

# Southampton City Council Adult Social Care and Support Planning Policy – Consultation report

## Introduction

1. Southampton City Council undertook consultation with service users, stakeholders and staff regarding the draft Adult Social Care and Support Planning Policy between 31 May 2016 and 23 August 2016.
2. The draft policy was developed to ensure:
  - Adult social care business processes re undertaken in a manner that is, at all times, compliant with the council's duties under the Care Act 2014
  - Equitable treatment and fairness in the provision of funded care and support
  - Sufficient and appropriate regard is given to individual circumstances and personal preferences when determining the value of an individual's personal budget.
3. The draft policy will help the Council to achieve these objectives by ensuring that the tasks of assessment, support planning, and reviews are routinely undertaken in a consistent and transparent manner. It is important to emphasise that the draft policy does not reflect a major change in our approach. It is instead designed to clarify and organise existing practice in line with the Council's existing duties under the Care Act 2014. As such, the substance of the draft policy itself was not subject to consultation as the council's duties under the Act are beyond the Council's influence.
4. In April 2016, the Council Management Team in consultation with the Lead Member for Health and Adult Social Care agreed to undertake a 12 week public consultation on the draft policy with key stakeholders and the public before a final decision is taken.

## Aims

5. The Council did not have a statutory duty to consult on the draft policy as it does not describe a major change in approach, but instead clarifies and organises existing practice in line with the Council's duties under the Care Act 2014. There was, however, a duty to consult arising from a legitimate expectation of consultation due to the Council's past practice of consulting over Adult Social Care policies. As the policy is also a statement from the Council on the manner and methods to be used by its adult social care practitioners when conducting the tasks of assessment, care and support planning, and review, the consultation additionally represented an ideal opportunity for people with current or future care and support needs and their families to influence their experience of receiving these services from the Council and was undertaken on this basis.
6. The overall purpose of the consultation was to ask residents, stakeholders and practitioners about the following aspects of the draft policy:
  1. Is the draft policy clear?
  2. Is the draft policy open and transparent?
  3. Is the draft policy sufficiently informative (provides you with enough information)?
  4. Does the draft policy comply with law?
7. This report summarises the processes and activities undertaken by the Council to achieve these aims and includes a summary of the consultation responses both for the consideration of decision makers and any interested individual or organisation.

## Consultation principles

8. 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.
9. The Council is committed to consultations of the highest standard, which are meaningful, and comply with the following legal standards:
- Consultation must take place when the proposal is still at a formative stage
  - Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
  - Adequate time must be given for consideration and response
  - The product of consultation must be carefully taken into account.
10. The city of Southampton 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. This time period is also in line with national government guidance. In accordance with this, the consultation on the draft adult social care policy ran for 12 weeks, to ensure that as many people as possible are given sufficient opportunity to have their say.

## **Approach and methodology**

11. The consultation on the draft policy sought views on the proposal from relevant staff, residents, stakeholders and partner organisations. The formal consultation ran from 31 May 2016 to 23 August 2016.
12. 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. In order to ensure the proposed approach was proportionate and appropriate stakeholder meetings were held with a forum group to get their feedback and input on the approach to the consultation. This allowed potential consultees and organisations who work in this area the opportunity to shape the way the consultation would practically work.
13. The agreed approach for this consultation was to use a combination of paper and online questionnaires as the basis with a range of service user focus groups and four open drop-in sessions. It was felt that due to the complexity of the consultation it was important to provide a significant amount of face to face contact with consultees to provide clarity and answer any questions. The focus groups were designed and delivered in a practical way to encourage engagement with the policy and ensure sufficient feedback was gathered for each of the four consultation aims.
14. Due to the fact the consultation is on a 23 page policy document there were methodological considerations to make sure respondents had ample opportunity to familiarise themselves with the policy before responding. Printed versions were circulated prior to focus group meetings and were widely available (online and in paper copies) throughout the consultation period. In addition to the main questionnaire and face to face activities, a general response email and postal address was also advertised. This was to allow for respondents who, for whatever reason, could not or would not wish to use the questionnaire.
15. Once the consultation materials were finalised, and a week before the consultation went live, a briefing with sector representatives was held. This session was to give a group of key stakeholders the chance to provide feedback on the consultation plan and materials and to ask any questions. There was some

feedback on the consultation and questionnaire, it was decided with this group to delay the start of the consultation by a week and changes to the materials were made following this feedback.

## **Promotion and communication**

16. Throughout the consultation, every effort was made to ensure that as many people as possible were aware of the draft policy and had an opportunity to have their say. Particular effort was made to communicate the proposals to and through support groups that work with adult social care clients. Other communication channels were also used to ensure a wide range of people were aware of the consultation. The draft policy, a Frequently Asked Questions (FAQs) document, the Equality and Safety Impact Assessment (ESIA) and the questionnaire were available on a dedicated council webpage throughout the consultation period. The public drop-in sessions were also promoted on the webpage.
17. The consultation was promoted in the following ways:
- A link to the consultation webpages was sent to key stakeholders
  - Posters advertising both the drop-ins and a link to the questionnaire were distributed to community centres, GPs and the Councils day centres across the city
  - Copies of the draft policy and posters advertising the drop-ins and links to the questionnaire were distributed to libraries across the city
  - Copies of the draft policy, FAQs and questionnaires were sent to a range of support organisations in the city to distribute
  - A link to the survey and details of the drop-in sessions were promoted a number of times using the following council Stay Connected e-bulletins:
    - Your City, Your Say (External, 3,350 subscribers)
    - City News (External, 5,300 subscribers)
    - Community News and Events (External, 7,100 subscribers)
    - The Bulletin (Internal)
    - Policy Watch (Internal)
  - The Council twitter account was used to signpost people to the survey/ drop-ins.
  - An information stand was set-up in the main corridor of the Civic Centre throughout the 12 weeks, which held copies of the draft policy, information posters, questionnaires and information advertising how people can have their say through public drop-ins, the generic email address, online survey link and postal address for where to send comments.
18. In addition to the above, the consultation was also promoted by the Council's Community Development Officers. The officers distributed the consultation information to Time Bank membership (volunteering project in the community), and posted on Facebook and Twitter. It was also promoted at the Repair Café and leaflets were distributed at the 'Big Day In', an event aimed at families with autism.

## **Consultation respondents**

### **Questionnaire**

19. In total, 27 people responded to the draft Adult Social Care and Support Planning policy, of which 22 were complete questionnaires and five were partially completed. The questions within the questionnaire focused on the draft policy itself. The questionnaire was split into various sections:
- Whether respondents had read the policy and if so which areas.
  - Clarity, transparency, how informative it is and whether it is in accordance with the law.
  - How it could affect respondents or their families.
  - Alternative options that the Council should consider within the policy and any other comments on the policy as a whole.
  - Demographic information, such as age, gender and home postcode.
20. All of the questionnaire submissions that had at least one question on the draft policy completed were included in the analysis. As a result of this the demographic information outlined below may not cover all respondents.

21. It should be noted that, as engagement opportunities should be open for anyone to take part, they will not necessarily be representative of the whole population of Southampton. It is however important that as wide a range of people as possible were engaged and given the opportunity to share their views.
22. The least represented groups who answered the questionnaire were the under 16, 16-24 and 85 or over, with no respondents from these groups answering the questionnaire. People between the ages of 45 and 64 were most represented with over half of all respondents belonging to this age range. This is in line with normal expectations as the over 45 year olds tend to participate in greater numbers. As an example, in the Southampton City Council's Public Space Protection Order Consultation, 62% of respondents who engaged with the consultation were over the age of 45. Within this particular consultation four fifths of respondents were between the age of 45 and 64.
23. Respondents were also asked their gender. The breakdown of respondents was three fifths female and two fifths male. Again it is commonly observed with questionnaires and consultations carried out by Southampton City Council that women are more likely to participate, and this is reflected within this data.
24. In total, from the information that was provided by respondents, it is possible to see that;
- Just over one third of respondents considered themselves to have a disability of some sort.
  - Just under half of respondents, who responded to this question, stated that they were a local resident, just under a quarter stated they are currently in receipt of care and just under a fifth stated that they are carers. Family members of care users and staff members within adult social care were also represented.
  - Almost two fifths of consultees, who responded to this question, stated that they were employed by Southampton City Council. A fifth of respondents stated that they worked either for the NHS, Voluntary sector or independent service provider. The remaining two fifths stated that they did not work for any of the organisations listed.

### **Drop-ins**

25. Four public drop-in sessions were held in various locations across the city, which attracted 15 residents in total. The drop-ins provided an opportunity for the public find out more about the draft policy, collect information such as a questionnaire or a copy of the draft policy and ask any questions or make comments on the draft policy and any other adult social care queries the public may have. Details and locations of the drop-ins are listed below:-
- Manston Court, Lordshill – Tuesday 14 June (5pm - 7pm)
  - Sembal House, Handel Terrace – Wednesday 22 June (10am – 12noon)
  - Merryoak Community Centre, Merryoak – Friday 22 July (3pm – 5pm)
  - Central Library, Civic Centre – Saturday 30 July (11am – 1pm).

### **Your Care Your Say email inbox**

26. Throughout the consultation the dedicated email inbox received two emails from respondents. The content of these emails has been noted and included in the consultation feedback.

### **Focus groups**

27. Throughout the consultation it was important to conduct multi-layered engagement. For this reason focus groups were offered to stakeholders (who were engaged with before the consultation went live). In total, 75 people attended a focus group or discussion session. Alongside this they were also able to specify which areas of the policy they were particularly interested in engaging with. The individual policy section headings discussed at each group have been added (in quote marks) to each focus group summary paragraph so it is clear which groups fed back on which parts. Focus groups were held with;

- Healthwatch through Southampton Voluntary Services as part of their informal Strategic Group meeting
  - Choices Advocacy as part of their monthly “The Hub” meeting
  - Mencap as part of their Carer’s Lunch
  - Solent Mind
  - Carers in Southampton
28. Each session was modified and tailored to the audience and the focus or aim that the particular group felt would be of most use. Alongside this any information, comments or views that were given on any other area of the policy, adult social care or the consultation as a whole were also noted and collated as part of the consultation. All focus groups were attended by a member of the Adult Social Care team as well as two members of the Research and Consultation team.
29. The focus group held at Southampton Voluntary Services with Healthwatch’s Strategic Group had eight attendees. Feedback was gathered on ‘assessment and identifying unmet eligible needs and determining eligibility’, ‘general responsibilities and universal services’ and ‘allocating funding to unmet eligible needs and meeting eligible needs’.
30. The focus group with Choices Advocacy, as part of their The Hub session, centred more on communication and health and wellbeing with the policy. 16 attendees (including advocates) gave feedback on how and why the Council (as well as other organisations) communicate with them and how this could be improved. Alongside this, within the ‘general responsibilities and universal services’, a further engagement occurred centred on promoting wellbeing. Attendees were asked to state what each action meant to them and how they would want to see this carried out by the Council.
31. The focus group held at Mencap had 19 attendees (including staff members of Mencap). Feedback was gathered on ‘assessment and identifying unmet eligible needs and determining eligibility’, ‘care and support planning’, ‘allocation of funding to unmet eligible needs and meeting eligible needs’ and ‘appeals and disputed and governance’.
32. An informal focus group was held at Solent Mind with three attendees (including staff members of Solent Mind). Within this engagement the reasoning behind the policy was explained and attendees were given the opportunity to express concerns and ask questions about how this might affect them.
33. The focus group held at Carers in Southampton had 13 attendees (including staff members of Carers in Southampton). Feedback was gathered on ‘care and support planning’, ‘assessment and identifying unmet eligible needs and determining eligibility’, and ‘allocation of funding to unmet eligible needs and meeting eligible needs’.
34. In addition to the focus groups an informal discussion was also held at a regular Consult and Challenge (an independent service user / provider forum) meeting on 20 July 2016. There were 16 services users or representatives of groups present at the meeting, general feedback about the draft policy and the consultation were provided. All feedback received was noted and collated as part of the consultation.
35. A drop-in session was also held for council social workers and other members of staff, where they has the opportunity to find out more about the draft policy to ask questions on the draft policy and the consultation. A total of 10 attended this session.

## **Consultation results**

36. The feedback and comments gathered during the consultation have been summarised by the key questions the consultation set out to address. There is also a section summarising the general feedback on adult social care services received during the consultation process. While this is not directly relevant to this consultation it is natural that issues would be raised by consultees while thinking about the draft adult social care policy and this feedback should not be lost.

37. Of the 27 people that answered the questionnaire, three fifths stated they had read the draft policy and two fifths stated that they hadn't. Of the people that had read the draft policy, two thirds said they had read the whole document. The most read sections of the draft policy were 'purpose and scope', 'assessment and identifying unmet eligible needs and determining eligibility', 'care and support planning', and 'allocating funding to unmet eligible needs (personal budget) and meeting eligible needs'.

**Is the draft policy clear?**

38. Respondents to the questionnaire and focus group attendees were asked for their views on how clear they felt the policy was. Within this, respondents were able to:

- Assess clarity of the policy as a whole
- Assess clarity of particular areas in which they had read

39. Respondents were asked to rate the draft policy from 0-10 (where 0 was not at all clear, and 10 was completely clear) on the clarity of the policy. 16 respondents stated that the policy was clear (completely or otherwise). A further 17 stated that they felt the policy was unclear, with the remainder of consultees stating that they were neutral. This created an average score of 4.9 which indicates opinions are divided more or less between clear and unclear. For a full breakdown see Figure 1.

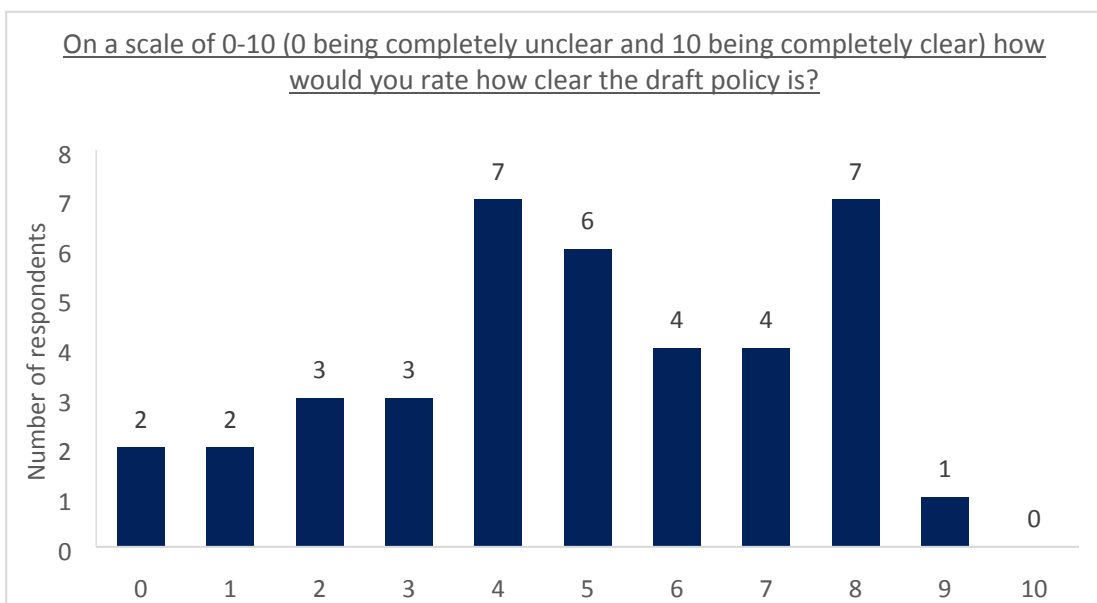


Figure 1

40. Respondents were also given the opportunity to give comments and thoughts the on clarity of various areas of the policy, either through conversation or an open text box. Each of the comments was individually considered and groupings were created depending on the feedback given. For a full breakdown see Figure 2.

- The majority of responses stated that definitions and examples were needed throughout the policy to make it easier to understand and apply to personal situations (56 responses)
- Many responses stated that the document was overly complex (35 responses) or the language used was overly wordy (22 responses)
- Another common theme was the lack of an easy read or public facing version that could act as a summary to help people to understand (10 responses).

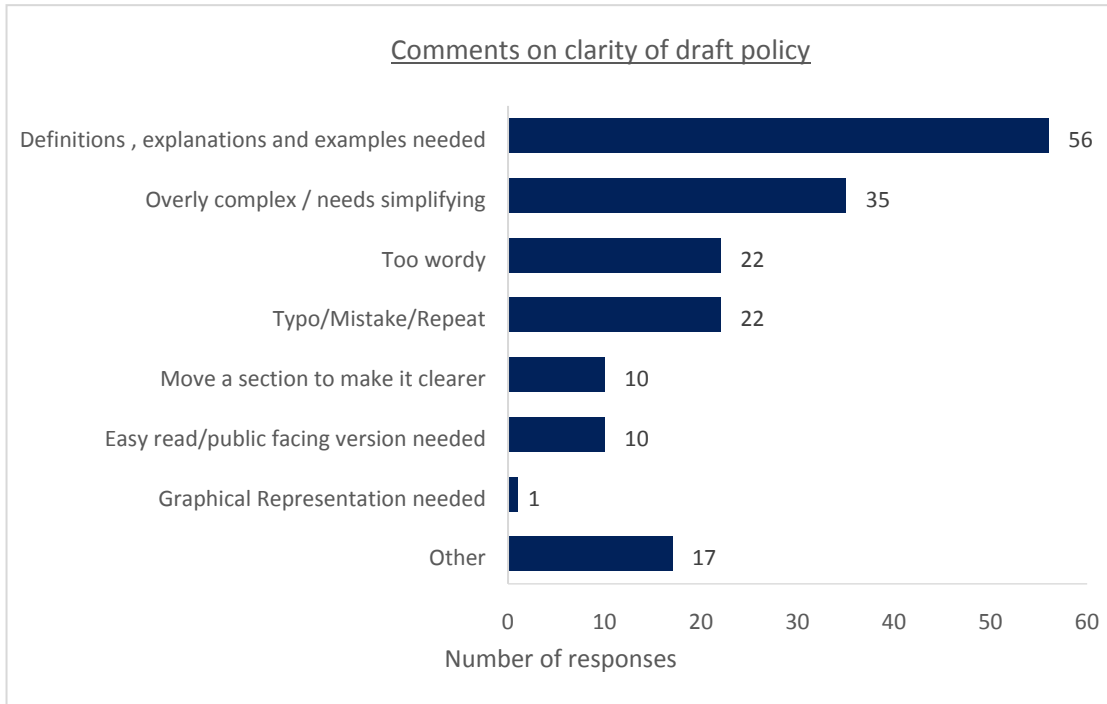


Figure 2

41. Of the responses given it was clear that certain areas of the policy elicited more responses than others. 63 responses (almost half of all responses) were against the ‘allocating funding to unmet eligible needs (personal budget) and meeting eligible needs’ section. 47 responses (a third) focused on the ‘assessment and identifying unmet eligible needs and determining eligibility’ section. For a full breakdown please see Figure 3.

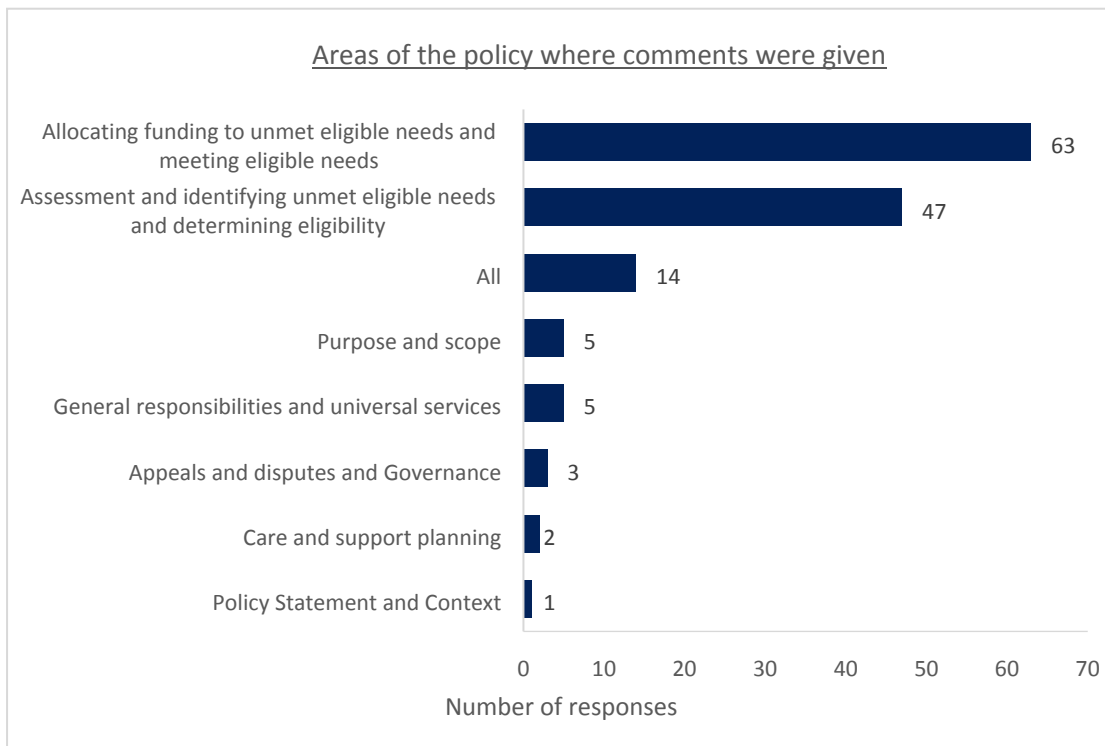


Figure 3

## Is the draft policy open and transparent?

42. Respondents to both the questionnaire and focus group attendees were asked for their views on whether they felt the policy was open and transparent. To make sure as much of the policy was covered as possible, the focus groups were tailored to try and make sure every area of the policy had some feedback.

43. Feedback was elicited either through conversation or an open text box. Each of the comments was individually considered and groupings were created depending on the feedback given. For a full breakdown see Figure 4.

- The majority of responses stated that realistic, clear and honest information and language is needed through the policy (9 responses). Examples of these sorts of comments ranged from requesting information on whether this was to make services better, intended as a money saving exercise or in order to be in line with documentation such as the Care Act. Alongside this a general worry about creating a culture where the cheaper method is preferred was also raised.
- Around one third of responses (5 responses) asked for consistency within the policy and adult social care. Examples of these comments were centred upon the way certain terms were used which could introduce ambiguity or whether disparity will be addressed in services and how they are delivered.
- Other comments centred on the complexity of the language obscuring the transparency of the documents and leading on from that whether extra appendices or documentation should be provided within the policy.

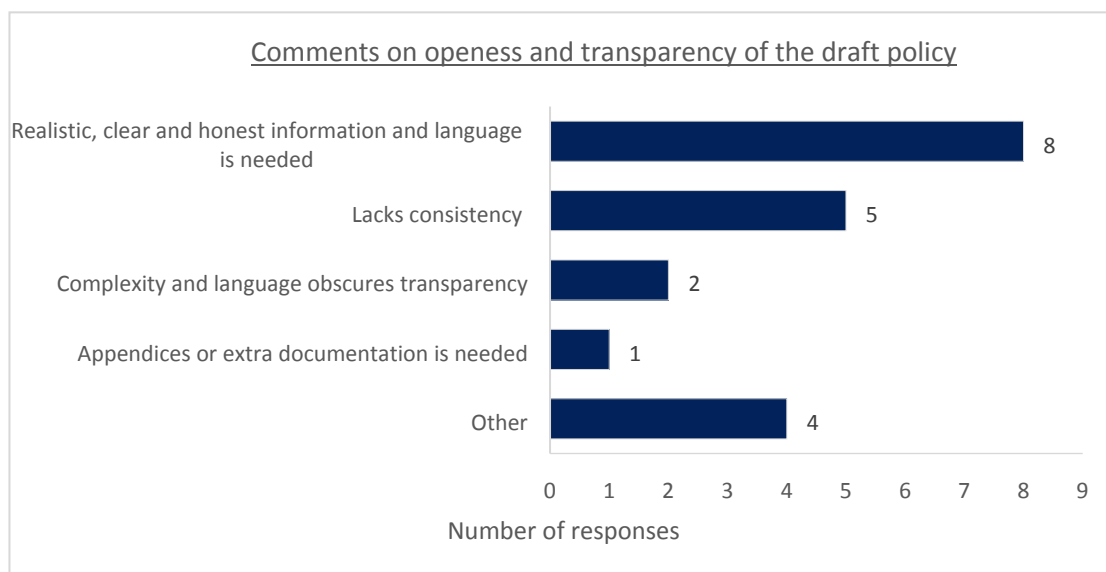


Figure 4

44. Of the responses given, it was clear that certain areas of the policy elicited more responses than others. 9 responses (over half of all responses) were against the 'allocating funding to unmet eligible needs (personal budget) and meeting eligible needs' section. 4 responses (almost a third) focused on the 'assessment and identifying unmet eligible needs and determining eligibility' section. For a full breakdown please see Figure 5.



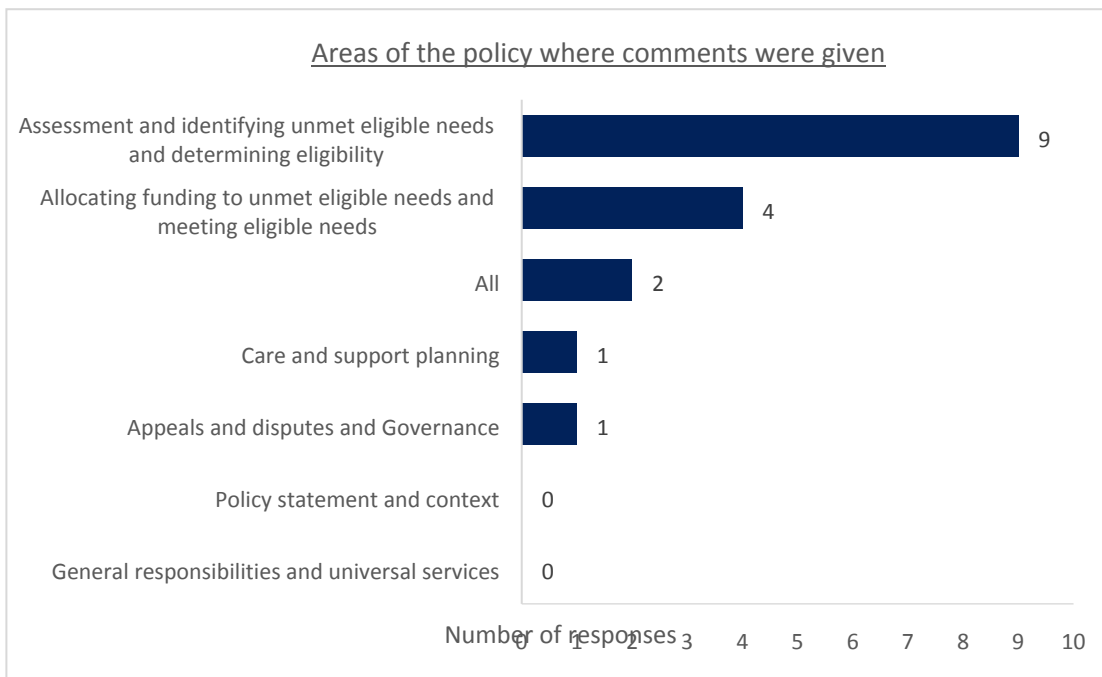


Figure 5

### Is the draft policy sufficiently informative (provides you with enough info)?

45. Respondents to both the questionnaire and focus group attendees were asked for their views on whether they felt the policy was sufficiently informative. Within this, respondents were able to:

- Assess how sufficiently informative particular areas which they had read
- To make sure as much of the policy was covered as possible, the focus groups were tailored to try and make sure every area of the policy had some feedback.

46. Feedback was elicited either through conversation or an open text box and each of the comments was individually considered. The majority were about specific sections within the policy requiring greater clarification and explanation. Within these the overarching themes were:

- Certain areas are too vague or are lacking details. This often meant that aspects of the policy could not be fully understood or further explanation was needed on how certain areas of the policy will be carried out or put into practice.
- Many respondents were unaware of the Southampton Information Directory (SID) and/or required more information on how it is updated and how it will be used in parallel with this policy.
- Timelines would be a useful addition when trying to explain reasonable time frames for services such as assessments.
- If further documentation is referred to within the policy then it should be included or easily accessible. The examples of this were the Care Act 2014 and the UN Convention of Human Rights.
- The lack of definitions for key terms and acronyms. For certain information to be fully understood, consultees felt it important that the key words or phrases used are fully explained.
- Accountability and where particular responsibilities lie is an important aspect that certain respondents felt could be explained in more detail. It is important that those who will be directly affected by the policy are aware what the Council should do or the support they should provide and what is the responsibility of the individual.
- Finally other comments talked about the length and complexity of the document. As the policy was seen as long and sometimes hard to understand, the information that is provided within it could be misinterpreted or missed completely. To counter this, a number of consultees stated that a summary of the document and key definitions could help to avoid this issue.

47. Of the responses given, it was clear that certain areas of the policy elicited more responses than others. 28 responses (almost half) focused on the 'assessment and identifying unmet eligible needs and determining eligibility' section. 15 responses (a quarter) were against the 'allocating funding to unmet eligible needs and meeting eligible needs' section. For a full breakdown please see Figure 16.

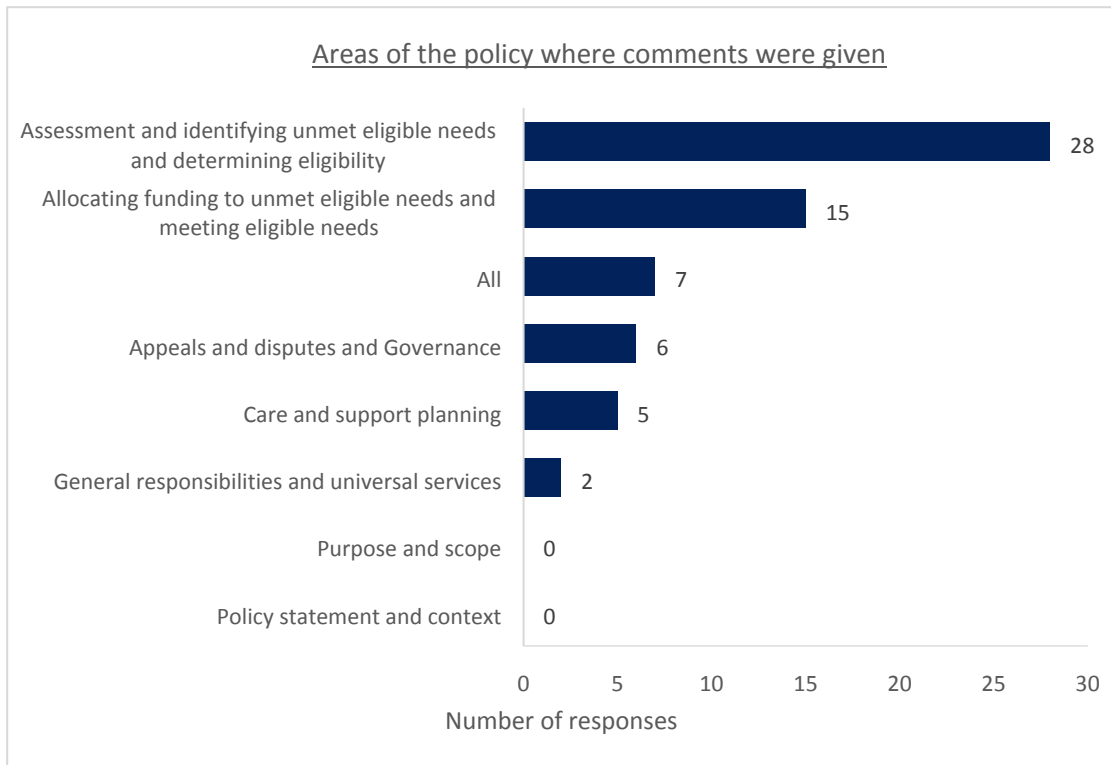


Figure 6

### Does the draft policy comply with law?

48. Respondents to both the questionnaire and focus group attendees were asked for their views whether they thought the policy was in accordance with the law. Within this, respondents were able to:

- Assess whether the entire policy was in accordance with the law
- Assess whether individual areas in which they read were in accordance with the law.

49. Respondents were asked to state with they thought the draft policy is compliant with the Care Act 2014, statutory guidance and regulations. Almost three quarters of those who responded stated that they did not know or were unfamiliar with the law. Of the remaining responses more respondents believed that the draft policy was compliant than those who did not. For a full breakdown see Figure 7.

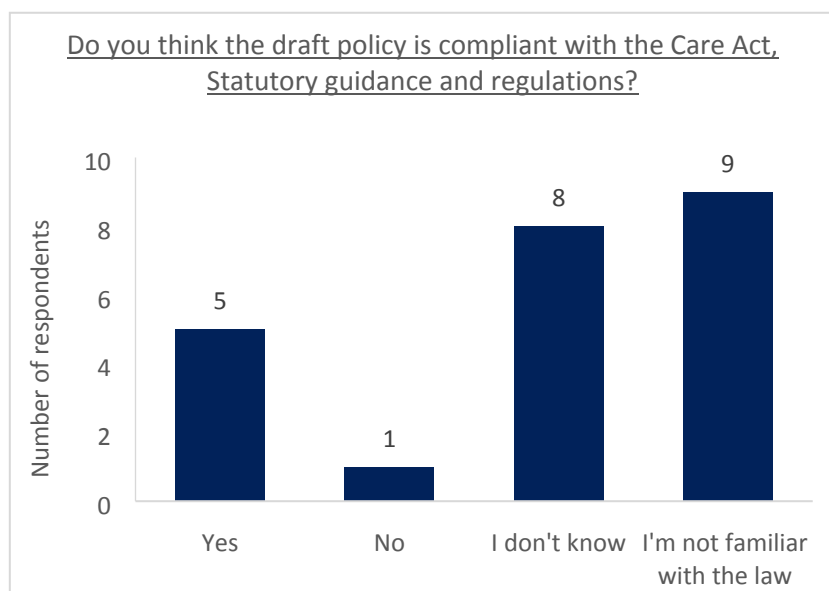


Figure 7

50. Respondents were also given the opportunity to provide comments and thoughts on whether they believed the policy was compliant with the Care Act, statutory guidance and regulations through conversation at focus groups or an open text box. Each of the comments was individually considered and are listed below.

• How are lay people supposed to know whether this is in accordance with the law?
• How is anyone supposed to make a judgement on whether it is in accordance with the law?
• 6.1 Not clear if you don't know what Section 18 of the Act is. Brief description needed.
• Court of Protection needs to be in here with specifics of what it does, how it works, how it can help etc.
• Incorrect information around personal budgets

### Overall opinions on the policy and any impacts

51. Respondents were asked whether they had any other comments or whether there were any impacts that could affect consultees or their families. A free textbox was given to capture these views from those who responded. Alongside this, those who attended the focus group were able to offer alternative options.

52. In terms of 'any other comments', each of the comments that were given were individually considered. The overarching themes have been given below:

- Communication was an area where many respondents felt there could be an improvement. The examples given centred mainly on the fact some consultees were unaware that the draft policy existed. Other examples were about closing the feedback loop. The feedback given stated that, although the engagement within this policy has been varied, it is vital that the opinions, views and thoughts given are communicated to those who responded as well as how they may have affected the policy.
- Respondents stated that it would have been useful to have seen a simplified summary document or easy read version of the policy. This is needed to communicate the message to the general public, in its current form it is too complex. As well as this access to larger print documents would be helpful.
- Equality is an important consideration that needs to be highlighted within the policy and can take many different forms (such as ethnicity, gender or care needs).
- Preventative measures and voluntary services should take greater importance within the policy. If support can be provided earlier, crises can then be avoided and pressure relieved on services.
- Finally there were also comments given on the layout, presentation and errors (typos or duplicated sections). One example was the image on the front page of the document. A range of consultees felt that the image was misjudged and should be changed to something that better represents adult social care.

53. In terms of impacts on consultees or their families, each of the comments that were given were individually considered. General themes were present throughout. Most of the comments were centred on worries that the policy could make the journey or interaction with adult social care more difficult. The main worries were:

- The issue of choice was raised throughout the consultation. The worry amongst certain respondents is that the policy will allow people to choose, but this will be constrained choice by the Council

- Support was also an area where consultees highlighted concerns. Mainly this was about whether the same level of support will be available as the needs of people (carers as well as those who are cared for) change. The health and wellbeing of the person who provides care also needs to be considered as if their health deteriorates then problems could be created and greater pressure felt on services.
- Finally views on the financial pressures within adult social care were also provided. Within this, consultees stated that they were worried that due to financial constraints and possible changes that could occur that would affect the level of support provided (such as care homes, reablement centres and community centres).

### **Alternative suggestions**

54. Respondents were asked whether they had any alternative options that the Council should consider when finalising the content of the draft Adult Social Care and Support Planning Policy. A free textbox was given to capture these views from those who responded. Alongside this, those who attended the focus group were able to offer alternative options as part of the tasks that were carried out.
55. Each of the comments that were given were individually considered and general themes were present throughout. The overarching themes have been given below:
- Many respondents stated that the document, although mainly designed for practitioners, needs to have a simplified version that is more public facing. This could be in terms of an easy read version, a summary or a shorter, more distilled document that outlines the 'highlights' that people need to understand.
  - Timelines and further graphical representations (such as flow charts) were a common feature that consultees felt would be useful to show various areas of the policy. An example given is a timeline of reasonable times that people should expect for reviews to occur.
  - Respondents also stated that the document should be more person centred and further examples or details should be provided around inclusivity (such as how ethnic background or specific needs are being considered).
  - Communication, signposting and closing the feedback loop were areas where consultees felt there could be an improvement. Often people who use the services have said that they need to be listened to, and the only way to prove this is to keep people informed about decisions that are being made.
  - Carers felt that a public forum where questions can be asked and information given to the Council would be beneficial. Rather than consultations on individual documents or issues, a meeting would allow them to detail how the changes have affected them and any fears, which would hopefully be allayed.
  - Finally there were more specific comments made about the processes that are in the policy. An example of this was centred on people being able to swap to face to face assessment if services such as self-assessment prove difficult.

### **Feedback from Social workers and staff**

56. A total of 10 council officers / practitioners from Adult Social Care teams attended the drop-in aimed at council staff. Those who engaged with this session were able to listen to a Service Manager give an overview of the draft policy and it provided an opportunity for those staff who attended to ask questions. In summary, the points raised during the session were:-
- Housing with care section does not reference age restriction. It is also felt that housing needs need to be taken into account.
  - If the policy is a document aimed at practitioner, it must include more detail.

### **Feedback from Choices Advocacy**

57. The focus group with Choices Advocacy, as part of their The Hub session, centred more on communication of information and advice and health and wellbeing within the policy. Attendees (including advocates) gave feedback on how and why the Council (as well as other organisations) communicate with them and how this could be improved. Alongside this further engagement occurred, which centred on promoting wellbeing. Attendees were asked to state what each action meant to them

and how they would want to see this carried out by the Council. In summary, the main points from the session are highlighted tables 1 and 2 below:

### Communication – information and advice

How and why do you and the council communicate with each other?		Other comments
Visit the council offices	Have meetings with the council	Promised support by one worker at the council (Adult Social Care Team) and then let down by another in the team – an inconsistent approach.
Libraries	Partnership Board - SCC listen to our views of how we want things done.	<i>'Adult Social Services - didn't feel they listened to me. Now I don't know what to do for help'.</i>
Housing offices	Easy read and pictures	<i>'Menu driven options on telephone are hard to use'.</i>
The council sends letters to me	Bus passes done through the council	<i>'Housing services have not been helpful. They say they will get back to you and they don't! Even when my carer or advocate tries to help me'.</i>
Website	Safety around the house	<i>'Should be clearer on who is entitled to what - always mixed messages. It depends who you get on the phone'.</i>
Phone	Notice boards	<i>'Kept on hold for too long when phoning the council'.</i>

Table 1

### Promoting wellbeing

Wellbeing	What does it mean to you?	What needs to change
Control over your daily life	Housing and my home	Impossible to make changes/adaptations to a house so the council need to do this. They need to be quicker at making these changes. Moving people instead of changing their house to suit their needs seems like a waste of money and can affect people's health.
Treating the person with respect	Be polite, speak slowly and clearly (especially if people have accents). Explain things I don't understand.	Social workers need to make sure they are doing this and being trained to do so.
Taking part in work, education, training and education	Working with companies and organisations	Employers don't want to take people with disabilities so the council should do more to try and encourage companies to take on disabled workers.

Table 2

### Feedback on adult social care services received while consulting on the draft policy

58. Throughout the engagement and consultation period, general feedback given on adult social care services was collected. Respondents who attended focus groups were given the opportunity to give comments and thoughts on adult social care as a whole. Those who engaged with this through the focus groups were given the chance to enter into free dialogue. This feedback will be shared with the Southampton City Council Adult Social Care management team.

59. Almost all of the comments were given about improving services. These overarching themes have been given below:

- The way complaints are registered and dealt with needs to be improved. Comments were given about the fact people need help when making a complaint and the systems in place need to be clearer and more streamlined.

- Direct payments were mentioned as a possible area for improvement. Mainly the idea of referrals not occurring in a timely fashion meaning that the level of direct payments are not as high as they should be.
- A greater level of communication and information should be provided for those within the adult social care system. Examples of this included knowing how long processes should take, how to engage with social workers and finance teams within the Council and where information or templates will be held or updated (in terms of the Southampton Information Directory). Alongside this, carers provided feedback that more signposting is needed as they are currently unaware of how to get a social worker or what support they can provide.
- Finally support and staffing were other concerns given by consultees. These comments were mainly about what support will be available for those who need to access adult social care and whether current staffing will be able to deal with this. Self-assessment is also an overall worry from respondents stating there still needs to be support for those who use this process. Alongside this, carers provided feedback that more support is needed for day to day activities. The needs of the carer can change as well as those who are cared for.

60. A generic email address was also active throughout the consultation period and respondents used this to share their thoughts and comments adult social care as a whole. In addition, the public facing drop-in also gathered wider adult social care comments. The overarching themes have been given below:

- A respondent felt that their child, who is a young adult requiring adult social care services, had been 'let down by the system'.
- Cuts faced to council day centres has affected those with physical disabilities. The one-size fits all approach does not work as services are 'applied to others whose mental capacity is normal or near normal – this is inappropriate'.
- The city should be working towards provision of regular group peer support (mental health social clubs).
- Cuts in services and resources and staffing levels should be spread evenly in line with the basic Council sponsored remit of the Southampton Fairness Commission.
- Tackling social isolation is key and should be done in partnership across the city, focusing on partnership with faith organisations.

### Feedback on the consultation process and approach

61. 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 here. Overall, out of the 296 comments collected, 16 were on the consultation process itself, representing less than 6% of the total consultation responses. Comments are defined as responses that were related to the consultation objectives.

62. The comments made regarding the consultation process are shown in Table 3.

A useful experience which hopefully will help 'users' in future.
Best focus group session I've seen.
Communications - Anyone who is registered as a carer, social worker, social services etc. should be contacted. Everyone should have got a copy of the policy and survey.
Concerns were raised about how well and widely the consultation had been promoted and communicated
Consultations like this has certainly has brought it to life and made it a lot more meaningful. The Council should carry on doing consultations like this.
Contact age concern so you get views from all services
Ethically the report should be circulated before it goes to cabinet as the people you do research with have a right to see what you are doing with their comments and data.
Good to see consultation is COMPACT compliant (12 weeks)
Groups who had been involved with a focus group were positive about the experience

Materials should have been circulated before the consultation began so people could make sure they had read the policy.
The questionnaire was much more open-ended than usual and very clear. Did the same person/team write the draft?
There were questions about how much engagement had taken place directly with the social workers who will use the policy
Very grateful you came out to talk to us – there should be more opportunities like this.
Very interesting session. Informative and interactive and good to meet with other carers.
We hope we have made a difference
Workshops like this with carers need to happen more often.

Table 3

## Conclusion

63. Overall, 129 stakeholders have engaged with the consultation process and given their views on the draft adult social care and support planning policy. The consultation has engaged with a range of individuals to allow residents in Southampton to give their views on the potential introduction of the policy. 100 of the 129 consultation participants took part in a face to face activity, underlining the importance of making a significant effort to offer these sessions as a part of the consultation.
64. Despite the challenging subject matter of the consultation, the drop-ins, focus groups, and questionnaire responses generated over 290 individual comments on the draft policy which have each been considered and have led to over 90 separate changes to the policy.
65. The main findings show that when respondents were asked to rate the draft policy from 0-10 in terms of clarity, there was an average score of 4.9. Responses were reasonably evenly spread with the largest proportion in the middle section with ratings between 4 and 6. This indicates opinions are divided more or less between clear and unclear.
66. A significant amount of the feedback received about the consultation itself was positive.
67. In order to close the loop on the consultation all the groups involved will be sent copies of the reports and revised policy, and there will be a debrief session with the sector representatives who have been involved in the whole process.
68. This consultation has ensured compliance with local and government standards. This report and the Cabinet report outline the full picture of the consultation results and will be used to inform decision makers.
69. In conclusion, this consultation allows Southampton City Council's Cabinet to understand the views of residents and stakeholders on the draft adult social care and support planning policy. Therefore it provides a sound base on which to make a decision.