

Cardiff Health, Social Care and Wellbeing Network Notes from 9 January 2020 meeting

Introduction

The Health and Social Care Facilitator welcomed everyone to the meeting and introductions were made.

Thirteen people (plus the Health and Social Care Facilitator) attended the Network meeting on the 9 January 2020. The 13 people represented 11 different third sector organisations

Cardiff Council Strategy Themes

The 5 themes were shared from Cardiff Council and the following comments were made, and were since fed back to Cardiff Council:

- It doesn't sound like strategic aims, sounds like an aim and a dream.
- Coproduction should be across the themes as well as safeguarding. It would help to put the person at the centre.
- Need for education and training for all sectors – should be training with a mix involved.
- Can there be a strategy on a page? This is easier for staff, citizens, carers and workers to digest.
- The strategy should use simple, plain language using no jargon, Stopping jargon should be a theme running throughout as well.
- Easy read versions need to be available, and be properly easy read and not what the Council thinks is easy read. The easy read should not lose any information from the other strategy document.

The individual themes were discussed in detail, and flipchart notes taken for sharing with Cardiff Council

The following comments were noted for each of the 5 themes

1. Developing and enabling support and care

- Transparency
- Person-centred – on both person and carers
- Accessibility – clear communication which is jargon free, easy to understand.
- Enabling information sharing and sharing of resources
- Look at funding – it is restrictive for everyone. Provide three years funding to help deliver your strategy
- Equality for all citizens – funding and service delivery
- Advocacy – higher profile and more accessible, not everyone has the knowledge or confidence.

- Needs to be long term thinking (will assist with effectiveness and efficiency in long term as well)
- Ageing without children – where will informal care come from? Needs to be planned.
- Facilities need to be prepared now for the future, with an ageing population. Prepare now! People's needs are not changing. Need to future proof by looking beyond three years of the strategy
- System that is clearly communicated, easy to understand and to navigate.
- Do NOT rely just on digital.
- Prevention of crisis including hospital admission by listening and providing preventative services to those who don't quite reach criteria for care and support
- Break the cycle of reviewing packages = reduced funding and cutting services.
- Stop working in silos.
- Only some outcomes seem to be focused on by social services, which leads to prioritising which may be limiting prevention etc (eg relationships seem low on the agenda currently).

2. Striving for Excellence

They thought this theme was not right, thought it should be changed to 'Striving for Best Quality'.

- Quality assurance – reviews (internal and external)
- Training
- Needs to be continuity and consistency irrelevant of worker or organisation.
- Need to know what it out there and can be accessed. This should include signposting, including assisting people to access by picking up the phone. Dewis Cymru is not the easiest to navigate unless you know what key words work.
- Concept of excellence needs to be about personal experience and not processes.
- Access – think of the costs for those accessing, as that could be a barrier.
- Access – evaluations need to be accessible to everyone, including those with limited speech etc.
- Excellence = no mistakes, it is too aspirational and unachievable. How will it be measured?
- Need to break down barriers.
- Know what those who need help need and make sure they get it at the right time.
- Share good practice, learn from each other – evidence based.
- Transparency.
- Assessment processes and accuracy should all be linked, with all parties working together and consistent. If things are not right from the outset then it causes issues longer term – this is the same for the person, carer (family and friends) and staff. Need to get it right. Bad experience was shared which which started at the beginning and affected services and relationship of person with social services years later.
- Person-centred outcomes or not delivering excellence.
- People are afraid of social services. Good news stories need to be shared to counter the negativity of the press.
- Third sector may be more acceptable (less scary) to people.

- Stop the blame culture, if social workers are worried about making mistakes they are more likely to make them.
- Social Services need to accept failure, even welcome failure. Have reflective practice that allows for learning and improvements, and for them to be tested and embedded. May help prevent serious case reviews which is the only learning that is visible but what happens between case reviews is rarely shared.

3. Investing in workforce

- Training – which is relevant and appropriate; specialised; multi-agency practitioners meetings every 6 weeks to learn from each other.
- Learn from citizens and the third sector, eg Cardiff People First – training/coaching into the Council.
- Continuity of social workers to build up trust.
- Need a key worker or one person to contact throughout journey. Child/adult transition may cause a block to this.
- Continued development of social workers and workers across social services.
- Constructive supervisions and appraisals that focus on areas of strength and good practice as well as areas for development.
- Accessibility / diversity / communication training should be ongoing for all staff
- More support and training for carers.
- Have appropriate training available for volunteers, carers and third sector organisations which is accessible and delivered outside of office hours.
- Safeguarding training for carers.
- Duty of care for volunteers. They might not want statutory training, it might be too much like work.
- How to navigate systems training would be helpful and useful.
- Barriers to training for carers: poor advertising; offer respite so they can attend; incentives for training.
- Remuneration – real living wage should be fully funded for commissioned services. Remuneration should reflect the importance of the work – care workers currently undervalued. Contract values need to reflect the real living wage.

4. Improving the efficiency and effectiveness of services

They thought this theme was not right, thought it should be changed to 'Creating capacity'.

- Is this just about cutting costs?
- Contradictory with striving for excellence.
- Listen to what people want and need – deliver that. Stop thinking about how things are seen. Create person-centred services.
- Feels like there are three standards, these need to be broken down:
 - o Social workers – Gold standard (protecting internal jobs)
 - o Third sector – Silver standard
 - o Carers – Bronze standard.

In safeguarding all referrals/reporting should be equally weighted. Third sector voices need to be heard.

- Stop disrupting services for a few pence – is it really cost saving with the internal costs of commissioning and procurement?
- Direct Payments – person should have a choice on how Direct Payments are spent and not told have to have workers chosen by the Council.
- Prevention – provide help earlier.
- Funding should be together/pooled. For example, there should be one social worker for a person who covers inside and outside of hospital – they follow the person.
- Empathy, tact and diplomacy should be key skills for all staff.
- What Council sees as innovative practice is not innovative, it has been around for years and is evidence based. Need to be less rigid and more flexible.
- Join up more with housing and homelessness. Joint areas of work should be clear. Stop silo working, it leads to duplication within the Council departments.
- Health and social care need to work closer, people should not be delayed in having support and services they need whilst you argue about who is going to pay for it. Have all people in a room together to speed up the processes.
- Plan for the impact of benefit changes, and support people need to navigate the changes.
- Stop the rigid processes – try different methods which are coproduced.
- Change culture from blame based (negative) , fear of losing services. Empower people instead.

5. Promote productive partnerships

- Information sharing protocols should be in place.
- Transparency.
- Partnerships can be between different parts of the Council, between different statutory organisations, and partnerships with third sector. The later of which should not be tokenistic.
- Developing / delivering rather than promoting and talking.
- Understand the deadlines set and the impacts that they have, people can't always drop everything immediately to attend.
- Currently it doesn't feel like a partnership between the Council and third sector organisations – it needs to be more equal.
- Third sector should be involved in developments (including services that are not commissioned out). Start together and not bring in part way through.
- Shared language.
- More platforms and opportunities with a purpose.
- Discourage poor partnerships, they are disengaging. Partnerships need to be meaningful with action and not just discussion.
- Evaluations should be 360, all contributions should be counted and there should be ways to feed in and receive information back (you said, we did tables to be used especially after consultation).
- Be aware of what doesn't work.
- More sharing / showcasing good practice – across sectors.

[Break – a short break was taken for 5 minutes]

Changing Places: The easy read report in English and Welsh is now ready and the video to accompany the report is in the final edit stages.

CRI: The business case for the development of a Health and Wellbeing Centre at CRI is now underway, so there will be opportunities for wider third sector engagement.

Carers Gateway: The new Cardiff and Vale Carers Gateway will be run by Carers Trust South East Wales, and will be launched on the 24 March 2020. The gateway will be using community venues where appropriate, and the gateway will have links to the carer friendly accreditation and the carers panel that are also run by Carers Trust South East Wales.

Housing and Homelessness: There is a focus on partnership working, with a ministerial review. April there will be information for the Regional Partnership Board and service user engagement.

Cardiff People First: They are looking to branch out the training that they offer, and so will be training the screening staff shortly. Pink Ladies group to improve wellbeing and develop friendships funding comes to an end and they are having a celebration event at the end of January 2020.

Grandparents Raising Grandchildren: UN convention around the child is 30 years old. Lots of funding for groups has stopped and the law is being poorly applied, with kinship carers often having to pay for legal costs (£3,000) whilst saving the system money.

Community Wellbeing: United Welsh have been provided with an extension by a year by Cardiff Council. They have identified gaps which they are trying to fill around exercise classes for Muslim women. They are developing Community Champions and building links with the job centre and central library.

Dewis CIL: Providing service users with more choices on the website. They want to increase the amount of integrated working and to open more doors to allow people more choice.

Next meeting: 3 March 2020, Harbour Room, Baltic House CF10 5FH