

**Consultation report**

**Introduction**

1. On the 18<sup>th</sup> August 2015 Cabinet considered a report which set out two development phases of a proposed new Integrated Service model, and a preferred option for future service delivery. The preferred option was to fully integrate the Council and Solent NHS Trust staff teams involved in crisis response, rehabilitation, reablement and hospital discharge functions (Phase One) **and** prioritise service delivery /support at home or in people's local communities (Phase Two. Members agreed that the proposals should be consulted on with key stakeholders and the public before a final decision.
2. Southampton City Council undertook a public consultation with staff, service users and stakeholders regarding proposals to develop an integrated rehabilitation and reablement service including, but not limited to, the preferred option between 7<sup>th</sup> September and 27<sup>th</sup> November 2015.
3. Rehabilitation services support people to recover more quickly following treatment: an example might be teaching someone how to walk again following an accident. Reablement services help people to learn or re-learn daily living skills so that they can better manage any ongoing illness or condition, for example re-learning how to cook, or manage their own medication. Rehabilitation and reablement both aim to help people regain as much independence as possible, as well as avoid unplanned or unnecessary hospital admissions, and ensure people only need to stay in hospital as long as they medically need to.
4. The development of an integrated service for rehabilitation and reablement provision is a key element of the Southampton Better Care Plan, which aims to improve the health and wellbeing of people in Southampton. The proposals were designed with the intention of improving people's experience of care and the outcomes they achieve by transforming the way care is provided in Southampton, as well as ensuring best use is made of resources, in terms of both staff and money.

**Consultation principles**

5. The Council takes its duty to consult with residents and stakeholders on changes to services very seriously. The Council's consultation principles ensure all consultation is:
  - Inclusive: so that everyone in the city has the opportunity to express their views.
  - Informative: so that people have adequate information about the proposals, what different options mean, and a balanced and fair explanation of the potential impact, particularly the equality and safety impact.
  - Understandable: by ensuring that the language used to communicate is simple and clear and that efforts are made to reach all stakeholders, for example people who are non-English speakers or disabled people.
  - Appropriate: by targeting people who are more likely to be affected and using a more tailored approach to get their feedback, complemented by a general approach to all residents, staff, businesses and partners.
  - Meaningful: by ensuring decision makers have the full consultation feedback information so that they can make informed decisions.
  - Reported: by letting consultees know what was done with their feedback.

6. The Council also has a compact (or agreement) with the voluntary sector in which there is a commitment to undertake public consultations for a minimum of 12 weeks wherever possible. This aims to ensure that there is enough time for individuals and voluntary organisations to hear about, consider and respond to consultations. It is also in line with national government guidance.
7. The Council also aims to ensure that consultations are conducted in a timely fashion, so that there is time for proposals to be influenced by the outcome of the consultation, and time for decision makers to see the full results and understand the views of consultees before taking any final decisions.

### **Approach and methodology**

8. The consultation on an integrated rehabilitation and reablement service sought views on the proposal from relevant staff (City Council and Solent NHS Trust), stakeholders and service users, carers and family members. A public consultation ran from 7th September to 27<sup>th</sup> November 2015 (12 weeks), to enable as many people to respond on the proposal as possible.
9. Deciding on the best process for gathering feedback from stakeholders when conducting a consultation requires an understanding of the audience and the users of the service. It is also important to have more than one way for stakeholders to feedback on the consultation, to enable engagement with the widest range of the population.
10. The agreed approach for this consultation was to use a combination of paper and online questionnaires supported by face:face meetings, and targeted letters/emails. This approach enables an appropriate amount of explanatory and supporting information to be included in a structured questionnaire, helping to ensure that residents are aware of the background and context to each of the proposals.
11. In detail, feedback was enabled through the following routes:
  - A questionnaire which was available online via the Council's dedicated web page, and via a link from the web pages of the following:- Southampton City Clinical Commissioning Group (SCCCG), Age UK Southampton, Solent MIND, Carers In Southampton and Healthwatch Southampton
  - The same questionnaire was also available in paper format at Brownhill House (Council rehabilitation and reablement facility), and at the offices of the above Agencies
  - The same questionnaire, with an accompanying letter, was directly posted to:
    - \* a cross- section sample of people who had used services at Brownhill House over the previous six month period;
    - \* all people who were identified as regular users of the respite care services at Brownhill House.
  - The same questionnaire was hand-delivered to all current users of Brownhill House services, and all current users of the Day Services at Brownhill House, which are provided by Social Care In Action
  - A dedicated email address that was available to receive emails as part of the consultation.

### **Promotion and communication**

12. Throughout the consultation, every effort was made to ensure that as many people as possible were aware of the proposed changes and had an opportunity to have their say. Particular effort

was made to communicate the proposals in a clear and easy to understand way. This was achieved by using an easy to read background to the proposal at the start of the questionnaire, a Frequently Asked Questions (FAQs) document, the Equality and Safety Impact Assessment and links to support and advocacy organisations. All of these were available on a dedicated Council webpage.

13. The consultation was promoted in the following ways:

- Face:face meetings with:-
  - \* individuals and groups (service users and staff) at Brownhill House
  - \* Agencies - listed at paragraph 11 above
  - \* local Health Centre staff (Adelaide and Lordshill)
  - \* Domiciliary Care provider Agencies at a Provider Forum
- E-alerts, sent to subscribers of the Council's email marketing service. These featured hyperlinks to further information about the consultation and the questionnaire itself.
- Information and media support were provided to the regional media to help them cover the consultation. This resulted in coverage including a feature on the Daily Echo website and in the Daily Echo newspaper.
- The Council's Facebook and Twitter accounts were used to signpost people to the consultation information and questionnaire on the "have your say" section of the council's website.
- Elected Members (Overview and Scrutiny Management Committee, Health and Overview Scrutiny Panel and the City's 3 Members of Parliament)
- Other stakeholder meetings e.g. Health and Wellbeing Board, Local Medical Commission.

## **Consultation respondents**

14. In total, 210 people responded to the consultation on integrated rehabilitation and reablement services, either through a paper or online questionnaire, or a general letter or comment. All the questionnaire submissions that had at least one question completed were included in the analysis, to ensure every piece of feedback was considered.

15. This section shows the demographic makeup of respondents to the main questionnaires, enabling us to see which groups were represented in terms of age, gender, ethnicity and also their interest in the proposals. It is important to note that:

- As consultations should be open for anyone to answer, they will not necessarily be representative of the whole population of Southampton. It is however important that as wide a range as possible are engaged and are given the opportunity to share their views on the proposal
- The analysis provided below does not cover all respondents, as some did not complete this section.

16. In total, from the information that was provided by respondents, it is possible to see that:

- 33% of respondents were local residents who wanted to have their say on the planned changes to rehabilitation and reablement services
- 19% were family members of a service user (either past or present)
- 14% were users of the Brownhill House day service
- 9% were former users of rehabilitation and reablement services
- 3% were current users of rehabilitation and reablement services
- 21% of respondents didn't identify with any of these groups.

17. Figure 1 shows the age breakdown of respondents. There are clear correlations between age and the number of questionnaires completed. The least represented group was 19-24 year

olds, with only 2% of the total respondents falling into this category. The most represented group was 75+ year olds, with 26% of respondents coming from this category. This is in line with normal expectations as people over 45 tend to participate in greater numbers. As an example, in Southampton City Council's budget consultation for 2014/2015, 48% of respondents were between 50-69 years old and 7% were between the ages of 17 and 29. Within this particular questionnaire 83% of those who engaged with this consultation were over the age of 45, leaving only 17% at the age of 44 or under. This will also be amplified by the nature of this consultation being on a service which is more likely to be used by older age groups.

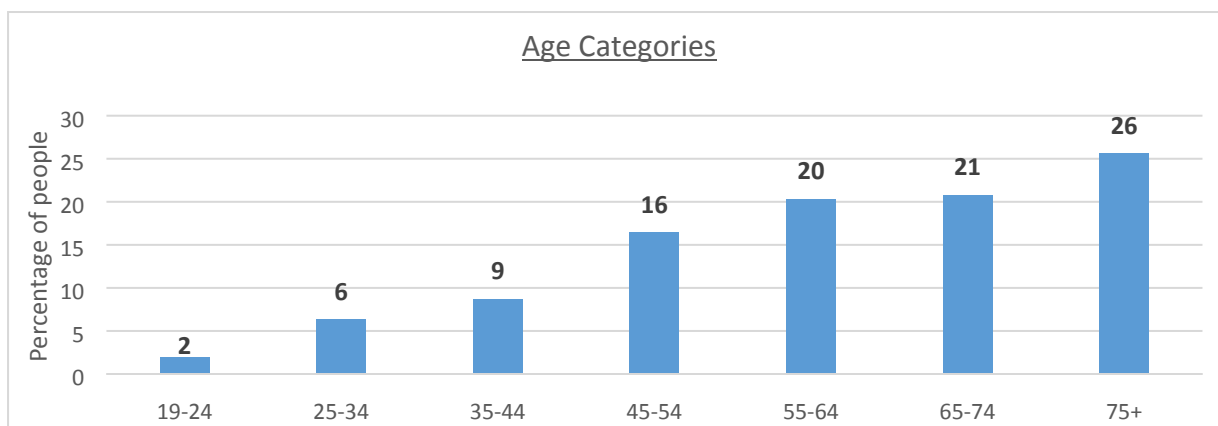


Figure 1

18. The gender breakdown of consultation respondents was 37% male and 63% female. This ratio is expected as most consultations have greater responses from women, the recent libraries consultation for example had exactly the same gender split of respondents.

19. The ethnicity breakdown of consultation respondents was 98% White, 1% Mixed/multiple ethnic groups and 1% other ethnic group. Asian/Asian British and Black/African/Caribbean/Black were not represented at all within this consultation. It is normal to receive a greater response to consultation from people from a White ethnic background, but this is unusually high. For example the recent libraries consultation had a 92% response from the White ethnic group.

20. Figure 2 shows the breakdown of the consultation respondents by whether they work for an organisation involved in the proposal. This consultation has a lower than average proportion of staff responses, for instance the 2015/16 budget consultation received 28% of responses from staff.

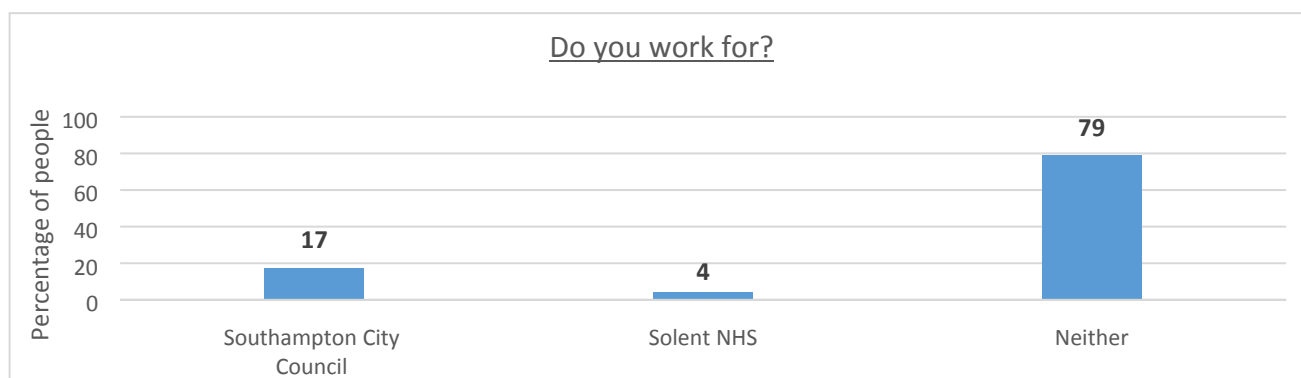


Figure 2

## Consultation results

21. Respondents were asked for their views on the newly proposed reablement strategies. Three key areas of focus were developed and, for each of these, consultees could state whether they agreed (strongly or otherwise), disagreed (strongly or otherwise) or were neutral. Below the focus areas are listed in order of agreement (detailed breakdown in Fig 3):

- Whether rehabilitation/reablement needs to be changed (71% agree, 9% neutral and 20% disagree)
- The vision outlined in the consultation (70% agree, 8% neutral and 21% disagree)
- The preferred option outlined in the consultation (34% agree, 26% neutral and 40% disagree).

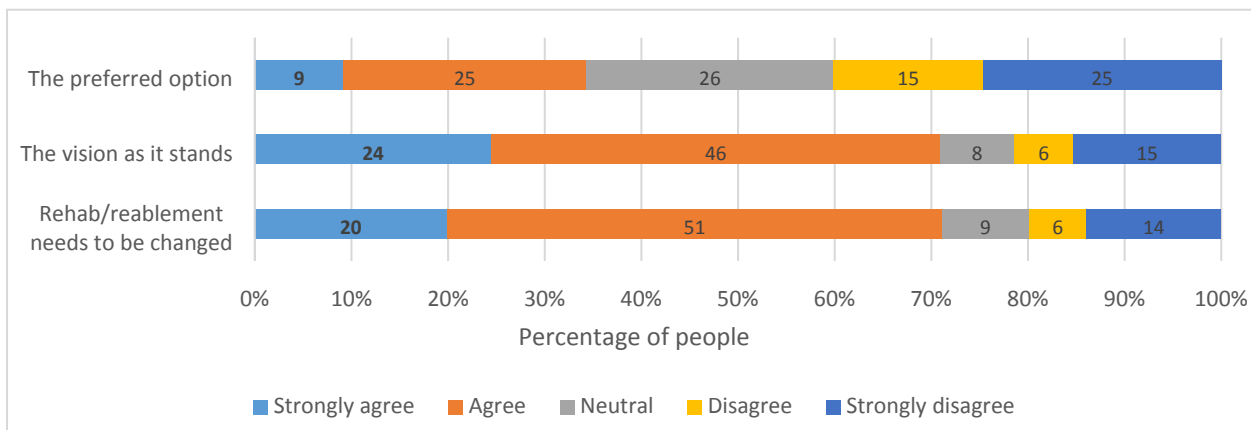


Figure 3

22. Further analysis shows that, in terms of the question on whether rehabilitation/reablement needs to be changed, current users are most likely to agree that a change is required, and staff least likely (detailed breakdown in Fig 4):

- Current users of rehabilitation and reablement/Brownhill House: 77% agree, 3% neutral and 20% disagree
- Family member of a rehabilitation and reablement service user/former user: 67% agree, 7% neutral, 26% disagree
- Local residents: 69% agree, 13% neutral and 18% disagree
- Staff: 66% agree, 18% neutral and 16% disagree.

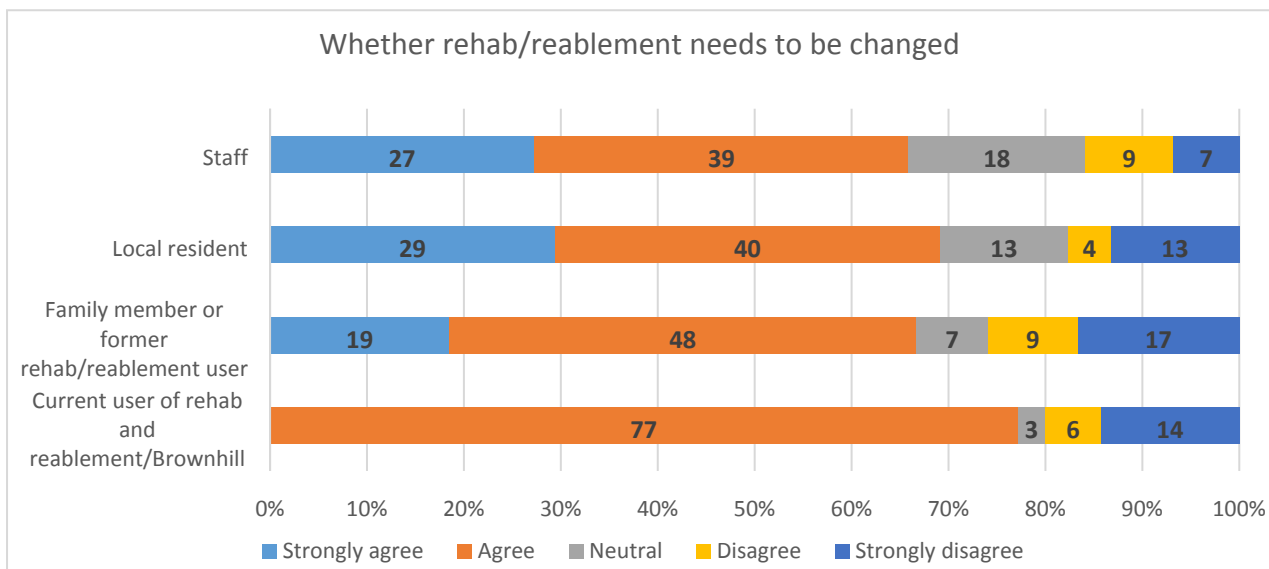


Figure 4

23. In terms of the vision as it stands, further analysis shows agreement with this as follows(detailed breakdown in Fig 5):

- Current users of rehabilitation and reablement/ Brownhill House: 81% agree, 0% neutral and 19% disagree
- Family member of a rehabilitation and reablement service user/former user: 58% agree, 9% neutral, 33% disagree
- Local residents: 77% agree, 9% neutral and 14% disagree
- Staff: 67% agree, 14% neutral and 19% disagree.

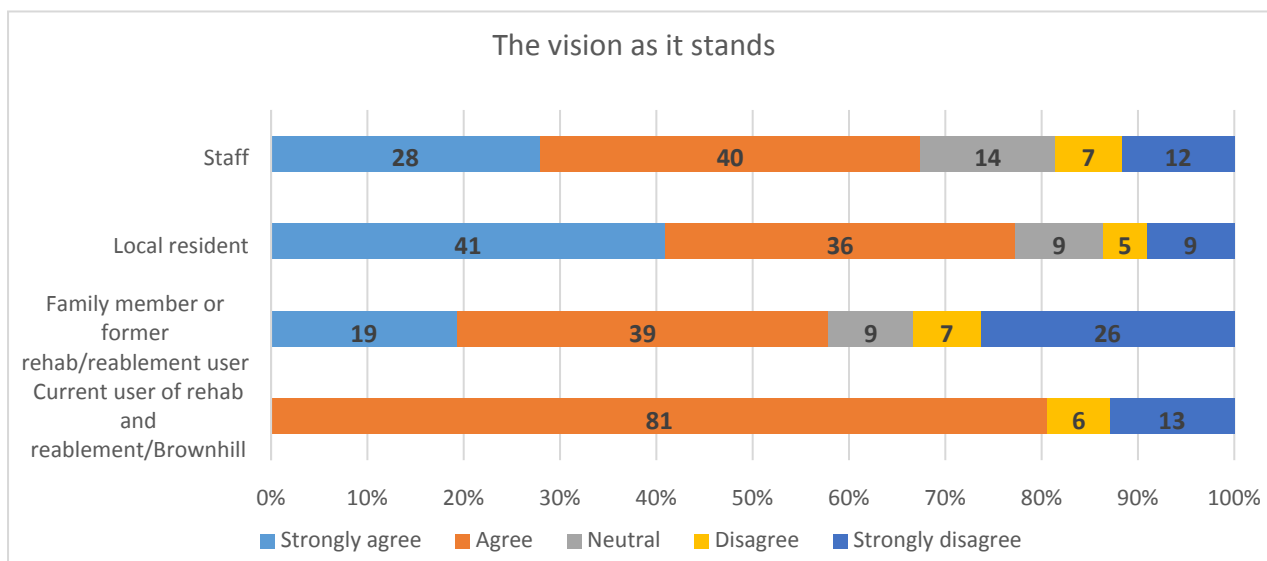


Figure 5

24. In terms of the preferred option, further analysis shows low levels of agreement (detailed breakdown in Fig 6):

- Current users of rehabilitation and reablement/Brownhill House: 6% agree, 31% neutral and 64% disagree
- Family member of a rehabilitation and reablement service user/former user: 19% agree, 24% neutral, 58% disagree
- Local residents: 56% agree, 22% neutral and 22% disagree
- Staff: 41% agree, 34% neutral and 25% disagree.

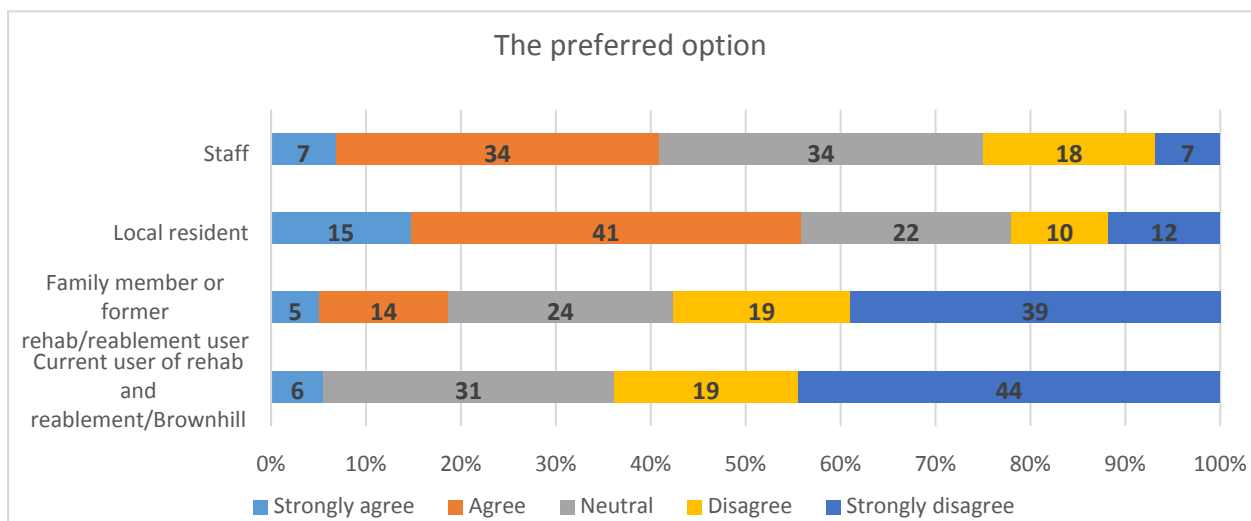
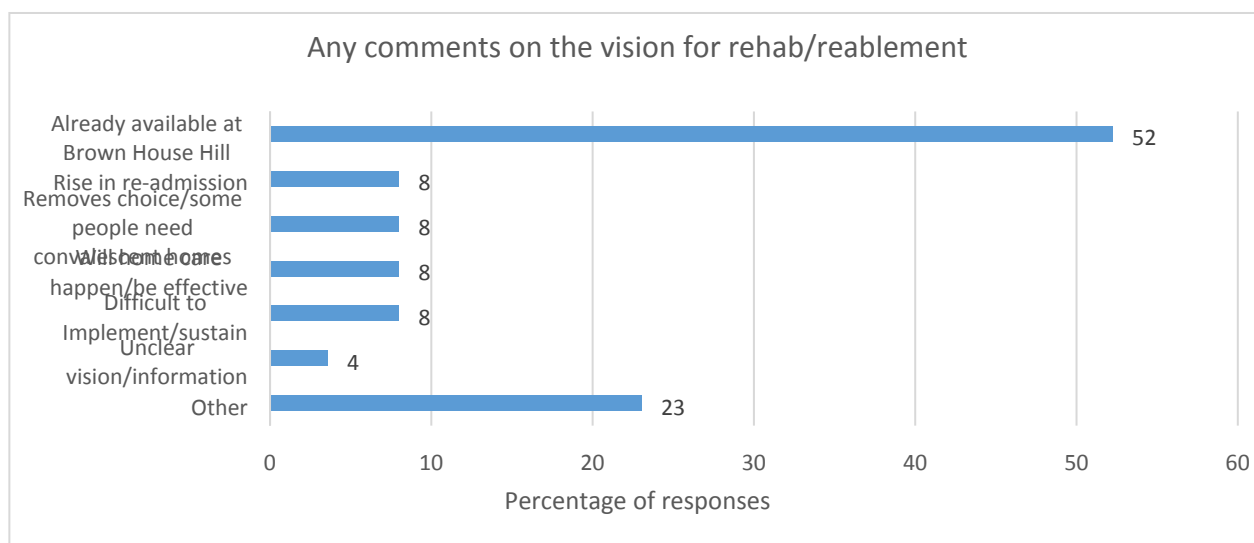


Figure 6

25. For each of the focus areas, consultees were given the opportunity to leave comments. There were a wide range of comments relating to the vision, alternative solutions and how the preferred option could affect the respondents. Alongside this a final area was given for consultees to express their opinions on whether there were any other impacts that had not been considered that the preferred option may have. All comments have been analysed and gathered into relevant groups to help better understand the views of consultees.

26. 114 comments were made about the vision that was presented, the majority of which expressed concern (full breakdown in Fig 7):

- Over 50% of those leaving a comment stated that Brownhill House already offered many of the services, meaning the proposal was perceived as redundant.
- 8% raised a concern regarding the difficulty of implementation/sustainability
- 8% raised a concern over whether homecare would occur or be effective
- 8% raised a concern about lack of choice for those who may need rehabilitation/reablement
- 8% felt that a rise in readmission may occur
- 4% raised a concern about the overall ambiguity of the vision or information presented
- The remaining comments (which made up 23% of the respondents) were grouped as 'other', as there were no clear or common themes identified.



27. 81 comments were made with suggestions for alternative solutions (full breakdown in Fig 8):

Figure 7

- The majority of those who responded stated the Brownhill House should continue to be the solution for rehab and reablement.
- 59% of people stated that Brownhill House should either be adapted (16%), kept the same (21%) or used more effectively, by moving patients from the NHS beds into Brownhill House (22%).

- Other suggestions included giving people the choice or allowing them to fund their own care (9%) or giving those in need more information or education to be better prepared when they returned home (7%).
- The remaining 22% either stated a different solution that did not fit into the other groups or suggested no other solution.

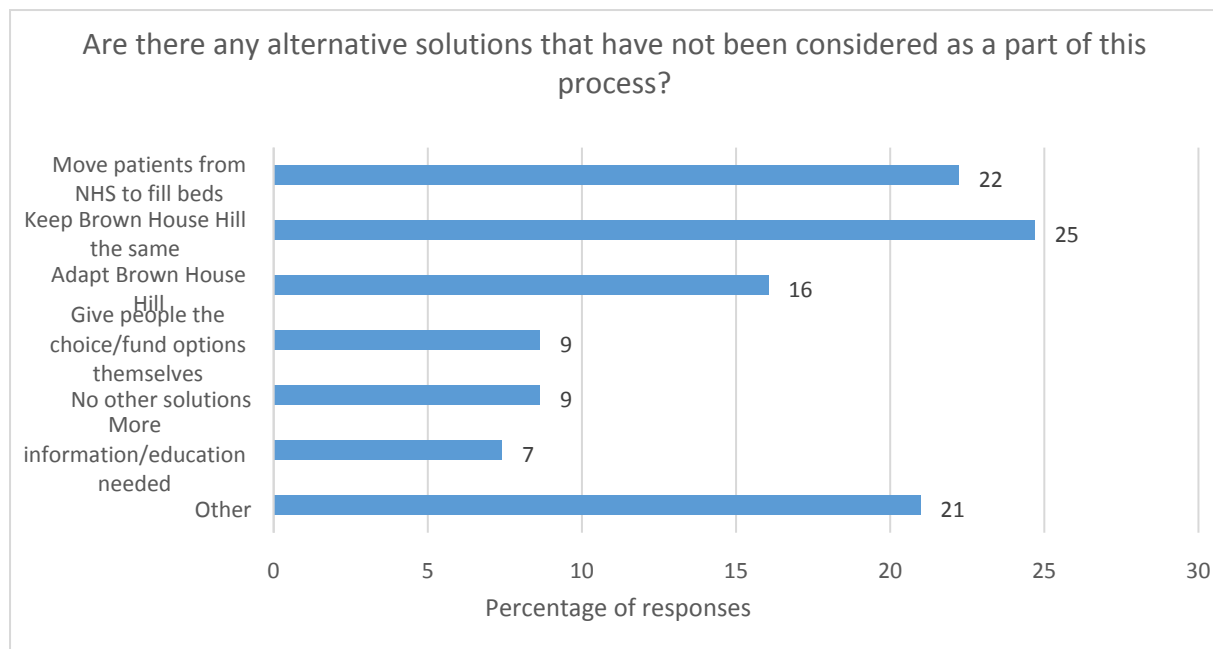


Figure 8

29. Consultation respondents were asked assess how this new proposal would affect them personally. 48% of people stated that it would affect them either “a great deal” (33%) or “to some extent” (15%). 14% of people said they “didn’t know” and finally 37% of people stated that it wouldn’t affect them greatly, choosing either “not very much” (17%) or “not at all” (20%).

30. If respondents answered in the affirmative (a great deal/to some extent) they were then asked to provide information about how it would impact them. 85 responses were recorded, as follows (full breakdown in Fig 9):

- The majority (40%) highlighted a concern about the changes to respite care or the lack of alternatives that were being offered.
- 16% stated that, although it may not have a bearing on them immediately, a change in current services and the preferred option could have a negative or unknown impact on their future.
- 13% felt the proposal would result in a feeling of isolation for individuals who had previously accessed Brownhill House
- 7% felt services would be harder to access
- 6% noted there would be detrimental changes due to job changes/losses
- The remaining 21% of the comments given were not grouped into the above categories and given the label of other.



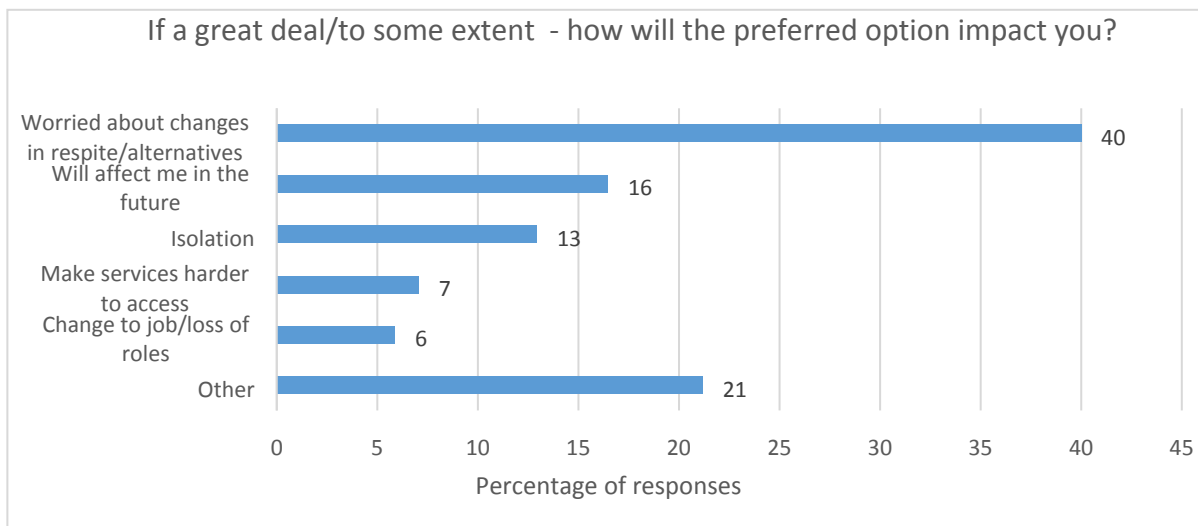


Figure 9

31. The final area where respondents could comment allowed them to outline any other impacts that were not previously considered. 89 responses were recorded and three clear areas were highlighted (full breakdown in Fig 10):

- Lack of appropriate care (28%)
- Increase in vulnerable people due to the preferred option (24%)
- Detrimental effect of closing Brownhill House (24%).
- The other comments that were able to be classified were: inability to access future provision (12%), money (both availability and sustainability – 9%), lack of choice when considering rehab/reablement provisions (7%).
- Comments that could not be put placed in any of the groups were placed within other (25%).

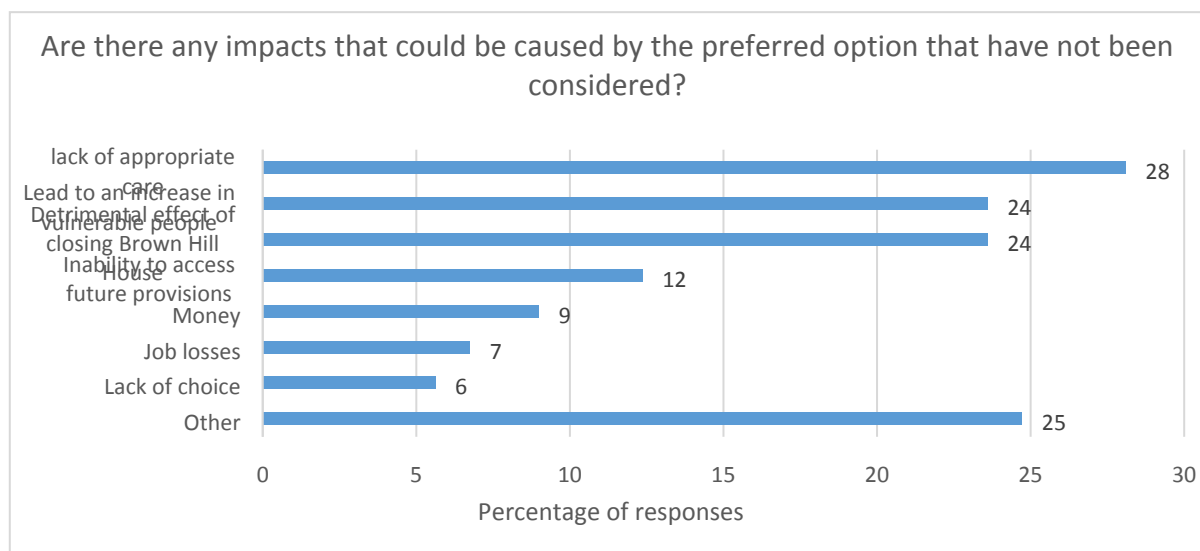


Figure 10

### Feedback on the consultation process

32. The Council is committed to make the whole consultation process as transparent as possible. As a part of this, any feedback on the consultation process itself received during the course of the consultation is gathered together here.

33. Overall, out of the 210 people who took part in the consultation, three commented on the consultation process itself, representing less than 2% of total consultation responses.

34. The comments made regarding the consultation process are shown in table 1.

This form is misleading I do not want to see rehab units closed.
You have worded this questionnaire carefully to promote what you want, not what we as the people who use this service and understand this. I had to ask the girls what it meant, good job we had been able to translate. Leave Brownhill House open use up the beds I can't believe so many were not being used its criminal what a waste of our money
You have not presented a vision for me to judge - just a series of sound bites! The only fact I have gleaned so far is that Brownhill house is underused to a criminal degree. Whoever is responsible should be ashamed!

Table 1

35. The feedback on the consultation process is mostly suggesting that the consultation is misleading and that the information is insufficient.

## Conclusion

36. Over 200 stakeholders have engaged with the consultation process and given their views on the proposals. The consultation has engaged with a range of individuals through a variety of methods to allow residents in Southampton to give their views on changes to outcomes for patients transitioning from hospital care. As figure 1 of this report has outlined, by looking at various demographic breakdowns of the respondents, while there were greater responses from older age groups there was still engagement across the board.

37. The main findings show that 70% of respondents feel that rehabilitation/rehabilitation needs to change and 71% agree with the vision outlined in the consultation document. Despite this, only 34% agree with the preferred option.

38. This consultation has ensured compliance with local and government standards. This report, the Cabinet report and appendices outline the full picture of the consultation results and will be used to inform decision makers.

39. In conclusion, this consultation allows Southampton City Council's Cabinet to understand the views of residents and stakeholders on rehabilitation and reablement services and the proposed way forward. Therefore it provides a sound base on which to make a decision.