

Future of Adult Social Care Commission  
Agreeing the Commission Recommendations

23 May 2022 2.00 - 4.30pm

**Commissioners:**

Councillors: Val Armstrong (Chair); Keith Miller; Gina Lewis; Lynn Riley; Neil Sullivan; and Gillian Edwards. Alison Lee (ICP), Gary Cliffe (CWVA)

**Attendees:**

Del Curtis (Cheshire West and Chester) Charlotte Walton, (CWaC), Amy Lavery (CWaC), Morgan Jones (CWaC)

**Apologies:**

Alison Lee (ICP),

Observers have been asked to request meeting invitation details

**Background:**

The Commission's final meeting will discuss all the evidence and presentations received and agree recommendations that will go to Cabinet in July. The discussion paper at Appendix A will provide the framework for that discussion and subsequently for the final report. It reminds Commissioners of discussions and potential recommendations that have been raised and has been updated following the circulation of a draft version. It is not intended as an exhaustive record of all contributions to the Commission. Appendix B lists and provides hyperlinks to the evidence considered by the Commission.

**Agenda**

**1. Welcome and Introductions (2.00 - 2.10)**

- Councillor Armstrong: Welcome, Introductions

**2. Public speaking time**

- No requests received\_\_\_\_\_

**3. Discussion framework (2.10 – 2.20)**

- Morgan Jones: Proposed approach for the discussion

#### 4. Discussion on agreeing recommendations

- Keep it simple (2.20 – 2.35)
- Take a human rights approach to disability (2.35 – 2.50)
- Make 'nothing about us without us' real by embedding coproduction (2.50 – 3.05)
- Think local (3.05 – 3.20)
- Be positive and inclusive (3.20 – 3.35)
- Support a fairer future (3.35 – 3.50)
- Think more widely than just adult social care (3.50 – 4.05)
- Strong leadership, strong workforce and good use of data (4.05 – 4.20)

#### 5. Next Steps (4.20 – 4.30)

- Cllr Armstrong:

Discussion Paper

# Future of Adult Social Care Commission

## Discussion Summary

*This document is a high level summary of some of the evidence and discussions that took place at the Commission, grouped together under loose headings as a framework for discussion. It is a reminder for those who have participated in the Commission rather than an attempt to summarise all the Commission's considerations.*

### How did the Commission Work:

The Commission brought together six councillors with a leader from both the NHS and from the community and voluntary sector. The commissioners heard from local people who draw on social care and other experts to produce this report and make recommendations for the future of adult social care.

*A **commission** is a group of people who have been asked to do something official*

### Commission Aim:

To shape adult social care so that residents can be supported in achieving their aims for a good life – a healthy, happy life in a place they call home, playing a part in their family and community as much as they wish. Adult social care should ask 'What does a good life look like for you and your family and how can we work together to achieve it?'

### What is Social Care:

Social care is the practical help and support offered to people with eligible support needs. It is a general term for a wide range of non-medical services provided by local authorities and others, including the voluntary sector, to support the social needs of individuals to improve their quality of life.

### What do we mean by disabled people:

Within this paper, we use the words 'disabled people' to mean people facing disabling societal barriers due to their impairments or conditions (regardless of their age). This includes physical impairments, mental ill health, hearing impairments (including Deaf people with BSL as first language), visual impairments, learning difficulties, neurodiverse people, and those with chronic illness or fatigue.

### Recommendations

1. Keep it simple
2. Take a human rights approach to disability
3. Make 'nothing about us without us' real
4. Think local
5. Be positive and inclusive
6. Support a fairer future
7. Think more widely than just adult social care

8. Strong leadership, strong workforce and good use of data

A **human rights approach** to disability means understanding that it is the way that things are organised that can stop people with a disability from being able to live an ordinary life.

The **United Nations Convention on the Rights of Persons with Disabilities** is a world-wide agreement about the rights that disabled people have.

Discussion Paper

# 1. Keep it simple

*The Commission was told about the difficulty people have in understanding, accessing and navigating the social care system. The importance of the commission's evidence, discussions and final report being accessible were highlighted early on.*

## **Learning from the Commission:**

- Need to move away from the form filling culture towards informed conversations, think about 'unnecessary' reviews and the need to support people to maintain their independence
- Powerful that the only version of the Hammersmith and Fulham Disabled People's Commission final report was the fully accessible report
- Need to change the language to change the culture
- Communities are already asking for one conversation – there are lots of pilots and projects starting at the moment
- Need a clear and simple mission for social care – talked about the right to an independent life and the support to help people live a long and happy life. Need a clear and aligned common purpose
- The support that individuals and families need to navigate a system that can be a real surprise and challenge for people - the more convoluted a system is the more costly it is to navigate both in human terms and financially when considering advocates time.
- Anxiety cripples the ability to engage and needs to be higher up the agenda.
- Difficulty of complex forms that are not user friendly, particularly for those such as individuals living with dementia
- Commissioners liked the 'simple but profound' messaging used by Wigan Council
- Parents 'move mountains' to get support for their children
- Key challenges for people are around accessing care, finding appropriate care providers and sourcing funding
- Significant time is spent by community organisations in helping people navigate what can appear to be a complex system that many people disengage from due to either cost or complexity
- Across health and social care we currently speak with too many voices to the same population

**Current position:** The Livewell Cheshire website seeks to signpost all services available within the borough but needs work to become more comprehensive and user friendly. The Council has a corporate writing style and plain English guide in place. A Community Led Support pilot within the borough is helping develop new approaches to care.

## **Potential recommendations**

- Produce a single, clear accessible version of the Commission final report rather than a 'council' version and an accessible one (NB must also consider translation into Braille, British Sign Language and other languages).
- Review the customer journey so that less support is needed by individuals and families to navigate a system that can be overwhelming and a challenge for people
- Say things more plainly
- Review complex forms that are not user friendly
- Review the information we make public about providers in the borough to make it easier for people to make an informed choice about their care

- Review communications around social care reviews
- Review all standard communications and letter templates to best use plain English
- Lobby for a clearer, simpler, national approach to social care

Discussion Paper

## 2. Take a human rights approach to disability

*The United Nations Convention on the Rights of People with Disabilities sets out an international agreement on the rights of disabled people. The Social Model of Disability is a recognition that it is the way that society is organised that disables people, rather than any impairment they have.*

### **Learning from the Commission:**

- Disability as a concept ignores the fact that it is society that creates the barriers that disabled people.
- Understanding and overcoming these barriers requires a central role for those with lived experience
- Need for investment in training to support the culture change required to move the workforce to a social model understanding of disability
- Many of the disabling barriers faced by people – whether attitudinal, physical or communications based - are common across all ages

**Current Position:** Around 61,000 people living in the borough are disabled. The United Kingdom has signed up to the UNCRPD but the Council has not formally committed to its principles or embedded the social model of disability across services. The Council has Disability Confident Leader status and the consideration of disabled people and their needs is a key element in the Council's equalities analysis framework.

### **Potential Recommendations:**

- That the Council formally adopts the social model of disability
- That the Council formally signs up to the United Nations Convention on the Rights of People with Disabilities
- That staff training is developed to promote understanding and the culture change that adopting the social model of disability should bring to the way that services are planned and delivered
- Promote the use and publication of equalities analyses to consider the potential impact of decisions and proposals and any required mitigation
- Set ambitious targets for our communities and also personalised care provision at all levels (not just social care providers - the council, schools, colleges commissioned and non commissioned services, community provision, health etc).

### 3. Make 'nothing about us without us' real

*Disabled People's Organisations (DPOs) in England consider co-production of social care to be the benchmark of good practice for local authorities and call for people with lived experience to be equal partners in decision making*

#### **Learning from the Commission:**

- Key message of 'Nothing about disabled people without disabled people'
- Whilst it is useful to consider different client groups to ensure that different perspectives are considered fundamentally the Commission is about people with care and support needs
- Direct payments and the employment of personal assistants (PAs) can empower people and bring significant benefits to those who draw on social care but there are challenges around pay rates, bureaucracy, and lack of available PAs
- The Council's community led support project is a huge opportunity to progress this work

#### **Current Position:**

The Council has been strengthening its approach to engagement for some time, through groups such as the Carer's Forum, Poverty Truth Advisory Board and tools such as the Participate Now online consultation hub. The voice of those who draw on care was recognised as being fundamental to this Commission but the criticism has been that no Commissioners were appointed explicitly as they draw on care. Co-production is highlighted in the local Compact and is one of the agreed principles of the Cheshire West Place Executive.

#### **Potential Recommendations:**

- The Council works with local groups and communities to develop and agree a definition of co-production and a strategic approach to co-production
- Embed coproduction in working practice
- Promote the take up of direct payments and increase the number of people in receipt of direct payments
- the Council to establish a Disabled People's Commission to design a pathway for the establishment of a Co-production Implementation Group (CIG) led by disabled people and their organisations
- Social care policy to be designed, delivered, and reviewed in equal partnership with the CIG, and guided by a commitment to ending charging by the authority for meeting statutory care and support needs



## 4. Think local

*Local services help people remain in their communities, support and build on new and existing relationships, and help reduce the carbon emissions and lost time associated with travelling.*

### **Learning from the Commission:**

- Need to invest in communities and also harness and support the energy of those already working at this - invest where the energy is
- The opportunities and challenges arising from integration of Council and NHS services with the development of the Cheshire and Merseyside integrated care system
- Potential for care communities to be used as building blocks for a 'know your communities' approach
- Need to remember that not all communities are geographic but can be people brought together around common interests, experiences or needs – may need other approaches alongside the care communities
- Potential to fund 'micro-providers' hyper-local services from smaller organisations – example given of the London Borough of Hammersmith & Fulham's (LBH&F) 'meals and a chat on wheels' service
- Interest in Wigan's 'know your community' approach and how this could be linked to the West Cheshire Care Communities
- Clear learning from Wigan – ambition to commission from organisations who share our values – concept of growing our own care sector with people who live and work locally
- The Council's community led support project is a huge opportunity to progress this work
- The need for community organisations to ensure their services have a clear local impact and that they can demonstrate it
- Consideration of the 'Rurality penalty' and the additional difficulty of accessing services for people living in rural areas where often no choices are available
- Supporting sustainable volunteering – need to consider rural communities who tend to have fewer local statutory services and face higher costs, but can also have greater community capacity
- Need a diverse local market to provide people with real local choices of the services that they draw upon – this also becomes a local economic generation scheme.
- There is no 'one size fits all' approach and there are a range of care and support needs that must be catered for
- Investing in local providers is not just about money, but partnership, time and support to develop skills and capacity
- Commissioning needs to be innovative and absolutely think local (or community), the community organisations have a key role here, to monitor and ensure value for money across the Place, as well as identifying gaps and working with commissioners to close them.
- LBH&F invested in improving negotiating skills to maximise the payments they receive from local developers
- LBH&F jointly funded reablement to create award winning services

**Current Position:** The Council's vision is of building greener, stronger and fairer communities. The local response to the pandemic way has shown the potential for a new way of working and key partners have signed a new Compact agreeing how the public and community and voluntary sectors will work together. This Compact includes the [Keep It Local](#) principles.

**Potential Recommendations:**

- Enable greater community sector participation in market shaping and commissioning activities
- Update the Council's Market Position Statement to set out clearly the Council's intentions to commission differently and for different business models
- Identify commissions in the pipeline which may suit community sector providers and/or an alternative commissioning and procurement method
- Develop a micro-provider programme, creating a hyper-local support network as part of work to redesign how we support people at home
- Create a new partnership with community organisations to help shape future models of support and the future market

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## 5. Be positive and inclusive

*Services have traditionally started from the position of considering what people and communities cannot do, rather than on building on the strengths of individuals and communities.*

### **Learning from the Commission:**

- Reframing social care around the right to independent living
- Need to refocus on what matters to individuals rather than a conveyor belt of assessment and care package
- Desire for a different way of working can be clearly demonstrated by leaders and individuals but organisational behaviour does not necessarily change
- Interest in the Wigan approach to developing an ethical framework for homecare and small neighbourhood home care services that share Wigan's values and beliefs
- Greater emphasis on prevention and keeping well
- How to help people remain independent by making light-touch services available at the moment of need to prevent crisis and the need to draw on more significant services
- Recognise that people may require support to live independently
- The huge potential for technology to allow people to remain independent for longer
- The Council's community led support project is a huge opportunity to progress this work
- Need a relational rather than a transactional focus to services and commissioning
- Practitioners cannot rely on forms. They need to understand what is important to those who draw on care but also use their professional judgement to highlight what is important for them
- Not just about guidance for staff but freedom – need to empower them
- Social care is facing a recruitment and retention crisis. Regional bodies, the Council and local providers are all developing and exploring ways to recruit, retain and train staff.
- Focus on prevention, understanding and supporting diverse communities, making it easier for people to access appropriate care, and changing the culture of social care
- breaking down silos of funding and commissioning can enable a conversation rather than assessment mindset
- Promoting direct payments promotes independence and active choice
- Need to have a healthy and diverse market of providers to enable that active choice

### **Current Position:**

A community led support programme is currently being piloted in Ellesmere Port before being rolled out across the borough over the next three years. The Council are changing their approach to commissioning to shape the market and provision to have that positive and inclusive focus.

### **Potential Recommendations:**

- Establish a strengths-based approach to commissioning
- Roll out the community led support programme, the early implementation of which is currently underway in Ellesmere Port, involving the Council and partners
- Improve information, advice and guidance on available support and services (both for professionals and those who draw on care)
- Design more types of care to promote choice – 'It's not that there isn't enough care; there are not enough types of care'
- Fund micro providers of self-employed catalysts and create 'circles of care'

## 6. Support a fairer future

*The numbers of local people living in poverty has been highlighted and made worse by the pandemic. The current increases in the 'cost of living' impact hardest on those on fixed and low incomes.*

### **Learning from the Commission:**

- The fact that a good life is not necessarily affordable to disabled people without additional financial support from family
- The London Borough of Hammersmith and Fulham were able to abolish charges for disabled people living in the community
- Abolishing charges lead to a significant increase in demand – revealing the level of unmet need
- Currently nearly all council spending on adult social care is raised locally through council tax and non-domestic rates – we could and should be radical
- some people decline care altogether as they feel they can't afford it and don't want to go through the financial assessment process
- Need to consider the unmet need, under-met need and wrongly met need in our communities
- An individual's financial contribution to care can be the difference between surviving and thriving

**Current Position:** The Council declared a poverty emergency in October 2020 and have developed a partnership tackling poverty strategy, working through the Poverty Truth Advisory Board which is made up of individuals with lived experience of poverty. It has reviewed its Corporate Debt Policy including a Vulnerability Policy ensuring that vulnerable customers issues are considered on a case-by-case basis.

### **Potential Recommendations:**

- Undertake a review of adult social care charging, to include the basis for charges and the factors taken into account within a financial assessment, including the Council's approach to Minimum Income Guarantee, Personal Expenses Allowance and disability related expenditure.
- Take an approach to debt recovery that is responsible and responds to the financial and social vulnerability of residents
- Use commissioning approaches to support the development of local providers and so local community wealth building
- Promote the use and publication of equalities analyses to consider the potential impact of decisions and proposals and any required mitigation
- Promote supported employment opportunities and supported volunteering opportunities
- Lobby for free national access to social care
- a commitment to ending charging by the authority for meeting statutory care and support needs
- for the Council to raise the discretionary element of the Minimum Income Guarantee
- for the Council to raise the Personal Expenses Allowance above the statutory minimum.
- An adequately funded, co-produced Disability Related Expenditure guidance resource is created for distribution from April 2022 to every person in CWAC with care and support needs charged for care and support

## 7. Think more widely than just adult social care

*The chance of those who draw on social care being able to achieve their aims for a good life depend on a huge range of opportunities, challenges and services – not just adult social care.*

### **Learning from the Commission:**

- Need to consider the impact of all agencies decisions on those who draw on social care, their families and on other services
- How do we consider housing and planning?
- How do we influence future developments to be more adaptable and sustainable for people's changing lives and needs?
- How do we ensure an appropriate amount of homes have disabled access?
- The social model of disability highlights that it is the way that many buildings, infrastructure and processes are arranged that disable people.
- The work of [Empower You](#) highlights ways that existing services can be made more accessible and welcoming to disabled people – with providers seeing an average 1200% increase in disabled people participating
- The importance of assisted employment opportunities
- Need to consider how we support others to be involved in public life
- Recognise that culture change requires support at all levels and across all partners and communities

**Current Position:** The Council Plan focuses on supporting everyone to 'play their part,' with partnership working within the borough being strong and supported by the emerging Cheshire and Merseyside Integrated Care System.

### **Potential Recommendations:**

- Ensure training and communications on the social model of disability and on the United Nations Convention on the Rights of People with Disabilities is Council wide
- Ensure all staff receive good quality disability, equality and inclusion training that has been informed by those with lived experience
- Promote consideration of adaptability and accessibility in the review of the Local Plan and of Neighbourhood plans
- Promote strong understanding of, and engagement with, the Community Led Support approach across all Council services, partners and communities
- Highlight the importance of equality analysis in mainstreaming consideration across policy and decision making

## 8. Strong leadership, a strong workforce and good use of data

*Strong, consistent leadership is key to driving change and supporting staff, partners, communities and individuals to take risks and develop new approaches. The recruitment and retention of staff is currently a significant challenge. Clear and robust data supports informed conversations and evidence-based decisions.*

### **Learning from the Commission:**

- Need to maintain a focus on people and outcomes, rather than processes
- Need to move towards an enabling approach rather public sector bodies simply commissioning and providing services
- Leadership is needed to maintain focus and deliver system change over a number of years rather than being derailed by short term pressures
- Siloed budgets reduce flexibility and encourage repetition of previous approaches
- Need to ensure that sufficient resources are available to drive change and transformation forward – innovation funds
- Invest where the energy is “Community wealth building is Community Health Building”
- Need to understand and be comfortable with the rationale for any areas where spending may not be in line with national averages
- Need a culture of taking reasonable risks that lead to improved outcomes – fail often, fail cheap and fall forward
- Learning is invaluable, leadership is critical
- Leaders need to support their staff, but also need to be supported themselves.
- Whole system culture change is needed - across the council, health, community and voluntary sector, businesses and communities
- The need for community organisations to ensure their services have a clear impact and that they can demonstrate that
- The need for Councils, health and community sector partners to have good relationships and recognise that they are not experts in every area
- Need the Place Executive to start as it means to go on, with a positive approach to risk and culture change and a focus on early intervention

### **Current Position:**

New governance arrangements for supporting and overseeing the integration of Health and Care services in Cheshire West will be in place from July, supported by 12 partnership principles. The Place Director for the borough is a shared post between the NHS and the Council and the Cabinet Member for Adult Social Care and Public Health will be the lead member on the Partnership Committee. The Council has a robust and open approach to the collection, analysis and sharing of data.

### **Potential Recommendations:**

- Agree a long term, shared vision and strategy for health and care
- Strengthen and promote a culture of taking managed and appropriate risks
- Promote pooled resources and budgets across health and social care partners
- Explore the potential to develop an innovation or invest-to-save fund
- Support providers to improve the quality of services
- Invest in a thriving community sector

## Meetings and Contributors

### [Meeting 1: A vision for Social Care](#) (16 November 2021)

#### **Local experiences of Adult Social Care**

Lyn Turnbull and Helen Rowland, Cheshire Disabled Peoples Panel  
Rick Burgess, Greater Manchester Disabled Peoples Panel

#### **Care 2030 Vision and the Wigan Deal for Adult Social Care**

Stuart Cowley, North West Association of Directors of Social Services and Wigan Borough Council  
Councillor Keith Cunliffe, Wigan Council

#### **Cheshire West and Chester Council Plan**

Morgan Jones, Cheshire West and Chester Council

#### **A Vision for Social Care in West Cheshire**

Charlotte Walton, Cheshire West and Chester Council

### [Meeting 2: Funding and Paying for Care](#) (13 December 2021)

#### **Local experiences of Adult Social Care**

Lyn Turnbull, Cheshire Disabled Peoples Panel  
Dale Maskell, Age UK Cheshire  
Richard Lewis, local resident with experience of financial assessment

#### **The Key Financial Issues for Adult Social Care**

John Jackson, Local Government Association

#### **The Hammersmith and Fulham Approach**

Councillor Ben Coleman, Cabinet Member for Health and Adult Social Care,  
Lisa Redfern, Strategic Director of Social Care

### [Meeting 3a: Engaging with those who draw on social care](#) (14 February 2022)

#### **Coproduction at the strategic level**

Video presentation by Tara Flood and Kevin Caulfield, Strategic Coproduction Leads at the London Borough of Hammersmith and Fulham

#### **Community Led Support**

Lee Calvert, Head of Operations, Cheshire West and Chester Council  
Amanda Nally, Community Development Support Lead, National Development Team for Inclusion

### [Meeting 3b: The role of communities](#) (22 February 2022)

### **Local experiences of adult social care**

Jo Bush, local mother and carer  
Karen McGuinness (West Cheshire Autism Hub),

### **Overview of the local Voluntary and Community Sector**

Gary Cliffe (Cheshire West Community and Voluntary Action)

### **Experience of harnessing community support**

Cathy Boyd (Snow Angels)

## [Meeting 4: Workforce and Technology](#) (29 March 2022)

### **Local experiences of adult social care**

Lynne Turnbull, (Disability Positive)

### **Recruiting and retaining appropriate staff**

Andrew Burridge (North West Association of Directors of Adult Social Services)  
Dan Master (ICare)  
Jane Marshall and Gavin Butler (Cheshire West and Chester)

### **Harnessing the opportunity of technology**

Fiona O'Reilly and Kath McEvoy – North West Association of Directors of Adult Social Services Transformation Programme  
Lee Calvert – (Cheshire West and Chester)

## [Meeting 5: Commissioning high quality, ethical care](#) (26 April 2022)

**NB – meeting recording not yet uploaded to webpage**

### **Local experiences of adult social care**

Ann Brown, a local residents with a learning disability, supported by Joanne Carr

### **Different approaches to providing services**

Pip Cannons (Community Catalysts)  
Ben Andrews (Empower You)

### **The Council's approach to commissioning**

Charlotte Walton (Cheshire West and Chester)

## [Evidence submitted to the Commission](#)

The Future of Adult Social Care Commission asked for local people, partners and care providers to share any evidence that the Commission should consider. All evidence received is available at the commissions webpage at [Evidence submitted to the Commission \(cheshirewestandchester.gov.uk\)](https://cheshirewestandchester.gov.uk/evidence-submitted-to-the-commission)