

PUTTING RELATIONSHIPS FIRST IN EAST CAMBRIDGESHIRE



By Graeme Hodgson

A key lesson from our Putting Relationships First cell is that it's important to make relationship-building a core operating principle and central to each job and to the workplace culture of every organisation. Graeme Hodgson writes here about what they've been doing in East Cambridgeshire to put this into practice.

I have always believed that we are stronger together and by embracing diversity and engaging in meaningful conversations and relationships across the barriers that sometimes divide us, almost anything is possible.

When I was asked to take responsibility for a large-scale place-based programme bringing together a dozen different innovative projects in Adult Social Care, I immediately knew that building the right relationships with stakeholders was going to be essential for success. That meant relationships not only with partners and providers in the local health and care system, but (especially) with local residents who would be key to a co-designed, co-created set of solutions that would help them do the things that mattered to them, in the places they called home, with the people they chose to do them with.

That's right, I was given an opportunity to put into practice the Social Care Future vision in the form of a programme called Care Together (initially dubbed Happy at Home), and knew that the insights and exchanges made possible by participating in online events promoted by a Better Way were going to help me do just that. The aims of Care Together are to:

- work with local people and services to design a system which makes it easier for people to access support;
- improve the way that organisations deliver care and support, and how people access services;
- raise awareness of local care and support resources;
- give people more choice of local support and more options for paying for help if they are unable to manage this themselves;
- support people to be as independent and happy in their own home as possible.

The two councils I work for are facilitating a stronger relationship between residents needing care and their personal assistants and communities, working in a variety of ways. For example, we are seeking to change the situation where domiciliary carers often change from one week to the next and no real lasting relationship is built. Direct payments to people needing care are a standard option, but this comes with what can be a heavy and undesirable administrative burden as a direct employer, which many people, particularly older adults, shy away from. As part of a larger programme of changes, residents are instead being offered Individual Service Funds, through which a third party takes away the administrative burden, but people needing care still retain direct control over who becomes their carer and what services they access, with flexibility to change when they wish to. The councils have also commissioned a Direct Payment Support Service to give advice for those who do want to take full budgetary control.

We are proud to be working with Community Catalysts to enable carers to become self-employed, so they are better able to develop strong, consistent relationships with those they care for, particularly in under-served rural communities, serving the local population with minimal travel time, thus generating a smaller carbon footprint than traditional home care models, which often see workers commuting long distances by car.

We build relationships in other ways, too, particularly through the social connecting role of community hubs and community organisers and mutual aid groups. For example, we have a network of Community Navigators who signpost people to local services and activities, with the aim of early intervention.

We build relationships with service users through co-production, for example through Healthwatch Partnerships Boards, and they work with providers and people with lived experience at the very beginning of designing what they commission.

We also seek to build good relationships with central government, the NHS and other local authorities and, as a result of the trust this has created, have been able to improve care, for example directly providing PPE and Covid-19 vaccinations to personal assistants on the same terms and at the same time as they were made available to NHS and care home staff.

The council has also been looking at how to direct more resources to relationship-building and to measure relationships and their outcomes, not outputs. To help us measure the right thing we ask service users: 'What does good look like to you? What is it you want to do? How can we help?'

It is only by establishing meaningful relationships between members of the public, providers, local authorities and the voluntary and community sector that we can move forward with truly person-centred, place-based solutions that generate the outcomes people are seeking.

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