

## **Adult Social Care Commissioning Strategy Consultation Report**

### **1. Methodology**

Various different methods were used to consult on the commissioning strategies – these included: -

#### **1.1. Helpline – This was set up and managed by the Disability Resource Centre and aimed to: -**

1.1.1.alleviate fears of customers and give them the opportunity to discuss this with an independent person without any concerns that it may affect the level or standard of their care

1.1.2.sign post people who had additional enquiries

1.1.3.take bookings for the workshops, including managing requests such as transport and advocacy

1.1.4.send out additional information when requested

#### **1.2. Website – The Luton Borough Council front page provided a link to a dedicated consultation page which enabled users to download all of the various versions of the strategies, plus a facility to complete the questionnaire online.**

#### **1.3. Packs to customers – over 4,00 of these were sent out to all eligible customers listed on the Care First system, it included: -**

1.3.1. A letter from the disability resource centre encouraging customers to get involved and offering reassurance that their views would be taken into consideration

1.3.2. a questionnaire with a paid reply envelope

- 1.3.3. a customer friendly version of the overarching strategy
- 1.3.4. details of workshops and how to join them
- 1.3.5. details of the telephone helpline
- 1.3.6. a postal and e-mail address for enquiries or contact
- 1.3.7. details of web-site and how to complete questionnaire online
- 1.4. Packs to provider and partner organisations – over 150 of these were sent out in the post and e-mails versions of the packs were also sent to the PCT, who distributes them to all NHS managers, Doctors and G.P.s. These included; -
  - 1.4.1. a customer friendly version of the overarching strategy
  - 1.4.2. details of workshops and how to join them
  - 1.4.3. details of the telephone helpline
  - 1.4.4. a postal and e-mail address for enquiries or contact
  - 1.4.5. details of web-site and how to complete questionnaire online
- 1.5. Workshops – three targeted workshops were held during the consultation period: -
  - 1.5.1. Members workshop
  - 1.5.2. Customers and their carers
  - 1.5.3. Providers and partners
- 1.6. Mini – workshops with various stakeholder groups

1.7. Informal presentations to various interest groups, with details of how to contribute to the consultation

1.8. Articles were placed in the Lutonline, Inline and NewsNow explaining the process and how people could get involved.

## **2. Diary of Events**

Monday 21 <sup>st</sup> July	Carers Forum
Thursday 7 <sup>th</sup> August	Disability and Access Forum
Monday 11 <sup>th</sup> August	Mail out to all customers
Wednesday 13 <sup>th</sup> August	Mail out to all providers and partners
Wednesday 13 <sup>th</sup> August	Senior People's Forum
Tuesday 19 <sup>th</sup> August	Asian Lunch Club Leaders
Wednesday 20 <sup>th</sup> August	Bramingham Centre Customers
Thursday 4 <sup>th</sup> September	Stakeholders Workshop
Monday 8 <sup>th</sup> September	Luton Learning Disability Partnership Board
Tuesday, 9 <sup>th</sup> September	Luton Mental Health Forum
Thursday 11 <sup>th</sup> September	Customers and Carers Workshop
Thursday, 11 <sup>th</sup> September	Carers Strategy Consultation event
Monday, 15 <sup>th</sup> September	Luton Mental Health Local Implementation Team
Tuesday, 16 <sup>th</sup> September	Meeting with Upside Project service users
Thursday 25 <sup>th</sup> September	PCT Board
Friday 26 <sup>th</sup> September	Members Workshop
Tuesday, 30 <sup>th</sup> September	Meeting with Bedfordshire and Luton NHS Partnership Trust managers
Wednesday, 8 <sup>th</sup> October	Meeting with MIND service users and carers

## Summary of Responses from Questionnaire

### Commissioning Strategy Survey 2008 Plan for changing care services

**Q1 Taking into account the information provided, do you agree or disagree with the following statements? *Tick one box per row only***

	<i>Agree</i>	<i>Disagree</i>	<i>Not sure</i>
I have received enough information for me to understand what the commissioning strategy is about.	286 (67.5%)	29 (6.8%)	91 (21.5%)
I have received enough information to take part in the consultation.	225 (53.1%)	33 (7.8%)	80 (18.9%)

**Q2 Do you think the commissioning strategy achieves the following things fully, partly or not at all? *Tick one box per row only***

	<i>Yes, fully</i>	<i>Yes, partly</i>	<i>No, not at all</i>	<i>Not sure</i>
Make people with a care plan feel healthier and good about themselves?	158 (37.3%)	169 (39.9%)	41 (9.7%)	37 (8.7%)
Improve people's quality of life?	171 (40.3%)	145 (34.2%)	24 (5.7%)	36 (8.5%)
Help people feel more independent?	165 (38.9%)	152 (35.8%)	31 (7.3%)	39 (9.2%)
Give people more choice and control?	175 (41.3%)	143 (33.7%)	31 (7.3%)	41 (9.7%)
Ensure people are treated equally?	217 (51.2%)	102 (24.1%)	23 (5.4%)	44 (10.4%)
Help people be more financially in control?	165 (38.9%)	137 (32.3%)	37 (8.7%)	55 (13.0%)
Ensure people are treated with dignity and respect?	242 (57.1%)	112 (26.4%)	20 (4.7%)	32 (7.5%)

**Q3 The Council thinks that it is important to increase local community based services and to reduce high cost residential care placements outside Luton. How strongly do you agree or disagree with this view? Tick one box only**

153 (36.1%)	<i>Strongly agree</i>	24 (5.7%)	<i>Disagree</i>
144 (34.0%)	<i>Agree</i>	17 (4.0%)	<i>Strongly disagree</i>
42 (9.9%)	<i>Neither agree nor disagree</i>	31 (7.3%)	<i>Not sure</i>

**Q4 Do you have any other comments about the strategy? Please write in the box below**

112 comments were received (appendix A)

### **About you**

**To help us monitor the quality of our services and ensure fair access, we would be grateful if you could complete the following questions about yourself.**

**Q5 Are you? Tick one box only**

171 (40.3%)	<i>Male</i>	240 (56.6%)	<i>Female</i>	6 (1.4%)	<i>Prefer not to say</i>
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**Q6 Which age group do you belong to? Tick one box only**

12 (2.8%)	18 - 24	36 (8.5%)	35 - 44	48 (11.3%)	55 - 64
18 (4.2%)	25 - 34	41 (9.7%)	45 - 54	259 (61.1%)	65 and over

**Q7 Which of the following groups best describes you? Tick one box only**

296 (69.8%)	<i>White - British</i>	2 (0.5%)	<i>Asian/Asian British - Kashmiri</i>
23 (5.4%)	<i>White - Irish</i>	13 (3.1%)	<i>Asian/Asian British - Pakistani</i>
3 (0.7%)	<i>White - Eastern European</i>	8 (1.9%)	<i>Asian/Asian British - Bangladeshi</i>

## APPENDIX 1

0	<i>Gypsy/Traveller</i>	2	(0.5%) <i>Other Asian</i>
4	<i>Other White</i>	29	(6.8%) <i>Black/Black British - Caribbean</i>
(0.9%)			
2	<i>Mixed - White and Black Caribbean</i>	3	(0.7%) <i>Black/Black British - African</i>
(0.5%)			
3	<i>Mixed - White and Black African</i>	1	(0.2%) <i>Black Other</i>
(0.7%)			
1	<i>Mixed - White and Asian</i>	1	(0.2%) <i>Chinese</i>
(0.2%)			
0	<i>Other Mixed</i>	3	(0.7%) <i>Other</i>
16	<i>Asian/Asian British - Indian</i>	5	(1.2%) <i>Prefer not to say</i>
(3.8%)			

### Q8 Do you consider yourself to have a disability? Tick one box only

382	<i>Yes</i>	
(90.1%)		
26	(6.1%) <i>No</i>	<i>Go to Q10</i>
8	(1.9%) <i>Prefer not to say</i>	<i>Go to Q10</i>

### Q9 If yes, please state which of the following best describes your disability. Tick all that apply

38	(9.7%) <i>Sensory</i>	69	<i>Learning</i>
		(17.7%)	
226	<i>Physical</i>	125	<i>Long standing illness</i>
(57.9%)		(32.1%)	
99	<i>Mental</i>	26	<i>Other</i>
(25.4%)		(6.7%)	
<i>Other, please specify</i> 41 comments were received (Appendix B)			

### Q1 Which one of these best describes you? Tick one box only

0			
258	<i>Hetero-sexual</i>	3	(0.7%) <i>Bi-sexual</i>
(60.8%)			
2	(0.5%) <i>Lesbian</i>	89	<i>Prefer not to say</i>
		(21.0%)	

1 (0.2%) *Gay man*

**Q1 Are you? *Tick one box only***

303 (71.5%)	<i>Christian</i>	2 (0.5%)	<i>Jewish</i>	25 (5.9%)	<i>None</i>
1 (0.2%)	<i>Buddhist</i>	23 (5.4%)	<i>Muslim</i>	22 (5.2%)	<i>Prefer not to say</i>
14 (3.3%)	<i>Hindu</i>	3 (0.7%)	<i>Sikh</i>		
<i>Other, please specify religion</i>			25 comments were received (Appendix C)		

**Themes from consultation**

**Strategies**

- It seems to be simplified too much, that it seems important information has been missed out. It is too brief to make proper analysis of
- Some of the ideas and notions need more detail e.g. Short breaks made to suit people and carers
- Looks good in theory – must be thoroughly monitored
- Where is all the money coming from
- Hard to follow and understand it fully
- Excellent strategy to greatly improve the health and mental peace of Luton's disabled citizens. Once successfully implemented providers and beneficiaries will embrace the huge benefits of this change
- I think the strategy is good in theory, but I have my doubts that the tasks can be all carried out.
- What measures will be put in place to ensure a continuous improvement programme
- No provision for those who are restricted in their access to the local community e.g. – court orders
- 'Work towards' means nothing, why not 'we will implement by date .....', that means it is real
- Vague with lots of waffle

- Sounds very costly - probably at the expense of the vulnerable
- Doesn't address the How?
- Huge implications for those with very specialist needs – care in the community can easily become – no care in the community
- More detail on specialist transport service needed

### **Guidance and Support**

- The very elderly will need guidance and the input of family members. The mental ability of the client will affect financial decisions and level of care plans
- What will happen to people who have no family to support them and they cant manage to buy their own services themselves
- Facilitators
- Advocates
- Brokers
- Financial Brokers
- Better facilities for planning ahead
- Financial advocates/advisors
- Shared bank – to help me club together to buy services with friends
- Buddy Scheme
- Accessible information
- More specialist support for Dementia customers and their families
- More floating support
- More access to respite services
- More information – assessments for job opportunities
- Make d4 more accessible
- Bump up earnings for part time jobs – d4
- Training for work schemes can run on for too long
- Council to be clearer about work place training, employment, pay, earnings



- Plans need to be put in place to help people build up to work
- Benefits entitlement – stigma removal
- Aggressive outreach to explain and access funding opportunities – these are a right not a privilege
- Help with questions, personal information, concerns
- Opportunity to get paid for the work we do
- More support with family issues
- Make benefits easier to access
- Financial advisor for customers
- Training for financial staff to be more sympathetic and understanding
- Accessible, subsidised transport
- Website to highlight accessibility
- More dropped kerbs
- More support workers in the community
- More volunteers
- More home visits
- Male volunteers for male customers

### **Training and Staff Attitudes**

- Concerns about the right staff attitudes – this needs to be addressed through training
- Get staff to care about the customers and not just consider caring as a job, that they don't get paid enough for
- Good staffing is a problem - how will that get better in the future?
- People need to be educated to be able to but the care they need
- Bus companies need to educate drivers about disability and teach them to be more friendly

## **Day Centres**

- If Brammingham Centre is to close, those with severe, multiple disabilities would need possibly a smaller day centre/unit ideally situated close (walking distance) to a hydrotherapy pool. Probably 7 of our current areas/groups would need this provision.
- Would be very upset if the Day Centre at St. Monica's was to close
- If you try to retain some independence you are stopped attending day centres
- Continuity is very important to many vulnerable customers
- More things to do
- Huge concerns that Brammingham Centre will close – customers want clear information on what they would get instead
- Need to get out and about more
- Concerned about closures
- Day Centres are a welcome and necessary help to those who attend - and their carers

## **Daily Living**

- Transport
- Very lonely living on your own

## **Holidays/short breaks**

- Not enough detail

## **Choice**

- Professional need to listen more to what they are being told – this comes up again and again throughout the consultation

- We need to be given a say in the changes in the services given to us
- Need to listen to customers choices, before their families – they often have different agendas
- People need to know what is available to enable them to make informed choices
- Transport – need to be able to access different forms of transport
- Involvement in planning
- Live the life I choose – not the one prescribed

### **Health care services**

- Better access to local services e.g. occupational therapist

### **Residential Homes**

- Need to keep options open for out of town provision if nothing suitable exists in Luton
- People should never have to move out of Luton to receive the care they need

### **Housing**

- If a carer dies – why cant another member of the family move in – why is the cared for person forced into smaller accommodation?
- Independent Housing is essential
- Accommodation needs to be provided in good, clean areas to make disabled people feel better about themselves
- Older people want to live in their own homes as long as possible
- More adventurous solutions to housing problems – build a granny flat for carer or cared for
- Family contact and support must be protected
- Full use of adaptations and equipment to be made available
- Electronic aids should be freely available, such as cameras and door alarms

- Assitive technology to be made full use of
- A pet
- More smaller supported living with friends

### **Individual Budgets/Direct Payments**

- Not good for people with Mental Health problems – no idea how to manage or pay people or arrange their own services

### **Day Opportunities**

- Buddy to help me access opportunities
- People should not be forced to work if they don't want to.
- Public transport is not accessible – how will I get to where I want to be
- Hydrotherapy pool needs
- Accessibility to public buildings needs to be improved

### **Community Activities enjoyed and wanted**

- Social club/pub – safe haven
- Social contact is very important for the vulnerable currently attending day centre – they desperately want to keep their social groups
- Will I have transport to community centres if my day centre closes
- Swimming at Lewsey Pool is good because there are two shallow ends – we can use one and the public the other
- Gym sessions at Lea Manor
- Cook your own lunch
- Better access to pools and changing rooms – lifts and hoists
- Use of computers – Chaul End
- Trips to supermarkets
- Buddy to help me go places
- Hairdressers
- Contact with animals
- Gym

- Dancing
- Outings
- Bowls
- Access to farms and zoo – overnight – Dell farm
- Opportunities to meet and make new friends
- Massage
- Exercise
- Parks and play equipment more accessible
- Accessibility to libraries and churches
- Having my hair done
- Going out for a meal
- Clothes shopping at Milton Keynes
- Going fishing
- Community centres need to be better equipped

### **Safety and Security**

- Properties and opportunities for vulnerable people need be secure and safe
- People feel safer if they have built up a relationship with their carer – continuity is important
- Need for vetting of all care staff – personal assistants

### **Monitoring**

- Closer monitoring of domiciliary care is needed
- Monitor how care is provided
- Monitor standard and preparation of food provided
- Quality of care must not be compromised

### **Flexibility**

- Requirements often change quickly – how will this be managed – how often will reviews take place

## Equality

- It is impossible to meet the needs of all the different cultures - do a more humane 'one size fits all' approach to reduce cost and administration
- I do not read or write English – how will I get help in the new set up
- It remains to be seen that deaf people ARE given rights to sign language interpreters, social services for deaf people and access to the deaf community, whether independent or 'housebound' on a regular basis
- Benefits need to be sufficient for disabled people to live on for disabled people and paid as soon as possible
- Ramps are needed to access areas
- Specialist day opportunities to cope with Mental Health issues
- More flexibility on criteria to access specific services e.g. Milan if you are over 65(not under)
- Educate children schools about disability, to reduce the stigma still attached to it
- Better education 'of needs' to the wider community
- Helpline or counselling for those who experience bullying
- Tail lift minibus needed so that we can be treated fairly and access areas
- Ageism – sheltered accommodation for middle aged people
- Access to public places and public transport
- Fear of bullying at school is increased – therefore must be listened to and supported
- Disability culture of 'gratefulness' needs to be irradiated
- Positive attitudes towards disability are improving, but Luton and Dunstable are not doing enough

## Personal Care

- Consistency of care team personnel allocated is essential for the individual

- Evidence of common training for tasks in the home e.g. bed making
- Access to specialist equipment is essential
- Adaptations need to be made available more quickly, when the need arises
- Live in Carers should be available
- Help with medication essential to allow people to remain at home
- Physiotherapy services have an important part to play

### **Dignity and respect**

- Don't want to be rushed – I would like to be given more time
- Choice of times – when I get up and go to bed
- Bossy carers – I want to choose what I do and when I do it
- Thank you for the consultation
- Give due consideration to our comments
- More staff so that stress levels reduce
- Practical on-site training + practical skills
- Visits to all establishments for all staff as part of their induction
- Make sure that audits of staff occur
- Train customers to recognise POVA/SOVA
- How can/will LBC train staff to treat us properly
- Doubts over confidentiality
- Listening and understanding skill – not just hearing
- Professionalism and singleness of purpose to concentrate on me as an individual person and not relate back to previous customers
- Do not allow staff to slip into a routine and not relate to individual circumstances of that customer
- Carer to be kept informed of any changes in policy or new priorities

- Ensure that all staff receive relevant training
- Customers and carers to be better informed of the regulations that staff work under – SOVA
- Families need to work with establishments to ensure that religious/cultural needs are recorded so that they can be respected
- Families need a way to be able to feel they can communicate with services at other times apart from set meetings – a form of an ‘open door policy’.