HEALTHWATCH WEST SUSSEX FORMAL FEEDBACK ON DRAFT VISION AND STRATEGY FOR ADULT SOCIAL CARE 2019-2021

November 2018

Adult Social Care is one of the **priorities** for Healthwatch West Sussex this year. Our priority work looks to identify how we can engage with local people and add value through the insight we gather.

We are pleased to see that West Sussex County Council are consulting on its draft vision and strategy for Adult Social Care from next year, and for two further years. However, we believe the consultation period from 16 November to 14 December 2018 is **too short for many communities within the county to respond in a meaningful way**. Particularly, as the emailed information came in late on 16 November and has not reached many stakeholders as at 20th November.

The inclusion of an easy read version is noted. However, we would suggest that this on its own does not enable people with communication needs, and/or learning disabilities to understand what the strategy may mean to them going forward. We would therefore like assurance that adequate provision has been commissioned and advertised in a way that will help specific community groups to participate.

There is much that can be celebrated within this vision and strategy, especially if people can be successfully connected with their local community groups and organisations. The inclusion of the need for an absolute commitment to achieve integration with the NHS locally is vital. We hear many frustrations and consequence stemming from the lack of joined up work and thinking. The public regularly express examples of wastage and this must change to enable our public services to stay within their financial means.

Areas of concern

Reading this vision, we appreciate the ambition this vision has but this alone will not be enough to realise a change within the timeframe of this strategy, given where West Sussex is now.

Whilst Healthwatch recognises the funding constraints and opportunities this draft strategy sets out, we are concerned that the main thrust of the strategy is to transfer the bulk of care from one under-funded/under-resourced sector, to another in the same position. As is well-known, the existence of many community assets is dependent on the good will and personal motivations of local people who give their time. With the aging population challenge, and more people becoming sandwich carers; we hear from groups they face a growing problem in finding volunteers. It is equally well-known that volunteering is not free, and either clubs are working on the financial investment of its volunteers/members, or often need organisational support to be able to safely and robustly support others. Such organisations are dependent on core funding.

There has been much investment in working to develop community assets and a move to more partnership working, but we are aware there is a growing number of community transport organisations, voluntary organisations and clubs that are being disbanded in a volume that has not been seen previously. This suggests the funding challenges experienced by the local authority and health services are also being realised within the community and therefore, the public need assurance that there will be assets within the community to nurture and support.

Without some very robust processes within the development of this strategy, and early investment, there is a risk of more vulnerable people falling through the gaps, giving rise to increased risk of isolation, loneliness and a loss of independence, and more pressure on family and friend carers. This in turn may create crisis costs that exceed the budgets of the local authority and the NHS.

From speaking to local people; we know that it is already very hard to access support and it is hard to see from this strategy how this will improve the outcomes for residents who cannot find support, particularly if they do not have the financial ability to fund support.

As the strategy states, the need to focus *on supporting people in their own homes for as long as possible… by increasing the use of assistive technology…* is clearly a sound way forward. However, peoples' situations may, and do, change rapidly and there needs to be a robust but simple/accessible way people can be re-assessed and assisted promptly.

It would be useful to use peoples' live experience to illustrate (to the public and partners) what could change through this strategy and we challenge the council to take the real example below and show how this may look different in the future, when residential and nursing care is the exception and not the norm.

> Bruce and his wife have lived full and interesting lives, choosing early on to make West Sussex their home. They have been enjoying their retirement for many years and have expected to live out their days, together in a rural part of the county.

> Unfortunately, and for an unknown reason, Bruce has stopped eating and they sought help from their GP to see what could be done. After various tests, it was decided that Bruce would go into a specialist provision to help him with his eating disorder.
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> However, this provision was not available. Instead, he ended up for months in a totally inappropriate hospital setting where he developed sores and a life-threatening infection. Bruce has been in hospital for many months now and faces the prospect of living in a nursing home as he is too unwell to return home.

Supporting people to remain safely living at home requires responsive, funded adaptations or innovative solutions to enable people to afford equipment/building work etc. This is not something we understand is readily available in West Sussex and means there is investment needed before this can be achieved.

Like elsewhere in the Country, innovation and pilots attract funding and commissioning and we support the need to develop new ways of looking at problems and finding new solutions. However, often good work ends before it's true worth materialises. For example: the emergence of care co-ordinators within GP practices is something that local people really value. But, we understand the funding for these posts may be under some scrutiny and we believe there is a concern that funding for these posts maybe a future issue.

Providers may also not fully cost a project with sustainability in mind to win the funding and be unrealistic in the term it takes to achieve innovation.

Enabling preventative innovation to be sustained beyond a year or two is fundamental to this strategy, and at the least there should be a reference to commissioning intentions for sustainability, which we could not explicitly see in the commissioning strategy. This strategy needs to assure providers across all sectors that this will be at the heart of its aspirations in 5.8 to ensure it does not fail.

It is also disappointing the new community partnership pledge is not referenced in this strategy.

Use of language

We hear many examples where people do not feel listened to or involved in decision-making. This leads to the wrong or avoidable care, despite the implementation of the Care Act and a greater emphasis on personalisation being in place since 2014. There are many occasions in this document, and the easy-read information, where listening is missing.

Healthwatch understands what the strategy is attempting to convey through the term *just enough support to enable independence (3.3)* but this sounds restrictive, rather than liberating. Perhaps repositioning this statement to say: *Just enough to promote and motivate people to be able to achieve these principles*.

When current service provider trained for phlebotomy healthcare assistants includes instructing staff not take blood from patients with a learning disability unless a carer or family-member is in the room with the person, the desire to give just enough support to enable independence may be unrealistic.

Under these principles we would suggest there should be a focus on enabling people to find a sense of purpose, as all the evidence suggests this is great for our wellbeing and reduces the cost to services.

There is contradictory language in the document that should be removed. For example: 6.3 states, “We will consider how we can integrate services with our NHS partners and other stakeholder…” implies a culture of inward looking which is something Adult Social Care wishes to change (5.8). This must surely be a collaborative piece of joined up work.

7.2 states, “We will develop a monitoring and evaluation plan”, which suggests this does not exist currently for Adult Social Care and again seems to suggest working in isolation. Whereas, something akin to:

“Together with our citizens and partners, we will monitor and evaluate our work against this strategy, through robust planning, so we can know if our vision is achieved at an individual and community level.”

v.1 (4 December 2018)