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Date: 16 January 2020

Dear Member,

ADULT SOCIAL CARE CABINET COMMITTEE - THURSDAY, 16 JANUARY 2020

I am now able to enclose, for consideration at the Adult Social Care Cabinet Committee meeting on Thursday, 16 January 2020, the updated version of the appendix for the following item, which was unavailable when the agenda was printed.

Agenda Item No:

9 Community Based Wellbeing Services (Grants to Contracts) - Procurement Programme and Grant Extension Approvals (APPENDIX 1)

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ben Watts', is written over a faint circular stamp.

Benjamin Watts
General Counsel

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Community Based Wellbeing Services Consultation Report v3

Executive summary

This report describes the findings of the public consultation regarding the proposal to end a number of voluntary and community sector grants and to reinvest that funding in a new contract called Community Based Wellbeing Services.

This proposed new contract will improve outcomes for:

- Older people
- People with dementia
- Adults with sensory impairments
- Adults with physical disabilities

It will also provide longer term financial sustainability to the provider market.

The consultation opened on 7th October 2019 and we asked people to comment on:

The outcomes for the contract

What services were important to them

Where services should be delivered

When the consultation closed on 1st December 2019, 807 people had responded, the majority of whom were older people.

Introduction

KCC currently invests £5.9 million into grants for community-based services for older people. This funding contributes towards services such as:

- Information and advice
- Social opportunities where people can meet, socialise and take part in activities of interest and provide respite for carers (usually at a day centre)
- Befriending, a service usually provided by volunteers in people's homes or the community to provide visits and support in person
- Volunteer run transport schemes, where volunteer drivers transport people to meetings and appointments, usually run by a voluntary organisation
- Dementia cafés, where people living with dementia and their carers can gather to socialise and receive information in an informal setting
- Support for people with a sensory impairment to access equipment and technology that helps with day-to-day living
- Peer support for people with a physical disability, offering advice and support from people with similar experiences

Funding is historic and has not been awarded in a coordinated way across the county. This means that current levels of funding are not linked to demography or demand. Furthermore, it means that some services are funded to different degrees in some areas compared to others, creating a post code lottery for residents.

The funding is awarded on an annual basis, making it difficult for recipient organisations to develop their services or their offer of support.

The proposal outlined in the public consultation is to end all of these grants and invest the current level of funding in a contract that will address these issues. Specifically, the contract will improve consistency of support across the county and allow providers to develop flexible and innovative services due to longer term investment. This will improve outcomes for older people and people living with dementia, promoting their wellbeing, reducing social isolation, connecting people to their communities and enabling people to live independently in their own homes for as long as possible.

The proposal is that these grants will be fully or partially terminated and replaced with contracts. Multiple potential contract models were put forward at the start of consultation with providers. Initially the contracts for general wellbeing and specialist dementia were to be split across five geographical regions, with the contracts for those with physical and sensory impairments being delivered county wide. This split was to ensure that contracts remained small enough that smaller providers would still be able to bid for them without creating so many contracts that management of them became unwieldy. Following consultation with providers it was decided to merge some of the dementia contracts together so that they were over three areas instead of five. This was done to increase their value and make the contracts more appealing to providers who said they were too small. As part of a plan to redistribute funding more equitably across the county the values of these contracts will change gradually over a five-year period.

Consultation process

A stakeholder engagement plan had been produced for the project identifying the following as key stakeholders:

- Older people and people living with dementia
- People living with physical and sensory disabilities
- Their carers, family and friends
- Providers of services to older people and people living with dementia
- Health and social care professionals, including adult social care staff and Clinical Commissioning Groups
- District Councils

Pre-consultation engagement with key stakeholders included engagement events with current and future providers and engagement with older people, people living with dementia and their carers. This engagement helped inform the proposal and the outcomes identified within the consultation.

The consultation was open for 8 weeks from 4 October to 1 December 2019. A page was created on KCC's online consultation directory (kent.gov.uk/wellbeingconsultation) which hosted all the information including the consultation document, easy read version, equality impact assessment and questionnaire, as well as some information on previous engagement undertaken on Wellbeing Services.

People were asked to respond to the consultation by using the online questionnaire or by completing a hardcopy version and posting it back.

Alternative formats were available upon request, and there was a dedicated telephone number and email address for any queries.

Promotion of the consultation

- A press release was issued at the start of the consultation
- Email invites were sent to people that had signed up to the consultation directory wishing to receive alerts on new consultations linked to this subject area (3320 people)
- Emails were sent to relevant community organisations
- Posters and postcards were printed and distributed in council offices, at public and provider engagement events and to organisations who work with service users in the target groups
- It was promoted by other organisations such as Healthwatch

Commissioners also visited local providers and client groups to speak directly to service users, in some circumstances it was not appropriate for clients to fill in the consultation questionnaire, so their views were recorded separately. These comments were then considered when looking at the relevant free text responses to the questionnaire.

The consultation process is further outlined in the table below:

| Stakeholder group | Consultation process | Timelines |
|---|--|----------------------|
| Older people and people living with dementia | Examination of previous consultation conducted in 2017 to look at key issues that were raised Promotion of the Public Consultation through older people's forums and providers of services. Visiting organisations to engage directly with clients, discussing with them what they feel is important | Aug 2019 to Dec 2019 |
| Their carers, family and friends | As above | As above |
| Providers of services to older people and those living with dementia, physical disabilities, sensory impairments and their carers | Pre-consultation engagement with providers to help design the outcomes and proposal outlined in the Public Consultation Emails sent to promote awareness of the Public Consultation to encourage organisations to participate and to support their clients to participate Hard copies sent to providers upon request | Feb 2019 - Ongoing |
| Health and social care professionals, including adult social care staff and Clinical Commissioning Groups | Clinical Commissioning group representatives involved in steering group meetings with KCC to provide their input to the proposal development and to raise awareness of the proposal and consultation | Feb 2019 - Ongoing |

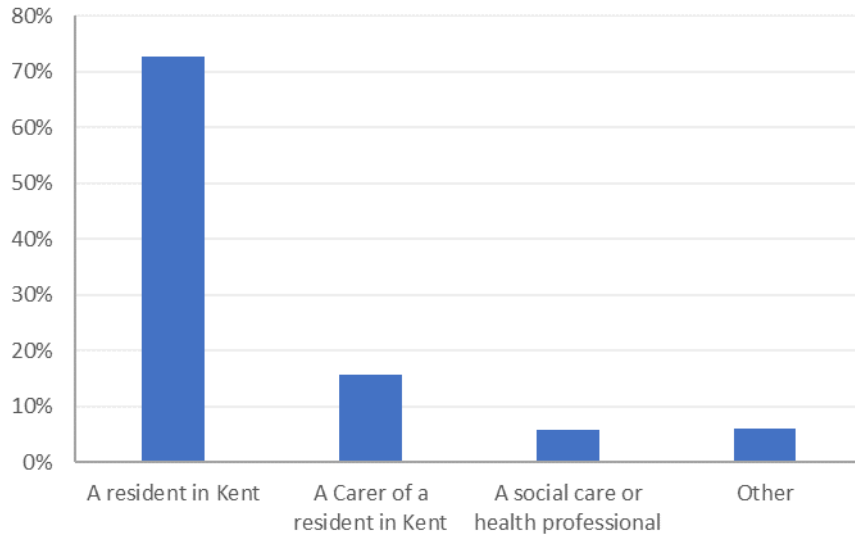
Information regarding the Public Consultation was also sent out through established distribution lists by the Council engagement team and was available via www.kent.gov.uk.

Easy read versions and hard copies of the consultation were made available on request.

Respondents

807 responses were received, of which 560 were received electronically and 247 were hard copies.

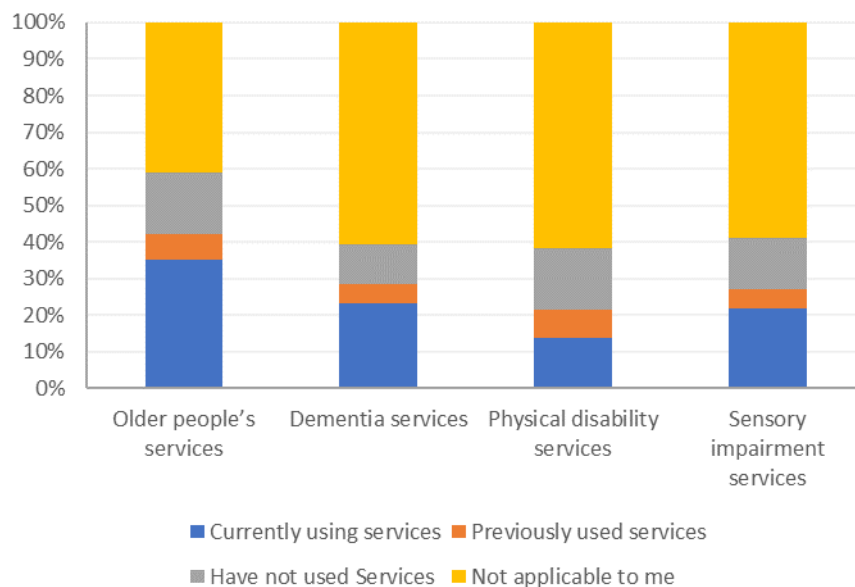
The majority of responses were from people who identified themselves as residents of Kent



When looking at the percentage of respondents who are currently/have previously used services

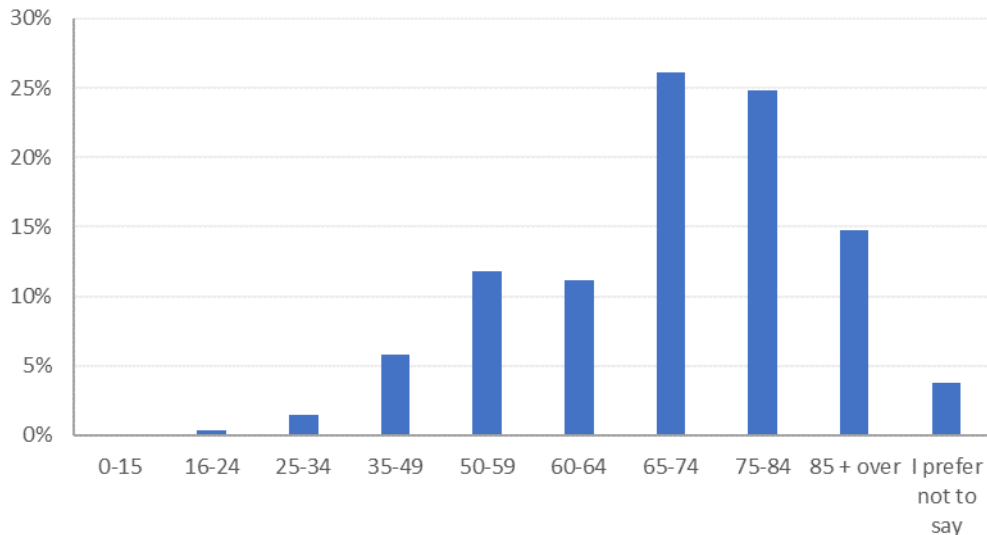
- 42% - Older peoples services
- 28% - Dementia services
- 22% - Physical disability services
- 27% - Sensory impairment services

29% of respondents have not accessed any services in these categories now or in the past, 41% have accessed one, 19% have accessed two, 7% have accessed three and 5% have accessed all four.



617 individuals filled in the demographics section of the consultation, the following percentages are based on those that chose to complete this section.

The majority of responses (66%) were from people aged 65+, with 31% aged under 65 and the remaining 4% choosing not to answer this question.



Responses were received from across the county and beyond. This information was obtained by asking respondents to give the first 5 digits of their postcode. 63 responses came from an unknown or out of area location, with the remaining 744 being split across the county as per the table below. Most districts had a response rate broadly in line with what would be expected apart from a few outliers such as Canterbury, whose response rate was more than twice what was expected, and Dartford, where even accounting for the skew of Canterbury's responses, the response rate was lower than the population distribution would suggest. Postcodes were monitored throughout the consultation period so that further promotional activity could be undertaken if necessary to try and boost response numbers in any areas that were lower than others.

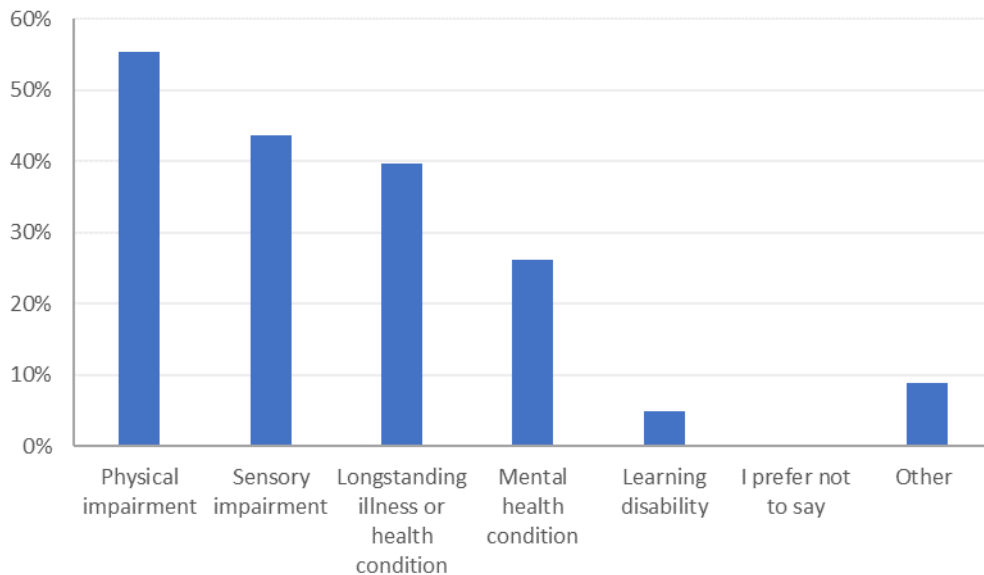
| | Estimated Population | | Responses | |
|--------------------------------|----------------------|-----|-----------|-----|
| | Population | % | Count | % |
| Ashford | 131,000 | 8% | 62 | 8% |
| Canterbury | 165,500 | 10% | 177 | 24% |
| Dartford | 112,700 | 7% | 14 | 2% |
| Dover | 117,900 | 7% | 60 | 8% |
| Folkestone & Hythe | 112,700 | 7% | 85 | 11% |
| Gravesham | 107,100 | 7% | 29 | 4% |
| Maidstone | 172,500 | 11% | 64 | 9% |
| Sevenoaks | 121,200 | 8% | 39 | 5% |
| Swale | 148,600 | 9% | 54 | 7% |
| Thanet | 142,100 | 9% | 61 | 8% |
| Tonbridge & Malling | 131,100 | 8% | 59 | 8% |
| Tunbridge Wells | 119,600 | 8% | 40 | 5% |
| Kent | 1,582,100 | | 744 | |

While the total estimated population of Kent is 1.6 million, the estimated figure for those in the target age group (aged 55+) is around 497,000.

62% of respondents identify as female, 36% as male, with the remaining 2% not wishing to answer this question.

94% of respondents identified themselves as either White British (English, Irish, Scottish or Welsh), 3% saying they come from minority ethnic backgrounds with a majority of these being European countries.

49% of respondents said they had some form of disability, in particular 40% of respondents had a physical and/or sensory disability. Of those that responded to say they had a disability the following graph gives the breakdown of disability type.



Comments made in the free text sections of the questionnaire and when speaking directly to service users identified additional challenges for people with disabilities, in terms of accessing support. These were challenges such as being able to get to the locations where support was provided, worries about if facilities would be accessible or set up to support those with disabilities and if staff would be adequately trained to provide the appropriate support.

28% of respondents said that they were a carer with 67% saying they were not. This is higher than the figure stated earlier and may be down to respondents identifying more as a resident with their own needs than as a carer who is supporting someone else. There were no noticeable differences in the responses given by those who identified as a carer, compared to those who didn't, this is likely due to the same reason as stated above where carers are also service users so have very similar needs.

53% of respondents identified themselves as belonging to a particular religion or belief, 40% did not and 6% preferred not to say. Of those that identified themselves as belonging to a particular religion or belief, 93% identified themselves as Christian, 1% as Buddhist and 3% as other.

88% identified themselves as heterosexual/straight, 10% preferred not to say, 1% identified as bisexual and 1% as a gay man or woman.

Consultation responses:

The consultation asked people to say which outcomes were important to them, what activities they would like to take part in and where in the community they would like them to be located. The responses are considered below.

Who is using the services?

Respondents that said they were or had accessed services were cross referenced against different groupings to see if there were any noticeable differences.

| | Under 65 | 65+ |
|-------------------------------------|----------|-----|
| Older people's services | 31% | 47% |
| Dementia services | 30% | 29% |
| Physical disability services | 24% | 19% |
| Sensory impairment services | 23% | 26% |

The increased use of older peoples and sensory services in the 65+ age group is expected as individuals age and conditions arise or deteriorate. The fact that the percentage of respondents accessing dementia services is similar between groups can potentially be explained by the fact that a higher proportion of these individuals are carers. This is born out in the data where the average percentage of respondents using a service who are also carers is 27%, but within dementia service users its 40%. Within the users of this service group there is also a higher percentage of carers under 65 (54%) compared to those aged 65+ (48%).

| | Female | Male |
|-------------------------------------|--------|------|
| Older people's services | 46% | 35% |
| Dementia services | 32% | 27% |
| Physical disability services | 22% | 19% |
| Sensory impairment services | 26% | 21% |

Based on responses to this consultation it appears women are more likely to make use of services than men are

| | Ashford, Canterbury & Coastal | DGS | Swale | Thanet & South Kent Coast | West Kent |
|-------------------------------------|-------------------------------------|-----|-------|---------------------------------|-----------|
| Older people's services | 53% | 21% | 28% | 34% | 44% |
| Dementia services | 52% | 35% | 19% | 25% | 28% |
| Physical disability services | 28% | 19% | 28% | 34% | 34% |
| Sensory impairment services | 29% | 44% | 37% | 42% | 38% |

Based on consultation responses there are some pronounced differences in service usage between the different areas that have been proposed for the contract. However, it is important to remember that within DGS and Swale the cohort sizes are smaller (43 and 54 respectively) so small changes may have significant impacts.

What outcomes are important to respondents?

Previous engagement and consultation was undertaken to develop a set of outcomes. This consultation has provided an opportunity to further test with a wider audience how people feel about these outcomes and whether we have focused on the right things. The consultation has shown strong support for these outcomes.

The list of outcomes was split into five groups based on a particular area, respondents were asked to rate the importance of that outcome on a scale of 1 (not at all important) to 5 (very important).

Respondent could also choose to record a response of 'Don't know' or leave a question blank if they wished. All 'Don't know' and blank answers were removed from the following analysis, but their proportion of the responses are provided in the table below.

| Outcome Area | Outcome | % of blank or 'Don't Know' responses |
|----------------|---|--------------------------------------|
| Personal | Knowing where to go to find information and advice | 2% |
| | Receiving information and advice that is the right amount and easy to understand | 2% |
| | Knowing where to get information and support to access benefits | 4% |
| Community | Getting enough information to be able to decide what services in the community I want to access | 4% |
| | Feeling included and connected to the communities of my choice | 3% |
| | Accessing social activities that I enjoy | 4% |
| | Being supported to have a good day | 7% |
| | Having my needs are met in a way which respects my lifestyle choices, beliefs and dignity | 4% |
| Care & support | Feeling independent and able to make informed choices | 4% |
| | Feeling listened to | 4% |
| | Being supported to know my rights in relation to my care and support | 7% |
| | Care and support is flexible and reliable | 6% |
| | Knowing how to access help and support | 5% |
| | Knowing the services that I use share my information safely and correctly | 5% |
| | Being confident that staff and volunteers are well trained | 4% |
| Health | Being supported to live safely and independently | 4% |
| | Not feeling lonely | 5% |
| | Being able to meet with friends | 4% |
| | Feeling valued | 5% |
| | Feeling able to deal with an emergency | 6% |
| | Being able to carry out everyday activities that I choose | 5% |
| | Being supported to improve my mobility and confidence | 7% |
| Dementia | Having enough information about my condition, and its impacts on me | 23% |
| | Knowing where to get support from when I need it | 20% |
| | Feeling supported by the community | 22% |

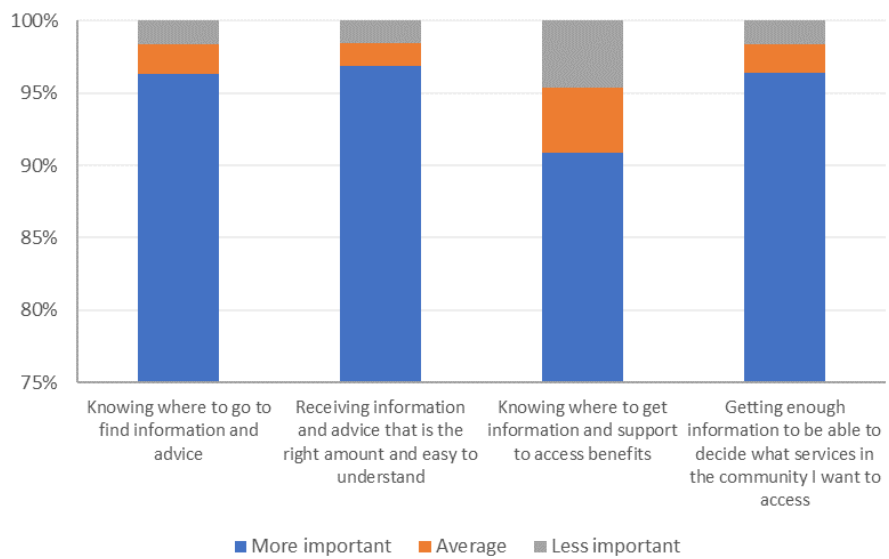
Most outcomes had an average response rate of 95%, only those in the dementia specific categories being significantly lower. This could be because respondents felt they only needed to fill these in if they had dementia, though many of those who don't make use of dementia services did provide an importance score to these questions.

In order to simplify the responses, the scales of importance were grouped into three categories

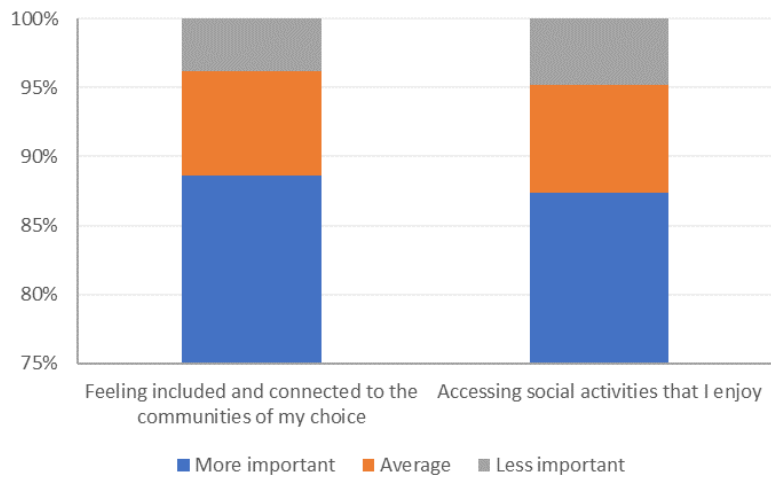
- Less important (1 & 2)
- Average (3)
- More important (4 & 5)

As the responses showed that the majority of respondents felt that all the outcomes were more important the following graphs start their scale at 75% in order to more clearly display the differences between them.

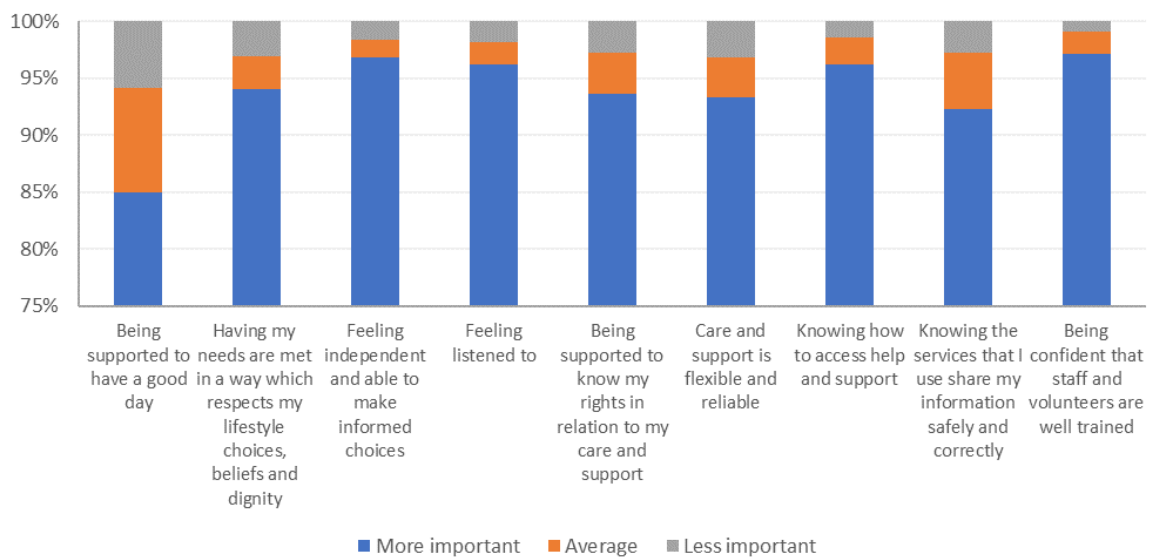
Personal Outcomes



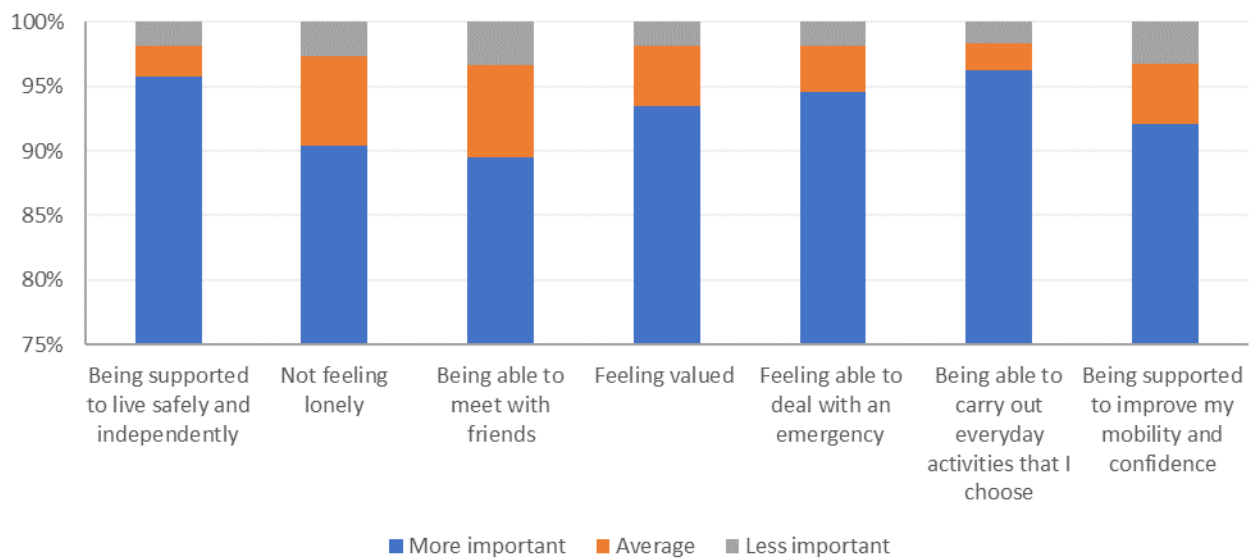
Community Outcomes



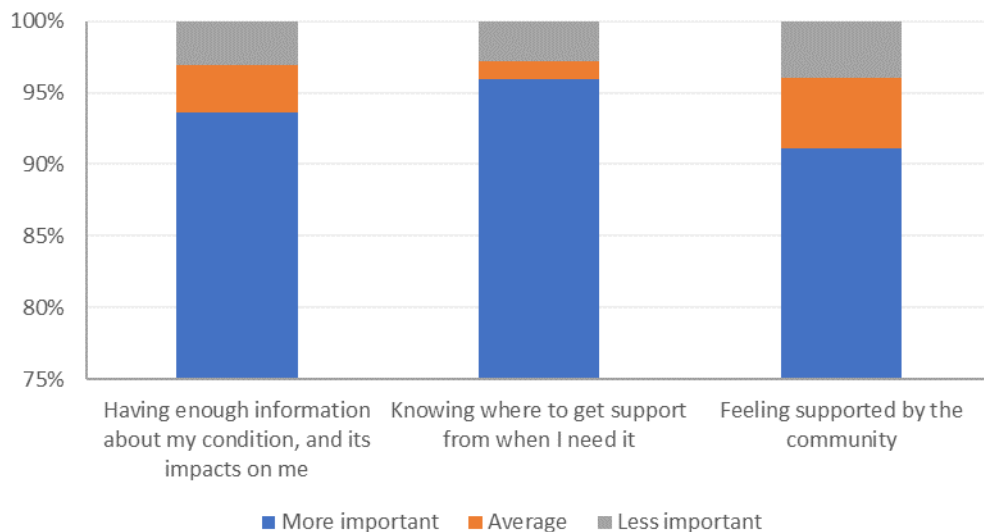
Care and Support Outcomes



Health Outcomes



Dementia Specific Outcomes



Looking across all outcomes the following were shown to be the highest ranked

- 97.2% Being confident that staff and volunteers are well trained
- 96.8% Receiving information and advice that is the right amount and easy to understand
- 96.8% Feeling independent and able to make informed choices
- 96.4% Getting enough information to be able to decide what services in the community I want to access
- 96.3% Knowing where to go to find information and advice
- 96.2% Feeling listened to
- 96.2% Being able to carry out everyday activities that I choose
- 96.2% Knowing how to access help and support
- 96.0% Knowing where to get support from when I need it
- 95.7% Being supported to live safely and independently

With a difference of 1.5% between the top and tenth ranked outcome, and with the lowest ranked outcome 'Being supported to have a good day' still being seen as more important by 85% of

respondents, there are no clear outliers. Outcomes were matched against demographic indicators, such as age, gender, ethnicity but there were no significant differences between the different groups, or the cohort size was too small to provide significant results.



The above word cloud shows the responses we got to the free text question ‘Are there any other personal outcomes that are important to you?’. Support and help are the two key words and in the context of the responses received here its clear that this is related to the fact that respondents don’t want to be seen as a burden or to have someone else come in and do everything for them. They want help and support to do the things they struggle to do or no longer can but still want to maintain their independence and to feel like valued members of the community. Reading through responses, the common themes were that individuals want to stay in their own homes, have friends, feel part of a community and not to feel lonely or isolated. Service users want to stay in their own homes in order to maintain their independence, to continue to live with their partner and to maintain a normal life. Being able to live in their own homes meant that service users felt more in control of their lives. The other themes are interlinked with each other and could be grouped under the heading of reducing social isolation. Though there are already outcomes related to this in the questionnaire it was clearly something that respondents felt strongly enough about to reiterate its importance in this section. For some the social aspect is about having a reason to get out of the house, for some it’s a chance to converse with their peers and those in similar circumstances, for some its support and someone to talk to when they’re feeling low and for others its about feeling part of a community, being valued as an individual and knowing that others care about their wellbeing.

What activities would respondents like to take part in?

Respondents were asked which of a list of possible community-based activities they would be interested in taking part in in order to help improve their wellbeing.

particularly popular with those with or caring for someone with dementia with familiar songs and tunes reminding them of the past. Activities to keep the mind active were seen as important both by those already engaging with dementia services and those that were not.

There were also comments within this section around ensuring that activities were accessible for all as those with disabilities could sometimes struggle. For example, those with hearing difficulties may be keen to join in but struggle to hear the person leading the activity if the room was large and/or busy. As would be expected based on previous questions many respondents were keen to take part in group activities.

Some used this section to tell us that they had no interest in taking part in activities, for some they were only interested in getting help or support for things like accessing benefits or equipment, some had their own social circles that kept them busy and some were just not interested in taking part in any kind of group activity.

| | Under 65 | 65+ |
|------------------------------------|----------|-----|
| Keeping fit | 68% | 55% |
| Socialising with friends | 74% | 73% |
| Arts and crafts | 47% | 39% |
| Visiting places of interest | 63% | 57% |
| Theatre, film and music | 57% | 47% |
| Quizzes and games | 42% | 43% |
| Learning new skills | 50% | 41% |
| Other | 13% | 16% |

Looking at the difference between age groups there is a trend for those aged 65+ to be less interested in activities, outside of socialising and quizzes & games. In some cases this is to be expected as older respondents may find it harder to engage in some of the more energetic activities.

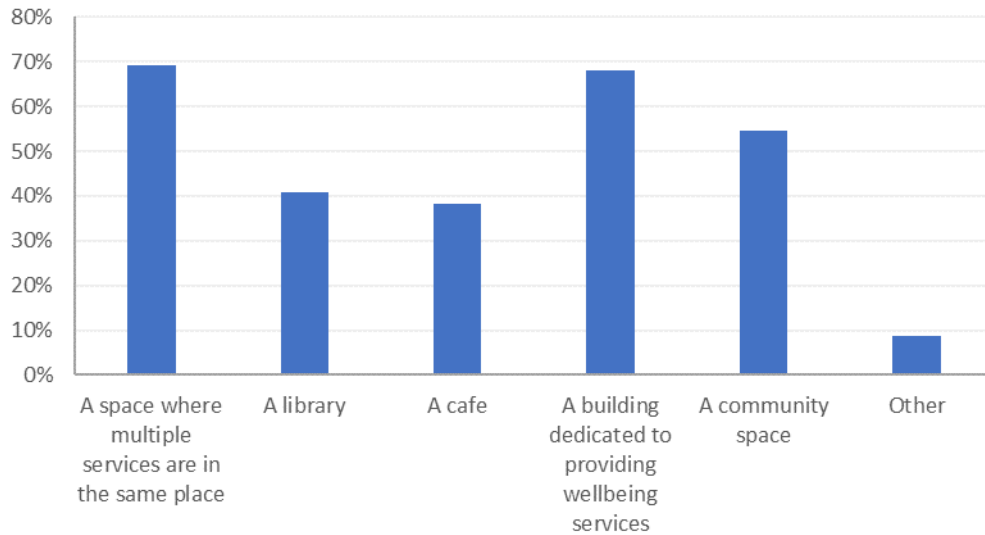
| | Female | Male |
|------------------------------------|--------|------|
| Keeping fit | 59% | 59% |
| Socialising with friends | 76% | 67% |
| Arts and crafts | 44% | 37% |
| Visiting places of interest | 58% | 60% |
| Theatre, film and music | 51% | 48% |
| Quizzes and games | 47% | 34% |
| Learning new skills | 43% | 45% |
| Other | 15% | 12% |

Comparing responses of males and females there is again a slight tendency for men to be less interested in activities than women.

| | Ashford, Canterbury & Coastal | DGS | Swale | Thanet and South Kent Coast | West Kent |
|------------------------------------|-------------------------------------|-----|-------|-----------------------------------|-----------|
| Keeping fit | 53% | 56% | 74% | 63% | 64% |
| Socialising with friends | 74% | 72% | 74% | 70% | 74% |
| Arts and crafts | 40% | 37% | 52% | 36% | 43% |
| Visiting places of interest | 53% | 60% | 65% | 61% | 58% |
| Theatre, film and music | 44% | 53% | 57% | 56% | 48% |
| Quizzes and games | 43% | 49% | 48% | 38% | 45% |
| Learning new skills | 39% | 37% | 50% | 51% | 40% |
| Other | 12% | 9% | 9% | 16% | 16% |

Where would respondents like services to be provided?

Respondents were asked where in the community they would like services to be delivered. There was a list of possible options and a free text box for any that weren't covered.



The most popular response was for services to be delivered in a space where multiple services are delivered (69%), closely followed by a building dedicated to wellbeing services (68%). It is worth noting that a large number of responses were from individuals who currently access services in these locations.



When asked about the types of places they would like services the most common comments were that there needed to be good access. This was both in terms of being easy to get to and that the facilities were accessible for those who have difficulties or disabilities. Respondents said ideally

services would be provided locally in a location with good public transport links, parking or some form of transport service to get them to and from activities. They said facilities should be welcoming, with friendly staff. There were requests for more home-based activities, these came from individuals who were housebound or who struggled to get out and those who don't to go to a centre. For some they were nervous about meeting new people or going to an unfamiliar place and for others they were happy with the social lives they already had and were more interested in things like cleaning and meal services, as these are the services that allow them to continue to live in their own homes. This feeds back into previous responses where respondents have placed independence as one of their key outcomes.

| | Under 65 | 65+ |
|--|----------|-----|
| A space where multiple services are in the same place | 73% | 68% |
| A library | 46% | 39% |
| A café | 49% | 35% |
| A building dedicated to providing wellbeing services | 65% | 70% |
| A community space | 65% | 48% |
| Other | 10% | 10% |

Respondents aged 65+ were more inclined to opt for a dedicated building for the delivery of wellbeing services and less likely to opt for spaces out in the community. This is reflected in some of the comments received that stated that clients liked to have 'ownership' of a space that was dedicated to their needs.

| | Female | Male |
|--|--------|------|
| A space where multiple services are in the same place | 67% | 73% |
| A library | 40% | 42% |
| A café | 37% | 42% |
| A building dedicated to providing wellbeing services | 67% | 72% |
| A community space | 53% | 53% |
| Other | 10% | 8% |

| | Ashford, Canterbury & Coastal | DGS | Swale | Thanet and South Kent Coast | West Kent |
|--|-------------------------------|-----|-------|-----------------------------|-----------|
| A space where multiple services are in the same place | 66% | 70% | 72% | 74% | 69% |
| A library | 34% | 56% | 39% | 46% | 44% |
| A cafe | 36% | 51% | 28% | 43% | 38% |
| A building dedicated to providing wellbeing services | 68% | 65% | 67% | 67% | 69% |
| A community space | 45% | 72% | 56% | 59% | 63% |
| Other | 9% | 21% | 4% | 9% | 8% |

Respondents in DGS appear to be more in favour of public, mixed use locations than those in other areas. This is despite the fact that they, on average, had a higher proportion of respondents aged 65+.

Additional comments

Within the free text boxes there were many responses that didn't fit into one of the previous sections but were relevant and/or repeated by enough respondents that they have been placed below.

- There are a diverse range of needs within the target group and these can have a significant impact on the outcomes that are important to individuals, for services to support clients they need to be flexible
- There needs to be more communication between organisations, so clients don't have to explain their issues multiple times
- There needs to be more support for carers. Many of the carers within this group have their own issues and/or need wellbeing support themselves
- There is a fear of change, some are worried about losing services that they rely on and some, due to issues such as dementia struggle with changes
- The importance of those who use the services and their carers having a voice in any decisions that are made about the care and support they receive

Equality Analysis

The following were comments relating to the EqIA document, all will be considered when updating the EqIA in the future.

- There wasn't enough focus on mental health issues
- Concern that providers would spend too much time spent on monitoring equality and not on delivering services
- Concern that historic data on the demographics of wellbeing service users wasn't available
- There wasn't enough focus on where services will be held and the need for these places to be accessible
- Some older people struggle to access online support and information
- Income inequality should be considered

As part of a monitoring exercise conducted part way through the consultation there appeared to be an under representation of responses from ethnic/religious minorities within the consultation. In order to attempt to address this specific groups were reach out to directly. Though numbers remain low when looking at Kent's BME population across all age groups (7%) when you compare the response rate to the proportion of residents aged 65+ who are BME (2%) it is much closer in line.

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