

Healthwatch Camden Community Forum
26 July 2017

Community conversation on new approaches to social care -
focusing on 'Universal Services'



WHAT THIS FORUM WAS ABOUT

Camden Council are changing the way they provide adult social care services. The new approach is set out in a plan called *Supporting people, connecting communities: living and aging better in Camden*.

The plan talks of ‘*maximising use of community capacity*’ and aims to ‘*prevent, delay and reduce the need for statutory services by supporting people to harness community connections...maximising use of wider Council and community resources*’.

Healthwatch Camden wanted to find out about people’s experience of using existing general community services, and their hopes and concerns about increased reliance on these services in future. We described these services as ‘universal’ services (meaning they are for everybody to use). By universal services we mean the kind of things that are available to everyone across the borough.

Definition of Universal Services

To explain it a little better, Universal services are those which are available to be used by anybody such as parks, libraries, walking groups and leisure facilities; these might include:

Advice and information provided by benefits advice or citizens advice or job center plus, Libraries and museums, Sports and leisure centres, Parks and gardens etc.

Forty people including five members of staff attended the Community Forum.

INTRODUCTORY SPEAKER

Rosemary Nicholson from Visually Impaired in Camden (VIC) gave her perspective on ‘Universal Services’.

Rosemary began by saying that she did not quite understand what the term ‘universal’ services meant. She had asked VIC Members what they understood by the term universal services, and they were none the wiser.

Rosemary said that sometimes services - social care, health care and other council services - can seem to work against those who they purport to be supporting.

So she chose to interpret a discussion of provision of, and access to ‘universal’ services as ‘what would most help people who are blind or partially sighted live their lives independently, with dignity, while being able to exercise maximum choice and control?’

She raised the question that while change strategies for social care and health feature the word ‘transformation’, the principles that this word encompasses - for example, joined up care; prevention (rather than only jumping in when people are ill or can’t manage anymore); and sustainability - are those that have been espoused for many years with seemingly little effect. Why should it work this time around? What is different this time around? Except that we know the context is a whole lot less money.

The other part of transformation that care and health services propose is building the ‘Resilience’ of individuals, families and communities so that they can care for themselves and make less use of the statutory sector’s diminishing resources.

In one council report this was referred to as “putting people in the driving seat”. At some level this objective seems mildly offensive, as though people have been sitting around waiting to be done unto rather than as they have been defying and overcoming barriers in order, not just to be able to stand on their own two feet, but to live life on as equal terms as possible with other people.

For example, people with a visual impairment have to overcome many barriers on a daily basis, inaccessible transport, guide dog refusals, people’s perception and lack of accessible information to name but a few.

But once again, this may merely have been another disconnect in the use of and understanding of language between ‘them and us’.

How then, can social care, health services, and other council services for that matter support blind and partially sighted people to do all they may be able to do?”

Here are a few overarching pointers:

(1) At the top of the agenda has to be disability awareness training for all staff, whatever service they are delivering and wherever they are delivering that service. It needs to be embedded in the culture of every single organisation which provides care, health and other services.

Policy makers and service providers are not aware enough of how visually impaired people live their lives or what they are capable of. You cannot assume people can empathise; empathy often needs to be taught.

All service providers need to be aware of the practical, emotional and technical support services that will make the journey clearer for people with sight loss.

There is often a marked difference between service providers' perception of what is happening and how well they are doing, and the experience of service users and carers themselves. This gap needs to be acknowledged and addressed.

(2) Ensuring compliance with the Equality Act 2010 and the NHS England Accessible Information Standard (SCCI 1605), so that people's information or communication needs are met.

(3) An obvious point is that with integrated health and social care, integrated digital record keeping is a must.

(4) On the other hand, and perhaps a bit controversially, making more use of technology to deliver more virtual care, for example, people with eye conditions can use their iPad or tablet technology to make their own assessment of their well-being and then send that to somebody who can decide whether or not they need to attend the hospital.

(5) Really listen to visually impaired people and involve them fully and equally in policy and planning processes, at the earliest opportunity. There is a tendency to think of people who are visually impaired in relation only to health or social care, but it is often other issues that have a far greater impact on their lives.

For example, contra-flow cycle lanes, floating bus stops, badly placed A-boards, overhanging branches, or the battalions of wheelie bins that are now permanently stationed on the borough's pavements making it much more difficult for blind or partially sighted people to get out and about independently and so having a direct impact on their quality of life.

(6) As also does the ability to contribute with around only one in four registered blind or partially sighted people of working age in employment (a number which is falling) there is a need for support to get into, stay in and get on in employment. Sight loss should not equal job loss.

Rosemary concluded her talk by highlighting that whilst Camden says it aspires to be a place where everyone can succeed and nobody is left behind. Yet the background papers for the Camden Commission rarely feature the words disability or disabled people or give any impression that disabled people feature much in Camden's vision. It would be a lamentable situation if the people who most need help and support become the least likely to receive it.

This was followed by a very brief open discussion; A number of people raised the issue of adequate transport as a problem for people with disabilities (particularly visually impaired people) to accessing many of the services as a barrier.

Many said that there needed to be better communication between NHS and local council, as well as making information more readily available at local sites such as Town Hall, community centres and listings in local papers and not to rely on people accessing information on the internet.

Staff need to be knowledgeable about and to use information technology to its fullest capacity, including understanding use of assistive technologies. Don't go for the one size fits all approach. Digital exclusion is an issue, and can increase the social isolation felt by blind or partially sighted people.

Anyone providing a service on behalf of NHS England or in adult social care must provide information in a format service users can access. This is mandatory, not optional as some service providers seem to think. It is simply not acceptable for a provider to say that it does not have systems to systematically record when information should be provided in a different format and what that format is.

In the future, Camden Council and other service providers ability to understand and engage in greater depth with those who are most in need should be based on honesty, transparency, openness and a willingness to have ongoing dialogues.

DISCUSSION GROUPS

We asked people to tell us:

- What general (universal) services they currently use that are good?
- What is not so good?
- What are the barriers to using universal services?
- What would make it better and help to remove the barriers?

THINGS WHICH ARE GOOD

(These notes have been written as the participants described them in their feedback)

A number of specific local services and facilities were recommended by participants:

- idverdi
- Gardening clubs on estates
- Camden Community Connectors
- Gym
- JW3 cafes
- CNJ listings
- Heath Hands
- Red Cross home from hospital service
- Accessible information standard - NHS England
- North London Carers
- Icope
- Leisure services

- Parks
- Libraries
- Community centres
- Camden Mind
- Community Links
- Camden Active Health

THINGS WHICH ARE NOT SO GOOD

Not everyone agreed on what was good and what was not good - some facilities and service appear on both lists.

- NHS and social care should talk to each other
- GPs and NHS Trusts don't talk to each other
- Communication is bad, residents should be the focus of every change
- Rebalance
- Leisure centres
- Access to leisure pools need a better contract
- Camden Active Health
- Adult learning
- Recovery College
- Libraries, gardens & parks, public transport
- Central North West London Hospital garden over grown (could be used as a community asset)
- Follow up work in British Sign Language - enter & view
- GIAG (Give it a go) scheme does not work

We asked about barriers to using universal services. Responses covered practical issues and also feelings - it is important to feel welcomed.

BARRIERS TO UNIVERSAL SERVICES

Not knowing about what is available:

- Keeping up with changes
- Information
- Info on how to get there

Practical barriers

- Carer costs for attending meetings (mentioned by a few people)
- Public and community transport, cost of transport
- Community Centres lunch costs
- Childcare

Barriers for specific groups

- Not too good for visual impairment
- Most people from African communities don't know about services

Other barriers

- Shyness - lack of confidence
- Not feeling welcome

Comments from individuals

'There needs to be a 'flagging' system when appointments are booked to say that longer times are needed with GPs - people with needs'

'Giving people the tools to influence by getting involved'

'If prevention was done properly then it would cost the NHS less'

'Lots of community centres are 'cliquey' no one speaks to you'

'We can't keep up with the changes'

'People now the needs of their local area- listen to them'

'Community connectors try to do this but very high cost'

'African communities are always being consulted and we feel our views are not taken into account in developing services, more involvement with BME especially African communities in service provision not just by consulting them but proper support e.g. finance etc. Most people from the African communities don't even know what services are available, let alone accessing them'

'Information on clients' needs are rarely passed on between practitioners e.g. interpreters'

'It is very difficult to keep up with the changes to services, it is confusing for people who need access to the services'

'More providers need to attend community forum meetings like today'

'Moorfield's eye hospital still sends printed forms - data base monitoring'

'when requesting access support - often told no one available now - asked to come back later- not convenient for user'

WHAT WOULD MAKE IT BETTER FOR PEOPLE TO USE /ACCESS UNIVERSAL SERVICES

People had a lot of ideas about improving access, including properly joined-up services, better information, support and encouragement, including peer support, having a good choice of activity, and practical help to get there.

Joined up services

- Joining it up
- Simpler connecting systems to universal service - avoid duplication
- Communication between different NHS services e.g. GPs & CNWL mental health services about garden
- Better communications between health & social care providers and commissioners
- Flagging up system for people with communication needs - for Voluntary Community sector it's too expensive to buy new IT
- Schools, School nurse
- Health visiting
- How contracts are developed, involve people early

Better information

- More accessible information about what services available for disabled people
- Data base would be useful for sign posting
- Information
- Internet not enough for finding out
- Social media information technology
- Verbal communication
- How to get there - transport
- Mapping by ward, what is where
- Physical notice boards - town hall - village halls
- CNJ listings
- Information design
- Individual location mapping

Peer support /community support

- Connecting with people in similar situations - communities of interest etc.
- Use local knowledge of residents to find solutions - they know the issues
- Likeminded people

- Lots on but low on motivation list when basic needs are not met
- Reliance on volunteers - need training and support etc., sometimes not an appropriate service
- Peer communication/passing on positive experiences through networks
- Finding out what people actually want to do

Outdoor activity /range of activity

- More space for cycling, walking, healthier greener
- Gardening clubs on estates
- Sanctuary gardens for people with mental health
- Museums, libraries, exhibitions, local walks, community centres, social groups, gyms and pubs
- Use of swimming pool, gym and use of direct payment to fund prevention
- Gardening clubs, walking groups, lunch clubs, cooking clubs, libraries
- Streets environment
- Events/talks/church/parks/health/tennis/open spaces/music
- Park/swimming pools/library/cafes/public transport/walks/free paper
- Keep assets for community use
- Mapping assets

Support and encouragement

- Support to even get there, e.g. if you are a carer
- Competent receptionist makes all the difference
- People excluded
- Open House
- Community Centre drop in
- Welcome from staff
- Reception/front desk is crucial
- Reception you receive when you enter/arrive, must be welcoming.
- Good front line staff
- C&I recovery college
- Unfriendly/get used to it/library/gym/ easy computer lit
- The power of local knowledge - use it

Making it easy

- Transport
- Accessibility
- Time
- Cost
- Mechanisms for repeat use

- Physical access
- Travel

CONCLUSION

People at our forum had very mixed views on existing services. They identified a number of barriers that disabled and older people face when they are trying to use ‘general’ community services. They had lots of ideas for how to tackle these barriers. The barriers are not just practical, people also need support and encouragement. Participants recognized the power of peer support and of tapping into local networks.

How does this relate to Camden Council’s plans for *Supporting people, connecting communities: living and aging better in Camden*? Healthwatch Camden thinks that some of the ideas from our forum support the council’s concept of making better use of community networks. However, the feedback we had also shows there are gaps that need to be filled. Making sure people can afford to use local facilities is important. Making sure they feel welcomed and supported when they use local facilities is important. Improving the disability access at some places is important.

We hope this community conversation will help the council to implement their plans in a way that genuinely produces more equal, respectful relationships and improved outcomes.

A thank you to those who took part:

Name	Organisation/title
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Andrew Greig	Member of public
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Chikwaba Oduka	African Health Forum
Corinna Gray	Ageing Better in Camden
Deborah Wright	Head of Social Work and Social Care CANDI
Eleanor Sturdy trustee	Camden GP federation patient voice & St Pancras Welfare Trust
Eleanor Burke	Member of public

Elisha Programme Manager	Roberts	Mind in Camden Healthy Minds Community
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Pam	Hibbs	HWC Trustee
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Rosemary	Nicholson	Visually Impaired in Camden
Sarah	Hoyle	Trustee
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Sue	Taylor	Camden Carers
Tina	Daniels	Member of public
Victoria	Armitage	Project Officer
Wael	Arab	Member of public
Zippy	Keller	Jewish Care