# ADULT SOCIAL CARE STRATEGY 2016-20 PUBLIC CONSULTATION SUMMARY

# 1. Introduction

A formal 60 day consultation commenced at 2pm on Monday 21<sup>st</sup> September and ran until midnight 20th November 2015 on proposals for the Adult Social Care Strategy.

The aim of the consultation was to gather feedback on Leicestershire County Council's proposals for the adult social care strategy. The consultation was specifically interested in:

- views on the proposed principles of future delivery of adult social care;
- support or opposition regarding the different elements of the model;
- views on our ideas about delivering the model.

Throughout the consultation period, a broad range of audiences was targeted and considerable efforts were made to raise awareness of the consultation and support opportunities to gather people's views. The target groups broadly consisted of:

- The people of Leicestershire (i.e. members of the public)
- Customers/carers with experience of using or accessing Adult Social Care
- Partners/stakeholders with experience of using or accessing Adult Social Care
- Providers/ Organisations who could be directly or indirectly affected by the proposals

# 2. Consultation activity

In order to encourage and support involvement, several engagement methods and approaches to promotion were employed throughout the consultation period, with the aim of raising awareness and encouraging people to give feedback on the draft strategy. The draft strategy, along with background information, was available on the Leicestershire County Council website including an online questionnaire which was available in both standard format and easy read.

In addition to public workshops and service specific workshops, people were invited to have their say by completing a questionnaire, either online or in hard copy format (i.e. printed paper versions). A supporting information sheet was provided within the consultation document and participants were prompted to read the supporting information prior to completing the questionnaire. A combined questionnaire and information sheet was also made available in easy read format.

In total 732 customers, carers, staff, partners and other stakeholders attended face to face meetings/ workshops where the strategy was discussed and 321 completed questionnaires were received.

Who did we engage and consult with?	Face to face (workshops, meetings etc)		Completed questionnaire	
Service Users	152	20.8%	61	19.0%
Carers	70	9.6%	60	18.7%
Social care providers	225	30.7%	32	10.0%
Leicestershire County Council staff	123	16.8%	59	18.4%
Public	94	12.8%	71	22.1%
Other stakeholders	68	9.3%	31	9.7%
(Not identified)			7	2.2%
TOTALS	732		321	

#### Provider engagement:

- An initial information session for providers was attended by 22 representatives across the spectrum of social care service provision.
- Three dedicated provider workshops have been held, to explore the implications of the strategy for them and to engage providers in encouraging and supporting involvement in the consultation of their service users (with support from the Department's officers if requested and capacity allows). These workshops were attended by a total of 76 provider representatives.
- A presentation was made at the Voluntary Action LeicesterShire Health & Social Care Forum meeting, attended by 30 voluntary sector representatives.
- The strategy has been presented to 10 stakeholders at the Homelessness Strategy Steering Group Charnwood.
- Presentations have been given at the Domiciliary Care Providers Forum and the Residential Care Providers Forum to a total of 56 provider representatives.
- Dedicated workshops have taken place with providers of Community Life Choices and Supported Living services.
- Ten per cent of questionnaire responses were from social care providers and/ or representatives of the VCS.

#### Staff engagement:

- A series of 6 staff briefing sessions were delivered by the Director and Assistant Directors, with a total attendance by 118 staff.
- The draft strategy and consultation have been promoted on CIS.
- One-to-one meetings have been held with each ASC Head of Service and the Principle Social Worker.
- Staff workshops to progress development of the frameworks for Community Life Choices and Supported Living have taken place.

• Nineteen per cent of questionnaire responses were from council employees.

#### Public engagement:

- There has been an article in Leicestershire Matters.
- The draft Strategy and consultation questionnaire are on the "Have Your Say" section of the Council's website.
- The draft strategy and consultation have been promoted in VAL's e-briefing.
- Presentation at the Shire Community Grants evening (60 attendees)
- Communications Team activity:
  - o Additional media release
  - Face-to-face engagement at targeted events and venues
  - Social media using Twitter and Facebook channels
  - o E-blast reminder
  - Reminder to parish councils
  - Reminder message to the Better Care Together Public, Patient Involvement leads
  - Printed adverts in local publications
  - CIS article for internal audiences
- Chief Executive's Communities Team facilitated two workshops, one for Parish Councillors attended by 22 representatives, and a second for Community Groups which attracted 11 community group representatives.
- Communications Team facilitated "on street" electronic completion of questionnaires with interested members of the public
- Twenty-two per cent of questionnaire responses were from interested members of the public.

#### Service user and carer engagement:

The format of meetings conducted by the review team was developed in partnership with providers and included presentations, informal interviews, question and answer sessions about the proposals, group feedback, and support on an individual basis to complete/ distribute questionnaires where requested;

- The strategy was presented to the Learning Disability Partnership Board, attended by 41 people, comprised primarily of service users and family carers, with some representation from staff from both LCC and provider organisations.
- Presentations have been made to 41 carers at 3 carers support group meetings (Wigston, Melton, Hinckley, Loughborough and Harborough.
- There have been a series of visits to Mental Health drop-in services (14 groups around the county), where the strategy has been presented to over 100 attendees (it is estimated that approximately 10% of the 118 people seen across the county attend more than one of these groups).
- Thirty-eight per cent of questionnaire responses came from users of social care and carers/ family members.

#### Scrutiny:

• A report was delivered to Scrutiny Committee on 4<sup>th</sup> November to update members on the progress of the consultation so far.

#### Health partners:

- Reports on the strategy have been delivered to relevant planning and commissioning groups at both County CCGs.
- There has been presentation of the strategy to the Healthwatch Leicestershire Interim Board, and separately to the Healthwatch Carers Reference Group.

# 3. Overview of Responses

#### 3.1 Volume of responses

In summary, the following written responses were received during the consultation process:

Consultation method	Number of responses received
Paper Questionnaires	119
Online Questionnaires	185
Mobile Device Questionnaires	17
Formal written responses	5

#### 3.2 Analysis of responses

All feedback in workshops and meetings was recorded and key themes were identified. Not all respondents answered all the questions, analysis percentages are for those that did respond to each question: these statistics are contained in the tables in Appendix A.

#### 3.3 Principles

There was a very high level of support – 83 per cent agreement - for the principles to which Adult Social Care will work, both in face to face sessions and in responses to the questionnaire.

"This seems the right approach - it is straight-forward and based on common sense."

"Given the severe reductions in funding across the UK, these principles seem to consider the key broad issues. The emphasis on early intervention and prevention feels right. These principles also seem to broadly consider a holistic approach to care for people - thinking about time, place, right kind of support and I do feel that partnership working will be even more critical going forward."

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#### 3.4 Model

When asked about the proposed new model for adult social care and the extent to which people agree or disagree, 74 percent of all respondents agreed and 11 percent disagreed.

Emphasis on prevention and delaying need makes sense when trying to deliver targeted support with less money. It is important that people remain as independent as possible, but also that they get the help they need.

# 3.5 Ideas for delivering the strategy

#### **Prevent Need**

Seventy percent of all respondents agreed with our ideas for preventing need, but people who use social care and family/carers were more likely to disagree than council or voluntary sector staff. Amongst those who disagreed, comments mostly expressed doubts about how this could be achieved, rather than expressing views that the ideas are wrong.

Prevention is key and is one of the key factors in effectively reducing spending on higher levels of support.

Preventative intervention is highly desirable but will require considerable effort to change the culture where people have an expectation that help will always be available.

#### **Reduce Need**

Seventy three percent of all respondents agreed with our ideas for reducing need, and only 8% of all respondents disagreed with our ideas. There was nothing statistically significant amongst the 8% who disagreed.

People require help before they get to crisis point. Educating them and identifying their future needs at an earlier stage might help prevent so many actually having to access services.

# **Delay Need**

62 percent of all respondents agreed with our ideas for delaying need, and 11% disagreed. The key reason for people responding that they neither agreed nor disagreed, or did not know (joint total of 26 per cent), relates to concerns about proposals to use methods other than face-to-face interaction to support people, and how this would work in practice.

This is perhaps one of the biggest challenges as it requires a culture change in the general public. People who experience a crisis (and their families) expect to receive a significantly high level of care and support. They will need to understand that due to limited resources, the focus will be on rehabilitation and improving confidence/maintaining independence, rather than a solution which offers a greater amount of support/intervention (e.g. care home placement).

Assistive technology sounds great but when it's proved to be not enough, how long will it take for more appropriate care to be provided?

I like the emphasis on problemsolving. That feels proactive.

# **Meeting Need**

Responses to the questions about meeting need varied by type of respondent and the idea:

 "We will work out what support the community can provide before considering local authority funded support...."

Overall, 68 percent of respondents agreed with this idea, support was higher from council staff (87 percent) but significantly lower from employees of social care providers (33%), (44% of whom disagreed compared to 15 percent of all respondents).

- "We will support people to manage their Personal Budget as a cash payment....."
   69 percent of respondents agreed with this idea with just 8 percent of all
  - respondents disagreeing.
- "We will work with a smaller number of providers to deliver quality, cost effective support....."
  - 52 percent of all respondents agreed with this idea, which was well accepted by council staff (75 per cent of whom agreed) but contrasted with the rates of agreement by family members/ carers of people who use social care (37 per cent agree, 40 per cent disagree). Areas of concern mentioned include the potential lack of capacity of a smaller number of providers, and a reduction in choice for people whose support is delivered via a managed personal budget.
- "We will require providers to work in ways that can maximise people's independence and reduce reliance on the services that the council pay for."
  - 64 percent of all respondents agree to this idea, this is higher for council staff (89 percent) and lower for responses from family members / carers of an adult who uses social care (48 per cent). Conversely a higher percentage of family members/ carers

disagree with this idea, than all respondents; 21 percent compared to 13 percent), whereas council showed less disagreement at 4 per cent.

"We will make sure people get just enough support to meet their needs..."

66 per cent of all respondents agree with this idea, and support if higher from council staff, at 91 percent. Highest disagreement for this idea came from family members/ carers of an adult who uses social care 27 percent, and lowest from council staff (2 percent) compared to 16 per cent of all responses.

More needs to be done to flex services to changing / fluctuating needs.

 "We will develop alternative approaches to residential care, including supported living, Extra Care Housing and Shared Lives."

One hundred percent of respondents who are employees of social care provider and 65 per cent of responses from council staff, agree with this idea. 7 percent of all respondents disagree with this idea and there was significantly higher agreement by council staff (84 per cent) with no significant disagreement from any particular group of respondents.

For some, residential care will be the most appropriate choice. It is so important to not lose sight that this type of accommodation is still extremely important and needs to be

# 4. Findings and Conclusion

The key themes from feedback received can be summarised as:

- Support for the principles and model
- Concern about over reliance on communities, and how communities can be supported and sustained
- Balance between price and quality
- Importance of effective communication
- The key role of Information and advice
- Improvements required in relation to internal processes, including the timeliness of reviews and payment mechanisms for both cash direct payments and payments to providers of commissioned services.

Overall there is a high level of support for this strategy and the ideas put forward as potential ways in which we can deliver it. Engagement and consultation have highlighted

the need to make sure that communication is prompt and clear, and to check that people fully understand our purpose and intentions. The issues and concerns raised have all been in relation to the delivery of our aims, and will inform the commissioning strategy and its associated documents (eg delivery action plan, EHRIA, risk assessment).

Alison Maullin
Acting Strategic Commissioning Manager

# Appendix 1 – Summary Questionnaire Results

	Number of	Proportion of
	respondents	respondents
The Principles		
Agree	256	83.1%
Disagree	20	6.5%
Neither/Don't know	32	10.4%
	308	100.0%
The Model		
Agree	224	73.9%
Disagree	32	10.6%
Neither/Don't know	47	15.5%
·	303	100.0%
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Ideas to Prevent Nee	ed	
Agree	207	69.7%
Disagree	40	13.5%
Neither/Don't know	50	16.8%
	297	100.0%
Ideas to Reduce Nee	d	
Agree	218	73.4%
Disagree	25	8.4%
Neither/Don't know	54	18.2%
	297	100.0%
Ideas to Delay Need		
Agree	184	62.6%
Disagree	33	11.2%
Neither/Don't know	77	26.2%
	294	100.0%

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