

Connected Lives Gateway Programme

The CLGP Co-production Advisory Groups experience of using the 'Working Together for Change' approach to connect with purpose and meaning in the lives of carers

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Background to the Connected Lives Gateway Programme and co-production working

- Bringing our front door services back in house
- Changes to legislation, eg social care funding reform, DOLs
- Strengthening the Connected Lives approach
- Work was started pre-Covid
- Opportunity to co-produce outcomes around the front door services

Our Initial Focus: How people get in touch with Adult Care Services

- When they or someone they know needs help but they're not sure who from
- When they would like to ask for a social care assessment
- When they or someone they know already receives care and support and would like to talk to someone about this

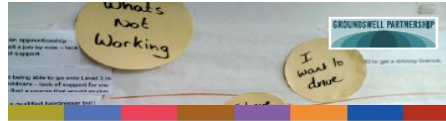
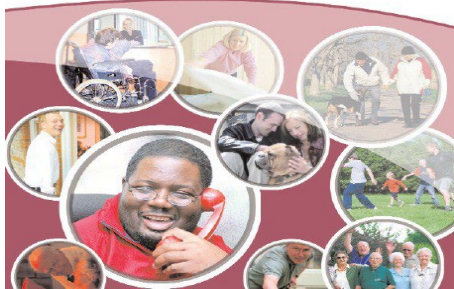
Co- production using the 'Working Together for Change' approach

Working together to understand what matters most to people. Using that understanding to improve their lives.



Putting **People First**
Transforming Adult Social Care

Working together for change:
using person-centred
information for commissioning



Working Together for Change

Citizen-led change in public services



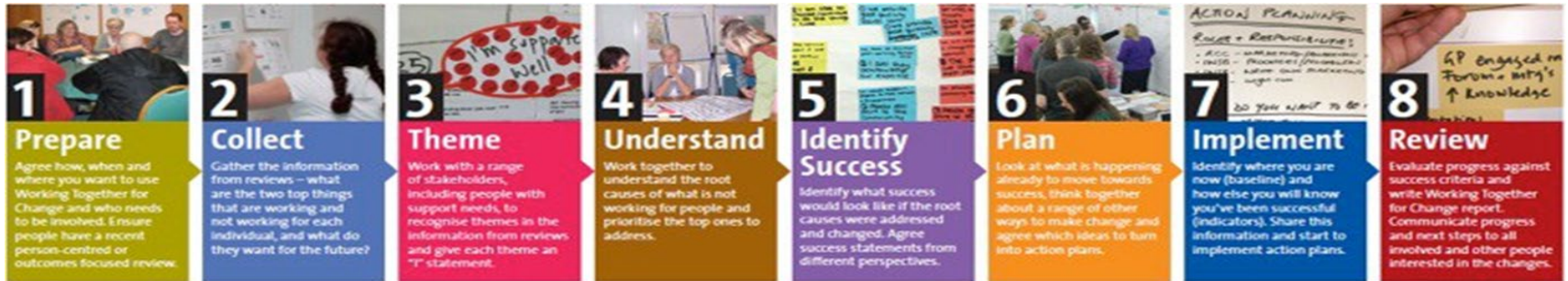
Reflections from the Building Positive Futures Programme

A values-based approach to sector led improvement



Working Together for Change - The 8 Stages

- Stages 1 and 2, *Prepare* and *Collect* happened before the workshop
- Stages 3, 4 & 5, *Theme*, *understand*, and *identify success* happened on day one of the workshop.
- Day 2 of the workshop was entirely focused on Stage 6, *Plan*.
- Stages 7 and 8, *Implement* and *review* happen afterwards and help keep things on track



Collecting the information



2024	2025
2026	2027

What questions we asked people?

- “2 things that are working well for you in your life now”
- “2 things that are not working well for you in your life now”
- “2 things that are important to you when you think about your future.”

Data Collection – What people told us

What's working well

'As a carer for my disabled partner, I am happy at the moment to be able to care for her at home.'

'My learning disabled son is living in a supported living flat in the centre of the town he grew up in. He loves having more independence which enables me his mother to plan for the next stage in both our lives.'

What's not working well

'Balancing the care and wellbeing of my parents with my life.'

'Getting to talk to people face to face.'

'When a situation arises that I would need to contact social services it is unnecessarily complicated and can be difficult adding stress to what is already likely a stressful situation.'

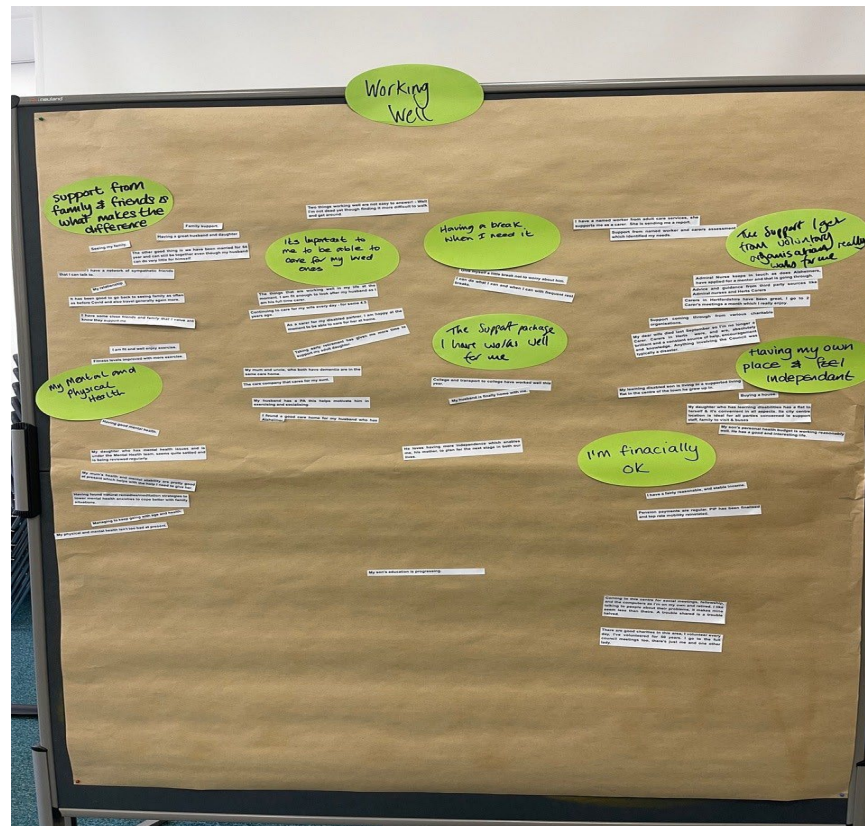
What's important for the future

'Bring all the services together so that one telephone number will be all that is needed to get information.'

'Care and support for my son when I am no longer here.'

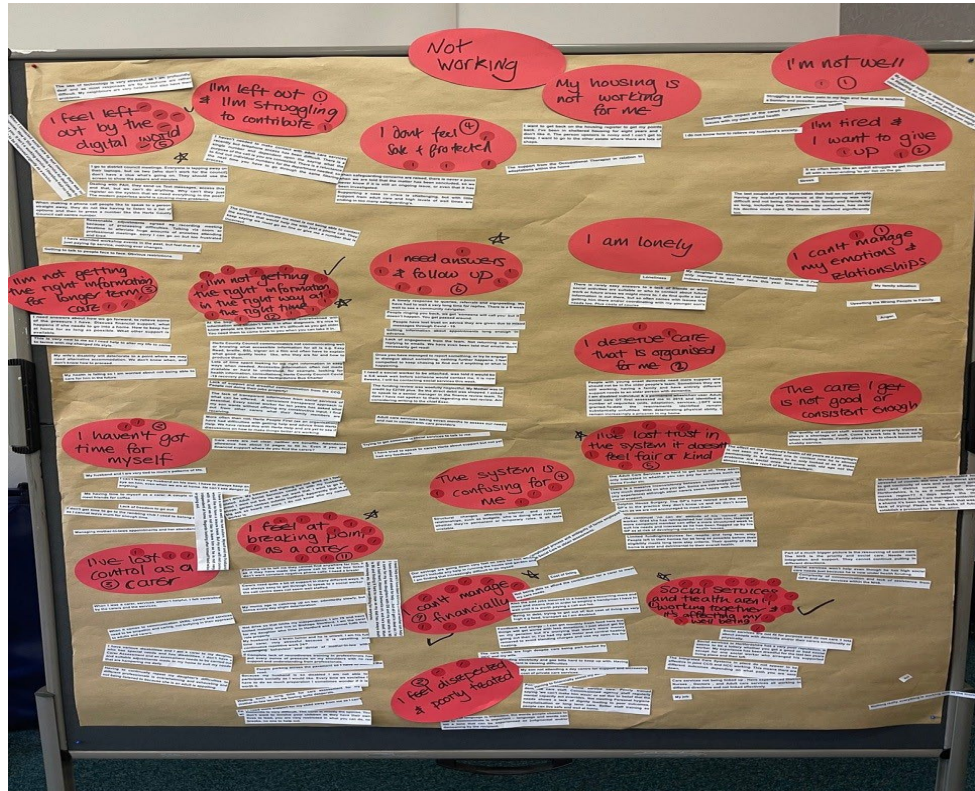
The Workshops Stage 3: Theming our working well statements

- We got the right health services
- I was given the right equipment & information
- Residential services work well for us
- Getting a referral was straightforward
- Friendly communication
- Risk is being managed well
- The support I get from voluntary organisations really works for me
- Flexible work is helping me to care
- It's important to me to be able to care for my loved ones
- Support from family and friends is what makes the difference



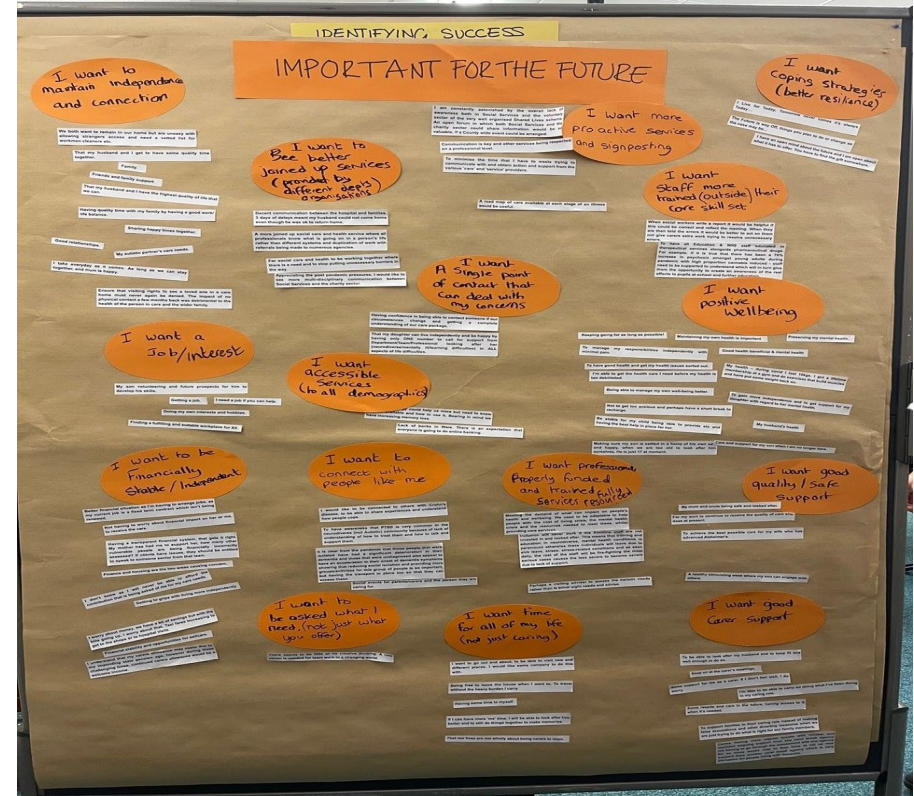
The Workshops Stage 3: Theming our not working statements

- I deserve care that is organised for me
- The system is confusing for me
- I'm tired and I want to give up
- I've lost control as a carer
- I've lost trust in the system, and it doesn't feel fair or kind.
- I feel at breaking point as a carer
- Social Services and Health aren't working together and it's affecting my well being
- I can't manage financially
- I'm not getting the right information in the right way at the right time
- I feel left out by the digital world



The Workshops Stage 3: Theming our Important for the future statements

- Clear accessible info that works for me
- I want to be able to stay in my home with whatever adaptations I need to accommodate my needs
- I want a job / be able to pursue an interest
- I want good quality / safe support
- I want more proactive services and signposting
- I want a single point of contact that can deal with my concerns
- I want to be asked what I need (not just what you offer)
- I want to maintain independence and connection
- I want coping strategies (better resilience)



Top voted **Not Working** theme

Social Services and Health aren't working together and it's affecting my well being

I feel at breaking point as a carer

I can't manage financially

I feel left out by the digital world

I'm not getting the right information in the right way at the right time

We thought about why these themes might be happening

ROOT CAUSES

Budgets create a divide and encourage cost shunting

Lack of understanding of each other & different attitudes and cultures

Being measured by different legislation/ targets and monitoring

Not recognising you as a carer

Thinking caring is your responsibility

A lack of readily available support for unpaid carers

Low or no income

Cost of living crisis affecting bills and housing

Financial assessment and stigma of getting help

Financial abuse / exploitation

People can't access the internet

Online services don't work well

Information is increasingly online

Staff not taking the time to find the right information in the right format at the right time

Process is not individualised

We finished day one by thinking about what success would look from different perspectives if we fixed the key not working themes

Not Working theme

Social Services and Health aren't working together and it's affecting my well being

I feel at breaking point as a carer

I can't manage financially

I feel left out by the digital world

I'm not getting the right information in the right way at the right time

People and families

I go to one place and get the help I need. Less need to repeat myself, not passed from team to team. I'm clear on services / costs

I know that I am a carer and what I do is valued and important. I know what support is available and how to get it. It is good

I feel confident and capable to manage my finances my quality of life and have adequate provision of local services

It's opened up my world. I can get information more quickly and easily

I am empowered because I have the right info in the right way at the right time to make the right choices

Commissioners

We commission people centred services and their needs and reducing competition, harnessing individual strengths of providers

Our contracts will require some providers to be carer-aware. We will listen to what carers tell us they want and commission it. We help avoid carer breakdown

We commission high quality services working in partnership to contract manage and monitor performance

We buy services that meet people's needs in different ways

Better cost-effective outcomes

Providers

Less time wasted negotiating budget and ability to help people, equal and collaborative partnerships between providers

Our staff will proactively identify carers, find out when they need help, what their support network is and tell them where to get help

We provide consistent high quality information, advice, guidance and practical support if needed to empower individuals to have control over their finances

We train our staff to help people. We respond to people's needs

We train our staff to recognise and understand different ways of providing info and improve processes

Not Working theme

I feel at breaking point as a carer

What do we have in place already?

- Mentors
- Info in GP surgeries and community settings
- Support groups
- A coproduction board
- Carers assessments
- Carers allowances
- Carers emergency plans
- Carers breaks service (sitting service)
- Annual carers health checks
- Provision for training eg Meds, moving and handling
- Paperwork e.g Lasting Power of Attorney
- Assistive technology (Telecare)
- Prevention of falls
- Carers lead available in GP surgeries
- Admiral nurses for dementia
- Nurse is available for different conditions such as strokes
- Carers in Hertfordshire
- Shopping services by phone
- Carer practitioner in the ACS teams and lead
- Community support
- Mindfulness and resilience training
- Sitting yoga

People and families

I know that I am a carer and what I do is valued and important. I know what support is available and how to get it. It is good

Commissioners

Our contracts will require some providers to be carer-aware. We will listen to what carers tell us they want and commission it. We help avoid carer breakdown

Providers

Our staff will proactively identify carers, find out when they need help, what their support network is and tell them where to get help

Radical

Using office space for community groups locally so that enables carers to attend these groups (travel costs)

Traditional

Media campaign like radio, TV, newspaper et cetera

Community

Making use of faith places, community centres to promote the awareness of carers and support

Promoting support for carers by using bus. It stops in the community

More information and support groups (face-to-face)

Reaching carers through sports trust (male carers)

Increase in carers allowance. Provide reduction in their lifestyle costs (more special offers for food and clothes)

More carer awareness training

To coproduce the ideas for Carer Breakdown Services

We used an impact vs effort grid to review our ideas and choose the best ones to take forward now

Some of list of ideas we chose to map on the grid were:

- Family and friends – campaign to get people to share their skills. – Build on Covid initiatives – get to know your neighbour, volunteers
- All ages – not just older people. Cost of getting online - make free. Literacy audio and tech
- Community spaces: mixing up older and younger people (schools) care homes and faith groups. Shared learning. IT, conversation, letters
- Buddy system – spend real time with the person to better understand their needs. chosen by the individual
- One case management system – owned by the person. (Air med?)
- Named contact – lead sticks with you as long as needed
- Overhaul benefits system



Then we ended the day by drawing up action plans for three of the best ideas using the following template

- What are you aiming to achieve and what issue does this relate to?
- Who will lead the work and who else needs to be involved?
- What can you do next week to kick start things?
- Where do you want to be in 3-6 months
- How will you know you're making a difference?
- How can you keep people engaged and informed about your work?

The 5 plans we developed using this template are captured on the following slides



A hand-drawn template for an action plan. It features a green border and two red pushpins at the top. The title 'ACTION PLAN' is written in large blue letters. Below the title is a table with four columns labeled 'WHO', 'WHAT', 'WHEN', and 'HOW' in red. The table has three rows, with the first row containing the column headers and the subsequent two rows being empty.

WHO	WHAT	WHEN	HOW

Group A – Promoting support in the community for Carers

What are you aiming to achieve and what issue does this relate to? Aiming to reach more carers earlier and address the issue of carer breakdown

Who will lead the work and who else needs to be involved and What can you do next week to kick start things? Ask the carer coproduction group to convene a working group to do this (get on the agenda)

Where do you want to be in 3-6 months Identify sponsorship/partnership with bus companies or community buses. Partners from the voluntary sector who are willing to support or to be in the bus

How will you know you're making a difference How many carers visit the bus. How many are registering. Provide Carers passport

How can you keep people engaged and informed about your work Keeping updating information.



Group B – To co-produce the ideas for carer breakdown services

What are you aiming to achieve and what issue does this relate to?

Reduction in carer breakdown – by coproducing the ideas for how to achieve this with carers

Who will lead the work and who else needs to be involved

Nadine. Carers in Herts. HCC Co-production board. Social workers and OTs doing the assessments. NHS Partners. Vol. organisations. Carers themselves.

What can you do next week to kick start things

Bring together the above to discuss shared goal and identify what are the causes of breakdown amongst different groups of carers

Where do you want to be in 3-6 months

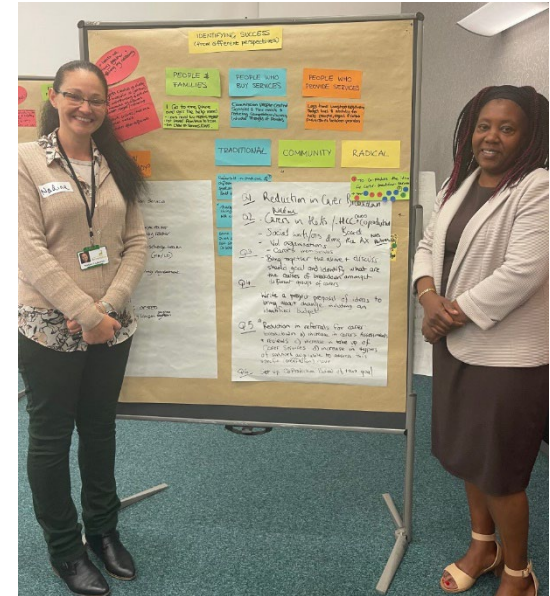
Write a project proposal of ideas to bring about change including an identified budget

How will you know you're making a difference

Reduction in referrals related to carer breakdown. Increasing carers assessments and reviews. Increasing take-up of care services. Increasing types of services available to address specific issues / risks of breakdown

How can you keep people engaged and informed about your work

Set up coproduction review of this goal



Our Other plans

- Group C – People's supermarket – Pooling community resources



- Group D – Support people who feel left out by the digital world



- Group E – People getting the right advice at the right time in the right way



What we learnt from the process

What worked well

- Having a number of trained facilitators supporting the workshops.
- Being able to share a good amount of the person centred data.
- Having the workshops in person.

The challenges

- Ensuring that the right people were involved.
- Making sure that everyone had the opportunity to be involved.
- Not letting people's past experiences impact negatively on the process.

Feedback from the workshops

“ I just wanted to say a heartfelt thank you for putting on the 2 day workshop, it was really good to meet you and the other people there. I was impressed with the genuine care in the subject that came across from all the professionals.”

“Allow more time for group activities – felt a bit rushed.”

“I would take account of the group dynamics that unfold, and find ways to engage with those who do not instantly participate.”

What we have done after the workshops?

- Written a summary report about what happened in the workshops and what actions were agreed
- Had a follow up session to look at the data we didn't get to share in the workshops
- Followed up on the 'Parking Board' information collected e.g. we are going to share issues raised.
- Met with Co-production Advisory Group to see how we're doing with the actions.
- The Report has been presented at our Co-production Strategic board.

How we will share our Action Plan Updates following the workshops?

- Once completed we will send out this Action Update via our different Voluntary Sector channels and distribution lists.
- We will publish our updates on the HCC website
- The Co-production Advisory Group will meet bi-monthly where we will continue to share progress.



Any questions?

Thank you



Hertfordshire