

**Theme: Health**

**Wednesday 17<sup>th</sup> June 2015**

**Notes from the meeting**

### **Dignity Code – Deborah Hale, Somerset County Council**

The forum welcome Deborah who is a Team Manager in Adult Social Care based in Bridgwater and Burnham on Sea.

#### The Dignity Code

The purpose of the code is to uphold the rights and maintain the personal dignity of older people, within the context of ensuring the health, safety and well-being of those who are increasingly less able to care for themselves or to properly conduct their affairs.

Came out of the National Pensioners Conference – 19 points overall and which set out what should or should not be undertaken when dealing with older people. It had the full backing of the Minster at the time.

Locally Adult Social Care subscribes to the code and works to ensure that its work echo's the code and its purpose.

It can be simple things that make the difference. For example in Health, they have 2 initiatives that reflect the purpose of the code:

1. Hello my name is .... – ensures that people introduce themselves appropriately to patients
2. See something, say something - the initiative gives anyone who sees something they feel is not appropriate or incorrect, the confidence to report the matter to upwards

The vision is that it should be advertised widely in all public spaces such as surgeries, hospital, cares homes,

#### Adult Social Care

- Work has been ongoing since 2014 to transform Adult Social Care
- Looking at redesigning service delivery, more in partnership with customers and staff
- The primary outcome is a community focused service across Somerset
- Undertook consultation with Compass Disability and extensive staff and customer engagement to gather feedback to redesign services so that the service will meet and exceed the expectations of people who use the service

#### The Care Act

- Implemented 1<sup>st</sup> April 2015

- Large health and wellbeing agenda for vulnerable people and carers
- It gives carers more recognition
- Wellbeing agenda - what does a 'good life' look like for a person?
- Outcomes – what outcomes people want to achieve
- Care Act links to the Dignity Code – the code has 9 should do areas– all of these are reflected in the Care Act

SCC are currently undertaking a number of pieces of work including

#### First point of contact

- Somerset Direct – experienced operators who get you to the right person
- Being redesigned to
  - Develop small teams of staff in local hubs. The hubs will give people the opportunity to meet a professional staff member and have a conversation about their needs, concerns, etc.
  - Looking at how interact with acute and community hospitals
  - Emphasis is about redirecting resources to have meaningful conversations with people to see how aspirations can be met

#### Assessment and Support planning

- Locally there is a community support team based at Bridgwater House
- Working with different people including
  - First point of contact staff in the hubs
  - Interact with hospital teams to ensure safe discharge and prevent admission
  - People with learning disabilities – how to link in
  - Better provision of information including
    - Somerset Choices portal which will give a wide variety of information to allow people to consider what is best for them

#### Safeguarding

- There were 3800 alerts in 2014 for Somerset, about 40% of these required a safeguarding response and a further 40% required an assessment of need
- Of those alerts, those deemed in high priority will be dealt with immediately
- SCC have created a bespoke safeguarding team, currently 11 in the team with further staff to be recruited – will cover the whole of Somerset
- All calls will go straight to the team

- Will deliver full safeguarding services and liaise with Police, providers, etc.
- Links in with the Dignity code in that older people being taken seriously

### Community led conversations

- Looking at where community hubs are based
- Don't want in an SCC or health building but in locations such as village halls, libraries, etc.
- Hope to engage with voluntary and community sector to provide support on the days that the hubs are open
- Somerset Direct will be able to make appointments at local hubs

### Workforce

- Right number of staff with right skills mix in right location - various pieces of work being undertaken to achieve this

### Future of Adult services

The vision is

*'People in Somerset will remain independent for as long as possible because we help their families and communities give them the support they need to reduce the risk of them losing their independence. When people do need care or support this will be through high quality, joined up social care, health and wellbeing services. These should where possible enhance rather than replace existing informal support networks. People will be in control of care and support services they receive, so that these are delivered where, when and by the people they want, and achieve the outcomes that are important to them'*

- SCC have developed a blueprint for the future
- Have looked at the issues faced by many people and how SCC can make a move to a more positive experience

### **People**

Issues

1. Limited and variable information for individuals
2. People receive care and support services

Solution

1. Advocacy – SCC have contracted SWAN independent advocacy service to help people if they need assistance
2. Direct payments – flexibility and freedom
  - a. If need home care, direct payments offers an individual the opportunity to commission their own care, for example getting ready for bed service – traditional package would put you to bed when the care assistant turned up, not necessarily

when you wanted to go to bed. A direct payment would allow the individual the flexibility to employ someone to put them to bed at a time when they want to go to bed

### 3. Financial threshold

- a. £23,500 is deemed to be the limit after which a person is classed a self-funder
- b. Self funders can miss out on advice and information
- c. SCC committed to supporting self funders to get the advice and information that they need

## **Organisation**

### Issues

1. Risk adverse
2. Focused on statutory responsibility and services

### Solution

1. Moved away from need and now talk about outcomes – ‘what does a good life look like for you’,

## **Workforce**

### Issues

1. Stretched
2. Inconsistent, localised approach

### Solution

1. Develop skills where skills are needed to meet demand
2. Consistent, people centred approach which ties in with the Dignity Code

## **Providers**

### Issue

1. Small number of providers, difficult to access in some areas

### Solution

1. Looking at bringing together information on all providers big and small in Somerset, e.g. Bridgwater Social Club, angling for disabled people, knit and knatter in Burnham on Sea, hot meals service in Cheddar
2. Information will go on Somerset Choices website

## **Delivery**

## Issue

1. Finance and performance data is service focused
2. Technology designed to meet organisations reporting needs

## Solution

1. Somerset Choices website - real opportunity to get a lot of information in one place. Site is easy to use
2. If can't access website then information can be sent out in hard copy
3. Community hubs will help access website

## Questions

Use of the term customers – always difficult to get terminology right – DH will check to see what other terminology was considered and report back.

Joint needs assessment - do they work with health on these

- Will conduct an outcome based assessment and will share with written consent of person being assessed
- Social care and Health are working closely but computer systems have been a problem in the past but now both services can read what each other have done for a particular individual
- There is a single assessment process for hospital discharge

## Local Hubs

- Want a local hub that people can go to, especially in Bridgwater

Dignity Code – have SCC signed up to the Code

- Yes SCC have signed up to the Code – DH will check to see that this is correct

Pushing direct payments – concerns about people having to pay pension contributions for the people they employ – DH will follow up on this one and come back

Overseeing services – who does what

- Monitoring care – Safeguarding Team , Healthwatch
- Quality of care from an agency - Care Quality Commission
- Quality of care from SCC – Somerset Direct

## Care Quality Commission

The Care Quality Commission (CQC) is an independent regulator of health and social care services in England.

Their purpose is to make sure health and social services provide people with safe, effective, compassionate, high-quality care. CQC encourage care services to improve.

Their role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. They publish what is found and include performance ratings to help people choose care.

What the CQC do

- Set quality and safety standards that people have a right to expect whenever they receive care.
- Register care services that meet our standards.
- Monitor, inspect and regulate care services to make sure they continue to meet our standards.
- Protect the rights of vulnerable people, including those whose rights are restricted under the Mental Health Act.
- Listen to and act on people's views and experience of care
- Involve people who receive care and the general public in our work and work in partnership with other organisations and local groups
- Challenge all care providers, concentrating mainly on the worse performers
- Make fair and authoritative judgements, supported by the best information and evidence
- Take appropriate action if care services are failing to meet our standards
- Carry out in-depth investigations to look at care across the system
- Report in the quality of care services, publishing clear and comprehensive information, including performance ratings to help choose care.

Tell the CQC experience of care

If poor care is experienced or you know that poor care is being provided somewhere, you should report it. Reports can be made anonymously.

If you experience good care, then tell us about that too.

Contact information:

Phone – 03000616161

Email – [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

Website – [www.cqc.org.uk/public/sharing-your-experience](http://www.cqc.org.uk/public/sharing-your-experience)

In writing to

Care Quality Commission

Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

## **Healthwatch Somerset, Jonathan Yelland**

The forum welcomed Jonathan.

Healthwatch started in 2013.

It is the way in which local people can have their say about health and social care.

Healthwatch is seen as the consumer champion for Somerset for people in their dealings with GP, hospitals, Physios, etc. If someone has a problem about health or social care, Healthwatch will listen, analyse the issues and get them to the right ears. They include providers, commissioners, etc.

Healthwatch sits on the Health and Wellbeing board, sharing evidence and feedback on what people think about health and social care services to ensure that these services meet the needs of and are shaped by local communities.

Healthwatch also have a voice with the Somerset Clinical Commissioning Group and all the NHS Trusts in Somerset.

Currently they have in excess 100 enquiries a month.

Healthwatch are keen to ensure that people know what they do so that voices can be heard and things can be improved.

There are only a small team which includes of 2 part time development workers, but Healthwatch Somerset have an army of about 50 volunteers who work with groups in the community. One the volunteer roles is being a Healthwatch champion. Their role is to raise issues coming from the groups and communities they are part of.

This work has ensured that the work of Healthwatch is known about and 2015 has seen enquiries increasing.

Each query or issue is registered on a database. This allows a picture to be built of issues and concerns that are being raised.

Healthwatch can't an individual directly but will ensure that they are signposted to the agency that can help them with their problem.

### Work undertaken:

Survey work being undertaken on Homecare services

Residential care homes

- Healthwatch has a right to enter and view services, not in a person's own home or with some children's services
- They are careful not to duplicate the role of CQC
- When they go in, they go with a team of volunteers. They will chat with staff, visitors, patients to get a snap shot of what is going on, on the ground

- From this they can identify things that are working well, for example one home has built up a list of activities for residents to undertake whereas another home is struggling to come up with ideas. The practice in one home can be shared with another.

Can pose a question and expect by law to get a response in 20 days. Responses go onto the website. Where they have not received a response, will ensure that people know of this.

Where CQC say a home is rated poor, can go in with a group of volunteers and come up with a differing view as they will talk to residents about how they find living in the home and what they like. Often these visits will find out the little things that aren't on the CQC visit. For example in one home staff had started using a laundry marker so that everyone had their own laundry returned to them. A simple thing but made a vast difference to the residents.

Critical friend role – they will often go in as a critical friend and can identify areas where changes could be made, based on best practice elsewhere

### Questions

1. Healthwatch funding – where does it come from

SCC receive money from Central Government to pay for Healthwatch, SCC decide how much they will spend.

Although funded by SCC, they are independent of SCC

2. Patient participation groups - concern over the way people are elected to these groups

There is a need to get better representation on these groups and ensure that they represent the community that they service. The Healthwatch board has representatives from a number of different groups including older people, mental health, children and young people.

3. What groups do champions represent

Champions come from all sections of the community.

4. Does Healthwatch work with village agents

Yes work with some of them but not all.

Big issues for Healthwatch in last 6 month

1. GP's

- a. Getting an appointment
- b. Use of locum doctors
- c. Only a 10 minute slot

There is a need for a structured piece of work to be undertaken in more depth

2. Somerset had one of the highest rate of amputations in the country

With the help of volunteers, they research what had been going on and found that in Somerset, people weren't being automatically referred onto podiatry services if they had



type 2 diabetes. Healthwatch volunteers worked with the Clinical Commissioning Group and podiatry services were increased as a result.

#### Headway

Undertook a piece of work with Headway, visited all centres. Have found a number of issues relating to direct payments and hospital discharge. Report currently being written which will go to NHS Trusts.

### **Issues, concerns and future agenda items**

#### Scotts Cinema

- Still pursuing issues, but cinema maintaining that nothing can be done

#### Town Council

- Have set up a local transport forum

#### Hinkley

- Currently in slow down whilst the final investment decision is made. Further news expected later in the year

#### Buses

- Reducing services – Saturday bus that comes into town centre, will be stopped on the 12<sup>th</sup> July

#### Future agenda items

1. CAB - scams, things to be careful of
2. CCG - what is the role of a community hospital, against the role of an acute hospital