A Report on people's experiences of using Adult Social Care

Captured at a Sheffield Health and Wellbeing Board Event

Healthwatch Sheffield

December 2015

Contents

healthwatch Sheffield

NHS Sheffield Clinical Commissioning Group

Sheffield City Council

Summary

Healthwatch Sheffield (HWS) facilitated a Sheffield Health and Wellbeing Board Event in October 2015 on the topic of adult social care. The focus was on capturing service user experiences and using this to change care for the better. Service users were actively invited to attend, and tickets were ringfenced to encourage this. The event was well attended, feedback was positive, and the views of people who use adult social care services were firmly at the heart of the discussion.

Key Findings

1. We would like more choice

People present did not like the current system of providers on contracts covering particular geographic areas as they felt this restricted their choice. They told us that quality was important to them, and that this required time and resources. They needed the right information to underpin their choices.

Recommendations

1) Sheffield City Council are asked to acknowledge the unpopularity of the current commissioning arrangement for domiciliary care, and work with providers and people using services to generate a fresh approach to commissioning.

2) HWS recommends that Sheffield City Council undertakes a review of current commissioning practices particularly in domiciliary care. We suggest participants are drawn from a range of sources, including service users and those who participated in this event, to be actively involved in this review, and this should be a transparent process.

2. We would like more information

It was very clear from this section that people in the room see the need for multiple information points and formats. There is no ‘one size fits all’ that is going to work for social care information. Clear information on assessments and eligibility are identified as a specific need.

Recommendations

3) HWS recommends that Sheffield City Council reviews its current information on the assessment process. It is recommended that service users are asked exactly what information they would like prior to an assessment and that this is made available to them at least two weeks prior to the assessment date.

4) HWS recommends that Sheffield City Council work with people who use services to review and update this material and that it should include a clear section on how to complain and the look again process.

5) HWS recommends that Sheffield City Council places a link to the Sheffield Directory on the Adult Social Care pages of their website.

6) HWS recommends that Sheffield City Council conducts a mapping exercise of current information outlets and formats, and that this is shared with people who use services to discuss any gaps and potential solutions to these.

3. We would like more consideration of our needs

People told us that they understood the balance between time, finances and needs being met was difficult, but that rushed care didn't help.

More regular reviews of needs and care would help people who use services, and staff training may also contribute to more successful care.

Recommendation

7) HWS recommends that Sheffield City Council write into any new domiciliary care contracts (and amend current ones at the next opportunity) that care visits are a minimum of 30 minutes unless otherwise agreed as recommended in the recently published NICE guidance.

   https://www.nice.org.uk/guidance/ng21

4. We would like support at a time that suits us

People who receive care would value routines that are adhered to by providers, but would also like the flexibility to vary their care when the need arises. People tell us that fewer services are available at evenings and weekends. Investment in carers was thought to be important.

Recommendation

8) HWS understands that there is already a feedback system in place in Sheffield which allows people who use care services to ‘flag up’ or report unsuitable care. We understand that this system is monitored regularly and used as part of wider monitoring of contracts. It is clear from the comments in the room that this system may not be widely understood, and we would encourage greater promotion of its existence to people who use services.

5. We would like more support to get out and about

There appears to be more to do to help people get out and about. Physical restrictions such as a lack of accessible toilets and ramps, or suitable public transport can hinder access, and people’s emotional well being is also a consideration.

Recommendation

9) Sheffield’s Health and Wellbeing Board looks at sections 5.28 to 5.32 of the Sheffield City Region Transport Strategy, 2011-2026
http://www.syltp.org.uk/documents/SCRTransportStrategy.pdf
They should establish how far reaching the impact of this strategy is likely to be given what people have told us, and if more work needs to be done to ensure that real changes in accessibility are made for people who are users of social services.

6. We would like better quality care

People told us that if they receive care it should meet their individual needs. There is a concern about how to check standards are being met and what to do if they are not, and an element of concern of repercussions around complaining.

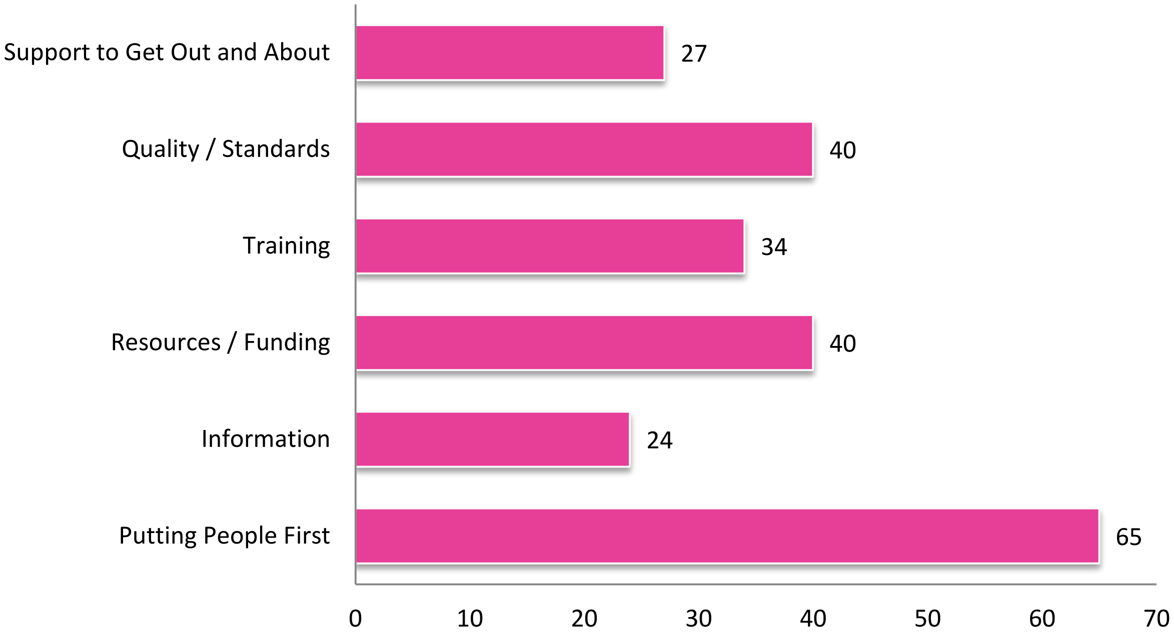
Recommendations

10) Sheffield City Council to review the way in which the quality of all aspects of social care are monitored. This should include the ways in which CQC ratings are communicated to people who use services, and the measures which have been put in place to address any shortcomings.

11) Sheffield City Council should consider amending any social care contracts to include a duty by the provider to display the latest CQC ratings on their website, and encourage national companies to have a local website featuring this and other specific local information e.g. local ratings systems.

12) Providers should also have a duty to effectively communicate current ratings to people using services and public awareness of this should be checked by commissioners.

Key Cross-Cutting Themes



Putting people first was the topic that was most mentioned on the day across all of the six themes. Resources, funding, quality and standards were also areas that attracted high numbers of comments. The following experience is an example of one person's perspective on finding care for their mum which covers all of the above themes.

My mum has severe anxiety. Her carers could not provide the level of care she required so she had to sell her home and go into residential care.

Even in the home, care staff struggled and she ended up spending three weeks in a psychiatric hospital.

I am struggling to find somewhere suitable to meet her needs. I worry that when her money runs out, she will be forced to leave the home I think may be suitable for her unless I top up her funds. I can't afford to do this. Where can she go?

I hope for a day when care homes are more 'open' and not just places for people to vegetate and die. They need to have a more holistic approach, visits from local children's nurseries etc, allowing pets, having 'cafe' areas, Activity Sheffield etc.

(A Sheffield resident)

Background

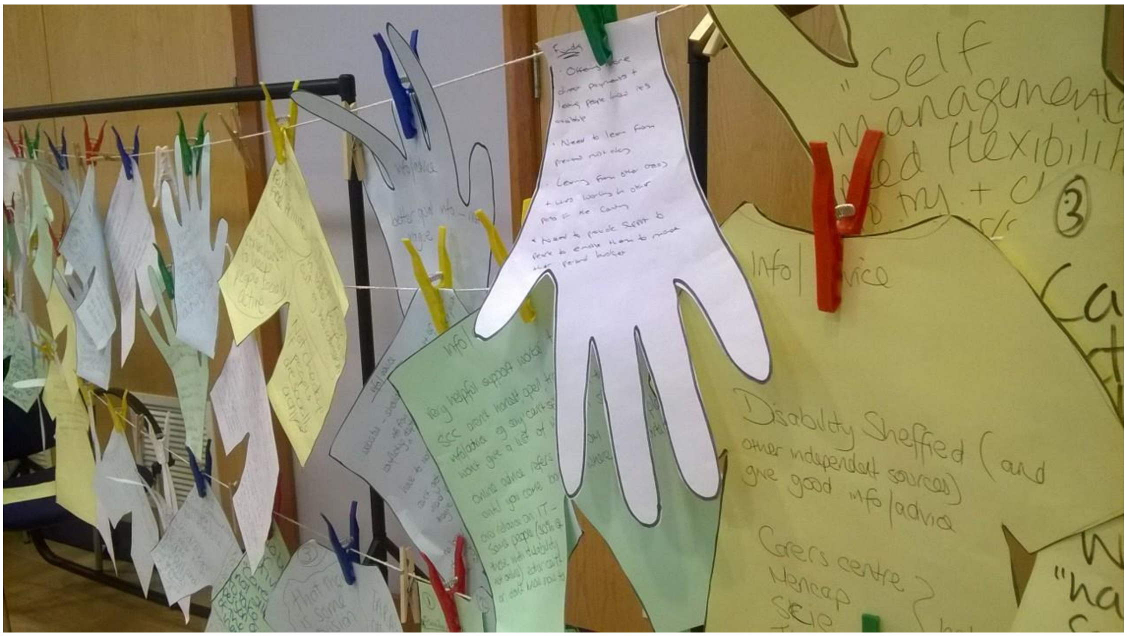
In October 2015 Healthwatch Sheffield were offered the opportunity to work with Sheffield's Health and Wellbeing Board to gather views at a joint engagement event. Healthwatch Sheffield (HWS) had the opportunity to select a topic for discussion at this event. We chose to discuss people's experiences of using adult social care services.

We chose this topic because social care is one of the main topics people regularly choose to discuss with us, and we find that unlike other areas, for example primary or secondary health care, comments about social care received by HWS tend to be less frequent, but more negative.

In our last quarterly monitoring, we received 16 comments relating to social care, compared to 100 comments about GP's and 119 about hospitals. All of the 16 comments were negative. We have also found through our engagement with the people of Sheffield that it can be more difficult to gather views on social care, as there are low levels of understanding of these services, especially from people who are not service users.

The choice of venue and time for this event were selected by the Health and Wellbeing Board. HWS was able to ringfence 60 of the 110 tickets for people who were users of social care services, their families or carers and a total of 92 people attended on the day. On the day it was reported by table facilitators that there were a range of different stakeholders (e.g. service users, people who provide or commission services, at least one member of the Health and Wellbeing Board) around each of the discussion tables.

Our topics for discussion were based on knowledge obtained at a service user event hosted by HWS in August 2015. This was attended by 33 people, all of whom were users of adult social care, their carers, friends or family.



An image showing service users' comments from the HWS meeting in August.

They highlighted six themes that they felt were areas that could be improved. These were:

1) We would like more choice
2) We would like more information
3) We would like more consideration of our needs
4) We would like support at a time that suits us
5) We would like more support to get out and about
6) We would like better quality care

We decided to focus the main discussions around these topics, and added a second activity aimed at gathering positive comments on adult social care in Sheffield.

The Event

The engagement event was held on Thursday 28th October 2015 between 2 and 4p.m. at Sheffield Town Hall. The full agenda is attached as Appendix A.

The first speaker was our chair, Maggie Campbell, who introduced an audio presentation of service users' stories. This was intended to frame the event and put people who use services at the heart of the debate. Phil Holmes, Director of Adult Services then presented some facts and figures about social care in the city. He spoke about a new online directory and talked about his aspirations for the service as a whole. A brief unplanned question and answer slot followed. We then spent 15 minutes gathering views through Activity 1.

Phil Holmes's presentation. A copy of these slides is available as part of the Storify page online, which can be found here: https://storify.com/sheffieldhwb/spotlight-on-adult-social-care-event

Activity 1 – Lanterns

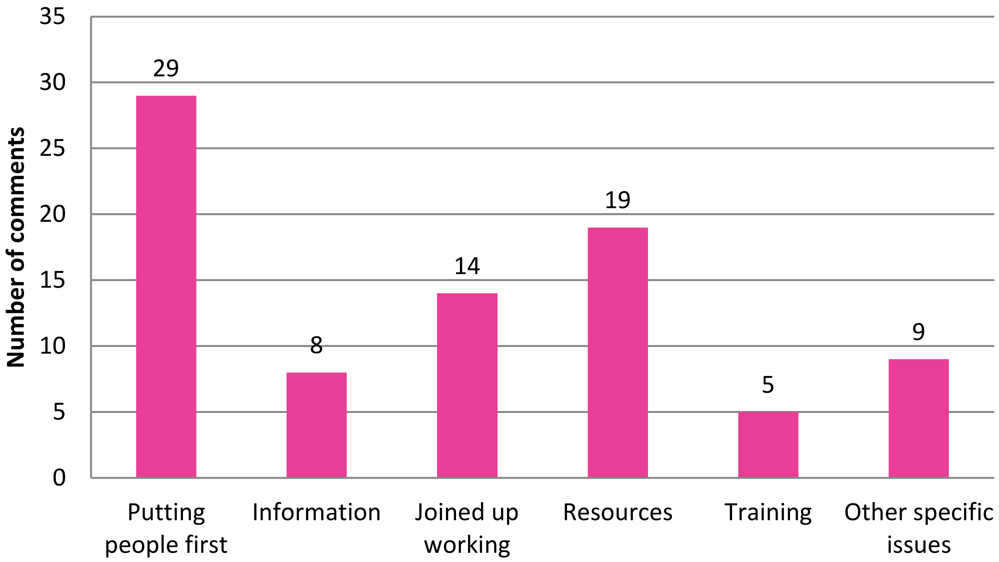
Each person in the room was provided with a ‘lantern’, which had space on it for one comment. We asked everyone to write one thing that was, or could be, a ‘shining light’ for social care in the city. The aim of this exercise was specifically to counterbalance some of the negative comments we knew we had received at our previous service user event in August, and also to help people to share their views and get to know the people on their table. The lanterns were collected, hung up and illuminated.

Activity 1 – the lanterns are hung up and illuminated.

Activity 1 – What one thing does, or should brighten your experience of social care?

What did people say?

Feedback on the lanterns can be grouped into five key themes.



1. Putting people first

Personalisation, and putting the person first, were mentioned as being key to providing good care. Comments on this theme outnumbered other comments. The words ‘individual’, ‘whole person’ and ‘enabling’ were frequently recurring.

“It’s good that care can be more personalised towards the person e.g. people can choose their own care provision.”

“Make it about the people, not the process.”

“Understanding the needs and health condition of the person being cared for.”

2. Information

People talked about needing clear information in a format that suited them. This included information on how to complain.

“Clear, simple, up to date comprehensive information about services and what is going on in Sheffield.”

“Where people have complaints about lack of care / help, is this usually because the facilities do not exist, or because the solutions / help / advice is not communicated?”

“As a service provider, clarity about the Council’s commissioning plans for 2016-17 under the Better Care Fund budget.”

3. Joined-up working

People told us that they wanted providers to work together, and for people who use services to be involved in shaping the services they provide.

"All my experience of social care in Sheffield has been good (except for financial services past issues). I've suggested many times, we are service participants. No-one likes the term 'service users', I would have thought this would have caught on by now! It's how services are shaped these days, by our participation (or should be!)."

"A more open approach to commissioning of services which take into account new and/or alternative methods of delivery, not just regurgitating the same stuff over and over, take a leap of faith. Sometimes different can be good!"

"For service providers to work together openly and honestly. We are supposed to be working towards the same ends and that is better services for service users and carers within a context of decreasing funds. My experience is still that 'blame them and us' culture still exists."

4. Resources

People told us that they felt there was a lack of resources in the city. Most comments received in this section mentioned the word 'funding'.

"Clear sustainable and adequate funding to allow us to plan and improve services and invest in what people want."

"That society (via government) acknowledges that to have quality health and social care it needs funding properly."

"Better / fairer rates of pay for all care staff - which in turn would help us (as a care provider) with recruitment and retention."

5. Training

Comments received in this section related to specific training needs e.g. mental health, autism, but also to basic training for staff.

"Good quality equality and diversity training for all staff."

"Personal care/assistants - training in boundaries, appropriate behaviour, learned empathy."

"Understanding triggers for mental health issues."

6. Specific comments

We also received nine specific comments about particular providers or conditions which we could not group into the above topic areas. A full list of all comments received through this activity is attached as Appendix B.

Key findings from Activity 1

Most of the comments received were written in the context of being aspirational, e.g. something that ‘would’ brighten care rather than currently ‘does’. This leads us to conclude that despite actively asking for positive comments, most people in the room struggled to think of an example of something already in place.

Person centred care was by far the most important topic to those in the room.

There is considerable concern around funding both from people using services and providers.
People genuinely want to see service change and to be involved in co-production of design.

Activity 2

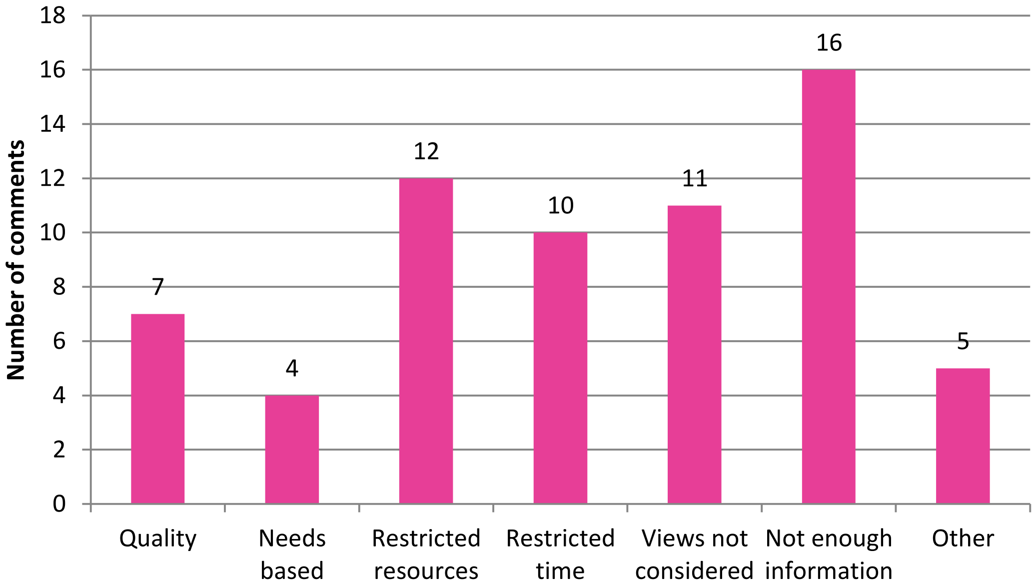
The main focus of the event was the second activity, which was a discussion of the six topics identified by service users in August as being important to them.

Each table had a facilitator who helped people to focus on the topic and capture the views of anyone who required additional support to express them. The six topics were debated for a total of eight minutes each.

At the same time that the views were collected, a live feed on the main screen in the hall showed some of the thoughts people had already had about the topics they were discussing. This stimulated further discussion on the tables and also helped people to remember what had been said so far.

We would like more choice

People’s views could be grouped into six main themes or categories. The total number of comments received in this section was 60.



1. **Quality** (7 comments)

When thinking about choice, quality was an important factor for people, and they told us clearly that this should not be compromised.

> “I want to meet the potential providers before deciding who I want - not just be told - this is your provider because they have a block council contract, or because they are the cheapest.”
>
> “I would like a choice of GOOD services and to keep them.”
>
> “The council should not continue their contract with care providers who are not doing their job safely and carefully.”

2. **Needs based** (4 comments)

People told us that choice for those using adult social care services should be led by their needs or wants.

> “I would like choice to be based on needs not on loudness of voice.”
>
> “I need the flexibility to adapt when needed.”

3. Restricted Resources (12 comments)

Several people mentioned funding or current contracting arrangements as restrictions to choice.

“Choice of provider may be restricted by SCC contracts (e.g. locality arrangements for home care.)”

“Choice should not be budget led.”

“Cost needs to stop being a barrier to choice of care organisation.”

4. Restricted Time (10 comments)

We heard that time was an important barrier to choice, and that people who use services may not be given enough time by visiting carers.

“No travel time allowed for my carer.”

“I want exact and consistent times for my support - not to be told my times are anytime between 7-11a.m. or 11-2p.m. Once I had a visit at 11a.m. to get me up and another at 11.45a.m. to give me my lunch!”

“Follow NICE guidelines minimum of 30 minutes.”

5. My views are not being considered (11 comments)

People who use adult social care told us that they didn’t feel consulted or involved enough in decision making.

“Involve people in strategy setting and commissioning, not only the ‘usual suspects’ and not a tokenistic involvement.”

“Who’s in charge of the choice? The client or the council?”

“Actually listen to what people want / need.”

6. Not enough information (16 comments)

People told us that too little or too much choice can be confusing, and having the right information or advice is key to overcoming this. There were more comments about a lack of information than any other in the ‘we would like more choice’ section.

“Practitioners should be well informed so they can support people in their choices.

“The agencies should be ranked.”

“I want information so I can make decisions.”

There were an additional 5 other comments in this section about specific issues or conditions.

We would like more choice

Key Findings

People present did not like the current system of providers on contracts covering particular geographic areas as they felt this restricted their choice. They told us that quality was important to them, and that this required time and resources. They needed the right information to underpin their choices.

Recommendations

1) Sheffield City Council are asked to acknowledge the unpopularity of the current commissioning arrangement for domiciliary care, and work with providers and people using services to generate a fresh approach to commissioning.

2) HWS recommends that Sheffield City Council undertakes a review of current commissioning practices particularly in domiciliary care. We suggest participants are drawn from a range of sources, including service users and those who participated in this event, to be actively involved in this review, and this should be facilitated by an independent organisation.

People discussing choice in adult social care.

We would like more information

We received 57 comments in this section which we were able to split into four main themes.

1. **Format** (18 comments)

The people in the room told us very clearly that they did not want to solely access their information online. All of the comments about information formats mentioned the need to offer a variety of formats for a range of audiences.

"Libraries and GPs, reach beyond the internet."

"Information needs to be available in face to face areas, appropriate to individuals and groups e.g. GP, provider, day centre assessments."

"A directory is good but it needs to be paper based too."

"Information in different formats - written, audio, pictures, easy read - not jargon!"

2. **Clarity and quality** (11 comments)

As with the theme of choice, quality was important when it came to information provision too.

"Clearer advice and information choice."

"Need for investment in good quality information."

"I think each provider should provide information on a range of quality indicators which is openly available to users of the service. It needs to be up to date information."

3. **Eligibility and assessment** (9 comments)

People told us that there was a need for clearer information around eligibility for services and the assessment process.

> “Information on eligibility to receive social care services.”
>
> “Need full information about what to expect at assessments for individuals and carers.”
>
> “If you’re on benefits you get information, if you’re a self-funder there is no help. How do you go about getting someone to help and listen and get on benefits?”

4. **Who delivers the information is important** (15 comments)

People told us that they thought information should be freely available in the community through a variety of different access points.

> “Providers of care should be expected to provide information as well. (should be a part of the contract)”
>
> “Everybody who has a customer facing job has a duty to get the information to those people who should have it.”
>
> “Invest in ‘community catalyst’ type roles to share information, not just information centres.”

We would like more information

Key Findings

It was very clear from this section that people in the room see the need for multiple information points and formats. There is no ‘one size fits all’ that is going to work for social care information. Clear information on assessments and eligibility are identified as a specific need.

Recommendations

HWS recommends that Sheffield City Council reviews its current information on the assessment process. It is recommended that service users are asked exactly what information they would like prior to an assessment and that this is made available to them at least two weeks prior to the assessment date.

HWS recommends that Sheffield City Council work with people who use services to review and update this material and that it should include a clear section on how to complain and the look again process.

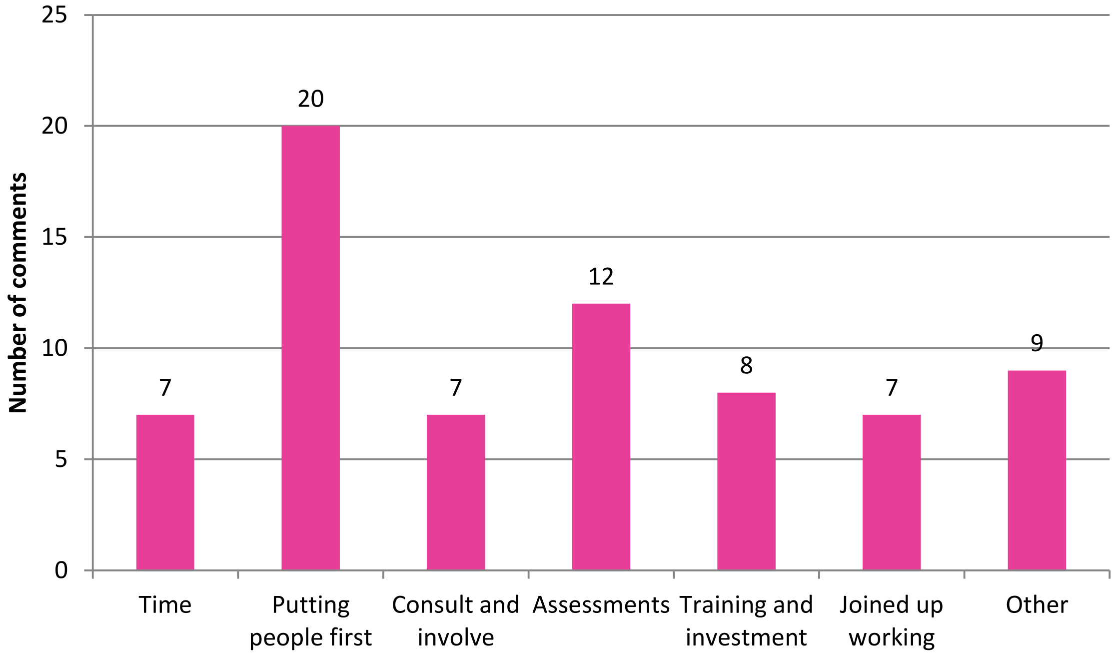
HWS recommends that Sheffield City Council places a link to the Sheffield Directory on the Adult Social Care pages of their website.

HWS recommends that Sheffield City Council conducts a mapping exercise of current information outlets and formats, and that this is shared with people who use services to discuss any gaps and potential solutions to these.

People discussing information in adult social care. The live ‘What are people telling us today’ screen can be seen in the background.

We would like more consideration of our needs

We received 70 comments about this topic. Six main themes were identified.



1. **Time** (7 comments)

People told us that care could feel rushed and that this meant they sometimes didn't feel their needs were adequately prioritised.

"I'd like a realistic time allocated to meet my needs and for me to be able to be more independent. I can't even wash my face in less than 10-15mins, sometimes my calls only last 20 minutes."

"Carers are not given any prospect to be able to work when they are pushed by supervisors."

"Care at the time that suits the individual."

2. **Putting people first** (20 comments)

People told us very strongly that putting the needs and wants of the person using services first is vital, but that this didn't always happen. Comments received about this topic were almost twice as frequent as others in this section.

"Utilise person-centred planning and assessment tools."

"See the individual and their carers as experts."

"Too much focus on money and not on needs."

3. Consult and involve (7 comments)

We heard that people who use services and their carers should be listened to when designing services for people.

“Proper planning and involvement with the needs they want, not what the service thinks they want.”

“Involve and engage, carers are useful from the beginning”

4. Assessment and review (12 comments)

As with the previous section on information, assessments were picked out as a particular issue and regular reviews of care were highlighted as being an important factor in getting care right. Equally, too many assessments could be a problem.

“Regular reviews of patients to understand changing needs.”

“Not comprehensive assessments beginning around the individual.”

“Adjustments to changing needs are essential. People’s situations are not ‘static’. Too many assessments is a danger and wasteful.”

5. Training and investment (8 comments)

Some people felt that training and more investment would help care to be more efficiently delivered.

“Find ways to assess if carers have insight, empathy and training to develop this.”

“Wrong type of training, no indication of what is expected so they leave.”

“Adaptable training and awareness raising - have regular updates for agencies, providers and practitioners.”

6. Joined up working (7 comments)

Information sharing and joint working was raised as an issue which needs to be addressed.

“Assessments should inform each other - currently social care and provider assessments may work against each other.”

“Better join up between what care services know (e.g. hospitals and GPs).”

We also received nine other specific comments in this section.

We would like more consideration of our needs

Key Findings

People told us that the balance between time, finances and needs being met was difficult, and that rushed care didn't help. More regular reviews of needs and care would help people who use services, and staff training may also contribute to more successful care.

Recommendation

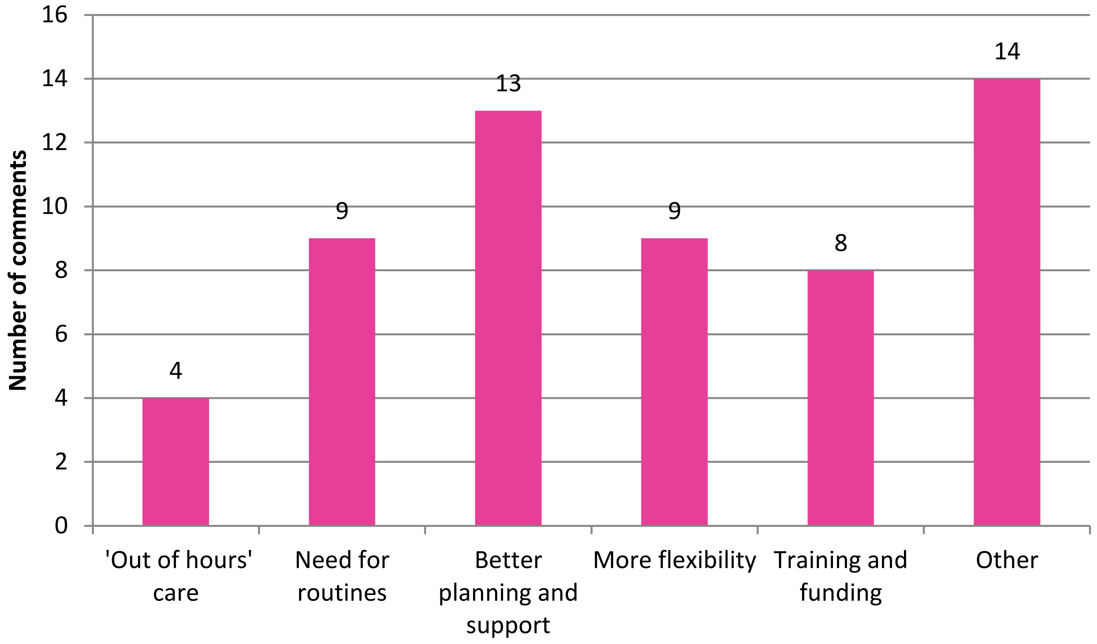
HWS recommends that Sheffield City Council write into any new domicillary care contracts (and amend current ones at the next opportunity) that care visits are a minimum of 30 minutes as recommended in the recently published NICE guidance.

https://www.nice.org.uk/guidance/ng21

Activity 2 in full swing.

We would like support at a time that suits us

We received 57 comments in this section, which can be grouped into five themes. There are more 'other' comments in this section than other sections, this is because of the more specific nature of the topic.



1. **Issues arising overnight, at evenings or weekends** (4 comments)

A particular issue around parity of service at these times was identified.

"Don't presume people can manage overnight - it is difficult to access overnight respite care."

"No response from social services on a Sunday!"

"Not enough staff at weekends. Extra part time staff needed to cover or bank staff."

2. **Need for routines** (9 comments)

People taking part in discussions told us that there had to be some structure to the day of someone receiving care, and that this can be difficult to achieve.

"I want my tea at 6p.m. not 9p.m., my bedtime at 10p.m. not 7p.m. which sometimes it is, and to get up at 8.30a.m. not 11a.m.!"

"Make it clear that there are key times of the day when it would not be good in having support. Listen to this person!"

"It should never be up to an agency to tell me when to do something - especially wake up."

3. **Better planning and support** (13 comments)

There were some comments specifically about planning and how more effective planning of care would work better for everyone.

"Bad timing of care can be wasteful - bad from the point of view of the service user."

"Rosta-ing of staff doesn't help - care staff are moving across towns when they don't need to if better planning."

"People are good - it is systems that make bad care."

4. **More flexibility** (9 comments)

There were some specific ideas about how more flexibility could benefit both providers and people who use care services.

"I need extra 'respite' care for my son so that we can have an extended holiday - the extra hours need to be available on an ad-hoc basis."

"Agencies need to talk to each other to have a bank between the whole lot."

"Greater flexibility in commissioning - enable providers to not have carers running back to back 15 minute visits."

5. **More investment in staff**

Staff training and greater funding was again mentioned as something that would help both providers and people using services.

"Consistency of staff, retention, regular face, experience."

"Better trained workforces."

"Need more funding to find more care workers, so they can give the right amount of time necessary to individuals."

We would like support at a time that suits us

Key Findings

People who receive care would value routines that are adhered to by providers, but would also like the flexibility to vary their care when the need arises. People tell us that fewer services are available at evenings and weekends. Investment in carers was thought to be important.

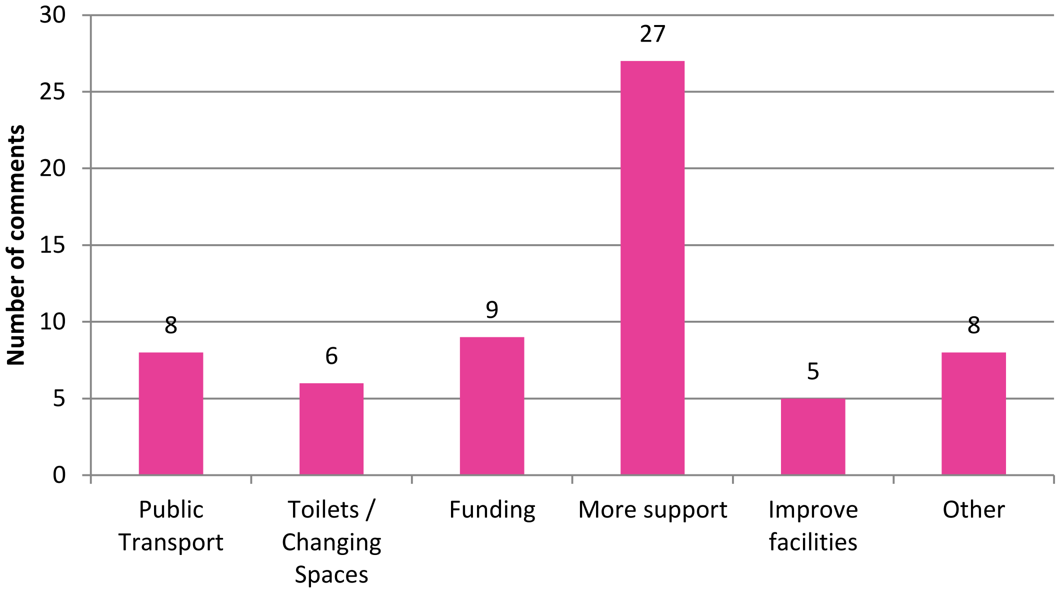
Recommendation

HWS recommend the development of a ‘flagging’ system by Sheffield City Council to enable people receiving care to directly report instances of care provided at unsuitable times. So for example, if someone is helped out of bed at 11.a.m. and then offered lunch 45 minutes later, having had no breakfast, there should be an email address (or paper equivalent) that would enable the person to report this as an example of care that does not suit their needs. This should then be reviewed by the commissioner on a regular basis and can be used both as a quality monitoring tool and as part of contract monitoring discussions with providers.

People discussing the topics in Activity 2.

We would like more support to get out and about

One of the important things identified by service users in August was that they would like to be active in their community and be able to go out and about. There are five identified areas that people felt made this more difficult.



1. **Public transport** (8 comments)

People told us they still had some specific difficulties in accessing public transport.

"Problems getting on buses, carers are not able to take me out of the house in the chair."

"Services are needed to build people's confidence to get out and about using public transport, meeting new people etc"

"Buddy scheme to get people to bus stops. Works if you can afford or get a volunteer."

2. **Toilets and changing places** (6 comments)

People told us that in order for some of them to get out and about, they needed to be able to access facilities that suited their needs.

"Toilet facilities i.e. changing places not available at night. Access to theatre is poor - work with cultural industries to make them more disability friendly."

"More accessible toilets needed."

"My 'safe place' scheme - need something similar for people with mental health issues. Need to publicise my safe place more around the city."

3. **Lack of funding** (9 comments)

Some comments told us that there was a perceived shrinkage in funding to help people get out and about.

"Affordability of support limits opportunities."

"People have lost funding in budgets."

"Individual budgets should include for social inclusion support."

4. **More support** (27 comments)

People told us about a range of things which they felt needed more support to enable them to get out and about effectively.

"People living in residential care are very rarely supported to go out at all."

"Support workers may be choosing the easiest opportunities and staying at home."

"Services are needed to build people's confidence to get out and about using public transport, and meeting new people."

"Parity of esteem for different needs - e.g. mental health can be equally as challenging as physical health to getting out."

5. **Improve facilities** (5 comments)

There are still some physical barriers to getting out and about other than accessible toilets and suitable public transport.

"Improve parking for disabled people."

"Involve people when designing streets / pavements / steps - enable easier access."

"Service improvements for wheelchairs etc i.e. pavement ramps."

We also received eight other specific comments which did not correspond to any of the other key themes.

We would like more support to get out and about

Key Findings

There appears to be more to do to help people get out and about. Physical restrictions such as a lack of accessible toilets and ramps, or suitable public transport can hinder access, and people's emotional well being is also a consideration.

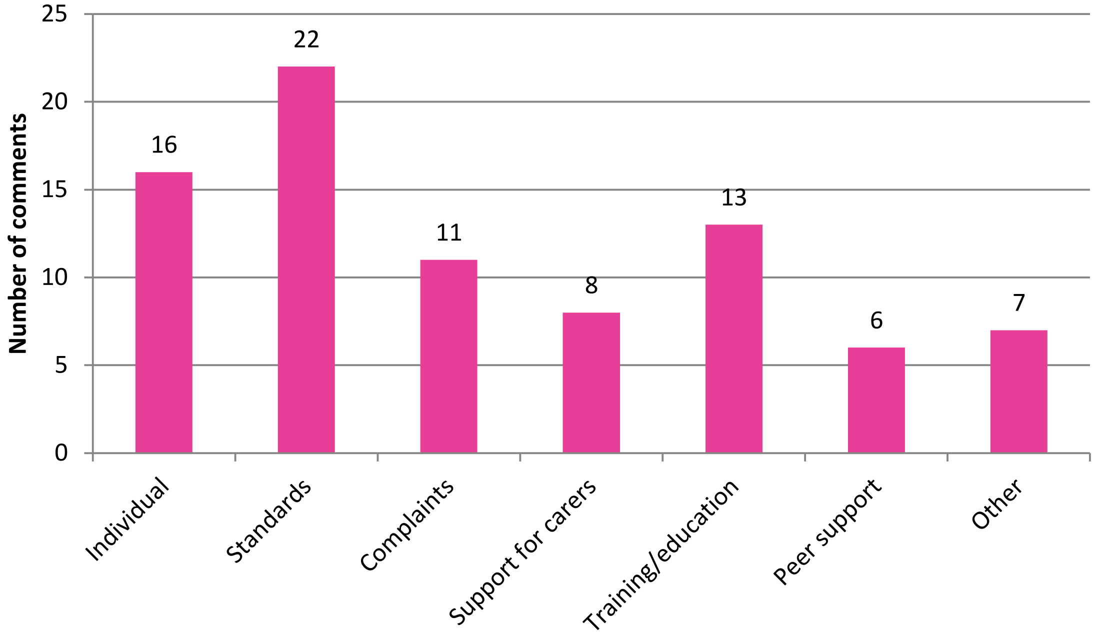
Recommendation

Sheffield's Health and Wellbeing Board looks at sections 5.28 to 5.32 of the Sheffield City Region Transport Strategy, 2011-2026
http://www.syltp.org.uk/documents/SCRTransportStrategy.pdf
They should establish how far reaching the impact of this strategy is likely to be given what people have told us, and if more work needs to be done to ensure that real changes in accessibility are made for people who are users of social services.

Maggie Campbell, independent chair of Healthwatch Sheffield closing the event.

We would like better quality care

We received 83 comments on this topic, which is more than on any of the other six topics we asked people to think about. These can be grouped into six areas.



1. **Services that are tailored to the individual** (16 comments)

People told us that it was really important when designing services to make sure they are personal, and individual, and that this was a sizeable factor in improving the quality of care.

> "The person not the condition - more to explore the person."
>
> "Smaller providers are much better. Large providers treat us like machines - coming, going, done. No communication or care."
>
> "Quality care could mean - connected, timely, prevention, flexible, reliable, consistent etc."

2. **Standards are important** (22 comments)

There were more comments about measuring quality through standards and evaluation than any other themes. People told us they wanted to know how good or bad a care provider was.

> "Some providers don't do well on CQC - so should be taken off the list."
>
> "The organisation needs to check the quality of the staff as a 1st port of call - depends on the organisation. Then 3rd party checks the organisation."

“Independent quality assurance monitors - i.e. not the clinical / contract staff - they have favourite providers! Not the CQC - as they already do it.”

3. **Complaints and concerns** (11 comments)

Although most organisations would say that complaints policies and routes are clear, people told us that it may not be that straightforward.

“People should feel able to challenge the quality of their care.”

“Frightened to challenge bad care at fear of repercussions / removal of care.”

“Safeguarding needs to be taken seriously when raised.”

4. **Support for carers and self employers** (8 comments)

There were a group of comments of a similar nature about the need for more support for carers and those employing people directly.

“People employing PA’s need more support.”

“Need to regulate PA’s and paid for carers when paid for privately, as well as social care.”

5. **Training / education** (13 comments)

It was identified that training and education could be seen as important factors in helping to improve care.

“Training to understand condition / disabilities / age related issues.”

“Training - awareness of boundaries, more time for carer’s communication.”

“Properly trained support - supervision and mandatory updates on current topics to improve understanding.”

6. **Peer / community support** (6 comments)

There were a smaller group of comments about the need for wider community support to contribute to improving quality.

“Good neighbours / community look out.”

“Relatives need access to support and information.”

We would like better quality care

Key Findings

People told us that if they receive care it should meet their individual needs. There is a concern about how to check standards are being met and what to do if they are not, and an element of concern of repercussions around complaining.

Recommendations

Sheffield City Council to review the way in which the quality of all aspects of social care are monitored. This should include the ways in which CQC ratings are communicated to people who use services, and the measures which have been put in place to address any shortcomings.

Sheffield City Council should consider amending any social care contracts to include a duty by the provider to display the latest CQC ratings on their website, and encourage national companies to have a local website featuring this and other specific local information e.g. local ratings systems.

Providers should also have a duty to effectively communicate current ratings to people using services and public awareness of this should be checked by commissioners.

Additional Information

Following this exercise we took feedback from table facilitators, and closed the event, giving people time to view the lanterns and stalls provided by other stakeholders. A live Twitter feed was running on the smaller screen during the event, using the hashtag #spotlightasc15. A summary of all tweets can be found in the following Storify link, which was compiled by the Health and Wellbeing Board.

https://storify.com/sheffieldhwb/spotlight-on-adult-social-care-event

A total of 486 comments were received from the event. An additional three people were not able to be there but wanted to contribute their views. These have been considered as part of the write up of Activity 2. A full set of comments from Activity 2 are attached as Appendix C.

Feedback

The event was positively received, with the majority (69%) of those returning an evaluation form rating it as 4 or 5 out of a possible 5. Comments included “Excellent ways of pacing the event” and “use these insights to design a better, co-ordinated service.” Full feedback can be seen in Appendix D.

Next Steps

Healthwatch Sheffield will be meeting with those organisations named in our recommendations to discuss taking these forward. We will report any outcomes and progress through our regular communications.

Thanks

Healthwatch Sheffield would like to thank the Health and Wellbeing Board for offering the opportunity to host the event. Thanks are also due to all table facilitators, and to the people who took the time to attend the event and tell us what is important to them. We hope we have represented your views fairly.

Phil Holmes, Director of Adult Services
Town Hall, Pinstone Street, Sheffield S1 2HH
Tel: 0114 273 6751
Email phil.holmes@sheffield.gov.uk

Date: 25th April 2016

Vicky Cooper

Healthwatch address here

Dear Vicky

Healthwatch Sheffield: A Report on Peoples' Experiences of Using Adult Social Care

Firstly please accept my apologies for the delay in responding to the above report which was completed in December 2015. This is due to an oversight on my part. I think the report is an excellent, worthwhile piece of work, co-produced with people in Sheffield who have direct experience of social care services.

I have taken the liberty of grouping the Healthwatch Sheffield recommendations into five clear themes and I have responded to each (rather than to every recommendation individually) to avoid repetition of common points.

1) New commissioning arrangements for domiciliary care

Sheffield City Council are asked to acknowledge the unpopularity of the current commissioning arrangement for domiciliary care, and work with providers and people using services to generate a fresh approach to commissioning.

HWS recommends that Sheffield City Council undertakes a review of current commissioning practices particularly in domiciliary care. We suggest participants are drawn from a range of sources, including service users and those who participated in this event, to be actively involved in this review, and this should be a transparent process.

HWS recommends that Sheffield City Council write into any new domiciliary care contracts (and amend current ones at the next opportunity) that care visits are a minimum of 30 minutes unless otherwise agreed as recommended in the recently published NICE guidance.

Response: The unpopularity of the current commissioning arrangements for domiciliary care is acknowledged. I provided feedback from the annual survey undertaken with people who receive adult social care in Sheffield at the Healthwatch / Health and Wellbeing Board event. Dissatisfaction with home care arrangements is likely to be a significant driver for below-average satisfaction in Sheffield as compared to other Councils in the region.

Sheffield City Council is preparing a fresh approach to commissioning to replace the current contract in 2017. Most importantly new commissioning will focus on how well services actually support people and what positive difference they make to their lives (the jargon word used to describe this is “outcomes”). This will involve changes to the way that the Council’s social work staff carries out assessments as well as a new approach to working with domiciliary care providers themselves. The Council agrees that this new commissioning process must be fully informed by the views of local people and organisations that represent them and will ensure the recommendation about participants in this work is followed.

The Council agrees with NICE guidance about significantly reducing the number of homecare calls that are shorter than 30 minutes. The Council will be reviewing individual care arrangements over this year to achieve this and will not be waiting for the new commissioning arrangement in in 2017 referred to above. Some people are likely to receive a higher number of home care hours per week as a result. Others will be supported to achieve a redistribution of their existing hours to better meet their needs. And a third group, those for whom home care was perhaps prescribed in a “one size fits all” way, will be supported to get other help that more directly meets their underlying needs than conventional home care can. For example, somebody who feels isolated and lonely but doesn’t have other personal care needs will often get much more focused support from local voluntary and community organisations than a homecare provider. Similarly, somebody who needs a prompt to take medication at specific times will often receive this more reliably and less intrusively via telehealthcare (for instance operated by the Council’s Citywide Care Alarm service). These are just examples and are not intended to be exhaustive or to apply to every individual in these situations.

2) Better information and advice about adult social care in general

HWS recommends that Sheffield City Council places a link to the Sheffield Directory on the Adult Social Care pages of their website.

HWS recommends that Sheffield City Council conducts a mapping exercise of current information outlets and formats, and that this is shared with people who use services to discuss any gaps and potential solutions to these.

Response: These recommendations are fully agreed. The current weaknesses in information and advice are acknowledged. These prevent local people from taking control of their own needs and understanding the choices that are available to them.

Sheffield City Council is already mapping current information outlets and formats. The availability of a continually updated Sheffield Directory is absolutely key in this regard, but the fact that a number of local people do not access information via the internet is also acknowledged. It is also agreed that Sheffield City Council will not effectively improve information and advice unless this is done alongside local people. Improvement work over the remainder of 2016 and into 2017 will reflect this.

3) Better information for Sheffield people about the quality of local services

HWS understands that there is already a feedback system in place in Sheffield which allows people who use care services to 'flag up' or report unsuitable care. We understand that this system is monitored regularly and used as part of wider monitoring of contracts. It is clear from the comments in the room that this system may not be widely understood, and we would encourage greater promotion of its existence to people who use services.

Sheffield City Council to review the way in which the quality of all aspects of social care are monitored. This should include the ways in which CQC ratings are communicated to people who use services, and the measures which have been put in place to address any shortcomings.

Sheffield City Council should consider amending any social care contracts to include a duty by the provider to display the latest CQC ratings on their website, and encourage national companies to have a local website featuring this and other specific local information e.g. local ratings systems.

Providers should also have a duty to effectively communicate current ratings to people using services and public awareness of this should be checked by commissioners.

Response: It is agreed that Sheffield City Council needs to do more to ensure local people are aware of different sources of information about service quality, and can better use this to shape their own choices. It is also agreed that commissioning and contracting with providers of adult social care should contain as many requirements and incentives as possible to ensure that providers share quality information with both current and potential customers. This will be picked up in the work to refresh commissioning of domiciliary care already referred to above.

The Sheffield Directory, as also referred to above, is key in ensuring people can access information about social care services that also includes assessments of their quality. For services that are registered by the Care Quality Commission (CQC), this can include linking from the Sheffield Directory entry to the CQC website for that service, containing the latest inspection reports.

Over the course of 2016 Sheffield City Council will be reviewing and improving its measures undertaken to report unsuitable care and respond to ensure improvement. This includes better coordination of social work, safeguarding and contracting information, and also clearer involvement of both people who use services and their family carers so they both find it easier to raise concerns and also to take action with respect to concerns that others have raised.

4) Social care assessment that is accessible and transparent

HWS recommends that Sheffield City Council reviews its current information on the assessment process. It is recommended that service users are asked exactly what information they would like prior to an assessment and that this is made available to them at least two weeks prior to the assessment date.

HWS recommends that Sheffield City Council work with people who use services to review and update this material and that it should include a clear section on how to complain and the look again process.

Response: These recommendations are fully agreed. The Council has had further feedback from both customers and carers that the assessment (and review) process often feels too much like “them and us”. It is agreed that people need better information and a clearer lead-in so that they are able to think through in advance what they would like to achieve and so that the assessment or review is properly built around them.

It should be noted that a significant proportion of Council assessments are undertaken at relatively short notice in a “crisis” situation. This means a two week lead-in to an initial assessment will not always be practicable: but there is no reason why the Council cannot adopt these principles for further assessments and reviews that the person receives, so once they have got beyond the initial crisis stage they can start taking back control of their life.

5) Making it easier for people with social care needs to get out and about

Sheffield’s Health and Wellbeing Board looks at sections 5.28 to 5.32 of the Sheffield City Region Transport Strategy, 2011-2026
http://www.syltp.org.uk/documents/SCRTransportStrategy.pdf
They should establish how far reaching the impact of this strategy is likely to be given what people have told us, and if more work needs to be done to ensure that real changes in accessibility are made for people who are users of social services.

Response: People with adult social care needs often say that the difficulty they have getting out and about is the single most important issue for them in relation to wider health and well-being. This key theme, which is broader than adult social care in many respects, will be considered further by the Health and Wellbeing Board over 2016-17 with a view to fully recognising and addressing the barriers people face in physically connecting with their communities and with the city as a whole.

Thank you once again to Healthwatch Sheffield for putting the report together building on the testimony of so many local people. It is unfortunate that my response has taken so long to reach you and for this I once again apologise. However I hope that Healthwatch and most importantly both people who use social care services in Sheffield and their family carers are reassured by the Council's commitment to address the issues that they have raised.

It is important overall that the Council is judged by actions not by words. As above, many of the above areas are already being addressed. I would very much welcome further oversight from Healthwatch Sheffield to help us ensure the progress remains on track and adult social care properly supports better lives for Sheffield people.

Yours sincerely

Phil Holmes

Director of Adult Services

Appendix A

Health and Wellbeing Board Engagement event

Spotlight on Adult Social Care

Thursday 28th October 2015, 2 – 4pm at Sheffield Town Hall

Overview of event

Healthwatch Sheffield is working with the Health and Wellbeing Board to run an interactive event to find solutions to common problems faced by service users and providers.

Agenda

Time	Agenda Item	Led by
13.45	Arrivals and Refreshments/Sign In	
14:00	Welcome and overview of the event	Maggie Campbell (Chair Healthwatch Sheffield and member Health and Wellbeing Board
14.10	Social care voices – audio	Healthwatch Sheffield
14.20	Overview of adult social care (including update on Sheffield Directory)	Phil Holmes (Director of Adult Services) Sheffield City Council
14.35	Introduction of interactive activities	Carrie McKenzie Healthwatch Sheffield

14.40	Activity 1: Individual Exercise	Healthwatch Sheffield
14.55	Activity 2: Table Exercise Feedback will be given throughout the activity	Healthwatch Sheffield
15.55	Thanks and Close	Maggie Campbell

Appendix B

SPOTLIGHT ON ADULT SOCIAL CARE – 29 OCTOBER 2015

Feedback on lanterns (Activity 1)

*"We want people to think of the one thing that **would or does** brighten (improve) their experience of social care, for them or the people they care or provide care for.*

- Personalisation – a service to meet individual needs
- Clear, simple up to date comprehensive information about services and what is going on in Sheffield.
- For service providers to work together openly and honestly. We are supposed to be working towards the same ends and that is better services for service users and carers within a context of decreasing funds. My experience is still that "*blame, them and us"* culture still exists.
- Recruitment – more care workers
- For everyone that needs support to live at home to have real choice and control of who, how, when and what is provided.
- Holistic approach
- That I could have written information not a website!!
- Less bureaucracy
- Better/fairer rates of pay for all care staff – which in turn would help us (as a care provider) with recruitment and retention.
- Getting information – Advocate may be!
- More pro-active less re-active support
- Keep buses under council control
- Where people have complaints about lack of care/help, is this usually because the facilities do not exist, or because the solutions/help/advice is not communicated? Sheffield Directories sounds like a business directory (like Yellow Pages). Should it be renamed?
- Good quality equality and diversity training for all care providers.
- As a provider in the private sector for people with brain injuries – a more focused awareness and understanding of brain injury and how people can be supported effectively in the community when public funding is required.
- PA bank
- All my experience of social care in Sheffield has been good (except for financial services past issues). I've suggested many times, we are service participants. No one likes the term service users, would have thought this would have caught on by now! It's how services are shaped these days; by our participation (or should be!)

- Continuity with person providing care – therefore knowledge of care needed, not needing to repeat care requested.
- Building resilience by getting people out in the community and encouraging them to reconnect and stay, regain independence. Social prescribing is brill ☺
- Continuity of support
- Speedy completion of care package
- Support when needed
- Out of hours
- Someone who listens to your point of view
- Clear assessment process – reliable and meaningful services
- More positive attention and detail to public about triage service (at the doctors). A new service
- To be able to have time to spend with service users to enable to give correct support that meets their needs.
- Make it about the people not the process
- Think.... People first not processes! "Open doors" not "brick walls"
- Less paperwork and clearer more easily understood information re: services and resources.
- As a service provider, clarity about the Council's commissioning plans for 2016 – 17 under the Better Care Fund budget.
- Someone to listen and take an interest in the situation
- Direct access to the Social Work team and individuals (phone/face to face etc)
- Staff returning phone calls/emails when I leave them messages (pretty basic isn't it?!)
- Understanding triggers for mental health issues
- More funding available for groups
- Transitional phased ending of care/support when personal budget is stopped.
- Funds for the social care worker
- Agencies need to invest time and effort into meeting the needs of their staff – to give them a career path and job satisfaction. Training and in depth equality training.
- Older people being ignored – the assumption that if older people are fed, washed and clothed that's all they need.
- Greater consistency – who provides care? Who monitors the situation?
- Enabling
- Organisation – joined up working with voluntary sector. Carer/parent – keep parents/carers informed of processes/ongoing changes.
- Not being patronised; being genuinely engaged in meaningful co-production.
- Clear user-friendly information on complaints procedures and additional advocacy services.

- Personal care/assistants – training, boundaries, appropriate behaviour, learned empathy.
- More transparency in care visits letting you know when they come to visit so you are ready. Often don't know how to cook or speak English.
- People feel the care is more personalised to their individual needs.
- A small lie in a the weekends
- People feeling they are listened to
- That we could guarantee that (his) needs will be met as we/he wishes without challenges, into the future and past our deaths.
- For my son, who is profoundly disabled to be able to enjoy equal and comparable facilities for a good day as his peers – by peers I mean other people with profound disabilities.
- That my son's funding is secure and we don't have to battle with SCC and CHC regularly. My son is autistic – which is a life-long disability and unlikely to change. I am terrified about his future when we can no longer "fight" for him.
- Certainties regarding the current financial climate. How the continuous cuts affect our ability to care and work with our client base.
- Understanding the needs and health condition of the person being cared for eg the fluctuations of Multiple Sclerosis – training for care providers.
- As a health care professional – need to get good feedback from providers of care. Enabling carers to communicate.
- We need to re-discover the Social Model of Disability – there's too much emphasis on the health model.
- Better understanding of Disability Related Expenditure and a reduction in contributions.
- A more open approach to commissioning of services which take into account new and/or alternative approaches to delivery, not just regurgitating the same stuff over and over, take a leap of faith. Sometimes "different can be good"!
- Easier access to care packages (hours) for people with sensory problems, not just for personal care needs – include socialisation etc.
- That society (via Government) acknowledges that to have quality health and social care it needs funding properly.
- Stop relying on the elderly to be carers.
- Agreement on what partnership working is. Might be different depending on the group or occasion.
- To be treated with respect
- Instead of looking at care in isolation, take into account the whole person eg not all disabled people are un-employed, but a failure on their social care could seriously impact on their wider capabilities.
- Staff to have time to build relationships with those people they support.
- City that is 'friendly' for people with LD or dementia

- To ensure transition time – whatever or whenever that is – is stress free, supportive and a positive experience for all.
- I would like all care homes to be as good and caring as the staff at Newfield, Cat Lane, S2
- It's good that care can be more personalised towards the person eg people can choose own care provisions.
- Accountability
- We are a society that wants to look after those that need help.
- Clear sustainable and adequate funding to allow us to plan and improve services and invest in what people want.
- How to access financial help. Any available?
- More prompt hospital discharge (commissioner)
- Be prepared to listen, understand and act appropriately – be proactive.
- Having regular carers you can trust and rely on.
- Better communication between service providers.
- An organisation with carers that have the time and skills to really care for the person they're helping and are able to give people control over their lives.
- Better co-ordination between health LA and voluntary sector in helping individuals quality of life.
- More special carers
- Consistent care, timely (?). Proactive not reactive, ongoing support preventing crisis and big care packages.

Appendix C

SPOTLIGHT ON ADULT SOCIAL CARE EVENT
THURSDAY 29 OCTOBER 2015

FEED BACK FROM ACTITIVIES

ACTIVITY TWO - SOLUTIONS TO SOCIAL PROBLEMS

1. We would like more choice!

- “Would like chance of good services and to keep them.”
- “Would like choice to be based on needs not loudness of voice.”
- “Would like to be listened to as a professional in choices.”
- “Choice of accessing services at an appropriate time/service.”
- “Who’s in charge of the choice? The client or The N.H.S/council?”
- “No choice, their choice.”
- “Difficult to choose a provider to spend their personal budget. Trust, how to choose, impartial advice.”
- “Would like a service choice- not listened to.”
- “Actually listening to what people want/need.”
- “No more ‘one home care provider per area’ approach.”
- “More people.”
- “Comprehensive database of organisations etc. To refer to for clients.”
- “Discussion on care times.”
- “Lack of suitable P.A’s, need P.A bank.”
- “Involve people in strategy setting and commissioning, not only 2the usual suspects’ and not a tokenistic involvement.”
- “Choice and flexibility.”
- “Costs may inhibit choice.”
- “Choice of provider may be restricted by SCC contracts (e.g. locality arrangements by home care.”
- “To have a choice you need to have information.”
- “Lack of choice for more people.”
- “Now to what used to be available.”
- “Lack of choice on when carer comes.”
- “No travel time aloud for carer.”
- “Zero hours.”
- “Funding of agencies.”

- “I want to meet the potential providers before deciding who I want- not just been told – this is your provider because they have a block council contact, or because they are the cheapest.”
- “I want exact and consistent times for my support- not to be told my rimes are anytime between 7-11am, 11-2pm/2-5pm. Once I had a visit at 11am to get me up and another at 11:45 to give me my lunch!”
- “Recently I was told that I couldn’t continue with my current provider because their contract had finished with the council (care2care). It was only by talking to them at C2C that I found I could stay with them and just needed to have a DP- which they help me to manage. The social worker said I had to go to another provider who in the past caused me lots of anxiety. ”
- “Choice-make it age appropriate.”
- “Rate and review system- how do we know what the choices are?”
- “Want info about services so I can make decisions.”
- “What choice is there for Alzheimer’s patients? How do you select a home? How can you get help for Alzheimer’s patients? No choice of day care services. ”
- “The council should not continue their contract with care providers who are not doing their job safely and carefully.”
- “Cost need to stop being a blamer to choice of care organisation.”
- “We would like to see the consultant we have been referred to”
- “Want to be able to choose the time. The person chooses the time not the carer organisation.”
- “Resourcing the agencies, so they have time to be able to asses/ provide care. (issues of time of call)”
- “Bulk buying of care organisations in an area- doesn’t get much choice with regards to care organisations.”
- “Dependant on organisations flexibility. Have the recourses to be able to offer choice.”
- “Making limited choices clear to clients 9where this is the case) so that unrealistic expectations are not raised.”
- “Need a league table for NHS education to ensure choice.”
- “The agencies should be ranked.”
- “What are you interested in? This is available for you. Choice starts with listening.”
- “I need to be informed about available choices. More information about opportunities.”
- “Carers don’t have opportunity to make lifestyle choices: to walk, to go out etc.”
- “Choice should not be budget led.”

- "Find a family to do an activity that could be cheaper than an agency. E.g. fill the petrol tank to do something."
- "Trust us not to rip you off. We want to save money too."
- "Move to value based."
- "Giving quality times for users- more time 30 minutes calls."
- "Follow NICE guidelines min 30mins."
- "Parity of esteem."
- "Shopping for care."
- "Access to information about a range of services."
- "Practitioners should be well informed so that can support people in their choices."
- "People being told what providers can offer."
- "Too much choice can be confusing."
- "Not only about personal care."
- "More people who use services to inform services being provided."
- "Advocacy is needed to facilitate a choice!"
- "Choices change, need flexibility to adapt when needed."
- "Need some impartial advice for those who need it most."

2. **We would like more information.**
    - "Respite services is difficult to access and is not suitable. Carers are not offered a choice or a suitable service at the right time."
    - "Clearer advice and information points."
    - "Appropriate advice."
    - "Empowering information from an independent position."
    - "Check up..."
    - "Information portal."
    - "Information- everybody who has a costumer facing job, has a duty to get the information to those people who should have it."
    - "The internet and websites are not the only way of providing information."
    - "Find out where the providers are and what is available."
    - "GP's need to be aware of mental health guidance."
    - "Need of investment in good quality information."
    - "I think each provider should provide information on a range of quality indicates which is openly available to users of the service. It needs to be up to date information."
    - "Presented so easy to understand. Quality assured information."
    - "Information on eligibility to receive social care services."
    - "Need to have more joined up working."
    - "Want qualifications of P.A's carers level of qualification"

- “What qualifications does your staff have? How do you monitor training indicates? Etc.”
- “Need to know what questions to ask in order to get information.”
- “Don’t rely too much on online info. (capability to use IT and affordability)”
- “Enough information- do people know where to look? Can everyone use the internet?”
- “Providers of care should be expected to provide information as well. (should be a part of contract)”
- “Right information at the right time.”
- “Staff to have time to help individuals’ research resources and information.”
- “People who come into home care – information e.g. support workers, details about local events information.”
- “When you have a baby you get a bag with information- why not when discharged form hospital?”
- “Directory is good- but it needs to be paper based too.”
- “Consistency of information availability across service points – GP surgery.”
- “How do you raise awareness of the Directory?”
- “Better designed information, make it engaging, not have the typical ‘social care’ look.”
- “Accessible information for elderly and those with learning disabilities.”
- “Free phone and information.”
- “People who know available info locally, for people who need to know.”
- “Appropriate ways to access information, paper, IT, language based.”
- “Opportunity to learn more about technology at home- especially for older people.”
- “Invest in ‘community catalyst’ type roles to share info, not just info centres.”
- “Information updated and relevant.”
- “Not all people are online.”
- “Training of social workers or support workers. Have up to date information.”
- “Make sure any personal information given with users’ permission.”
- “If moving are, info should be the same and carried on as before.”
- “Need a social care bulletin for service users.”
- “Mapping of service agencies, who does that? Pathways processes to follow and not finding your own way.”
- “Joined up! Too many different places and services- not connected information.”
- “Digital access – help to use internet, training for using a PC.”

- “Need a 1-to-1 person to guide you through caring and what is involved.”
- “Like more information from care homes as to what to do when someone goes into a home i.e. finance – how to pay or get help with funding.”
- “Information in different formats – written, audio, pictures, easy read – not jargon!”
- “Facts about me!”
- “Understanding of the various agencies and the health and social professionals, their roles and responsibilities – pathways.”
- “If you’re on benefits you get information, if you’re a self funder there is no help. How do you go about getting someone to help and listen and get on benefits?”
- “Be told about any changes that would affect care, at every stage, as often as possible.”
- “Information needs to be available in face to face areas, appropriate to individuals and groups. I.e. GP/Provider/day centre assessments.”
- “Criteria for funding difficult to understand- need easy read.”
- “Can be caught out if financial assessment is care after. Then backdates. No one to talk to about charges, no information.”
- “Advocacy should be better publicised, often told about it too late to prepare.”
- “Need full information about what to expect at assessments to prepare. Individual and carers.”
- “Newsletters/bulletins if not on internet, in plain English.”
- “Libraries and GP’’s, reach beyond internet.”
- “Incentivise GP’s/support workers to get most up to date information via GP surgeries.”
- “Co-ordinated case management especially re-enablement/discharge from hospital, bring outreach together/teams.”
- “Derbyshire city council provided info packs via key service letters.”
- “Outpatients- key info outlet too.”
- “Care/ PA/ Support manager, one stop support.”

3. We would like more consideration of our needs

- “Service users’ continuality of care (services and centres).”
- “Realistic time allocated to meet my needs and for me to be able to be more independent. Help myself whilst being observed and assisted i.e. I can’t even wash my face in less than 10-15mins- sometimes my calls only last 20 minutes because of funding.”
- “P.A’s enable me to go places and do things. P.A’s translate.”
- “Liked to have had someone to guide me through caring for Alzheimer’s in every aspect i.e. financial as well as mental health.”
- “Involve and engage, carers are useful from the beginning.”

- “Agree a written care plan,”
- “Know about the person to try getting to know person.”
- “Emphasise”
- “Do assessments need to be so frequent? Forced to be negative.”
- “Health and social care brought together.”
- “Training. Audits. Preferably with computer.”
- “Speed of response, especially around assessments.”
- “Elevate a detailed initial assessment of needs and perform regular reviews.”
- “Proper planning and involvement with the needs they want not what the service thinks they want.”
- “Increased training resources, to encourage insight and understanding.”
- “Tighter quality assurance and performance management for social care assessment teams.”
- “Care support manager”
- “If the support worker has a car, more flexibility/common sense about allowing the client have a friend travel with them (within reason). My support worker allows this- took a lot of finding.”
- “Find ways to assess if carers have insight, empathy and training to develop this.”
- “Utilise person-cantered planning and assessment tools such as self assessment tools, self defined outcomes and planning live etc.”
- “Care at time that suits the individual.”
- “Make readily available advocacy.”
- “A focus on people’s goals.”
- “Understanding of the individual needs. Articulate what they can’t. Know what might be good for them,”
- “There used to be a site called care opinion, for writing reviews on care services. We don’t hear much about it now, did it ever really get off the ground.”
- “Genuinely person cantered care and support plans that are developed and reviewed by the person not them.”
- “Greater dignity.”
- “Broader view of needs.”
- “Individual support.”
- “Addressing the fine details of my care plan.”
- “Carers are not given any prospect to be able to work when they are pushed by supervisors.”
- “Wrong type of training no indication of what is expected so they leave.”
- “Minimal monitoring very few reviews.”
- “Not enough surveys of users.”
- “To be able to have your say.”

- “Issue re safeguarding in terms of time of carer visits and medication e.g. morning at 10:30am, lunchtime at 12:30pm and not enough time between medication/doses.”
- “Regular reviews of patients to understand changing needs.”
- “Too much focus on saving money not on needs- sometimes only a care package will keep someone safe/is needed.”
- “Seeing the individual and their carers as experts.”
- “Seeing ‘care’ as an enabler.”
- “Educating the workforce.”
- “Regular training of staff.”
- “Adaptable training and awareness rising- have regular updates for agencies, providers and practitioners.”
- “Joined up working between organisations.”
- “Put people’s needs first.”
- “More localised communities/care- e.g. care can be far away from an individual’s area.”
- “Reviews more often for individuals – i.e. care- these can yearly.”
- “Getting the basics right – payments, paperwork.”
- “If the right care package is in place the carer can relax.”
- “Services being provided need to be quicker (diagnosis and intervention) and resolving.”
- “Reassessments may be useful and unnecessary if it’s clear people’s views won’t change.”
- “Adjustments to changing needs are essential. People’s situations are not ‘static’. Too many assessments is a danger and wasteful.”
- “To add to lady having care-to get up 7-11 to get up -1. Lady had this along with her medication. So she ended up with 45minutes between medications.”
- “Better join up between what care services know (e.g. hospitals and GP’s).”
- “Needs must take accounts if mental things (support to leave the house as important as support to use PC).”
- “Assessments should inform each other- currently social care and provider assessments may walk against each other.”
- “Assessments now have the approach o ‘we’re only have x to offer’.”
- “More opportunity to explore understanding mental health and autism relationship and the medication. I.e. understanding a range of issues associated with autism.”
- “Capacity needs of social workers. Overstretched, restricted decision making and limited ability to provide night care to a person.”
- “Responsiveness of basic services able to day-to-day enquiries.”

- “Social workers frequently don’t turn up at funding /DS7 meetings where they could end up saving money.”
- “Apathy/ disillusionment in social workers – know the family, know the right solution, system says NO.”
- “Staff needs- need to invest in staff to be in position to provide best quality care.”
- “Lapses in social care- how much can they be filled by health services.”
- “Not comprehensive assessments beginning around individual.”
- “Don’t present them with a fait-acompi situation, e.g. might not want to shower every day.”
- “Medical, physical and emotional all need to be looked at.”
- “Short term intervention team- when someone comes hospital it is quite good. After this it’s like falling off the edge of a cliff. Re-care continuing. ”

4. **We would like support at a time that suits us**
    - “Improved response during the day – poor response whenever calls”
    - “Presume people can manage overnight – difficult to access overnight respire care.”
    - “Timely services.”
    - “Better support for people who cannot arrange their own PA arrangements.”
    - “Some agencies will say they can support someone with complex needs but can’t deliver to the detriment of the person.”
    - “Better recognition of the times for people -/+ usage of time.”
    - “Ways of helping people access better- managing paperwork is not easy.”
    - “Better trained workforces.”
    - “Find ways of better managing fluidity.”
    - “Training for public facing providers.”
    - “About true self directed support- are you going backwards?”
    - “Rosta-ing of staff doesn’t help= care staff moving across towns when don’t need to if better planning.”
    - “Support at home that is needed- need extra ‘respite’ care for my son so that we can have an extended holiday--> extra hours need to be available on ad on basis.”
    - “Commissioning- poor, poor rota-ing, delivering good care and not leaving someone so late for next one. No travelling time minimum wage (or less).”
    - “PA register is overdue.”
    - “Need to have a branch-up, in case care support staff can’t/don’t arrive.”

- “McMillan nurse have good quality care- good practice.”
- “Initial stage – need a longer consultation between carer and the individual.”
- “Need more funding to find more care workers, so they can give the right amount of time necessary to individuals.”
- “Not in between the set times for example my social workers document starts – 7-11am (40min). 11am-2pm (20 min), 2-6pm (40min), 7-11pm (30mon).”
- “I want to stick to my routine- not have to change it to suit the care agency.”
- “I want – my tea at 6pm not 9pm, my bedtime at 10pm not 7pm which sometimes it is, to get up at 8:30am not 11am!”
- “Individualised timetables- advised as to what time you get up/have lunch?”
- “Make it clear that there are key times of the day when it would not be good in having support. Listen to this person!”
- “Change an appointment can be very distressing for individuals!”
- “No response from Social Services on a Sunday!”
- “Yes, PA can be helped.”
- “Support on a more national advice and information site.”
- “It should never be up to an agency to tell me when to do something- especially wake up.”
- “I have been able to tell my agency when we need care, but not always the case.”
- “Providers day to showcase good standards. Could raise standards across agencies in the city.”
- “People are good- it is systems that make bad care.”
- “Regular contract to explain time delays takes away a lot of concern.”
- “Bad timing of care can be wasteful- bad from point of view of service user.”
- “All down to costs – more funding = more carers.”
- “It’s important to distinguish between carers and Pas.”
- “More flexible support – e.g. change hours have week to week.”
- “Greater flexibility in commissioning- enable providers to not have carers running back to back 15 min visits.”
- “Access to Cafe- connects numbers – dreams.”
- “Flexibility needs mediation understanding to avoid confusion.”
- “Big problem when appointments are not kept.”
- “To make sure users have access to info when wanted at any time.”
- “Not enough staff at weekends. Extra part time staff needed to cover on bank staff.”
- “Flexibility of staff to be bank staff if required.”

- “Agencies need to talk to each other to have a bank between the whole lot.”
- “More info on what it’s about and any problems they come across are shared with other.”
- “Help if care workers are valued – don’t get paid for travel etc. I financially with a good contract. ”
- “When support plan done need to set timetable to stick to- e.g. if diabetic need for med times.”
- “Show when you have crisis, not months later.”
- “If a person says not, don’t look at cognitive sale and accept that. So withdraw with no services.”
- “Support at a time that meets my specific needs- not at a time that suits the provider.”
- “Spending more ‘person centred’ caring time with cared for person.”
- “Support should focus on outcomes and not tasks (but recognise that those tasks –like getting up- are still crucial).”
- “If a person due to cognitive reasons feels sick and says not to paying, then have no service so don’t get a social worker and get left.”
- “Even in safeguarding cases it takes months, don’t get back or no feedback.”
- “If my needs change, I require more support no easy access to this available.”
- “Consistency of staff, retention, regular face, experience.”
- “Working Carers- difficult to access (respite/meetings) and work is important but cannot miss work but need info and advice.”

5. **We would like more support to get out and about**
    - “Transport- problems getting on buses, carers not able to take out of house in chair.”
    - “Personal assistance for toilet use.”
    - “Carers free bus-pass needs to be maintained- will end up as a charge to service user.”
    - “Social exclusion brings health pressures.”
    - “Potential to pool budgets to save costs of activities.”
    - “Do not lump all disabilities and social care needs together.”
    - “Support workers nay be choosing the easiest opportunities and staying at home.”
    - “Affordability of support limits opportunities.”
    - “Look at individuals rather than groups.”
    - “Service users that live with parents/carers don’t get allowance for board. Bring extra pressures on family budgets.”
    - “Individual budgets should include for social inclusion support.”

- “Funding cuts.”
- “People need tokens but people have lost funding in budgets.”
- “Training for public to support carers.”
- “More investment needed generally to meet transport needs.”
- “Sheffield transport can get constant before 9:30.”
- “Door to door service has to be booked 7 days in advance- agencies need to be able to do this.”
- “Parity of esteem for different needs- e.g. mental health can be equally as challenging as physical health to getting out.”
- “Improve the parking difficulties for disabled people.”
- “Services needed to build people’s confidence to get out and about using public transport, meeting new people etc.”
- “Getting groups together to go out.”
- “Service improvements for wheelchairs etc. i.e. pavement ramps.”
- “Having something meaningful to do e.g. work/training/volunteering.”
- “People living in residential care are very rarely supported to go out at all.”
- “Community transport should be available at weekends and evenings.”
- “Helping more people find out what is going on near them and what can help them access things.”
- “Some ways of rewarding volunteers without benefit snatching.”
- “Services that engage people’s social life.”
- “Building social capital.”
- “Relating to appropriate info and advice.”
- “More community/health etc. i.e. seats, toilets etc.”
- “Less hoops to jump through to access equipment e.g. power chair is a GP referral – who answers this?”
- “Not many toilets are wheelchair accessible.”
- “More support/training on how to use equipment e.g. power chair.”
- “Cannot leave the flat because of sensory overload and social anxiety- VERY IMPORTANT.”
- “Not enough time – hours given by ‘Making Space’ 3hrs a week – not enough.”
- “More accessible toilets needed.”
- “More changing places.”
- “Not enough people understand social anxiety about going out.”
- “Not enough safe places out there – autism friendly.”
- “Promotion of access cards and encourages places to promote ‘plus 1’.”
- “Needs to be more awareness of universal support- e.g. disabled transport/rail etc.”
- “It’s an issue for care assessors getting out and about has an important need.”

- “Certainty/scheduling of care support helps to manage opportunities to support people to see out and about.”
- “Services/agencies based on who assessed rather than need.”
- “Not necessarily about more support but about right support.”
- “Quality of life is essential – not a luxury.”
- “Choice/design of individual is vital, scheduled to create time to get out, coordinated.”
- “Toilet facilities i.e. changing places not available at night. Access to theatre is poor work with cultural industries to make them more disability friendly.”
- “Building per support networks.”
- “Building confidence in people to go out- often needs a small amount of input.”
- “Information about activities and what people can do.”
- “More clarification on how to access emergency support including access to key safe.”
- “Buddy scheme to get people to bus stops. Works if you can afford or get a volunteer.”
- “Talk about aspiring of going our not just need.”
- “Community transport not flexible- have to book in advance.”
- “Community transport needs booking week before.”
- “Accessible public transport money to pay for taxis.”
- “People need to take clients out.”
- “Out and about bus getting scrapped into Hallamshire hospital can someone on hospital staff help us to keep this service?”
- “Emphasis on community activities not necessarily by services.”
- “Tackles social isolation, mental health problems.”
- “My ‘safe place’ scheme need something similar for people with mental health issues. Need to publicise my safe place more around the city.”
- “’Credibility’ card on Disability Sheffield e.g. if can’t stand go into a shop you can show the card to staff and they can serve you without you waiting or could let you use their toilet.”
- “Sheffield Community Transport needs more community transport (some organisations are run by volunteer drivers).”
- “Evening activities are limited – no flexibility in breaking the route now and then / responsive. Recognition by agencies that people need flexibility re times.”
- “Involving people when designing street/pavements/steps – enable easier access.”

6. We would like better quality care

- “Check with the service user and carer.”

- “Need to ask for qualitative feedback/targets”
- “Personalisation seems to have taken more away than it has brought choice.”
- “Frightened to challenge bad care at fear of repercussions/removal of care.”
- “People employing Pas need more support.”
- “Consistency- contractors to check providers’ with monitoring/improvement system.”
- “Being open and honest when there are problems.”
- “Service user assessment of quality like health.”
- “Transparency.”
- “Receive excellent care. Self-assessment mechanisms by provider.”
- “Better education.”
- “Benefits!!”
- “Is the care act working to do what it was supposed to do?”
- “Prevention but if don’t get care early I needs can quickly escalate.”
- “Care is wider than ‘personal’ care. ‘Enablement’.”
- “This starts of early stage of prevention.”
- “Value the carers more.”
- “Scoping care to the individual.”
- “Quality care should be for everyone- should be equitable: standards.”
- “Quality is subjective- different people have views – standards can be useful but often on paper not in reality- need to be monitored.”
- “Look beyond personal care (and the access team), scoping care to the individual.”
- “Choice to actively have a choice – information to enable people to make informed choices.”
- “Safeguarding needs to be taken seriously- responsive, resourced.”
- “How is quality measured? Easier ways for users to feedback.”
- “Safeguarding needs robe taken seriously when raised.”
- “Properly allocated time for social care visits.”
- “Personal assistant service needs – proper choice, proper training, people need to be aware of the service.”
- “Better training and reward.”
- “Better retention of excellent workforce through better wages or incentives and feeling valued.”
- “Star rating, customer rating of PA.”
- “PA inspection – reporting mechanism, PA pay?”
- “Training to understand condition/disabilities/age related issues.”
- “Training awareness of boundaries, more time for carer’s communication.”

- “A lot of people have personal hygiene issues- and health – this needs to be talked about more openly and implemented. I can’t go places anymore because someone smells so bad.”
- “Setting much higher standards for people’s quality of life.”
- “More staff to provide care.”
- “People who use services being really involved in developing services and evaluating them.”
- “More support for carers.”
- “Improve people’s expectations and self/peer advocacy skills.”
- “Properly trained support – supervision and mandatory updates on current topics to improve understanding.”
- “Service user feedback groups.”
- “The person not the condition- more to explore the person.”
- “Too many hoops to jump through.”
- “Getting information without going round and round in circled and getting nowhere.”
- “Complaint process clearly displayed in buildings.”
- “Smaller providers are much better. Large providers treat us like machines – coming, doing, gone. No communication or care.”
- “Make the process easier to understand.”
- “Have my social needs met to be able to access the community not just receive personal care.”
- “Independent quality assurance monitors-i.e. not the clinical/contract staff- they have favourite providers!! Not the CQC – as they already do it. ”
- “CQC should be put in charge.”
- “Better training.”
- “Better care.”
- “Linked to hours worked by carers.”
- “Make sure the carer has enough time to do the jobs at each visit.”
- “More carers needed.”
- “Information from healthcare providers as to what is available.”
- “Contractors too expensive, so it makes problems on users.”
- “Access to advocacy.”
- “Blow the whistle.”
- “Monitoring mechanisms and evaluation tools.”
- “First hand information on complaints from providers.”
- “Relatives need access to support and information.”
- “Service user feedback.”
- “Regular reviews.”
- “Standards of good practice/ test practice.”

- “Commissioning of services should include continuous improvements based on feedback from service users.”
- “Quality is subjective.”
- “Good quality acre – autism training needed- knowledge of individual they are caring for.”
- “Quality care could mean – connected, timely, prevention, flexible, reliable, consistent etc.”
- “Good quality care homes and providers. Residential homes and dom care.”
- “Good neighbour/community look out.”
- “Good quality = good assessments.”
- “Carers hub.”
- “Carers recognition.”
- “Personalised care is needed- may differ from each person to next.”
- “People should feel able to challenge the qualities of their care.”
- “Staff must understand the person/needs/condition (e.g. autism).”
- “Need to regulate PA’s and paid for carers when paid for privately, as well as social care.”
- “If company loses contract so need to assess the staff because if company failed due to the staff-need to resolve the issues.”
- “Some providers don’t do well on CQC- so should be taken off the list..”
- “When people assessed person doing assessment, could have info about score of care organisation.”
- “Organisation needs to check quality of staff 91st port of call) - depends on the organisation. Then 3rd party checks the organisation.”
- “Clearer information in CQC ratings and what it means (not online).”
- “Way contract with organisations need to change- (including service user opinions as to whether they are a good provider).”
- Advocacy is needed (e.g. to help people complain) but need to define what it is.

Appendix D

Health and Wellbeing Board – 29 October 2015 Engagement Event

‘Spotlight on Adult Social Care’

(Feedback cards)

☹ ☺

1	**2**	**3**	**4**	**5**
1	2	11	21	10

What did you find most useful about this event?

- Meeting a couple of providers
- Diversity of people around the table
- Quite basic
- Networking and useful to hear others’ views and ideas
- Networking
- Listening to carers and service users
- Interactive
- I felt Phil Homes is genuinely engaged with improving services
- It was great to speak to the people on my table. To hear direct feedback from service users
- Chance to voice concerns
- Listening to a range of stake holders
- Discussion and thinking through problems with other organisations
- Networking and finding out more about services
- Having people from different services and providers, carers etc.
- As a health commissions very useful to everyone, carers and providers and services
- Hearing about what facilitators are available from others at the table.
- Interesting to understand the challenges of this sector
- Opportunity to write specific questions
- Improving awareness and offering ideas
- Meeting nice people- catching up with people
- Care choice for services users
- Round table discussions
- Attendance from so many carers and service users
- Table exercises, finding out what other people think

- Being able to share my frustrations of the lack of funding and time to suit me
- Talking and listening to people about experiences of social care
- Discussions with individuals/ providers
- Hearing other views
- Discussions with service users
- Networking and ideas amongst so many different people and agencies
- Learning about how adult social care currently works and feeling able to influence the future
- Very good group work well facilitated, lively and informed discussion
- Range of people here
- Open discussion ideas
- Talking to people with different experiences
- Talking with service users – real insights!
- Opportunity to listen, contribute and share
- The lucky dip exercise

What did you find least useful about this event?

- The format and the broad generic questions, which have been asked for years.
- Mixed groups of people; carers and providers
- Not sure what we were trying to do, aimed at just personal care
- A change in commissioning of adult social care to allow more flexibility care to meet the individual's needs, not organisations
- Not long enough, "brief time – brief solutions"
- Quite basic
- Some of the questions
- Sheffield Directory Information
- No biscuits!
- Some of the interactive stuff was a little distracting
- Overview very general- would have been good to hear what Council's planning and how feedback will be used.
- Exercises
- Problem hearing people on table
- The format of this event was slightly infantilising
- A little rushed at times to feed ideas in
- It felt quiet 'waffly' and unsure about outcomes.
- Black marks on the oranges came off onto my hands
- A little childish at times
- Wasn't sure what would be involved in the event
- A little rushed
- Overview initially
- Difficult to see how this is going to make a difference
- Services will be paid to the changes people want and need – but not action because council haven't got the money they need.
- Not allowing people to ask questions directly to Phil Holmes

What do you most want to see happen following on from this event?

- Action!
- We've said all of this previously and are still waiting
- Read the report
- Action and positive challenged being implemented
- Positive change
- Actions followed up
- Good analysis of comments
- Examples of action
- Info given to all attendees after event-asap
- Achieve choice
- Better funding for social care
- Measureable improvement
- Solutions/ ideas put into practice in a timely manner
- Looking at comments and taking suggestions forward
- That we carefully evaluate feedback
- Action
- Look to how technology could help coordinate those services
- Use these insights to design a better, co-ordinated service
- Updates provided, a list of the questions on the post stick notes
- Action things which are identified as problematic
- Feedback in consolidated format to update us on event
- More person centred care at time that I want
- Sheffield engage with social prescribing
- Feedback/summary
- Action!!
- Action from the council to improve organisations they contract with and to end contracts with those who don't improve.
- Better care services

What will *you* do following on from this event?

- Implementation of basic issues e.g., info, choice, personalisation
- Carry on caring!
- Ensure people continue to feed in good and bad experiences via Health Watch
- Strive to wish positive change
- Feedback to team member
- Inform people about Healthwatch
- Try out the directory
- Feedback to out organisations
- See the Health Watch website
- More contact with some people who do similar
- Feedback to my employer

- Find ways to improve services
- Have a look at the Sheffield Directory website
- Volunteer for Healthwatch Sheffield & Doncaster
- Watching and waiting
- Continue 'campaigning' for improvements ASC for LD
- Useful networking with some providers. I will follow up on
- Keep pursuing change and improvements. Spread the word to others, listen a lot
- Wait to see if anything actually happens from the table work we did
- Get engaged with Age UK

What suggestions do you have for future events that we could hold?

- Target specific groups so feedback can be gained which relates to those areas
- Make events longer – possibly?
- Providers to come to say how they provide good service- with carer communication
- Focus on Autism and Learning Disabilities
- Make sure you factor in follow up events/ feedback on what's happened with the information
- Feedback on solutions that have been put into practice and progress
- Looking at maternity services

Any other comments?

- Payment and recognition for attendees – maybe
- When considering Adult Social Care, include Learning Disabilities and Autism in the definition
- More choice or even a choice
- Excellent ways of pacing the event through
- Thank you for the interesting event
- A lot of the problems seem to be due to lack of communication, especially to end-users
- Thank you for this opportunity
- Good venue and friendly event
- Excellent thanks liked today's oranges!
- It would be good to have some response at the end from the Council about what they will be doing.
- Thanks for the opportunity for the discussions