SUMMARY REPORT

Adult Social Care Strategy Consultation

Viewpoint Feedback

VIEWPOINT FOCUS GROUPS

Four Viewpoint focus groups were held, during April 2017, during the afternoon and evening, in the following locations across the Borough:

- Billingham
- Thornaby
- Eaglescliffe
- Stockton Town

Those attending received a DRAFT version of the Strategy and proposed content was discussed with them. Feedback identified that those attending believed the DRAFT Strategy:

- Was easy to read
- Focused on the right priorities (namely maximising independence and preventing avoidable use of/reliance on adult social care)
- Was a useful source of information about what adult social care is available across the Borough

Additional feedback, arising from discussions around the points detailed in the DRAFT Strategy, highlighted the following themes and linked issues that were of concern to those attending:

Themes	Linked Issues				
Advice and Information	 Need to ensure that advice and information about the support available to adults across the Borough is in prin and online formats. Not everyone can access and/or us computer. Suggestion of developing an adult social care telephone helpline which could be used by service users to report concerns and/or problems with commissioned services 				
Social Isolation	 Need to reduce social isolation amongst older people in particular if independence is to be maximised. Not everyone has a family close by and not everyone can keep in contact with friends and neighbours. Suggestion of developing, with the VCSE, a befriending service for older people across the Borough 				

Themes	Linked Issues
Transport	• Public transport services not always available when needed and when available it often means taking more than one bus to reach destination.
	• Bus stops not always accessible for those with a physical disability or impairment.
	• Private hire transport can be unaffordable for wheelchair users.
	• Taxi transport can be unaffordable for wheelchair users.
	• Attendance allowance may be used in innovative ways to ensure access to appropriate and timely transport to maintain independence.
Home Care	 Often unreliable. Scheduled appointments are not always kept by home care workers and this disadvantages clients who rely on that support.
	• Consistency of service. Nice when the same worker can visit the same client on regular basis. This develops trust and understanding which is incredibly important, especially when personal care and/or health care is part of service provided.
	• Length of visit. Unrealistic to believe that all people can be washed and dressed in 15 or even 30 minutes. Need to ensure that the length of the visit accurately reflects the time required to support people.
	• Attitude of workers. Commissioned providers are considered to be profit rather than people oriented and consultees fedback that this seen in the way that workers are with clients.
	• Request for more flexibility in terms of hours of operation :
	 Not always appropriate to put people to bed before 20:00. For instance, if they need to get up during night, this increases the risk of falling.
	 Those at the end of their life may prefer to keep 'unsociable hours' in order to maximise the quality of their remaining life.

VIEWPOINT RAPID RESPONSE SURVEY

In May 2017, a 'Viewpoint Rapid Response Survey' on the DRAFT 'Adult Social Care Strategy' was distributed, as an online only Survey, via email, to over 568 members of the Council's Viewpoint Panel.

In total, 22 individuals chose to respond. All responses were weighted to be representative of the Borough's population by age, gender and location of residence. Once weighted, the final sample size was 34 and its demographic profile is as follows:

Demographic Characteristic	Percentage of Sample
Female	53%
Male	47%
Aged 18 - 44	36%
Aged 45 - 64	50%
Aged 65+	14%
Currently accessing social care	3%
Currently caring for a person who is accessing social care	15%
Currently related to a person who is accessing adult social care	25%
Currently a practising adult social care professional	0%
Currently a retired adult social care professional	3%

Summary results are detailed below. Dominant results are highlighted yellow and full text responses shown as provided by respondents:

Q1a. Having read the DRAFT Adult Social Care Strategy for Stockton-on-Tees, to what extent would you agree that it is easy to read?					
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
34%	26%	18%	16%	6%	

Q1b. If you have answered DISAGREE or STRONGLY DISAGREE above, in the space below, please briefly tell us which areas were not easy to read:

- Easy to read
- Need to ensure that not too long
- Acronyms need to be defined
- Depends on audience. If a person is suffering, the figures would mean nothing

Q2a. Having read the DRAFT Adult Social Care Strategy for Stockton-on-Tees, were there any areas of it which you found difficult to understand?			
YES NO			
20%	80%		

Q2b. If you have answered YES above, in the space below, please briefly tell us why you say that:

• Any acronyms need to be defined

Q3a. To what extent would you agree that the Values and Principles set out in the DRAFT Adult Social Care Strategy for Stockton-on-Tees (listed alphabetically below) are 'right'?	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Integration	46%	31%	23%	0%	0%
Promoting Independence	51%	25%	23%	0%	0%
Quality of care	58%	29%	13%	0%	0%
Safety	62%	18%	20%	0%	0%

Q3b. If you have answered DISAGREE or STRONGLY DISAGREE above, in the space below, please briefly tell us why you say that:

• Good principles

Q3c. If you would like to, please use the space below to briefly suggest other Values and Principles for the future of adult social care across Stockton-on-Tees:

- Proposals are all well and good, but what baffles me is the lack of funding for the increasing number of people affected by mental health issues
- I'm glad that the Council is looking so far ahead
- Perhaps encouraging the involvement of family and engendering community spirit will bring back the respect in society that is sadly lacking
- Care and independence

Q4a. To what extent would you agree that the following aspects of our proposed approach to the future of adult social care (listed alphabetically below) in Stockton-on-Tees are 'right'?	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Promote independence	53%	40%	3%	3%	0%
Promote wellbeing	68%	26%	3%	3%	0%
Support independence	68%	25%	3%	3%	0%

Q4b. If you have answered DISAGREE or STRONGLY DISAGREE above, in the space below, please briefly tell us why you say that:

- These are admirable principles
- There will be MORE people losing their independence and needing care despite your aims

• More centres like Rosedale are needed, more extra care facilities and more residential care homes, preferably run by you not private business and/or monitored (more) closely by you

Q4c. If you would like to, please use the space below to briefly suggest what else you think should be a key feature of the future approach to adult social care across Stockton-on-Tees:

- Society as a whole has a responsibility to look after its people. This must be actively pursued. The unfortunate thing is selfishness and self-preservation are very much to the fore
- Overall they probably do an adequate job
- Adults with learning difficulties need stimulation and this is good in suitable groups where they can do needlework, art, woodwork etc. Active participation works.
- Ensure the contractors hired to provide services to adults are efficient and know they are getting paid and not doing anyone any favours.

Q5. Do you have any other comments on the DRAFT Adult Social Care Strategy for Stockton-on-Tees? If YES, please provide brief details below:

- Do not fall in the trap of being politically correct. We have a divided society and the ultimate mission of this proposal should be to reintegrate society and be fully inclusive for everyone.
- It is all trendy management (speak). How much were consultants paid for this?
- Have read through the draft and have found it very comprehensive.
- Clarify how First Contact operates. i.e. How does a potential client or concerned person know who to contact and by what channel.
- Might all households have a leaflet/sticker/card giving contact details (other than 999/111) together with a range of circumstances (not exclusive) in which it would be appropriate to make contact?
- You point out in the consultation policy that information is available on the internet which is not a lot of use to those that do not have access to it be they elderly or poor

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