

Kirklees Adult Social Care Vision: co-producing the future of care during a pandemic

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Background

Kirklees' previous vision for Adult Social Care (ASC) was published in 2016. While the 2016 Vision aligned well with broader strategic priorities, it became apparent in 2018 that staff, partners, and people who engage with services had little awareness of it, what it meant or how it related to their lives. This insight led to a request from the ASC Leadership Team for a complete refresh of the Vision.

The Kirklees Vision for Adult Social Care 2020-24, endorsed by cabinet in July 2020, is a 5-year Vision, co-produced with staff, residents, carers, and a spectrum of partners. It forms the basis of how the Council and our partners will work with individuals and communities in Kirklees to improve wellness and independence.

It is not only driving plans to keep residents safe, well, and independent in their homes for as long as possible but relates to much more than our traditional services.

Embedding coproduction values and principles into the how we organise and deliver services has been a significant goal for some time. The Vision acts as the catalyst to enact the journey to achieve this dream.

It is described as a 'whole council' Vision, focusing on strengthening partnerships between residents, communities, enterprises and all directorates of the Council, based on principles of power sharing, common purpose and shared responsibility for independence and wellbeing.

We believe the Vision set out describes a journey to truly co-operative care: developed through co-production, it strengthens a foundation of democratic engagement in adult social care in Kirklees; builds on social partnership across commissioners, providers and other partners; develops and incorporates new models of meeting priority need; and creates space for enterprise and social economy while maximising social value.

Development and Motivation

Development of the Vision began as an exploration of how ASC could be transformed through innovation and an outcomes-based agenda. This was explored through a series of events that aimed to review where the local sector currently stood, what this means for people and how we can work together to empower every person in Kirklees who needs social care to be able to live the life that matters to them; with the people they value, in the places and communities they call home, and with an equal voice in co-ordinating their care. In line with the council's **people, partners and place** approach, communities, the voluntary and private sectors, and the NHS all contributed to these sessions. A total of three events were structured around the following questions:

- **Vision:** What will ASC look like in 5 to 10 years?
- **Values:** In which way do we want to achieve it?
- **Capabilities:** What skills and abilities do we need to achieve it?
- **Plans:** What do we want to achieve or have achieved by then?

The Vision was to be easily understood, jargon free, and define a shared sense of what is important and what is not. The aim with this renewed Vision was for all stakeholders to be able to fully understand how they contribute to shaping the future for ASC. The engagement approach was well received by participants, with feedback shaping the content, format, and language of the document.

Progress and challenges

As for the rest of the country, the pandemic has been the greatest challenge to the council in recent history, particularly in adult social care. Service closures, new ways of working, keeping the most vulnerable safe from both infection and the impacts of isolation; are just some of the multifaceted challenges the sector has faced since March 2020. This has necessarily altered the course of this project and wider plans for implementation of the Vision.

Our initial proposal stated that we would:

1. Confirm the cohort of individuals that this project will work with (people already engaged with prevention services who will very likely need long-term care and support);
2. Investigate models of social marketing and how these can be consistent with a cooperative approach;
3. Develop dialogue with this cohort around how the identified models of social marketing could be applied within the context of the ASC Vision; and,
4. Develop an effective social marketing approach with prototype materials tailored to the varying communities that make up Kirklees based on meaningful insight about these communities which lays the groundwork for a broader social marketing programme

Stage 1 was completed before the pandemic, using the engagement list held by our projects team. All contacts on this list have contact with social care services, either for themselves or as an unpaid carer. Stage 2 was also completed, although less time was available for this than previously set.

Co-operative Social Marketing

The traditional benchmarks for social marketing, set by National Social Marketing Centre (NSMC), were considered as a basis for the approach for this project. However, it became apparent that, to honour the co-production values of the Vision and the scale of the project, that a more streamlined and accessible approach would be more appropriate. Whilst the NSMC criteria is thorough and considered the national standard, the Vision sets a precedent for closing the knowledge and power gap between staff and people who access services. Therefore, the principle of 'nothing about us, without us' needed to be embedded at every stage of this project.

Engagement with a range of colleagues, partners and people who access services through the council's co-production work with the Social Care Institute for Excellence (SCIE) provided an understanding of which benchmark criteria could support better understanding of core co-production values. This could then be translated to a social marketing approach free from jargon, based on both the values of co-production and social marketing principles, and able to deliver the aims of this project. The benchmarks are:

1. **Discovery:** explore the best of what is; identifying our strengths, best practice and what we already do well
2. **Dream:** think about the future we really want; how would we like the relationship between services and individuals and their loved ones to be; how can this new relationship foster behaviour change in individuals, communities and organisations
3. **Design:** take the best of what is and where we would like to be to design a way of moving forward which speaks to everyone
4. **Delivery:** we put the plan we have developed into action

The identified cohort of people were contacted and their opinions on the Vision document collated. Feedback on the Vision focused on the following key areas:

- Level of contact with ASC
- Type(s) of service(s) contacted
- Support type(s)
- Level of understanding about what social care is and how it works
- How easy the Vision is to read and understand
- How the Vision relates to everyday life
- Level of importance each of the values have to everyday life
- Level of importance the five priorities have to everyday life
- Level of importance the Glimpses of the Future have to everyday life
- Gaps in the Vision.

Five of the nine respondents highlighted the story of Mr. A, an older person accessing a multitude of assistive technology and extra care accommodation by moving to a 'smart bungalow', as the Glimpse of the Future which spoke to them most. Therefore, it is clear that smart housing options and independent living are key topics for future communications and social marketing materials.

The first round of feedback also showed that the values Respect, Quality and Compassion were deemed 'very important' for all the respondents, compared to the other five values which returned lesser degrees of engagement.

The majority of those who responded to the feedback, and of those included in the engagement list, are female, white and under the age of 65. This is somewhat reflective of the wider demography of social care service users in Kirklees but demonstrates that further work needs to be done to engage other groups.

The ongoing restrictions, capacity issues for both staff and individuals, and the need to maintain sensitivity to people's circumstances as they navigate the pandemic has meant that the design and deliver phases of the project have not been fulfilled in the manner initially intended.

COVID-19 and the Vision

Though the challenges of COVID-19 to the sector have been well reviewed and understood, it has also proven a significant material test for the Vision and its endeavour to achieve person-centred outcomes by working democratically with people who draw on care and support.

Personalisation achieved through the true practice of co-production is a theme throughout the Vision. To achieve this, it has been well-documented by organisations such as SCIE that positive risk-taking and putting aside more rule-bound social care practice are necessary. The unprecedented conditions of COVID-19 that local authorities and their partners have been required to respond to have promoted much more innovative, value led and less bureaucratic approaches to keep people both safe and well.

Examples have included working with individuals and family carers, who were initially cut off from in person support at the beginning of the pandemic, to understand what they felt would benefit their wellbeing whilst substantive services were closed. These conversations often highlighted that people wanted some kind of in person support, safely in their homes and in the community. While this required risk-assessment and regular review, teams responded by taking positive risks and making support available.

This type of approach has also supported people to either maintain or build better engagement with their local communities. Accessing local green spaces when people might have previously attended a service at one site, building relationships with people in the community they previously didn't know by simply being more visible, and trying new things based on their own interests, has given new life to our understanding and confidence in working co-productively.

Use of assistive and new types of technology has increased significantly, by:

- Providing 17 Facebook Portal Mini smart video devices to learning disability care homes across the borough, in collaboration with NHS partners, to prevent residents feeling lonely and allowing family and friends to connect and be more involved in supporting their loved ones.
- Supporting both colleagues and people who access social care services to use and understand smart phones and tablets, and a range of software. Teams have used YouTube on video calls to support memory-building; playing an individual's favourite music, watching and discussing travel vlogs, or seeing clips from their favourite films, TV shows or a particular football match, have all been used in place of traditional support. Learning to use these technologies together has reduced the sense of disparity between staff and the individuals they support and feedback has shown that, when working correctly, technology has improved stress levels around organising and getting to appointments.
- Use of support apps, such as the commissioned service Brain in Hand (BiH). Combining digital and human support, BiH increased independence and made services more effective.

Generally, COVID-19 propelled the need to redefine the way support services are delivered and there has been recognition of the value of a blended approach to social care practice, ensuring that both face to face and virtual opportunities are available where appropriate.

The pandemic has also accelerated our efforts to work more closely with primary care providers, especially Kirklees' nine Primary Care Networks, and our community anchor organisations through our community response, which has further improved through our local vaccination programme. This has been made possible by partners – including the council – becoming more forgiving and understanding of each other's mistakes, approaches and goals, improving communication and sharing priorities. It has been understood that sometimes doing the 'wrong' things (forgoing hitting targets for working collaboratively with partners and individuals) is the right thing to do.

Taking the Vision Forward through Co-production

Building on both the original co-production work and the initial stages of this project, Kirklees Council commissioned SCIE to work collaboratively with people who use services and carers, the local authority, wider statutory, and voluntary and community sector organisations to establish arrangements which support effective co-production and develop an action plan. The cohort initially involved in this project have become part of this work, firstly as part of the general co-production arrangements and now as part of the Direct Payments Review described below.

SCIE facilitated a series of four virtual gatherings involving a mix of Council and NHS Clinical Commissioning Group (CCG) staff, and people who use services and carers. The content of these sessions was:

Session 1: Exploring some of the barriers to and opportunities for co-production in Kirklees, and the Council and CCG sharing progress on co-production work over the last year, followed by a discussion that allowed the group to work together appreciatively to consider what we want to achieve through co-production and how to do that together.

Session 2: Ossie Stuart, a SCIE Trustee and person who draws on services, led a discussion that explored where people were in their own experiences of co-production, including looking at what was helping and hindering co-production for them and those they love.

Session 3: Continuation of the appreciative enquiry exercise from the first workshop. The purpose was to facilitate a positive conversation about how we could develop co-production that builds on our existing strengths and our positive commitment to change.

Session 4: Focused on how two specific projects could be co-produced: the Review of Direct Payments (DP) and Integration of the Council's Gateway to Care and Single Point of Contact, also called the 'integrated front door project'.

In the direct payments group, the following key points were raised:

- Purpose: we need to improve people's experience of using direct payments.
"Sometimes you have people on your shoulders and you almost feel criminalised."

- Need for clear focus on outcomes: To date, the Council's approach to DP has been driven by process and the assessment of needs. In future it needs to be driven by outcomes for people who use services; their individual quality of life.
- Clear terms of reference: it will be important to have a consistent and clear view of vision and goals from the start
- Size of group: Most would prefer a small group meeting on a regular basis rather than a large group
- Ensure everyone has a clear understanding of DPs: What is a direct payment? How much budget do you get? How do you pay for services? What help can you get? (i.e., Not only care services, can be to maintain garden, a trip, upkeep on mobility car etc.)
- Importance of transparency and accountability: There needs to be accountability between those involved in co-production and the wider community of DP users they represent.
- Importance of representation: When developing our approach to Direct Payments, we need to be representative and accountable to a wider group of people; we are not individuals but acting as a community.
- Baseline: we need to understand our starting point for DPs: quantitative analysis of performance and impact data, qualitative data about people's experiences, how DPs are currently spent and the state of the market of services available to DP users.
- Requires a shift in power: Choice for people taking control of the process and relinquishing control from officers.

There have now been two gatherings of the Direct Payments Working Group. The first session focused on allowing space for the group to discuss their experiences of Direct Payments, and to establish some key themes for the review, which were:

- Social workers, and wider system, not understanding how direct payments work
- What can I/we spend it on? Not enough confidence and flexibility to choose
- Goalposts moving
- Fighting to get what suits the individual
- Difficulty understanding and managing contracts for PAs (lack of support)

How can we improve this?

- Power sharing between people and the council
- Trust that we are experts on our own care/ the care of our loved one

The second session was focused on confirming the Terms of Reference and other arrangements moving forward. Specifically, it was agreed to:

- Organise a mixture of meetings between professionals and people who draw on care and support;
- Establish a core group of 8-10 and a wider group of people who cannot dedicate as much time, and staff as 'professional experts' who can support specific outputs;
- Initially meet every two to three weeks;
- Consider Legal, contracts, third party agreements need to be represented as part of the wider group;
- Key outputs of the group should be: a support handbook employment templates.

Conclusion

Inevitably, the pandemic has impacted significantly on completion of the finalisation and endorsement of Kirklees new Adult Social Care Vision and how the Council and partners, both professional and citizen, have proceeded to implement the Vision. Rather than sharing the Vision through social marketing, it is being promoted through continued co-production. It is clear that there is still work to do to make Direct Payments and social care more widely co-produced and commissioned in a way that supports people to live to their full potential. However, as discussed in this report, we have started our journey in establishing outcomes-based support which shares power with people who have care and support needs. We anticipate that this process will generate the outputs that are truly of greatest benefit to those that need them and empower them to choose the support that will be most effective in allowing them to live independently and engage in their communities.

Resources

Kirklees Adult Social Care Vision www.kirklees.gov.uk/beta/adult-social-care-providers/pdf/adult-social-care-vision-kirklees.pdf

National Social Marketing Centre Benchmark Criteria <https://thensmc.com/content/nsmc-benchmark-criteria>