup> Ms G.S.Dyson, [Commission response](#)
- <sup>xxiii</sup> HCIL, [Personalisation: session 2 – Partners and funding](#)
- <sup>xxiv</sup> HCIL, [Personalisation: session 2 – Partners and funding](#)
- <sup>xxv</sup> Bill Drake, [Putting people first](#)
- <sup>xxvi</sup> Nick Coe, [Recreation & Heritage Equality & Diversity Case Studies](#) and [The Winchester VIP reading group](#)
- <sup>xxvii</sup> Recreation and Heritage Department, Hampshire County Council [Evidence to support the personalisation of care services for adults](#)
- <sup>xxviii</sup> Joy Farrow and Virginia Irvine, [Personalisation: how Trading Standards has a part to play](#)