

Appendix B

Adult Social Care Strategy Engagement and Consultation Outcome Report

November 2021

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Executive summary

Introduction

Our draft strategy for Making a difference every day, Adult Social Care in Kent 2022 to 2027, is being developed to set out the strategic direction for, and help to enable delivery of, adult social care services over the next five years in Kent.

Due to a decade of difficult financial pressures on the council's budget and the huge social, economic and public service delivery impact of the Covid-19 pandemic, the operating environment has fundamentally changed. In response, an Interim Strategic Plan which sets out the action KCC will prioritise was approved by County Council in December 2020. Work is in progress to develop a new Five Year Plan as KCC's Strategic Statement and the Adult Social Care Strategy objectives will contribute towards achievement of the outcomes set out in the Strategic Statement.

To fulfil the need for a new strategy for adult social care it is no longer a case of building on the existing '[Your Life, Your Wellbeing](#)' strategy when it expires at the end of 2021, but ensuring that a new strategy is developed that is in line with the council's corporate objectives, guided by the principles of the Care Act 2014.

The work of the Adult Social Care and Health Directorate takes place in a rapidly changing world, where people we support have increased expectations in terms of access, quality of services and the outcomes that matter to them. As a result, we plan to publish a new strategy that describes our strategic direction, vision and the core principles, which provide a foundation for how we work in practice. It is intended to be a high-level plan that unifies the approach across our workforce to deliver more person-centred, flexible and responsive support. The final strategy will help us to articulate this to Kent residents.

Work began on the development of the updated five-year strategy in 2020, to ensure that the principles were designed with early and iterative input from stakeholders. The project started at a time when the impact of the Covid-19 pandemic was at its most serious and continued for the duration of the stringent government measures to control the virus and protect the public.

For this more co-productive approach to developing the strategy, officers had to rely on virtual and digital methods to do so for the majority of the time. This provided both challenges and opportunities to involve different groups of people in our early engagement, co-production and consultation stages.

Our approach

We involved several groups; people we support, members of the public, carers, our staff, county councillors, and partners to co-produce this strategy. As a result, the draft strategy has benefited from many different perspectives in its creation even prior to going out to consultation. Both the learned experiences of our staff, and the lived experiences of the people we support, carers and partner organisations have been discussed and have shaped the core document.

The document has also been influenced by what we learned during the pandemic in responding innovatively in delivering services alongside our partners such as the NHS, care providers and district councils. Likewise, our commitment to equality and diversity is embedded in this strategy as we focus on the needs of the individual, reflecting this in our service offer and everything we do.

The themes that arose in the development of the Adult Social Care Strategy have been informed, not only by the discussions we have had in our workshops and co-production sessions, but by additional insights from a number of different engagement exercises such as a dedicated carers research study, an adult social care engagement roadshow in libraries, interviews with staff and people that access our services, workshops with our People's Panel and by other insights from complementary discussions and shared learning from partner organisations such as Healthwatch, the NHS and community organisations.

Summary of the draft strategy aims

The strategy document for consultation has been designed to explain in plain English, and in an engaging way, our **overall draft vision**, the **idea of our three core principles** (putting the person first, improving all the time and measuring what matters) and our **draft new ways of working model**, which keeps the person at the heart of everything we do and will help us continuously improve the services we offer. Together, these describe our 'making a difference every day' approach to helping the person we support, and carers achieve the outcomes they see as most important.

Based on adult social care diagnostic work and staff engagement to recalibrate how we do things, we are now making a concerted effort to move away from our current process-led approach to one that is much more rooted in social care practice that further focuses on and prioritises the person and their strengths.

We describe our approach for supporting people and improving their lived experience of adult social care in our 'new ways of working model'. We intend that our vision, the three principles and the new ways of working model, together, will influence everything that we do. There is also now a renewed emphasis on and commitment and the extent to which we consider equality, diversity and inclusion in all our practices. We do recognise that there is still much to do in this area both for our staff and those we support.

Our core purpose is to carry out the duties of Kent County Council's adult social care responsibilities that are described in several laws and regulations. The main adult social care legal responsibilities are found in the laws and related regulations such as, the Care Act 2014, Mental Capacity Act 2005, Mental Health Act 1983, and associated guidance. Our role as an adult social care organisation has not changed – but we hope to be approaching our work differently during the lifetime of this strategy.

The person-centred approach and the ambitions we described in the Strategy provide Adult Social Care in Kent with firm foundations to respond to the broad outcomes set out in the central government's '*Building Back Better – plan for health and social care*' and the indicated high-level policy aims of the forthcoming White Paper on social care.

Kent County Council decision making and governance process

Governance milestone	Date
Pre-consultation engagement and co-production activity	September 2020 to August 2021
Revision of the draft strategy following Adult Social Care Programme Board meeting	27 August to 3 September 2021
Public consultation opens	13 September 2021
Progress report to the Adult Social Care Cabinet Committee	29 September 2021
Public consultation closes	24 October 2021
Present outcomes to Cabinet Committee meeting	1 December 2021

Engagement process prior to consultation

Stakeholder groups identified and targeted

Pre-consultation engagement activity summary that informed the draft strategy from September 2020 to August 2021

- Public early engagement workshops
- Learning disability workshops
- Public co-production workshops
- People’s Panel workshops
- Workshop with County Councillors
- Attendance and presentations at partnership meetings
- Formal meetings and updates at boards and committees
- Face to face library roadshow
- Regular staff updates
- Carers research study with a range of carers, carers support organisations and support staff
- In addition to the activity led by the strategy development project team, we linked with colleagues and partners carrying out any similar engagement activity with any key stakeholder groups to understand the views and perceptions of people accessing similar support such as learning disability and autism services, carers support services, mental health services and older people’s services.

- Desktop research was also carried out to see what our neighbouring and statistically similar councils' approaches have been and to identify any existing relevant sources of information or insights gathered.

Summary of themes from pre-consultation workshops

From 137 attendees that attended pre-consultation engagement/co-production workshops. Attendees were made up of people with lived experience of adult social care, carers, family members, voluntary, community and provider organisation representatives.

Discussion outputs focused around the three core principles		
Putting the person first	Improving all the time	Measuring what matters
<p>Trust – to build a good relationship with the person</p> <p>Listening, understanding and responding – not just talking, taking positive action and working with the person to really get to know them</p> <p>Language we use has to be simple and positive</p> <p>Promote choice – so people are informed to make the best decisions for them</p> <p>Clear information is needed about what support is available</p> <p>Carers – importance of involving and supporting carers</p> <p>Consistency – people want to have some continuity, even in the midst of change it can be reassuring when you know exactly who to contact to get support</p> <p>Safeguarding needs to be highlighted in the strategy</p> <p>Direct payments - can help</p>	<p>Everyday innovations – including small and large improvements, thinking outside the box</p> <p>Flexibility – adjusting to the person and developing the right approach together where possible</p> <p>Accessibility - right support, right time, right place</p> <p>Take the time to nurture change - go at the speed of what the person feels comfortable (change can be disconcerting even when positive)</p> <p>Good conversations - communicate as much as possible in a two-way conversation and always go back to people if you say you will. If you work with the person, then you can improve things together</p> <p>Single point of contact - one responsible lead and easy routes into support</p> <p>Sharing data across organisations is important to make things seamless for people and improve their</p>	<p>Ongoing monitoring - regular feedback on how things feel for people, their experiences and what the outcomes are for them (incl. carers)</p> <p>Independent monitoring - ask a third party to regularly help monitor performance</p> <p>Close the feedback loop – report our performance and updates back to people we support. Action - not just words. People want to hear how change might affect them.</p> <p>Measure people's perception and attitudes towards social care to work on improving this</p> <p>Provide outcome reports – both at an individual and population level to show any positive changes</p> <p>Resources – measure use of resources in social care and with partners</p> <p>Stable workforce is a good measure for the future. People want to see an improvement on retention</p>

<p>people have choice and control</p> <p>Control - some people want/need more support to arrange and manage their care</p> <p>Partnership working - joined up working, links with the voluntary sector and community involvement are very important</p>	<p>experiences</p> <p>Improving processes – to create “invisible mechanisms” that are built for people not machines</p> <p>Inclusion at all times – adjust approach to include people and respond to their needs</p>	<p>and enough staff to undertake the work.</p> <p>People understanding their rights – measure the level of awareness and work on improving this</p> <p>Reflect the diversity of the needs of groups of individuals within your monitoring</p> <p>Ask people ‘are you living your life better the same or worse than before?’ and ‘do you feel listened to?’</p>
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Summary of themes from pre-consultation roadshow interviews

Top 20 themes from a sample of 123 members of the public in Kent: “What’s important to you?” with regards to social care.

What’s important to you?	Frequency
Support to remain independent	17
Spend money and funding appropriately	12
One consistent contact	10
Easy contact methods	8
Accessible services	8
Person-centred approach	8
Knowledgeable contact	7
Equality	7
Empathy	6
Someone who listens	6
Safety and security	4
Personal choice	3
More groups at libraries	3
Reliability	3
Equipment	3
Activities	3
Confidentiality	3
24-hour support	3
More resources	3

Consultation process

Promoting the consultation

The public consultation on the draft strategy ran from 13 September to 24 October 2021 and was promoted in the following ways:

- Promotion of the consultation via a paid and organic social media campaign throughout the consultation period, with additional targeted social media boost part way through the consultation period.
- Direct emails and reminders to our social care stakeholder contact databases including contacts from health organisations, care sector, voluntary sector and community organisations, members of KCC's engagement and consultation portal, 'Let's talk Kent', and our adult social care Your voice network members (4000+ contacts in total)
- Regular staff communications and provider communications via our bulletins, intranet and updates
- Press release distributed to media outlets, uploaded to the Kent Media Hub website and shared on KCC social media channels
- Kent County Council Residents' Newsletter
- Kent County Council Provider Bulletin content to care sector businesses
- Posters and flyers in KCC libraries and advertising on digital screens
- Kent County Council staff communications via newsletters and intranet content
- Multiple digital adverts and content on websites including Kent.gov.uk homepage, multiple Adult Social Care web pages and also picked up on partner websites such as Healthwatch and parish council websites
- Printed materials distributed to all Kent libraries
- Printed promotional materials sent via post via our recent adult carer national survey mailout (1000+ people).
- In addition to this, two organisations took up the offer of a virtual consultation workshop with their community groups; a standalone consultation workshop with self-advocates with a learning disability or Autism and carers was conducted; and a standalone consultation workshop people with lived experience of mental health support services was carried out.

Making information accessible

Information was provided on the Kent County Council engagement and consultation platform and on multiple pages of the Kent County Council website where people accessing adult social care information usually visit. This content is subject to government accessibility standards.

The information developed was intentionally drafted in plain English, with a mix of images and text. Any imagery used in the designed version was described in words as part of the plain text version of the draft strategy document. A specific easy read version was created for the strategy consultation portal along with supporting information.

In the pre-consultation engagement workshops a short animation with voiceover and written transcript was used to highlight the key principles and information in an engaging and accessible way.

Standalone consultation workshops were also offered for anyone who preferred facilitated discussions over filling in the consultation questionnaire. This offer was taken up by two groups including people with learning disabilities, autism, carers and people with lived experiences of mental health support.

Printed materials including flyers, consultation documents, questionnaires, an easy read consultation document and freepost envelopes that were made available on request and to pick up in KCC libraries, as well as promoting the details to request alternative formats to ensure that people were not excluded from taking part.

A number of general comments were received on social media about the fact that some people did not want to have to register for the Kent County Council Let's Talk Kent portal, and we responded to those comments to outline the alternative options available to people via telephone, paper copies or by emailing the responses direct to the relevant team for inclusion.

Respondents

A summary of the activity on the KCC Consultation portal can be found in the table below.

Total visits to the webpage	5220
Document downloads	1800
Questionnaire completions	286

The above table shows the number of downloads of the strategy documents (1800) , the number of visits to the strategy consultation page (5220). The total number of responses recorded in this report is 286, however in addition to this there were additional responses that were received after the end date of the consultation to take the overall total to 308 participants, whose views and comments have also been taken into account.

Number of online responses and demographic information

Type of respondent	Number of respondents
Unknown	12
KCC employee and resident	11
Kent business owner or representative	2
Kent resident	251
On behalf of a charity, voluntary or community sector organisation (VCS)	5
On behalf of a Parish / Town / Borough / District Council in an official capacity	1
Parish, District or County Councillor	1
Local community group or residents' association	1
Resident from outside Kent	1

Postcode area	Responses
CT	95
TN	77
ME	73
DA	22
BR	2
CB	1

Gender	Respondents
Female	160
Male	60
Prefer not to say	8
Gender different from birth	1

Carer (unpaid)	Number of respondents
No	129
Yes	95
Prefer not to say	6

Age group	Number of respondents
16-24	3
25-34	8
35-49	28
50-59	56

60-64	35
65-74	61
75-84	29
85 and over	3
Prefer not to say	6
Unknown	57
Disability	Number of respondents
No	155
Yes	67
Prefer not to say	8

Sexuality	Number of respondents
Heterosexual/straight	193
Prefer not to say	17
Gay woman/lesbian	5
Bi-sexual	3
Gay man	3

Ethnicity	Number of respondents
White English	189
White other	10
White Scottish	6
White European	3
White Welsh	4
Mixed White & Asian	2
Asian or Asian British Indian	2
Mixed Black, Asian, White	1
White Northern Irish	1

Religion and belief	Number of respondents
Spiritual	2
Buddhist	1
Christian	111
Hindu	1
Jewish	1
Muslim	1
Prefer not to say	3

Disability / impairment	Respondents (may have more than one condition)
Learning disability	3
Longstanding illness	10
Mental health condition	14
Hearing and/or sight loss	15
Physical impairment	41

Consultation responses

Question 4 – clarity of language used

How easy or difficult was the draft strategy wording to understand?	
Very easy	115
Quite easy	99
Quite difficult	12
Neither easy nor difficult	53
Very difficult	5
No answer	2
Total	286

The main feedback from the majority (214 out of 286) of respondents was that the language was either quite easy or very easy to understand. 17 people found the wording either quite difficult or very difficult to understand and there were minimal comments related to this, but they varied from it being too wordy, to not detailed enough.

In terms of responses from people from protected characteristic groups, people with a learning disability noted that they had accessed the easy read version of the strategy, but there were comments made about the need to further simplify the questionnaire to make it more accessible.

Feedback about vocabulary used, has been taken on board to ensure a final check of clarity of language. We are aiming towards addressing any final improvements that can be made in this area to make sure it is as accessible as it can be, and we may also take up the opportunity to apply for a crystal mark for plain English.

Question 5– clarity of diagrams used

How easy or difficult were the draft strategy visuals to understand?	
Quite easy	108
Very easy	105
Quite difficult	11
Neither easy nor difficult	59
Very difficult	2
No answer	1
Total	286

A similar question was asked of the visual style of the strategy. Since a different approach had been taken to setting out the overarching direction for adult social care, through pictorial information, it was necessary to test this.

At the pre-consultation co-production workshops, this approach was popular, and this is reflected in the above consultation feedback, with 213 out of 286 people having the view that the visuals were either quite easy or very easy to understand. 11 said it was quite difficult and 1 said it was very difficult.

The explanations for this varied, but the main point was that some people would benefit from further definition of some of the terms used in the ‘ways of working’ model. This feedback will be reviewed so that the relevant changes recommended by respondents can be built into the final version of the strategy.

Question 6 – our proposed vision

Our draft vision is: “Making a positive difference every day, and supporting you to live as full and safe a life as possible and make informed choices.” **To what extent do you agree or disagree with our draft vision?**

To what extent do you agree or disagree?	
Strongly agree	111
Mostly agree	115
Neither agree nor disagree	32
Strongly disagree	11
Mostly disagree	12
Don't know	4
Blank	1
Total	286

The draft vision was shaped with significant input from people and carers at pre-consultation co-production workshops and there were many comments about making sure it was easy to understand and that it should focus on the whole person’s quality of life and support people’s independence, choice and control.

In the consultation responses, 226 people out of 286 agreed with the proposed vision and 32 neither agreed nor disagreed. Of the small group of people that disagreed, the issues raised included:

- the need for better social care and voluntary sector funding;
- the need for more support for carers;
- and there were three comments requesting more detail about how the vision would be implemented.

Themes to consider are shown below. Comments relating to the proposed vision with a frequency of 2 and over are included.

Theme	Frequency
Costs for the person / funding of social care could be a barrier	5
Trained, qualified staff are essential	3
The need to involve carers/family	2
More detail needed on how this vision will be delivered	3
People commented negatively about having to seek support alone	2
Political issues need addressing (funding and resources)	2

Several quotes from people’s responses have been included to accompany the points below to illustrate the themes that have been raised. For the following questions, the feedback invited was qualitative, and expressed as free text answers. This allowed for flexibility so that the most prominent themes could emerge, as led by the comments themselves.

Question 7 - core principles of the strategy

Question 7a - Please tell us if you have any comments on our three core principles described below:

“Putting the person first - and always starting our conversation with the voice of the person, focusing on what the person can do and keeping them at the heart of everything we do; developing working relationships people can trust and helping them to achieve outcomes that are important to them.”

Top themes (frequency over 5) 160 out of 205 mentions	Frequency
Supportive of the principle ‘putting the person first’	191
Put this principle into action	29
Need detailed plans about how to achieve the principle	24
Listening to / involving the person is essential	24
Funding of social care could be a barrier	21
The need to involve carers/family	16
Choices/control should be promoted	10
Make sure that there are enough staff to manage demand	7
High quality training is needed for staff	6
Having a trusted contact is important	6
Involve professionals and listen to their views	6
Easy contact points and access	6
A full life should be promoted - not just basic activity but choice of social activities and community links	5

Out of those 224 people that commented on this, 191 said that they agreed with what was proposed as a core principle for adult social care. 68 out of the 95 carers (72%) who answered the question said they agreed with the principle compared to 122 out of 191 (64%) of those who did not identify themselves as a carer.

People identifying on the survey as male were less likely to agree with the principle, with 65% of men answering yes compared to 71% of women answering yes to agreeing with the ‘putting the person first’ principle.

Among the comments were reflections on how this approach needs to be adopted in practice to improve future support, the importance of workforce capacity and a trusted and easily accessible contact for people to have when accessing social care.

“I agree with this although this doesn’t say how you are going to do this. E.g. Telephone? Face to face? Internet? I am an ex manager. Telephone and internet does not work for vulnerable adults.”

There were 24 mentions supporting the need to truly listen to and involve both people accessing social care and 16 mentions of involvement of carers and families in every stage of people's support. Common themes were to promote the elements of choice and control and the need to support people to live a "full and satisfying life".

"This is fundamental - having seen my parents go through this turmoil when he was ill and needed support as he wished to stay in his home for as long as possible before moving into a care home. My husband has had Parkinson's for 5 years now so we realise he will get worse as time goes on so we may need to avail ourselves of these services too hence my desire to be involved in this."

"Meeting the person face to face, listen to them if they have problems responding making sure that you request support from a person who does not have financial control of the persons wellbeing. If necessary employ an independent advocate to support the person"

"Agree talking to the person concerned, with views from their closest relatives. Ideally both together."

People were supportive of the approach, and requested more information on resources, costs and joint working amongst providers and other organisations to be able to understand how the ambitions would be achieved."

"Excellent. However, if the person is supported by more than one agency, it's important to ensure that the agencies communicate with one another."

"I agree - but what if the person is unable to voice their opinion? My father has dementia and relies on his closest family to help him with his voice. The "voice of the person" needs defining."

In addition to the main themes, the need for consistency of practice across social care in Kent was highlighted, as well as quality of support and consideration for family members and carers. Direct payments and the use of new technology were listed as suggested ways of being flexible and responsive to people's needs.

"Whilst putting the individual first is important there also needs to be consideration for other family members. EG an individual might wish to return or remain in the family home and the primary carer may no longer be able to cope."

"Highly important to be doing this. But also important to be outcome focussed and to show service users what is available. Modern digital technology is often not put in place because it is not considered."

"when they do get care it needs to be quality of care and second thing we need to give direct payment users more freedom to use that money what it does help their disability like Equipment if it does help their disability they can use that money on that Equipment or hydrotherapy like anything to help their disability it is good reason around their disability they can use that direct payment that things"

A number of people, although agreeing with the principle of putting the person first, were keen to know more about how this shift in focus would be delivered and what the implications would be in terms of funding and resources in Kent.

“Will adequate staffing and funding resources be available to deliver this vision?”

“Very important, how will you do this and how will you make it easy for the individual to express their needs?”

Question 7b - Please tell us if you have any comments on our three core principles described below:

“Improving all the time - finding innovative ways of helping people and making sure that any support offer is tailored to the individual; learning from feedback from the people we support and building continuous improvements together.”

Top themes (frequency over 5) 160 out of 205 mentions	Frequency
Supportive of the principle ‘improving all the time’	134
Want to see detailed plans to achieve innovation	22
Listening to / involving the person is essential	21
Investment needed / Funding of social care could be a barrier	19
Impactful changes and innovation are both needed	13
Put this into action	13
Choice of communications is very important	10
Monitor and evaluate regularly	9
Be responsive – get back to people when you say you will	7
Knowledge sharing and experience	7
Joined-up working within social care and other organisations	7
Aim for consistency across the county	7
Learning culture - learning from past experiences and when things do not go well	7
A full life should be promoted - not just basic activity but choice of social activities and community links	5
Value staff and make sure there are enough of them	5
High quality training is needed for staff	5
Do the simple things well	5
Arrange regular check ins with people	5

Out of the 212 respondents who gave their comments on this principle, 134 of them said that they agreed with this approach, with common themes arising around, again, the essential involvement of people in the planning and decision making about their own support, ongoing learning opportunities to keep improving – that included making the most of the existing assets and resources available by sharing knowledge across the different organisations.

“In agreement with this principle. In addition to finding new innovative ways of helping people, increasing awareness of other services and offers/support that is already available to help achieve outcomes for individuals is important...”

“Improving isn't just about finding innovative ways. There are already good ways to help people which can be improved by improving resources e.g. hours of help, quality of staff training, paying for a specific service that already exists.”

There was wide agreement of the overarching approach however, people expressed a need to hear more about the practical steps that lead to a successful outcome:

“The ideas are great but the people on the receiving end of all this want to have measures which are actually going to work as opposed to ideals which may not come to fruition when trying to put the goals in place.”

“This is an admirable objective but totally reliant on a range of complex services being available so making it an objective in this instance may need to be qualified better otherwise it risks becoming meaningless.”

The need for organisational memory and recording of lessons learned came up regularly, but it was also recognised that in pulling together feedback and insights to inform new ways of doing things, there will undoubtedly be the need to work in a more innovative and digital way.

“The outcomes of actions need to be stored so as to learn from successes and mistakes. Not sure how this can be achieved. Sounds like a job for artificial intelligence. The alternative involves generating masses of data which nobody will easily be able to analyze. It is also important not to put too great a burden on people reporting outcomes, wasting limited time and resources”

“Treating everyone as a sensible individual will unearth new specific requirements from time to time. New, tailored solutions may be needed and devised. That knowledge then becomes part of the core knowledge base for the future.”

Comments were made about how health and social care could work together more innovatively and smoothly, in particular around funding care and support. There were ideas about challenging the status quo of the traditional ‘care package’ to focus more on the person’s needs and wishes.

“Looking at non traditional ways of supporting people to meet their needs not necessarily just putting in a care package. Avoiding arguments about who funds what-NHS or Social care. 1 budget for the person based on the persons identified needs and their wishes”

“Sounds good. It would help to have more information on who the partner organisations are, and what they do. My personal feedback is that the tailoring discussions have to be

clear about any financial or logistical constraints, which may make an "ideal" support outcome difficult or impossible."

"Yes - and getting "best- practice" to be shared throughout organisations and also listening to the individuals who are being supported - ask them often "how could we support you better"

A choice of how to interact and communicate with social care when looking for support, or requesting information about a service came high on the list for people that responded to this question.

"Excellent. However many, especially the elderly and some disabled, have to rely on traditional postal services/letters. How will contact be made to those who don't have access to or the skills to use the internet?"

"Many of the resources are not accessible to those with specific communication needs. Symbol/sign supported documents should also be available to individuals that need it to support their understanding."

"There needs to be better communication and engagement earlier in the process. There should be face to face assessments for elderly vulnerable people and these should be done quickly."

"Make large print available and BSL"

Question 7c - Please tell us if you have any comments on our three core principles described below:

"Measuring what matters - understanding how we are making a difference to the life of the person we support by working with them, our staff and partners."

Overall, people were less likely to overtly agree with this principle, with 92 people agreeing out of 204 people answering the question. As the question was in a free text format, this could simply mean that people felt less strongly about the principle of measuring the delivery of social care.

Top themes (frequency 5 and over - 223 out of 293 mentions)	Frequency
Supportive of the principle 'measuring what matters'	92
Listening to / involving the person regularly	25
You said, we did (so people can see change)	21
Effective, evidence-based measures/framework - not relying on comparison with other local authorities	23
Track impact/ outcomes	19
Put it into action	19

Transparency needed / reporting	15
Involve and support carers/family	15
Honest /constructive feedback	12
Value staff (including pay)	9
Robust process for collecting feedback is needed	8
Independent / objective feedback	8
Learning culture - learning from past experiences and when things do not go well	8
Listen to professionals / staff	7
Proportionate actions – don't spend too long on administrative tasks and ticking boxes	6
Measure what is relevant	6
Monitor and evaluate regularly	6
Resources needed	5
Be responsive – get back to people when you say you will and run a good service	5

The broad themes that have the highest frequency of mentions are similar to the previous question, but with some specific new themes emerging relating to the practicalities of measuring outcomes. There were mentions made to suggest that benchmarking results against other local authorities should be treated with caution so as not to limit possible improvements.

“I'd think it would be more compelling to measure what matters by comparing to the best evidence-based research you can find, rather than other local authorities, because in that case you're just trying to be a little bit better than things that are already bad. This might be a better place to mention SMART goals, and in this section, you can actually give an example of one.”

“Yes, feedback from all of the above is crucial, as is the evidence of continuous improvement. I am not sure how relevant the performance relative to other authorities is as local authorities have different demographics, pressures and ethnicity. It can be difficult to be able to compare like with like.”

“Yes I have given feedback as a carer on behalf of my mother who receives care from KCC. I think that KCC support clients very well compared to other local authorities”

As well as helping to define the context around measuring meaningful outcomes, some comments recommended the use of a general framework to make sure that the approach could be rolled out to providers of social care in a consistent way.

“Will there be a framework from which everyone involved can work? Some simple guidance on how to measure, within data protection guidelines, may be needed when working with partners who are not experienced in this sort of approach.”

“There will need to be a clear workable model designed to achieve this.”

The variety of themes raised in response to this question were numerous in comparison with other questions. The feedback included suggestions to make sure that the proportionality of resource invested and time taken to gather and collate performance measures and indicators was taken note of so as to avoid overloading staff.

The comments were steered towards ensuring that indicators chosen as key measurements have the ability to track impact and real outcomes for the people supported by social care.

“Good joined up data systems/ good analytics stack so you can review effectiveness of different ways of addressing a particular need in real time; cost benefit, service user satisfaction and staff resource.”

“Let’s not get into a cycle of self congratulations, let’s find out what people want from adult social care, including what they want to see in our workers and let’s be genuine in seeing what can be done to move towards real coproduction of services.”

“I have experienced feedback to KCC Social Services resulting in change - so I am hopeful that this will be successful.”

“Positive outcomes for individuals are what matter most”

Question 8 – proposed outcomes of the strategy

Question 8a - Please tell us if you have any comments about the proposed outcomes from this strategy. The outcomes are listed below and will help us to monitor our progress over the next five years:

“Putting the person first –

- Making a difference to the lives of the people we support and to carers.
- The people we support feel listened to and able to shape what we do and how we do it.
- People at risk of abuse or harm are protected at the right time.”

This question received 172 comments that focused on the broad feedback themes below, with some new themes emerging such as the importance of safeguarding and the need to ensure that staff are valued as part of putting the individual first.

Providers were also mentioned a number of times in terms of making sure that the organisations that KCC commissions act with integrity and follow the same principles.

“All safeguarding issues must be reported to safeguarding, reviewed, and acted upon.”

“This is absolutely key and your partners - care agencies need to take this on board. There

<i>is a care force out there who are under trained and under valued - this directly affects how they respond to the concerns of clients and implementing care plans.“</i>
<i>“I think that making a difference to the lives and supporting carers is vital to improve the service. Carers need to be supported too as they are important to the service users life.</i>
<i>“The people who are supported by KCC need to be listened to as services can only be changed with the input from service users.”</i>
<i>“People who are at risk from abuse and harm should be protected in a timely manner because it might be quite dangerous to leave them too long without support.”</i>

Top themes (frequency 5 and over) - 146 out of 223 mentions	Frequency
Put this into action	29
Safeguarding duty of care is key – how will this improve?	17
Listening to / involving the person	17
Involve and support carers/family	14
Investment/funding needed	14
Resources needed	11
Be responsive – get back to people when you say you will and run a good service	10
Measure what is relevant	7
Track impact/ outcomes	6
Staffing pressures may be a barrier	6
Improve processes	5
Value staff (including pay)	5
Providers need to follow this strategy too	5

In terms of being more responsive, comments aligning to this theme included the following statements which outline the need for a timely service and communications channels:

<i>“Communication is central. Phones answered, a contact person/name. Not having to speak to different people and tell same story over and over.”</i>
<i>“Individuals at risk and alerted as vulnerable should be dealt with speedily and if necessary as a family unit and not individually.”</i>
<i>“individuals need to know that any concerns they have will be acted on.”</i>

Question 8b - Please tell us if you have any comments about the proposed outcomes from this strategy. The outcomes are listed below and will help us to monitor our progress over the next five years:

“Improving all the time

There is proof that we are learning all the time.
 Innovation is part of the day-to-day approach of what we do.
 Digital and technology changes are used to improve how we work with the people we support.”

Top themes (frequency 5 and over) - 66 out of 129 mentions	Frequency
Balance of technology and personal contact needed	20
Supporting people to access digital technology and information (inclusion) - giving a choice of virtual or in person services	18
Put this into action	12
Clear targets needed	6
Resources needed	5
Choice of communication methods is important	5

This particular outcome was focused on improving all the time and the use of innovative methods, technology and new ideas to promote person-centred support for people. There was a clear trend to show that people commenting felt strongly about the need for technology-based social care to be balanced carefully with the traditional, face to face approach.

<i>“Great news, but please avoid the use of technology as the “be all and end all” a computer is not a person.”</i>
<i>“Digital works in some aspects but a lot of (people with additional) needs do not understand or want to use digital services this is dis cluding them from making the decisions or taking part”</i>
<i>“Digital and technology changes are indeed important and critical but are not a substitute for face to face contact for many people requiring support.”</i>

Another key theme is the need to support digital inclusion and helping people to use new and digital technology when they need assistance, as well as giving a choice of access for those that do not choose digital as their preferred way of communicating.

<i>“How can we promote more people living with dementia to engage with the Kara technology.”</i>
<i>“Digital and technology definitely offers another way of reaching out to support and check in on individuals, but this is not an open door to some individuals and it must be remembered that because of reasons known to the individuals they are not comfortable with this method”</i>

“Invest in technology for sure but don’t forget the generation that may not be “au fait” with it, or are sceptical because of scams.”

Additional themes raised	Frequency
Learning culture - learning from past experiences and when things do not go well	4
Track impact/ outcomes for the people being supported	4
Monitor and evaluate regularly	4
Make sure staff and people being supported have enough time to implement the strategy principles	3
System integration with partner organisations is a key factor for improvement	3
No ‘change for change’s sake’	3
Robust process for data/information will be needed to show progress	3

Question 8c - Please tell us if you have any comments about the proposed outcomes from this strategy. The outcomes are listed below and will help us to monitor our progress over the next five years:

“Measuring what matters

Feedback from the people we support, carers, staff, providers, and partners is a key part of improving what we do.

How well we are doing to support people compares positively with other local authorities. There is good quality information and evidence of the cycle of continuous improvement.”

This question focused on how adult social care can meaningfully measure the progress it make towards achieving the outcomes set out in the draft strategy. The main themes that emerged from the responses included caution on over-measuring and adding to the workload for frontline staff. The key messages were to avoid comparing performance against other local authorities, and to ensure that a robust and balanced framework of measurement be implemented.

“Good joined up data systems/ good analytics stack so you can review effectiveness of different ways of addressing a particular need in real time; cost benefit, service user satisfaction and staff resource.”

<p><i>“Let’s not get into a cycle of self congratulations, let’s find out what people want from adult social care, including what they want to see in our workers and let’s be genuine in seeing what can be done to move towards real coproduction of services.”</i></p>
<p><i>“Regular reviews for client carers and other organisations”</i></p>
<p><i>“If you can find the staff to do the collecting/processing of feedback, make comparison tables, and check up on improvements, then this is a very important outcome to achieve”</i></p>
<p><i>Feedback from service users is one of the most important measures of how well you are doing, but this cannot be reduced to a number, and is very subjective which is the only real measure of what is happening.</i></p> <p><i>I’m not sure how useful it is to compare KCC with other councils, as in my experience no council gets it all right or all wrong. It would only be natural to ignore the parts that other councils are getting right and to point to all the things they are getting wrong.</i></p>
<p><i>“Listening to and acting upon feedback is essential”</i></p>
<p><i>“I have experienced feedback to KCC Social Services resulting in change - so I am hopeful that this will be successful.”</i></p>
<p><i>“Positive outcomes for individuals are what matter most”</i></p>

The need to involve the person and carers in the development of any measures, came out as being very important for respondents. There was support for taking a ‘you said, we did’ approach to reporting progress to the public and people that are supported, so that people can see that their feedback has been acted upon or where it cannot be acted upon, the reasons have been explained.

Top themes (frequency 5 and over - 223 out of 293 mentions)	Frequency
Listening to / involving the person regularly	25
Effective, evidence-based measures/framework (not comparing with other local authorities)	23
You said, we did (so people can see change)	21
Track impact / outcomes for the people being supported	19
Put this into action	19
Transparency needed / reporting	15
Involve and support carers/family	15
Honest /constructive feedback	12
Value staff (including pay)	9
Robust process for collecting feedback	8
Independent / objective feedback	8
Learning culture- learning from past experiences and when things do not go well	8
Listen to professionals / staff	7
Proportionate – don't spend too long on administrative tasks and ticking boxes	6
Measure what is relevant	6
Negative experience of social care	6
Monitor and evaluate	6
Resources needed	5
Be responsive	5

Other themes raised in the consultation	Frequency
Understand the real struggles people are experiencing	4
Choice of accessible communications is important	4
Make sure that people's experiences are tracked	4
Should aim for value for money for the council and individual	4
Consistency and high-quality support and services are needed	4
Investment and funding needed	4

Question 9 - additional suggestions from respondents

Themes below are to be fed into the draft strategy document and/or further emphasised if a reference to the theme is already included.

Theme	Frequency
Funds are in short supply	18

Accessibility means that people can get involved and get informed	17
More staff are needed in Kent	11
Joined-up services are needed	7
More detail needed for the plans to deliver what is in the strategy	7
Action needs to be taken on the plans, not just words	6
Listening to the person so they can influence things	6
Trusted point of contact helps to build good relationships with social workers	5
Joined-up working is needed within social care and other organisations – especially care providers	4
Person-centred support is good practice	4
Integration with health – how does this impact social care?	4
Carer and family support is so important	3
Choice and control over my support	3
Involve me in decisions about my support	3
Involve carers in support and services	3

Cross-cutting themes identified

Co-production and involvement

- Listening to the person being supported
- Involve the person in decision making and strengthen independence, choice and control
- Respect, dignity and empathy
- Choice of communication methods to get in touch with services
- Involving carers and family as appropriate
- Realistic targets for co-producing and involving people

Putting ideas into action

- High quality support - consistency is needed
- Clear plan of practical delivery for the strategy
- Monitor and evaluate regularly and check in with people/stakeholders
- Identify people that have a vulnerability and support them early (don't forget them – see equality groups mentioned in additional table)
- Clear information needed about costs for social care

Workforce and culture

- Honest, constructive and independent feedback
- Learning culture – learning from past experiences
- More staff and resources needed
- Training and valuing staff
- Staff to look for solutions, not pass to different teams
- Providers to follow the same principles and see they are adhered to
- Allow enough time to achieve things (small and large)

How things are done

- Balance between digital and in person interactions (choice given)
- Be honest and transparent if goals are not going to be achieved
- Partner organisations should have compatible systems
- Joined-up services within social care
- Integration should increase with the NHS
- Trusted contact for information and guidance
- Awareness of what support and services are available to people (including community providers and voluntary organisations)
- Be responsive
- Value for money and proportionality of activities

