Adult Social Care Commission – Community Sector Response February 2022

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Introduction

We asked our members, especially those who support groups that haven't been represented yet, a few basic questions and I just want to summarise a few of their answers.

So the questions we asked included: What are the main gaps? What are the barriers to accessing the right care, who needs to be involved?

I will just pick out a few headlines.

Dementia- This is coming out loud a clear from a number of organisations – There is a lack of first stage dementia support for people living with dementia still living in the community, including support for their carers and families to cope with the changing and challenging situation.

The aim must be to keep loved ones living with dementia living with their families and in their communities for as long as is possible before they have to receive specialist care and support.

We also need to educate families and close friends how they can support a loved one living with dementia and remove the stress and strain that this condition can place on a family and friends.

Not providing this preventative support ends up with more costs and distress.

Mental Health – Another theme coming across from many, many community organisations is about support for people who have low level mental health/wellbeing issues.

The numbers of people suffering from anxiety and/or depression has increased rapidly since the pandemic started.

Failing to help people in the early stages of mental health/wellbeing unwellness will only allow their issues to increase which by the time they receive support from the health services their needs will have increased, as well as the cost to the NHS and local authorities. If ever there was a need for early intervention this is it.

Also what came out is a lack of support for parents with teens with mental health issues

BAME- In terms of support for minorities and BAME communities, there is inadequate support after being discharged, including a lack of continuous and supportive antenatal/postnatal care.

There are language barriers, lack of explanations by healthcare providers about the procedures and medical conditions, lack of cultural understanding, and long waiting lists to access IAPT maternal counselling services.

We need better translation services, cultural training, healthcare webpages and answerphones that are easily accessible in various languages. Also suggested were 'Keeping in touch' sessions whilst waiting to access counselling services.

LGBT+ - In terms of our LBGT+ communities there is a general lack of sensitivity for the needs of this group. Areas of sexual health and sexuality seem to have been invisible on the agenda of Adult Social Care provision.

There is a real fear in these communities that they are not welcome to be their authentic selves within the system. Many people have survived and existed with minimum support, so as to maintain privacy and anonymity. They have only accessed care when reaching crisis point so then need higher levels of crisis support. Earlier interventions would enable more people to live independently.

There is an image of the social care system, especially older people's services as being completely biased towards heterosexual orientation being the norm, and with that attitude comes discrimination against LGBT+ clients. There is a fear about them becoming a party to a system they think is broken. This sometimes means individuals returning to the closet and suffering stress and anxiety.

A local support organisation says “We have done a large amount of work with LGBT+ people and health and social care organisations…. and there is still a fundamental amount of ignorance on both sides about what each other are like. More work needs to be done to breakdown these barriers and misconceptions”.

Other hidden communities - There are other hidden communities such as the homeless, gypsy and travellers and boat people where we need to spend time trying to work out how we can support them more effectively before they present in a crisis.

Sometimes the smaller charities supporting these groups are not heard over the powerful and national charities and we need to make an effort to listen to them too.

We need consultation with unheard voices through existing channels and organisations that have established relationships with target groups. Presentations to network groups and awareness raising training

We need to pool knowledge across LA, health and community sector partners. Obviously CWVA has a role here and we all want to work even more closely together to help reduce these very real health inequalities we know there are inherent in the system.

Other issues

Some other issues and barriers includes a lack of clarity as to what is “out there”. Where to find information about local services. Quick and easy access is needed. Waiting lists are too long and support isn’t immediate or when people need it. The plethora of different websites causes confusion. Despite efforts by CWAC there is still a lot of confusion with the various websites they have developed along with the complexity to navigate the information.

Making it local

Interesting comments came in about the new care community steering groups that are a good start to addressing local issues but, currently, these are often only involving professionals. Local communities as well as actual service users need to be represented on these groups.

We need working groups to map out the local provision and pinpoint gaps and areas of need.

Social Prescribing is a great development in recent years and just as we are talking about needing more community support the funding of social prescribers employed through Primary Care Cheshire is going to be drastically cut in September. These people know what is going on in the community and should be developed and extended, not cut.

We need to simplify and promote local services, discourage duplication and allow community organisations to do what they do best.

We ask that the LA champion, encourage and reward best practice in the community sector as an effective means of using limited resources.

Care sector recruitment and training - We all know that recruitment into the care sector is an issue. We need training leading to recognised and accredited qualifications. Decent pay. Job security. Recognition of their work as a profession and not by just giving an “award”.

We need to give care staff a place at the table so they and their views are represented. Funding awards for a decent period. There should be a minimum of 3 years at least. The third sector lose a lot of good staff because of the uncertainty of funding. We must be able to offer employment contracts of a decent term with a decent wage.

Hospital Discharge – Needs a more holistic approach where our sector could offer more low level prevention work such as linking with the food agenda and providing the sort of support that stops the cycle of people going in and out of hospital with expensive care packages each time. The support that could be there from our sector needs reimagining.

Funding a thriving Voluntary and Community and Faith Sector.

We would like to discuss Innovation Funding to enable us to take risks on doing things differently and creatively. Trust us and fund us to do what we know will work.

We know we can save the LA money through preventing individuals getting to crisis point and needing expensive care packages so let’s pump prime and invest up front - being assured of the savings we can make down the road.

So Commissioners, let’s use the Voluntary, Community and Faith sector to best effect and now is the time to be bold and to make our new partnership mean we change people’s lives for the better whilst saving the public purse.

Gary Cliffe, February 2022