

Video transcript: Building community capacity and personalised care

Jayne Wilson, Interim CEO Shared Lives Plus: People know that asset-based approaches, where we're working to the chance of communities, and personalised care is something that we all want.

With the demands on the social care sector as well, I think that commitment to try new things and perhaps and try more innovative models of care is there from a local authority and a government level.

1. Community Catalysts

Debbie John, Community Catalysts: in many communities people struggle to find the care and support that they need. If people are operating locally as a self-employed carers, sole traders, they can respond to that need.

Community Catalysts work across the UK with local authorities. We support local people to set up small enterprises, that could be one person operating as a sole trader delivering home care to people in their local area, or it could be a partnership or small community interest company for example, who want to provide day opportunities and activities for people with a learning disability.

We have people who come from a health and social care background, they might have been nurses, social workers, people who have worked for agencies, for example, where it hasn't quite suited them. That might be the hours, for example, or the travel, it might be someone who doesn't drive, and they think; 'actually if I did this really really super-locally I could walk between my appointments.

So we're commissioned by councils and local authorities but as a project manager I work closely with commissioners is to make sure that we are really enabling community enterprises to flourish and succeed in an area.

The prime motivation is to obviously offer more choice within the market so obviously it is really important that there's capacity and more hours of care and support, but it's also, if you think about the Care Act, about people having choice and control.

2. Shared Lives, Plus

Mollie Draper: I moved in with May and family in August, under Shared Lives and since then I've been really welcomed into the family. We all get along together, not just me and May but everyone in the house.

May: I feel that I've given Molly the platform for her to choose what she wants to do and rather than see that she gets to service issues if she's unwell, that she actually gets a service if she's well and achieving.

There's probably a lot of people similar to Molly that are stuck in a system where they are at home and totally dependent.

Jayne Wilson: It's quite complex situation, but quite a simple basic model, where somebody just goes and receives the support they need in a family environment rather than a residential facility.

3. Community Circles

Kate Crowther: One of my concerns was what happened when I became ill. To have people who were aware of Dave's needs filled me with confidence.

I'm one of a large family [who are] very, very supportive. But the community circle are the people who live closest to me, so could be called on in an emergency.

Cath Barton, Community Circles: Historically, Circles of Support were popular for people with a learning disability, and when we started about 10 years ago we were looking to make them available for everybody.

So we probably work with people from birth to end of life. The organisations we partner with include supported living, extra care, working in local communities where that's anybody who lives there.

If I hadn't have had the community circle, when I had Dave, I think Dave's life would have been considerably shorter. Because we were actually able still to go away on holiday, we were still ambitious in what we were doing, and I don't think we'd have been able to do any of those things if we hadn't have had that kind of support.

4. Buurtzorg Britain & Ireland

Brendan Martin, Managing Director, Buurtzorg Britain & Ireland: Looking after my Mum led me to have a very close up look at how homecare is done in Britain. The conclusion I came to was, this is a service crying out for neighbourhood-based, self-managed teams of care workers.

So that's what motivated me to look around and see if there were any examples internationally of the kind of care arrangements that I'd got in mind. I quite quickly discovered Buurtzorg in the Netherlands. We established a partnership which we called Buurtzorg Britain & Ireland.

The way our model works is that a neighbourhood of something around 10,000 people is supported by a team of anything up to 12 professionals, and the approach starts with what they can do for themselves with a bit of help, what others might be able to help them to do, in a voluntary, non-professional way, and what the professionals need to do.

We know that there is a huge workforce crisis both in community nursing and in social care. Everybody knows how desperate that crisis is. Well the fact is, when Buurtzorg started in

the Netherlands, nurses came out of retirement. Nurses who had dropped out of nursing demoralised, came back into nursing because they wanted to work in this way.

5. Imagineer

Liz Leach Murphy, Founder and Managing Director, Imagineer: So one individual that we worked alongside had been living in a supported living scheme for a long time. Her family and immediate support had been looking at other housing options for quite some time - eight years in total. They had meetings with senior managers, commissioners, housing allocation officers. When we got involved the very first thing we did is open the thinking: what does a good home look like for her? Where would that be? What would be in the home? Who would be around her? and we started to create a plan that had a much bigger picture.

Within an eight-month period we'd found a house that was available to rent in the village where she wanted to live, we'd approached the landlord, he was in agreement to have a lease agreement with the housing association, and we recruited a team of PAs - she was actively involved in the recruitment process - to actually be with her in her new home.

Her quality of life changed drastically. What happened over a period of time is actually the level of support she required reduced significantly.

Sarah Holmes: In very simple terms support brokerage is about working alongside a person to help them to put a plan together for what a good life looks like. So it's very much in keeping with the spirit of the Care Act and the wellbeing principle that runs through the core of the Care Act.

Over time, of course, the outcomes that we see are that people have less dependence and less reliance on statutory services and functions and ultimately on funding, because they're developing resilience, they're developing connections, and they're developing confidence to take ownership and be in the driving seat of their own lives.

6. KeyRing

Claire Gleeson, KeyRing: KeyRing are really good at leveraging resources from the community and we work alongside people to put a plan together for what a good life looks like.

We connect them with the resources, whether that's with other providers or community assets. We help people to connect, we help people get to know and use resources in the local community. So we're always promoting connexion, flexible support and skill building, and we do that through an environment that offers 'just enough' support.

It could be peer support from one another, it could be from support of local volunteers or paid staff. We've a whole range of ways that providers such as KeyRing can be engaged with local authorities.

A really nice example of this is in Darlington, where KeyRing are looking at ways around how people can jointly commission their support through pooling their direct payments and buying KeyRing as an alternative to day services.

I think it can be difficult for local authorities to let go sometimes and feel that they can trust providers to be the ISF host, but there are things in place that can help to relieve some of that anxiety and reduce risk of exploitation.

We've been looking at virtual wallets, and how they might be used, so they can see what support has been paid for and families can have access to that, the provider has access to that, and the local authority has access to that.

7. Think Local Act Personal

Isaac Samuels: Self-directed support is a wonderful thing. I know lots of people don't even know about it. I come across people all the time that don't know that they can choose a direct payment, they can self-direct their support.

I think it enables people to not only commission support that meets their needs, but actually it enables them to manage and control that.

So my experience of social care probably goes back to 1996, and I was really unwell, I ended up in hospital. There was lots of support put around me or put in place for me that just didn't work. So I had a support worker, I had supported accommodation, I had social workers, OTs... just so many people involved in my life.

Many years down the line after having all these difficulties, a social worker suggested a direct payment. You could get a budget and you could find your own support that would meet your needs. I was like 'I'm not sure I can do all that', because it seems really complicated, but I did.

And it's been life changing. For me it meant that I could employ a number of individuals but I could actually decide what kind of person I wanted to support me, what they did on a daily basis. It was flexible it could be provided in a way that made sense to me and my family....

Martin Walker, TLAP: It's proved difficult for councils to deliver for a variety of reasons. Some places have got further than others, and we've been very encouraged that recently a good number of places are approaching TLAP saying 'can you give us some pointers to the sort of things we can do to help people experience self-directed support in a much better way.