

# Adult Social Care Vision and Strategy 2019-21

## Survey findings analysis

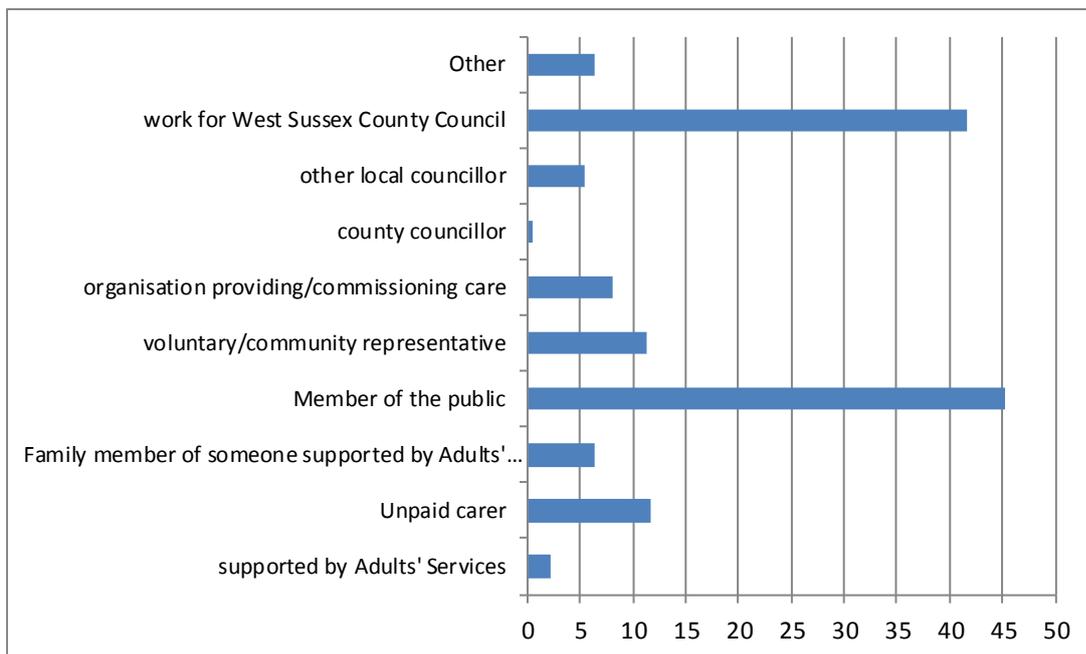
### 1. Introduction

1.1 An online survey seeking views on the proposed vision and strategy was issued on the County Council's 'haveyoursay' platform and ran from 16 November 2018 to 14 December 2018. An Easyread version of the survey was also accessible online. Paper copies of survey materials were available on request.

1.2 In total 223 responses were received. No hard copies were requested and no Easyread surveys were returned.

1.3 As **Fig 1.1** shows, responses were received from a diverse range of people. 45% of people responding were members of public, whilst 42% worked for West Sussex County Council. It is notable that only 2% of responses came from people who received support from Adults' Services.

**Fig 1.1, which of the following best describes you? Please tick all that apply (%)**



1.4 The data presented in this overview has been organised using the groups listed in **Fig 1.1** above. Only groups comprising over 10% of the total response have been featured. This included:

- Members of the public,
- West Sussex County Council staff

- Unpaid carers
- Voluntary sector representatives.

1.5 Data on groups with fewer than 10% of total responses can be provided on request.

## **2. Vision and Strategy General comments**

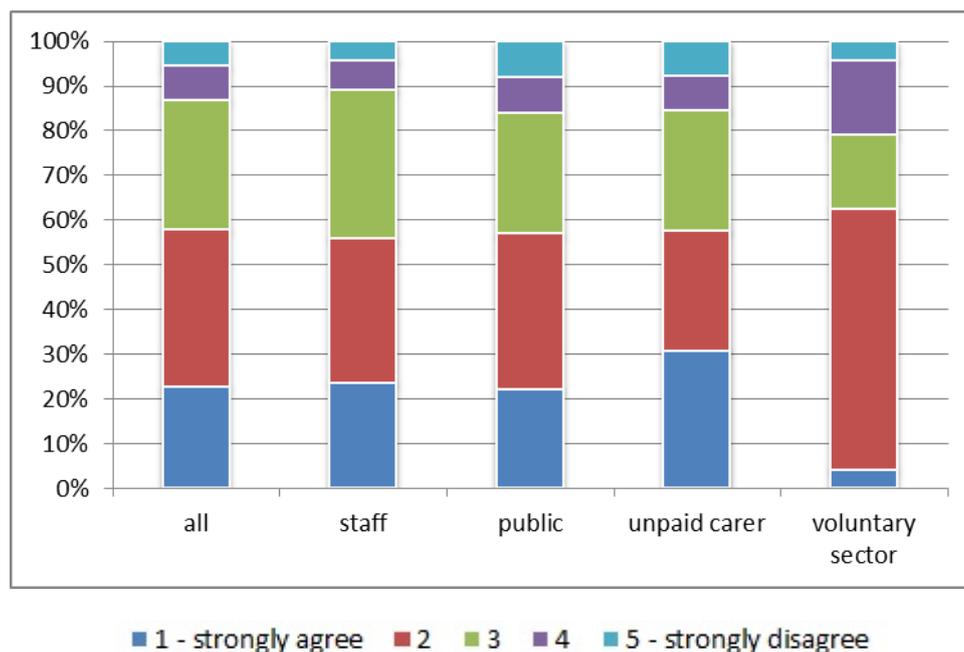
2.1 Overall the vision and strategy was welcomed by people, who felt that it presented the right approach and priorities for Adults' Services over the period 2019-2021. People made a number of general comments about the document. These included the following:

- The most frequent comment was that the vision and strategy was an attempt to mask ongoing reductions in funding and the withdrawal of services.
- Similarly, whilst many responders agreed with the vision, aims and planned areas of focus they felt that without adequate resourcing it would not be possible to deliver them. The draft document did not provide detail of the resources available to realise the vision or where services may be cut.
- Cuts to funding and support risked undermining the viability of a community-led model and would prevent some people being able to afford accessing services.
- Some people felt that the document's structure was complex, as it included a vision, a mission, a strategy, priorities and activities. Some felt this required simplification for a general audience.
- Some people also felt that the language and terminology was complex and technical and required explanation and simplification for a general audience.
- It was felt that that the document should recognise that older people were an asset, and not just a burden.
- Autism should be directly referenced in the vision and strategy.
- Complex customers, including court/best interest cases and Deprivation of Liberty Safeguarding's (DoLS) were also not referenced in the document.
- It was argued that adults with disabilities, older people and people with mental health issues all had different needs and these should be differentiated within the document.
- The role and potential benefit of hospices in supporting people and helping to fulfil the vision and strategy should be acknowledged.
- Responsibility and accountability for all elements of the strategy should be outlined in the document.

### 3. Vision and Areas of Focus 2019-21

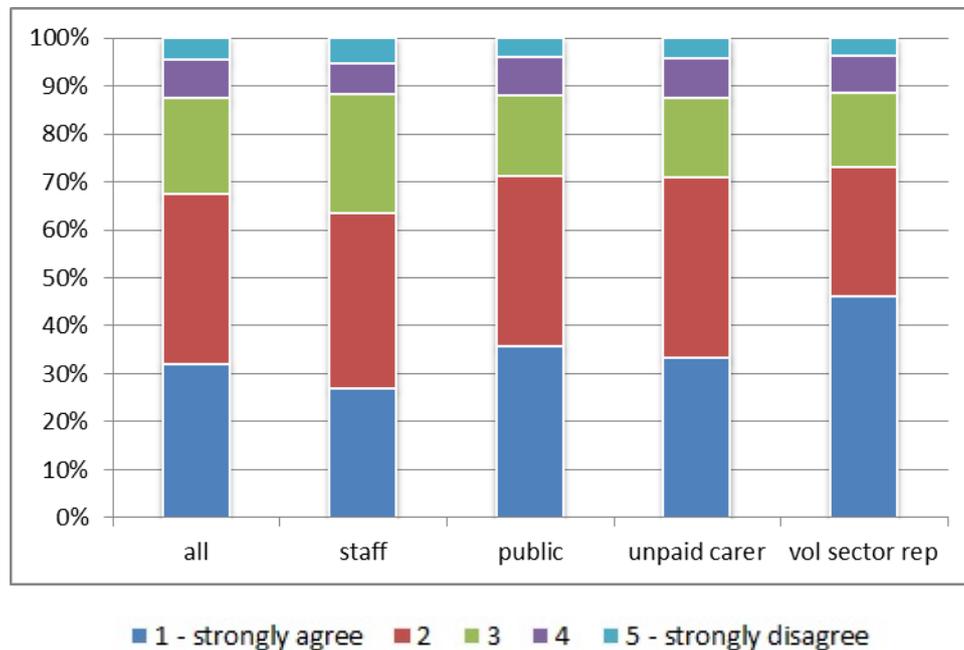
3.1 As **Fig 3.1** indicates there was broad agreement amongst the respondent groups that the vision was right for West Sussex Adult's services, with an average of 58% selecting either 1 or 2 (strongly agree/agree).

**Fig 3.1: How far do you agree or disagree that this is the right vision for West Sussex Adults' Services by selected group (%)**



3.3 Similarly to the vision, as **Fig 3.2** shows, there was broad agreement that the areas of focus were right, with an average of 69% of groups selecting either 1 or 2 (strongly agree/agree)

**Fig 3.2: How far do you agree or disagree that these are the right areas of focus for West Sussex Adults' Services over the next three years? by selected group (%)**



*Vision and Areas of Focus - general comments:*

3.4 Overall, the vision and areas of focus were broadly welcomed and there was agreement that this was the right approach for Adults' Services. A number of issues were raised in the feedback, including the following:

- Some felt that, as presented, the vision was led by the need to make savings, rather than focussing on quality of life and care.
- Providing 'just enough' support was viewed as a potentially problematic term as it may imply a low or minimum standard. It was felt this term required further explanation.
- There was some resistance to presenting care homes as an 'exception', as older people had contributed throughout their lives and should be entitled to care if they required it, particularly if have no family/network to care for them. Care and residential homes also had a positive potential role in reducing isolation and loneliness for some people.

*Vision and Areas of Focus - Integration with the NHS*

3.5 Integration was viewed by a number of respondents as the most significant element of the vision owing to its potential for savings and efficiency across the system and felt it required greater prominence in the text. Further comments included:

- Some felt that there was a need for more explanation as to what 'integration' referred to and there was scepticism at the timescale if the

aim was for full integration with the NHS. The latter was also viewed as a potential source of anxiety for staff.

- The potential for greater communication in care planning in community settings was cited as a potential major benefit.
- It was queried how integration fitted alongside the implementation of community led support within the timescales of the vision and strategy.

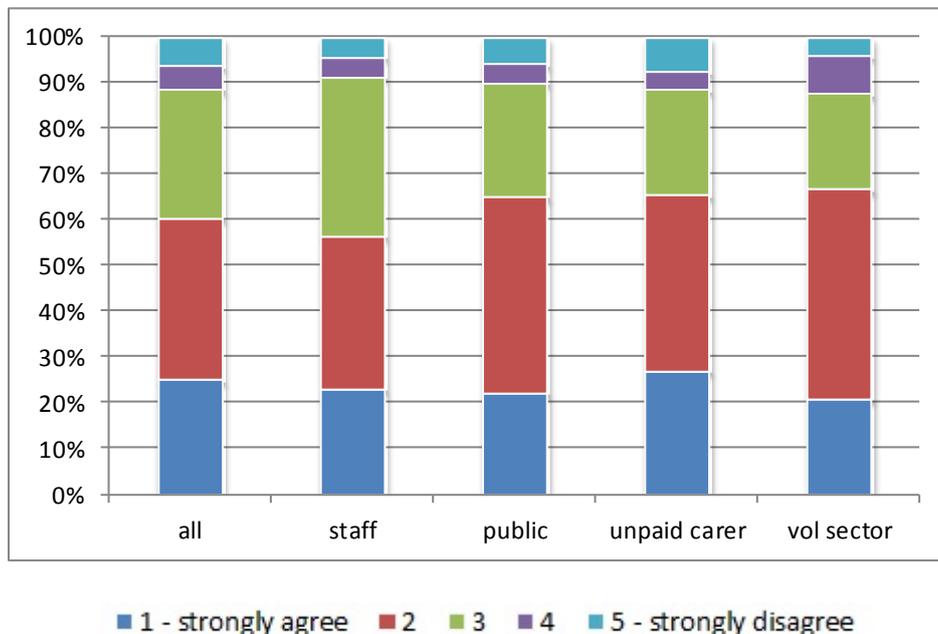
#### *Vision and Areas of Focus – Informal Carers*

3.6 The recognition of informal carers was welcomed by many as there was a need for greater support and respite to help carers manage and ensure their own quality of life. Some felt that support currently felt 'half-hearted'. Additional comments included:

- The vision should clarify that 'person centred' applied to carers as well as the person being cared for.
- The vision should also include reference to young carers.

#### **4. Strategy and Priorities**

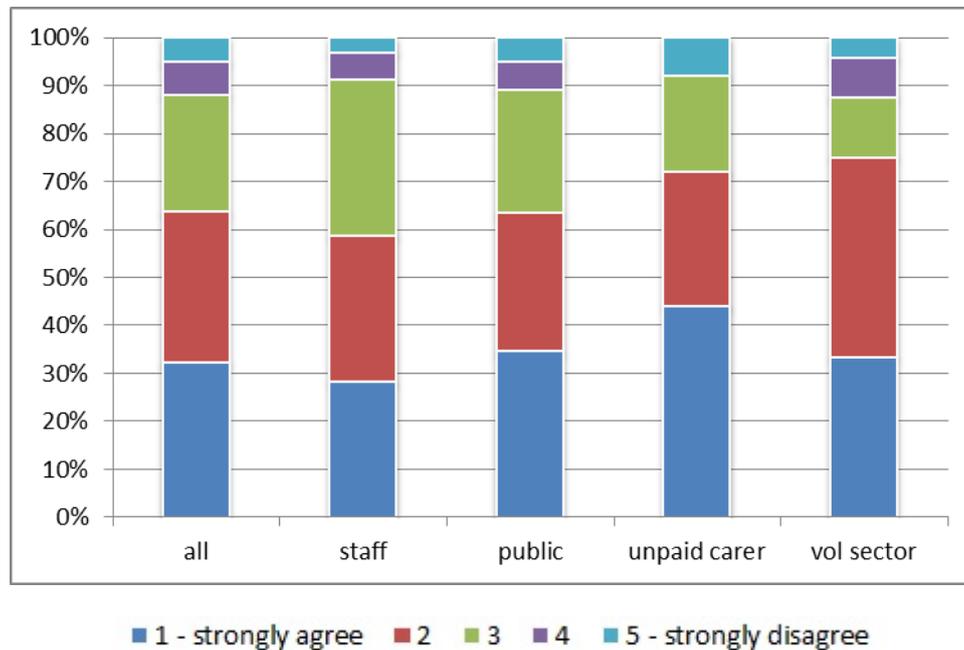
**Fig 4.1: Overall, how far do you agree or disagree that this is the right strategy for West Sussex Adults' Services over the next three years? by selected group (%)**



4.1 As shown in **Fig 4.1**, all selected groups agreed that this was the right strategy for Adults' Services to pursue over the next three years, with an average of 62% selecting 1 and 2 (strongly agree/agree).

4.2 Similarly and as per **Fig 4.2**, the selected groups also agreed that the strategy's priorities were right for Adults' Services with an average of 67% of respondents selecting 1 and 2 (strongly agree/agree).

**Fig 4.2: How far do you agree or disagree that the priorities outlined in the strategy are right for West Sussex Adults' Services over the next three years? by selected group (%)**



*Strategy and Priorities – general comments*

4.3 People broadly supported the strategy and priorities and in particular welcomed its emphasis upon broad-based partnership working. The complex and technical terminology was cited as a challenge by a number of people, who felt that terms such as 'community resilience' 'maximising system resources' and 'unlocking the power of communities' were unclear and required further explanation.

*Strategy and Priorities – Independence*

4.4 The emphasis upon supporting emphasis throughout the vision and strategy was welcomed by many people, who agreed this should be a primary focus over the next three years. A number of issues relating to independence were raised in the feedback, including:

- Isolation and loneliness were the most frequently cited potential risks, particularly for people in rural areas and for older people (85+)
- A number of people felt that telecare should not be used as a substitute for human contact and some felt it was overly emphasised in the strategy.
- The need for community transport services to be referenced to address issues of isolation was cited by a number of people.

- An emphasis upon independence was not viewed as appropriate for all people supported by Adults' Services as some people had advanced, complex needs such as later stage dementia and support for these people should be outlined further in the strategy.
- An online-led approach could be exclusionary for people who could not easily access web-based support.
- Support for people with learning disabilities to live independently, including housing support and work skills were also cited.
- Some felt that whilst the vision was positive there were not enough community based services, domiciliary care or nursing to support independence.

### *Strategy and Priorities – Prevention*

4.5 Prevention was viewed by many in combination with independence and some felt there was significant overlap between the priorities. People were supportive of prevention as a priority, although some were sceptical that preventative services were adequate to fulfil the role outlined in the strategy. Additional comments included:

- There was concern that a focus on prevention would bring a surge in lower-level cases and this would require additional staff resourcing to address and to deliver community based programmes effectively.
- As funding for preventative services had seen significant reductions, immediate investment would be required in order to build capacity. Without this, some people feared it would not be possible realise this strategic priority.
- Some people felt that the strategy needed to say more about the offer for people who could not access their local community.

### *Strategy and Priorities - Maximising System Resources/ Community Resilience*

4.6 People broadly welcomed the more effective utilisation and coordination of resources across the wider network, including the voluntary and local communities. People supported new, collaborative ways of working such as community hubs.

- Investment would be required to achieve the vision and it would also be essential to ensure that everyone understood their roles and responsibilities, including service users.
- There was a need to focus on improving communication and coordination between partners at all levels, in order to reduce duplication and also to ensure that voluntary organisations had the information they needed about care pathways.

- It was argued that any community element should be commissioned from the voluntary sector, as part of multi-disciplinary teams, as only they could create a community-focussed culture.
- Some people expressed concern over a reliance on informal, voluntary networks rather than professional, local services and facilities, such as day centres.

### Voluntary Sector

- The strategy needed to demonstrate that the voluntary sector was an asset to the County Council and Adults' Services.
- There was strong concern that the voluntary sector would be expected to pick up demand from withdrawing formal services. This would be a significant challenge given existing funding and capacity constraints for the sector, including the withdrawal of funding support by the Council. The reducing pool of potential volunteers was also frequently cited as a major challenge.
- A focus was needed on developing community services as these were not consistent across the county. There was also a need for robust guidance for staff to ensure that all customers received the same service across the county.
- There was a need for mechanisms to highlight and transfer local pockets of innovation across the wider county area.

### *Strategy and Priorities - Provider Offer*

4.7 Issues of recruitment and retention in the care market, particularly regarding low pay, were repeatedly emphasised. People argued that these could undermine the aims of the vision and strategy as there was currently insufficient service to meet need.

- A substantial increase in the number of care professionals would be needed if the number of people remaining at home was to increase in line with the vision.
- As the in house offer continued to reduce, the Council was using the available capacity in the private market and this made it harder for people to find paid-for carers.

### *Strategy and Priorities - Resilient Workforce*

4.8 Overall staff broadly welcomed the strategy (see Fig XX.) although some questioned the degree of innovation in the strategy, as supporting independence and strengths-based approaches had informed practice for a long time.

- The approach outlined in the strategy would require staff to develop or refresh their skills in community working and collaborative practice.

- Staff would need readily accessible information on the community services/support available.
- Need for staff to be genuinely included, in order to draw on already existing knowledge and skills for new ways of working, as per the recommendations of the 2018 LGA Adults’ Services Peer Challenge.
- Social workers and OTs were different professions and their roles should be differentiated within the strategy.

## 5. Respondent Overview

5.1 64% of responders were female and 27% were male. 8% preferred not to disclose their sex whilst 1% did not answer the question.

5.2 A breakdown of the age profile of respondents giving their age is shown in Table 5.1. 8% preferred not to disclose their age, whilst 1% did not answer the question.

**Table 5.1: Respondent age profile (%)**

Age bracket	%
<b>16-24</b>	0
<b>25-34</b>	4
<b>35-44</b>	8
<b>45-54</b>	20
<b>55-64</b>	28
<b>65-74</b>	22
<b>75-84</b>	8
<b>85+</b>	1

5.3 One respondent had recently given birth (within the last 26 weeks), whilst one person was currently pregnant.

5.4 87% of respondents had the same gender as that assigned to them at birth, while one person did not. 12% of respondents preferred not to say and 1% did not answer the question.

5.5 9% of respondents considered themselves to have a disability, whilst 76% did not. 13% preferred not to say, whilst 2% did not answer the question.

5.6 5% of people with a disability had a physical impairment, whilst 2% had a sensory impairment. 1% of people had a mental health condition and 4% had a long-term illness. One person selected ‘other’. No people self-identifying as learning disabled completed the survey.

5.7 82% of respondents defined their ethnicity as white British, whilst 3% defined as any other white background. No other ethnic category reached 1%, with one person defining as each of the following: Irish, Indian, African, any

other ethnic group and 'other'. 12% of people preferred not to disclose their ethnicity and 1% did not answer the question.

5.8 49% of respondents were Christian, whilst 1% was Buddhist and a further 1% was 'other religion'. One person was Jewish and one was 'unknown'. 26% of people had no religion, whilst 18% preferred not say. 3% did not answer the question.

5.9 77% of respondents defined as heterosexual, 3% were gay or lesbian, 1% were bisexual, whilst one person selected 'other'. 16% of people preferred not to disclose their sexuality and 4% did not answer.

5.10 57% of respondents were married, 7% were cohabiting and one person was in a civil partnership. 4% of respondents were separated or divorced and 7% had been widowed. 1% selected other, whilst 14% preferred not to say. 1% did not answer the question.

5.11 No respondents were currently serving in the Armed Forces, although 6% had previously served. 82% had never served, 11% preferred not to say and 2% did not answer.