

Your life your well-being

Our vision and strategy for adult social care 2016 -2021

KENT
COUNTY
COUNCIL

Executive Summary Report Adult Social Care Strategy Consultation



Prepared by Lake Market Research for Kent County Council

Executive Summary Report – December 2016

Kent County Council (KCC) is consulting on a new strategy for adult social care. The strategy explains KCC's vision for how KCC want adult social care to be over the next five years. Kent County Council's vision is to help people to improve or maintain their well-being and to live as independently as possible. The strategy breaks down their approach to adult social care into three themes that cover the entire range of services provided for people with social care and support needs and their carers:

- Promoting well-being – supporting and encouraging people to look after their health and well-being to avoid or delay them needing adult social care.
- Promoting independence – providing short-term support so that people are then able to carry on with their lives as independently as possible.
- Supporting independence – for people who need ongoing social care support, helping them to live the life they want to live, in their own homes where possible, and do as much for themselves as they can.

The strategy also explains the building blocks that underpin what KCC must have in place in order to achieve the vision namely, effective protection (safeguarding), a flexible workforce, smarter commissioning and improved partnership working.

Prior to this consultation (and also during this consultation) a number of activities took place aimed at engaging a variety of audiences to give feedback and views on the strategy. These are fully outlined in Appendix 1.

This element of the consultation consisted of an online survey to provide quantitative data managed by KCC and the second part consisted of qualitative focus groups with selected key partners and providers as well as KCC staff. All attendees were recruited by Kent County Council.

The consultation ran from 30th September 2016 to 4th November 2016.

Online Survey – Key Points

- In total, 119 people responded to the consultation questionnaire. These were split as carers, service users, family members, social care/health professionals, organisations, members of the public and some other types of respondents (sheltered housing resident, parish council representative and a District Council).
- Overall, over half of the respondents felt that the whole document was easy to understand, and 29% felt that most of the document was easy to understand. 3% felt it was not easy to understand at all.
- For the people (33% of all respondents) that felt they did not understand something in the document, the main issues mentioned were: the lack of detail about how the strategy would be achieved, the fact that it was difficult to read, with others mentioning issues over funding, along with concerns that some of the public would not understand the document.
- Testing the values and principles within the strategy showed that the majority of people agreed with; Person centered care and support (92% agree); Supporting people to be safe (93% agree); Promoting independence (92% agree); Prevention (93%); Quality of care (95%); Integration (90%); Answering for what we do (90%) and Best use of resources (92%).

- Specific comments from respondents that did not agree with the values and principles were focused on execution (how it is going to work), funding, and concerns over how this is going to be staffed, resourced and implemented.
- Testing the three themes that cover the range of services provided for those with social care and support needs which are: promoting well-being; promoting independence; supporting independence, showed positive levels of agreement, with 92% of respondents agreeing with promoting well-being; 90% agreeing with promoting independence and 89% agreeing with supporting independence.
- The respondents that were not happy with the concept of the three themes focused on a variety of areas but were mainly concerned with the lack of detail on how these will be achieved, concern that independence will be forced onto people, and concerns over where the funding will come from.
- Other more general comments on the strategy are outlined in the report, but concerns were focused on funding and where this is coming from, wanting more detail on how this is going to work, concerns over community hubs and what they will look like/contain and a concern that the reliance on the voluntary sector was not expressed/mentioned in the strategy.

Qualitative Groups – Key Points

- For both staff and partners/providers the strategy was well received at a general level. Many felt that the document was very aspirational, but in reality both staff and partners/providers felt it would be incredibly hard to implement and would require significant change across the board from NHS staff, KCC staff as well as providers and partners to enable implementation.
- Concern existed from both groups of respondents regarding where the funding is going to come from and who will be responsible for commissioning in the future.
- There was also an overriding conclusion from staff and providers/partners that the document in its current format was not suitable for service users (the general public) and also some partners/providers. Many felt that this was much more of a staff and partners/providers document, due to the terminology and phraseology employed. If this was going to be for the general public they felt much of the terminology and phrasing needed to be simplified.
- There was a sense from both staff and partners/providers that this was a strategy aimed at the elderly and the strategy was not as encompassing as perhaps it could be. Some felt that there were various facets missing from the strategy and this was the issue of supporting those who could no longer be independent anymore. Some partners/providers also felt that the 'own bed is best' policy was at odds with those families or individuals who need respite care from their own bed.
- Partners/providers raised the issue that some of the strategy seemed at odds with person centered care and focused on achieving a 'one size fits all' approach. There was also the issue raised of whether the strategy was focused on person centered social care and support or person centered social care, support and healthcare. They felt this needed to be clarified.
- A general comment from all parties was that there was not enough onus on the community and the role that the community can play to help with support (eyes and ears) to many people that may need help. Also many felt that the involvement of the voluntary sector was not portrayed more in the strategy going forward.
- A number of staff (and a few providers/partners) had the view that there needed to be a greater focus on individuals taking responsibility for themselves and their care rather than just it being the Council's responsibility.

- One of the most discussed areas in the strategy was that of community hubs. While many staff and partners/providers liked the concept of these hubs, in reality they felt these would have a raft of issues, with some of those being; accessibility, specifically for those who struggle to be mobile or for adults with learning difficulties. Also of concern was what these hubs would contain and whether the services there would be easily accessible. Simply, people wanted to understand exactly how these would work.
- There were also concerns raised over the name of the community hubs as these are already in place in different areas of social care and mean something very different to the proposed community hubs. Respondents felt this needed to be clarified to avoid confusion.
- Funding; many concerns (from all respondents) were raised about where the funding would come from and most importantly who would manage the funding and who would then take on commissioning once integration had occurred.