

Appendix 1: Summary Report on the Resident Engagement for Community Wellbeing Services



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**Community Based Wellbeing Services
Consultation Report v2**

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 living with dementia, their carers; and 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:

- Social Opportunities - day support (older people)
- Social opportunities – day support (people living with dementia)
- Information Advice and Guidance
- Bathing – Domiciliary and in centre
- Dementia Outreach workers
- Befriending
- Voluntary Transport
- Peer support and dementia cafes

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. The contracts for general wellbeing and specialist dementia will be split across five geographical regions, with the contracts for those with physical and sensory impairments being delivered county wide. As part of a plan to redistribute funding more equitably 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
- 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 process is 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 people living with dementia, 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 to raise awareness of the proposal and consultation	Feb 2019 - Ongoing

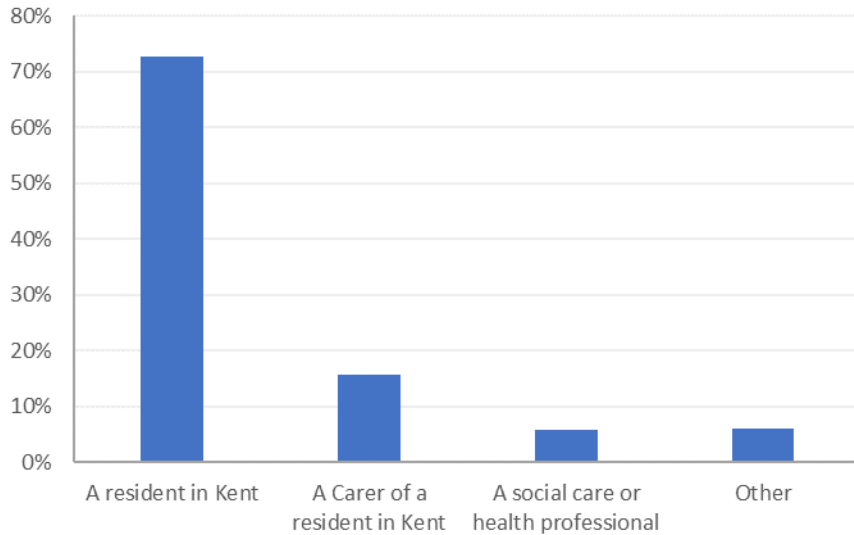
Information regarding the Public Consultation was also sent out through established distribution lists by the Council engagement team and was available via www.kent.gov.uk.

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

Respondents

The consultation was open for eight weeks, from 4th October to 1st December 2019. During that time, 807 responses were received, of which 560 were received electronically and 247 were hard copies. Commissioners also visited local providers and client groups to speak directly to clients, in some circumstances it was not appropriate to get the client to fill in the consultation questionnaire, so their views were recorded separately.

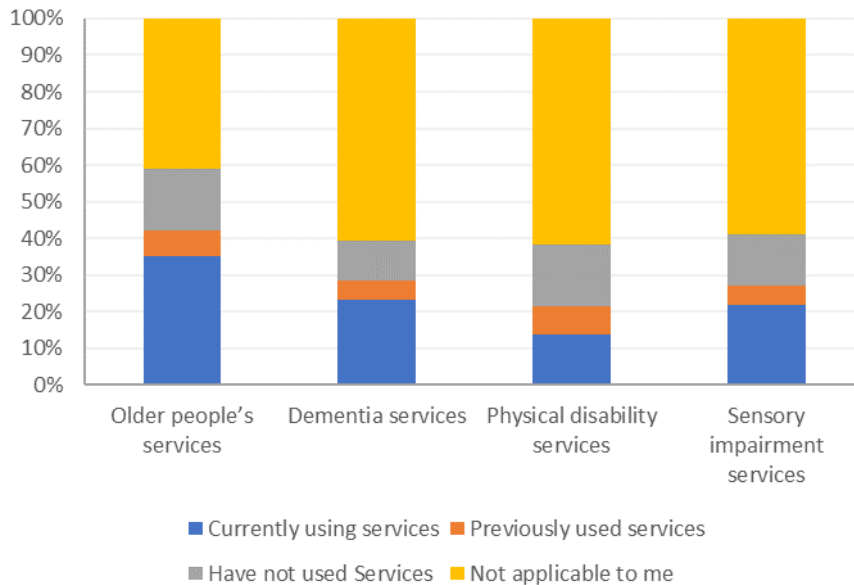
The majority of respondents were from people who identified themselves as residents of Kent



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

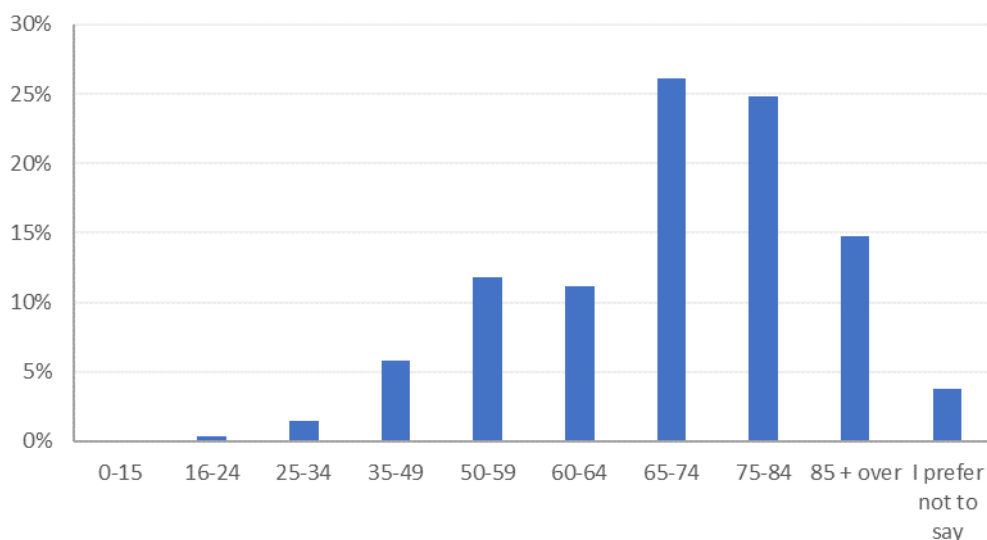
- 42% - Older peoples services
- 28% - Dementia services
- 22% - Physical disability services
- 27% - Sensory impairment services

29% of respondents have not accessed any services now or in the past, 41% have only 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. 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.

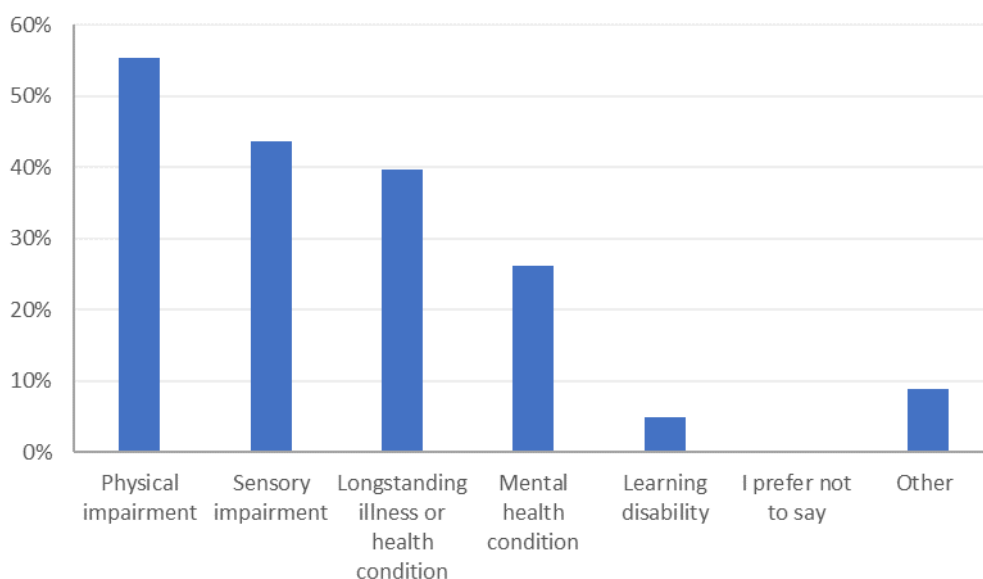
	Estimated Population		Responses	
Gravesham	107,100.00	7%	29	4%
Dartford	112,700.00	7%	14	2%
Folkestone & Hythe	112,700.00	7%	85	11%
Dover	117,900.00	7%	60	8%
Tunbridge Wells	119,600.00	8%	40	5%
Sevenoaks	121,200.00	8%	39	5%
Ashford	131,000.00	8%	62	8%
Tonbridge & Malling	131,100.00	8%	59	8%
Thanet	142,100.00	9%	61	8%
Swale	148,600.00	9%	54	7%
Canterbury	165,500.00	10%	177	24%
Maidstone	172,500.00	11%	64	9%
Kent	1,582,100.00		744	

While the total estimated population of Kent is 1.6 million, the estimated figure for those in the target age group (aged 65+) is around 330,000.

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 elsewhere in the consultation identified additional challenges for people with disabilities, in terms of accessing support, and the Equality Impact Assessment has been updated to reflect the issues raised.

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.

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%

Across the board 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%

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?

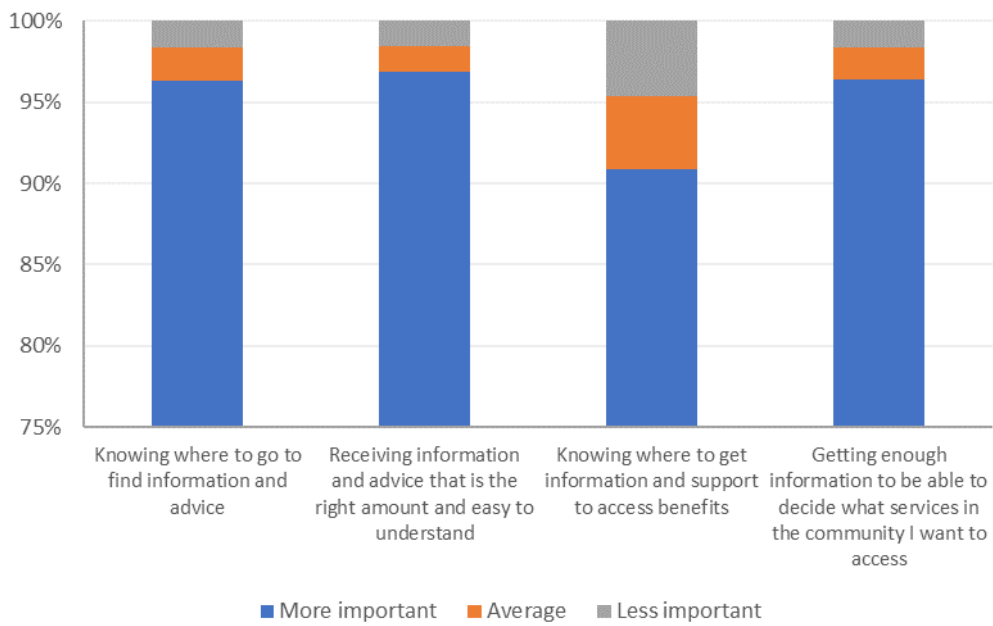
The list of outcomes was split into five groups based on a particular area, respondents were asked to rate the importance of that outcome on a scale of 1 (not at all important) to 5 (very important). If a respondent didn’t know what level of importance to give an outcome there was an option to select ‘Don’t know’, all ‘Don’t know’ answers were then removed from the analysis.

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

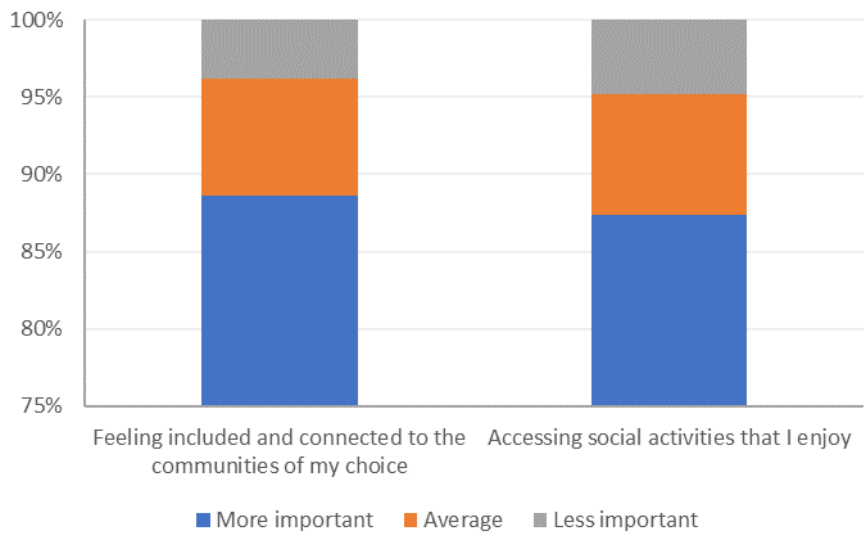
- Less important (1 & 2)
- Average (3)
- More important (4 & 5)

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.

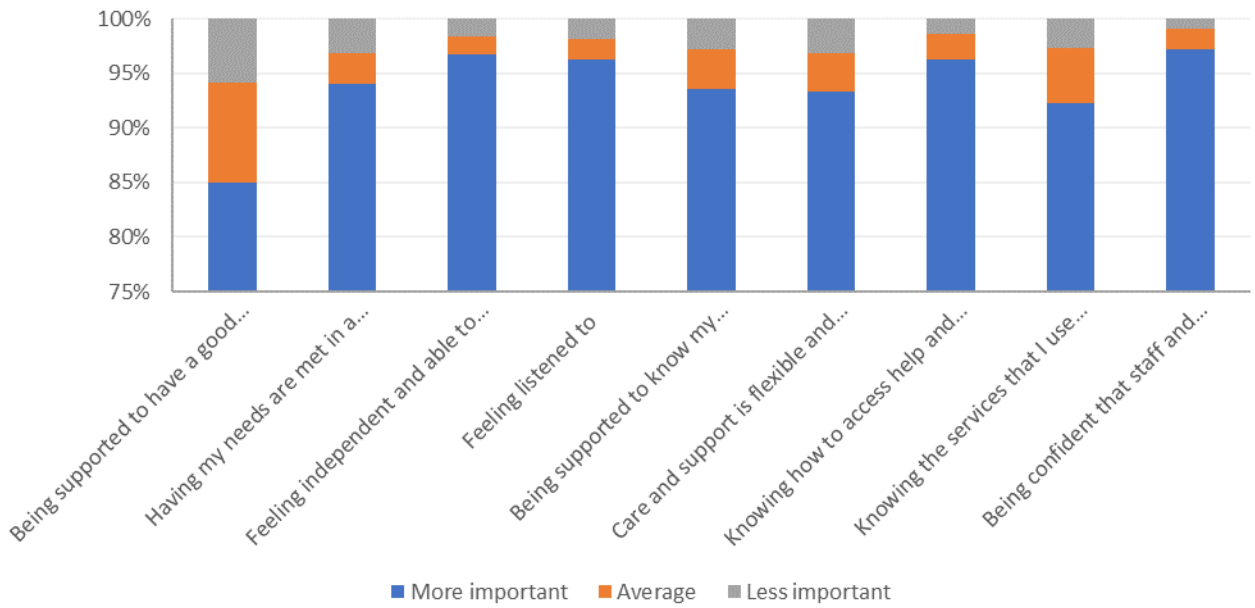
Personal Outcomes



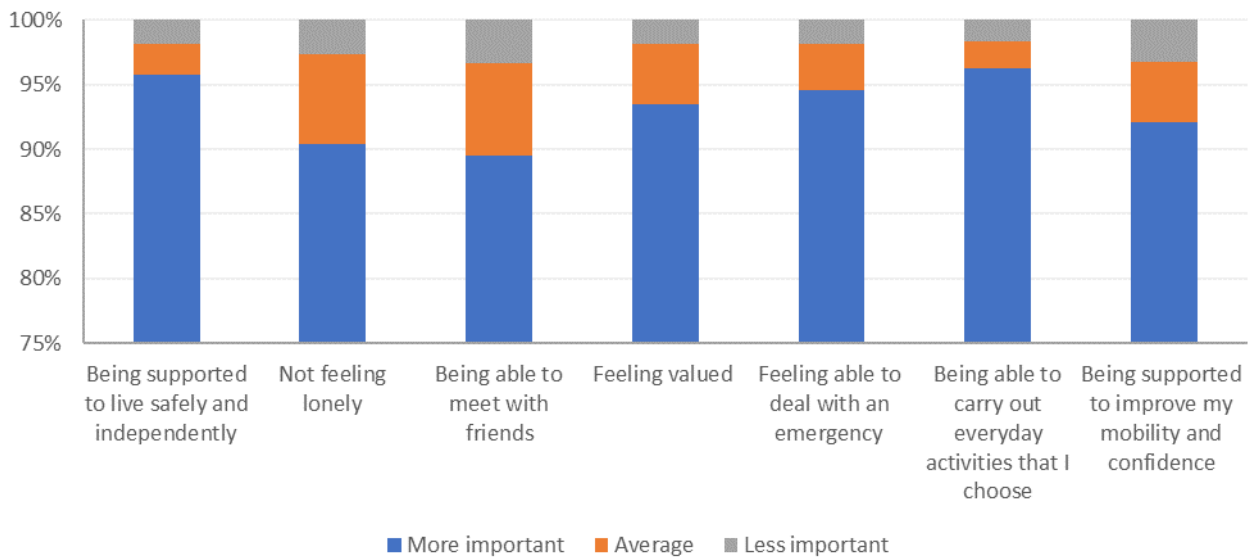
Community Outcomes



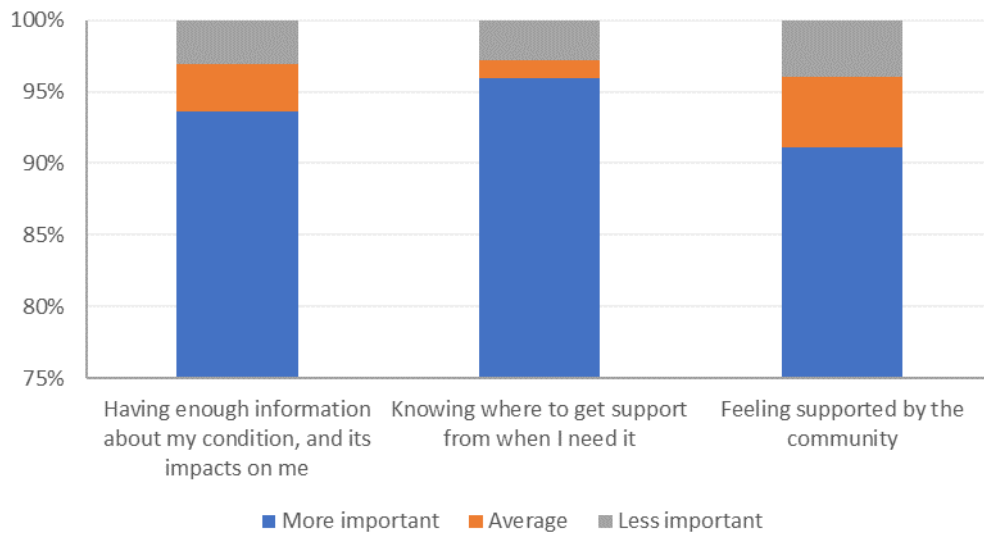
Care and Support Outcomes



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

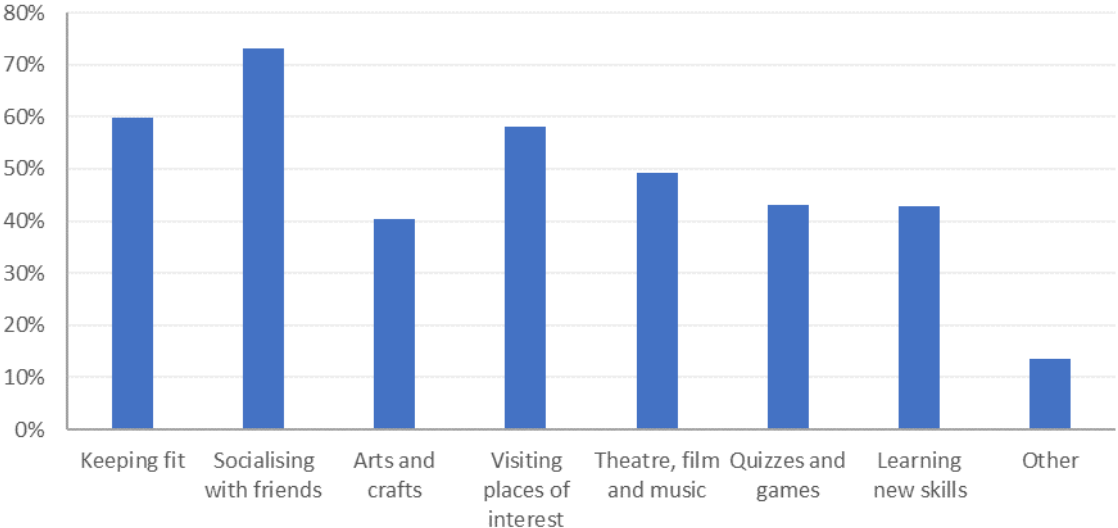
With a difference of 1.5% between the top and tenth ranked outcome, and with the lowest ranked outcome 'Being supported to have a good day' still being seen as more important by 85% of respondents, there are no clear outliers. Outcomes were matched against demographic indicators, such as age, gender, 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 of what outcomes are important to you. Reading through responses, one of the more common comments was that individuals want support to stay in their own homes and to live normal lives. Having friends and being part of a community was also important as it prevents individuals feeling lonely and isolated.

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.

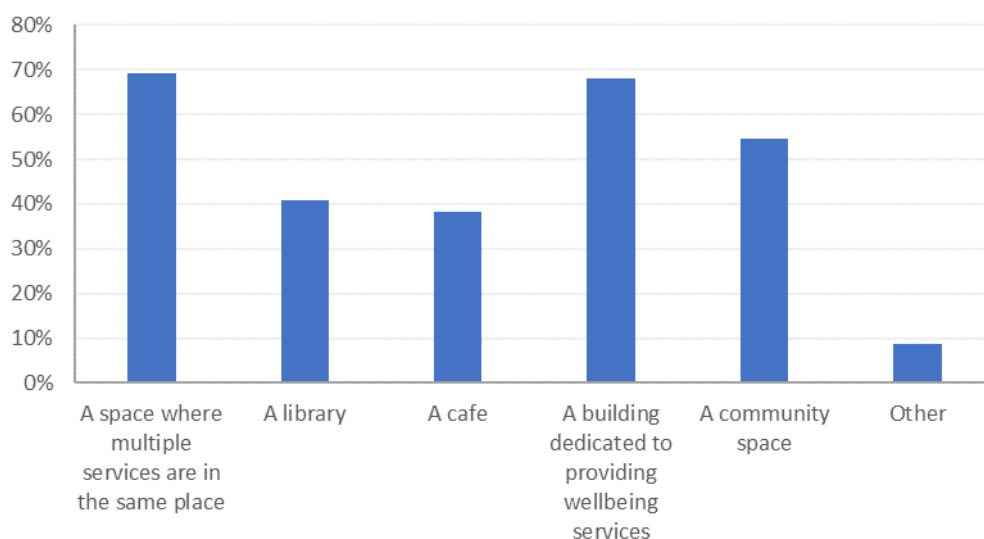


The most popular activity, with 73% saying they would like, is socialising, followed by keeping fit (60%) and visiting places of interest (58%). Socialising with friends was one of the activities that came up the most in the free text boxes of the consultation and when speaking to users directly. For many this is the main/only reason that they attend services.

	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 due to the large number of responses being from individuals who already access services in these types of locations, there is a possibility that there is some bias within the results as they want things to continue as is.



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 with either good public transport links, parking or some form of transport service. They said facilities should be welcoming, with friendly staff. For those who struggled more getting out and about there was requests for more home-based services. This was reflected in comments elsewhere that praised the provision of cleaning and meals services that came out to people’s homes.

	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

There is a clear under representation of responses from ethnic/religious minorities within the consultation. There was an attempt to address this part way through the consultation by reaching out to specific groups, but numbers remain low.