



## AFTERNOON TABLE DISCUSSIONS

# HAVING HEARD SIMON WHITE'S PLANS FOR IMPROVING ADULT SOCIAL CARE:

## 1. QUESTION 1

**What do you like about Simon's plans?**

### Table 1. Facilitator Sarah Ford

- Bits and pieces – I got a bit lost – the problem will get bigger and bigger as time goes on as solutions won't catch up because funding has been taken away
- Social attitudes need to change
- Encourage practical support from families
- What are social services responsibilities? I am a bit confused – needs to be clear
- People don't know what they are being assessed for – they get confused about financial assessments and care assessments. It needs to be clear that there will be both.

### Table 2. Facilitator Alison Wright

- Has it been tried elsewhere? Does it work?
- Who sets the budget for PA hours of £8.02? They should be higher
- Nothing – values good – a little too late
- Simon White – interim – coming to sort things out – he wants to make social care more responsible
- J. has had to wait for a review
- Needs to engage with all other agencies and we need to mitigate

- Direct payment should be index linked. £8.02 2007 11 years. Should be around £12
- PA – no financial assistance - pay out of own pocket
- Dual sensory
- Criteria – too many assessments and reviews
- Quality of assessments – too variable
- GP, SCC and NHS have different computer systems
  - i.e. GPs still use FAX
  - i.e. DLA, PIP different systems
  - DWP don't email
- How much money do you have to have to be deemed rich?
- Social workers don't build on existing knowledge
- Inefficient
- Care package, direct payment
- What happens if minimum wage exceeds £8.02?
- Can't get any cleaner or carer for much less than £16 - £20 per hour

### **Table 3. Facilitator Abid Dar**

- They were overall much more clearer about the changes that Simon was proposing.
- Good in theory and nice idea, but unconvinced.
- With tight budgets and ageing population, where is the capacity to deliver coming from?
- There was more detail in his presentation about what the new proposals would look like.
- There were concerns that there would be more changes to assessment process and this may cause delays in payments.
- It was understandable that his central theme was empowering the individual.
- Don't withdraw individual budgets, give good, sustained care.
- I appreciate my care and it needs to be available at the right time.
- Carers are burning out.

#### **Table 4. Facilitator Sandy Freaan**

- Assessments should be sooner – first point
- People being discharged from hospital without care plan in place and then being “dumped” on others
- Plans not specific enough
- People could be left – not supported initially

#### **Table 5. Facilitator Julian Temblett-Wood**

- Community and family support, self help (60% now get little or nothing)
- Universal services (e.g. primary care for MH, LO, housing access, adaptations)
- Ensure people get support (voluntary organisations)
- Agree it's better to assess needs when people not in crisis (e.g. hospital)
- Instead: S/T help which is later removed
  - i.e. reablement, recuperation, recovery, rehab

#### **Table 6. Facilitator Kathryn Pyper**

- People should have assessment when settled and stable, not in crisis
- Realistic and good ideas, but worried he doesn't have money to invest in staff and support
- Really good Simon came to talk and listen today

#### **Table 7. Facilitator Richard Davy**

- Need to review hourly DP rate
- What did he tell us?
- Long term plan vs short term plan
- Why do people with long term conditions require continuous reassessments
- This isn't about cuts

### **Table 8. Facilitator Sue Zirps**

- ASC is prepared to listen to new ideas and the communities' needs
- Short term support more reactive and encourages independence

### **Table 9. Facilitator Sue Murphy**

- Unclear what the plan is – ambiguous
- Baseline is ok but not easy to understand
- Why undo something that is working now
- Contracts are not serving people well for private care workers (agency taking their cut leaving the carer with reduced salaries) – no consistency in workers
- LD being centralised so no localism
- 100 many cutbacks to social workers – cut managers, duty team do not have the context to care for individuals
- More support for carers to remain a carer

### **Table 10. Facilitator Yasmin Broome**

- No table in afternoon session

### **Table 11. Facilitator Ann McCutcheon**

- We do not really understand it, and what does it mean for us all

### **Table 12. Facilitator Siobhan Abernethy**

- Good that Simon wants to shake things up and compare things
- Lack of confidence that things will change
- Want things to change

## **2. QUESTION 2**

**What other things do you think he needs to do?**

### **Table 1. Facilitator Sarah Ford**

- 3<sup>rd</sup> issue is silly, no one will agree they need less help
- What is the money that is being taken back being spent on?
- How will Simon be able to do all the things he said, it's an impossible position.

### **Table 2. Facilitator Alison Wright**

- No – don't want their help – they overcharged me
- Were overcharging, don't trust them
- Received letter from debt collectors when I had withdrawn from system. Then SCC said I was in credit.

### **Table 3. Facilitator Abid Dar**

- There were many Carers of disabled people on our table and they said that it was very difficult to apply for carers support.
- They said there was very little information and advice as to where and how to access the money /support.
- There were concerns that the Direct Payments had not increased in line with inflation since 2008.

*Things to think about include:*

- What support you would like to have from a social worker
- Whether your care package / Direct Payment is enough to meet your needs
- Support provided by the County Council to manage your personal budget or Direct Payment

### **Table 4. Facilitator Sandy Frean**

- Money is available – social workers need to be working 'smarter', not harder
- Social workers not following procedures – trying to save money?
- Work across borders – one rule for everywhere, need one way to do things

- Direct payment not enough. When payments get reduced it is difficult to get them back again. So why reduced? SW judgement? Decision should be made independently.

#### **Table 5. Facilitator Julian Temblett-Wood**

- DP – worked well for one table member
- One table member has lost her DP and wants it back

#### **Table 6. Facilitator Kathryn Pyper**

- Want same key worker so don't have to repeat your story
- Some concern about quality of social workers
- Revise the PA rate. £8.02 and £12.02 w/e to market rate and comparable to Home Based Care rates. I can't recruit anyone
- Need to be more open about what they are doing and better communication
- Need to engage with and listen to users, carers and VCFS sector
- Need proportionate re-assessment
- Need more help on discharge
- Need to ensure support psychological issues as well as physical support

#### **Table 7. Facilitator Richard Davy**

- Prepaid accounts – supposed to be a choice
- Missing from plan – how do you monitor equality or delivery
- Who monitors. What milestone?
- Issues on transparency
- Need to be trusted in order to achieve partnership
- More money for direct payments

#### **Table 8. Facilitator Sue Zirps**

- Direct payments in one case are not enough at £8.02 per hour
- Reallocation of allocated expenditure. Lack of flexibility, particularly in cases of crisis

- Face to face assessments important

**Table 9. Facilitator Sue Murphy**

- Stop forcing people to prepaid accounts
- Flexibility of choice to employ a person to meet the individual's needs – treated as an employer which is not suitable to everyone

**Table 10. Facilitator Yasmin Broome**

- No table in afternoon session

**Table 11. Facilitator Ann McCutcheon**

- Some have social workers, but they keep chasing
- Ok at the moment, but we do not need anymore cuts
- From care's perspective – relationship they have with care managers needs to be addressed

**3. QUESTION 3**

**Please give an example from your own experience of good and not so good care and support from social services.**

**Table 2. Facilitator Alison Wright**

- Mention again of the closure of Hub – Hubs both helped community, education, and employment
  - Hubs gave disabled people an opportunity to work
- SCC need to employ more people with disabilities

**Table 3. Facilitator Abid Dar**

- Getting the right helper to assist with the disabled person was a hit and miss affair.
- The relationship between the disabled person and helper is paramount.

- Families have had bad experiences of hired support and help and this is of particular concern especially when caring for a loved one. Once the right person was found the relationship between the two had enormously benefitted the disabled person.

**Table 4. Facilitator Sandy Frean**

- Assessments not been done or done properly
- Need to pursue / keep going to request assessment
- Lack of communication from Social Services
- People are ‘trapped’ in the community /situation that they are in
- Nothing good about care and support from SS

**Table 5. Facilitator Julian Temblett-Wood**

- Cleaning was taken away without consultation (the social worker told them to take it away)
- The assessment can take a long time – as also to use Employability, I have to have another assessment as social have assessment – two way hoops to jump through
- Rehab in hospital was good
- There is inefficiency, e.g. scooter mobility, trials – with OT took half a day. No need to be OT. “We’re not stupid, we could have one form by someone less qualified

**Table 6. Facilitator Kathryn Pyper**

- Inaccuracies in my support plan
- Assessment process is stressful and exhausting
- Self-funder pays for home based care but doesn’t get time period for e.g. pay for 30 mins but only getting 20 mins

**Table 7. Facilitator Richard Davy**

- People placed in nursing homes
- Not many people trust Surrey County Council
- PAs not trained in mental health

- Need for budding services and support to relieve isolation
- Offered a care package 5 years ago by Care Team, then didn't hear anything. Complained to local Council prior to election. Post election didn't hear anything from Councillor

**Table 8. Facilitator Sue Zirps**

- Agencies should take into account clients' wishes, e.g. very young case workers with long nails / lots of jewellery etc., visiting elderly clients who are not comfortable!
- Good experience of assessments has been good – helpful and sensitive

**Table 9. Facilitator Sue Murphy**

- Social worker feeling deskilled to be able to support the individual's requirements
- Flexibility of choice to purchase packages of care

**Table 10. Facilitator Yasmin Broome**

- No table in afternoon session

**Table 11. Facilitator Ann McCutcheon**

- Good – depends on care manager in homes etc.
- Not so good – when reviews are conducted there is no planning or not even booked

**Table 12. Facilitator Siobhan Abernethy**

Good:

- One good relationship, listens well
- Another person – views concerned. No choice of location offered
  - Be clearer on role of social worker
  - Thinks people are being judged

Not so good

- Don't always review
- Doesn't come when said they were
- Inconsistency of experience
- Lots of staff changing
- Lots of talk, need more action