

The Future of Social Care Workshop 16 July 2019 Summary of group discussions

How else can we collaboratively rise to the challenge?

Education/Awareness:

- Education of local residents – about expectations and what is available
- Education of commissioners so they understand what people want/need
- Shopkeepers/local community trained
- Wider community message
- Easy number for Somerset Direct – advertise on buses
- Support education and skills training
- Support/educate parents/carers to change mentality
- Education of staff
- Educate and empower people to self advocate and access help before crisis
- Curation of local stories – we would like the opportunity to participate and share local stories “curation” – better shared and local knowledge
- Improved support networking
- Improved online directory
- More promotion of options
- Recognising good work
- Invest in specialist training for organisations
- Manage expectations

Commissioning:

- Joint commissioning NHS & ASC
- Joint commissioning packages of care
- Long term commissioning
- Knowledge around what do commissioners want
- ‘favoured funders’ – move away from this
- Priorities currently change with little notice
- Support/commission (cheaply) local groups who work closely with communities and are ‘experts’ on people and picking up issues before they become bigger issues
- Change to commissioning framework so that smaller organisation can be involved
- Single point of contact for commissioning
- Commissioning healthy marketplace
- Current system – encourages competition meaning that individuals do not get the most appropriate service
- Longer term joint commissioning
- Clearly share, community connect principles – nobody knows what they are
- Fair and transparent commissioning
- Don’t waste our time if we don’t have a chance
- Evaluate who is at the table – who are we missing

- Identity for people involved (logo)
- Clarity on challenges
- Clarity on what is needed – who's best to provide that

Engagement:

- Need to listen more to service users
- Engagement at every stage with the sector
- Engagement mechanisms where new people can be involved, rolling, changing membership because people feel disenfranchised
- Guides not gatekeepers
- Build on relationships
- Better channels of communication
- Bring all the doors 'together by engaging with and supporting local 'doors' eg. community events, charities, local initiatives. Someone needs to collate the feedback – we need a 'go to' person to signpost to
- Untapped resource – use parish councils (make meetings more interesting)
- Listen to local people and groups
- Ask what they don't want as well as what they do! – The right support/care package – to the right people at the right time

Communities:

- Make better use of community connectors/village agents
- Countywide good neighbours
- Red cross and other third sector to support volunteers – make it less scary to 'help' – build stronger communities
- Toolkit to empower parish councils
- Utilise neighbourhood hubs
- Parish councils? – empower through structure
- Building on the neighbourhood community
- Toolkit/bank of resources to empower the local community
- Built around local GP?
- Communities are individual and can't be imposed upon from a one size fits all perspective

System:

- Crisis – consider whole package
- Whole team look at each case (holistic look)
- Holistic assessments – NHS/Social Care
- More support in setting up microprovider – less bureaucracy
- Bolder and braver – less risk adverse – eg. new technology
- Need one point of contact in the start
- More micro provider across the board – need for speaking up... who to speak up?
- Early intervention – not just signposting
- Challenge the expectation that have been created (dependency)
- Assessment outside of acute support

- Where to go when someone being supported needs change?
- Prevention
- Early intervention and value staff eg. carers
- Housing officer working within hospital discharge team,
- Measure non returning patients (you've either dealt with the problem or correctly identified where the problem lies and referred to the correct provider)
- Single point of contact/broker/navigator eg. VA
- Provide personal payments where appropriate – not appropriate for everyone
- Homefirst – assess

What are the barriers?

- Rapid response only NHS – needs to be expanded and joint
- Digital Exclusion
- Need safe platform to raise concerns without fear of negative response
- People don't want to get involved until personally affected
- Competition to funding
- Costs tied into traditional services
- Need to invest in longer term commissioning – too difficult to innovate without longer term financial security