



North Somerset

Working In Partnership

Appendix 12



Summary of Responses to Learning Disabilities Strategy Consultation

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1. BACKGROUND AND INTRODUCTION

The provision of care for people with learning disabilities in North Somerset is changing. In the near future there will be less reliance on residential care services in favour of supported living. This means that service providers will need to change the way they work with people with learning disabilities. The purpose of this consultation was to seek their views on the Learning Disability Strategy and to find out how Adult Social Services can support providers, carers, service users and other interested parties in implementing the changes.

2. SAMPLING AND METHODOLOGY

Although the consultation was primarily aimed at service providers in North Somerset, the LD Strategy team recognised the value of contributions from other people who may be affected by the strategy. Therefore, it was decided that a self-selection anonymous survey of people with an interest in provision of social care for adults with learning disabilities would be most appropriate. The survey was promoted among support groups and advertised on the North Somerset Council and LD4U websites and ran from 7 July to 31 September 2009.

It was anticipated that there would be a small response to the survey, therefore a semi-structured survey would work well and allow respondents to raise issues they felt were important. Three questions were devised to encourage respondents to raise issues about the content of the strategy, omissions and suggestions for supporting providers in implementing the strategy. The questions were presented so that service users with learning disabilities could answer independently. The three questions asked were:

- Is there anything you are not happy with or concerns you about the plan?
- Is there anything you think we have missed out and you would like to be included?
- Is there anything we can do to help you get the most from the improvements we are planning?

Additionally, details of the respondent's status were requested (eg service provider, carer), for individuals this included age, gender and ethnicity.

3. RETURNED DATA

A total of 21 forms were returned, this is smaller than anticipated but half of all forms contained useful comments. The status of respondents is broken down as follows:

Status of respondent	Number of responses
Service Provider	15
Carer and Service Provider	1
Service User	1
Service Provider / Carer / Service User	1
Other: Public body	3
Total	21

A summary of the responses received are as follows:

Question 1 - Is there anything you are not happy with or concerns you about the plan?

Yes	4
No	14
Not answered	3

The following comments were made by respondents who answered 'yes'.

- Will Service Users still be offered the choice of a residential/nursing home should they not wish to, or be able to, live in their own home?
- The document does not mention how services are going to be made more accessible to people who have a need but do not meet the Fair Access to Care Criteria.

Question 2 - Is there anything you think we have missed out and you would like to be included?

Yes	5
No	13
Not answered	3

Comments made by respondents who answered 'yes'.

- What support will be given to service providers, given the expected reduction in need for their service? Will there be any other areas, which may need input/support?
- How will day service provision be modernised and how will it provide a more person-centred delivery?
- More information is needed about the individual before taking on a package. Some people will have more/different range of needs and

so knowing what these are will enable service providers to train their staff appropriately.

Question 3 - Is there anything we can do to help you get the most from the improvements we are planning?

Yes	9
No	9
Not answered	3

Comments made by respondents who answered 'yes'.

- Careful consideration will need to be given about how to provide for individuals living in their own home, particularly people with complex needs.
- Keep everyone updated of the Strategy changes so that there is enough time to prepare to provide the appropriate service.
- Ensure that all local service providers are involved in the process.
- Continual updating of information regarding individual needs and changes to them.

Three responses received from 'Other: Public body' were to request amendments to the Strategy document itself. These have now been incorporated into the final version of the Strategy.

Some comments received did not directly relate to the Strategy document. These have been recorded and will be followed up separately.

4. OTHER FEEDBACK RECEIVED

Service Providers

Throughout the consultation period the Strategy document has been presented to various groups for discussion. These include local provider forums, various subgroups and boards.

Service Users

North Somerset People First held a general meeting in September 2009 and they met with around 50 people with a learning disability who live in North Somerset and in various types of accommodation. People were asked for their views about the different housing options they knew about. These included living in their own flat, living at home with family, living in their own home with support, living in a residential care home and living in a house with friends. Appendix A provides a summary of comments made.

North Somerset People First are planning to continue with this work.

Carers

Several meetings were held with carers and a list of all the key points were noted. The full list is shown in Appendix B. Consultation with carers will continue.

5. CONCLUSIONS AND RECOMMENDATIONS

The strategy is welcomed by all parties. However, there should be a programme of information for providers, service users and carers.

To continue to work with all local service providers, Service Users and carers in developing the Joint Commissioning Strategy.

Appendix A

**Feedback from North Somerset People First
General Meeting, 28th September 2009**

Housing Option 1 - Living in my own flat

THE GOOD THINGS

I CAN DO WHAT I WANT TO DO

I can make my own tea and lunch I can do my own cooking

I enjoy living in my own flat having my independence

I wish I had my own house so no one could tell me what to do

I can make my own tea and lunch; I can do my own cooking

I enjoy living in my own flat and having my independence

I wish I had my own house so no one can tell me what to do

I have to learn how to pay bills and save my money

Be more confident

Be my own boss

Have friends visit me all the time

Housing Option 2 - Live At Home With The Family

The good things

Happy when we get on and stop fighting with each other

Can help my mum with bringing up the wrest of my family

It was happy families

The not so good things

I don't like it when we fight and hit each other

Sometimes friends become enemies

Daddy is very rude

My family tell me what to do

Housing Option 3 - Living In Your Own Home With Support

The good things

It is good because you still get your independence but just with a little help

Be encouraged to do things yourself

The not so good things

Can be frustrating at time when there isn't anyone there to help

Not good because you cant choose whom to share with because of funding issues

Could be lonely

You must go to bed and get up on time

Housing Option 4 - Living In A Residential Care Home

The good things

Very nice at times

When the family gets on

Plenty of people about

Own room

Have your own privacy

Enjoy the company

Support if needed from the staff

The not so good things

Sometimes there are arguments

Some times I'm happy sometimes I'm not

Could have someone there who bullies you

People tell me what to do all the time

Housing Option 5 - Living In A House With Friends

The good things

Parties

Go out with them all the time

Discos

The not so good things

You need to choose your friends carefully

Arguing

Disagree on things

Depends what needs they have compared to yours

Appendix B

Ref	Detail	Type	Category
1	Carers meetings need to be targeted – eg how to access PCP (subject based)	Carers	carers support
2	Carers meetings are useful but not reaching all carers	Carers	carers support
3	Everyone should have a carers assessment.	Carers	carers support
4	Who should help carers get information?	Carers	carers support
5	Institutions such as care homes make you fit in with their routines	Carers	Culture Change
6	Need to address the attitude of staff	Carers	Culture Change
7	Culture change is a big challenge – often it is the needs of staff that are seen as most important at the moment.	Carers	Culture Change
8	Culture change is needed still seems to be a focus on staff not the individual – Providers only talk about the problems - eg can't go swimming as "I wouldn't be seen dead in a swim suit"!	Carers	Culture Change
9	Need to address the issue of providers not including parents in decisions	Carers	Culture Change
10	Social workers are coming across quite negatively	Carers	Culture Change
11	Providers need to be more flexible in service delivery – training is needed.	Carers	Culture Change
12	Appropriate housing – Bourneville is not an option and staff shouldn't try and persuade parents into inappropriate locations. Need agreed definition of what is appropriate.	Carers	Housing
13	Shared ownership should be promoted	Carers	Housing
14	Families of service users going into self contained can be very isolated.	Carers	Housing
15	Need a definition of supported living – people are not really sure	Carers	Information
16	Need access to information about Providers.	Carers	Information
17	Too much information eg placement review – SW sends booklet "meeting about me...." Too many questions – person interpreting the information needs to know the individual very well. Information overload.	Carers	Information
18	Need to tackle challenging needs also	Carers	Information

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19	Social workers are not giving accurate information eg – if you don't go swimming, you will lose that money allocated to pay for swimming.	Carers	Information
20	Information is needed on charges – providers have different rates. United response are £2-3 more than Brandon. Brandon have a rota of staff working within a team. UR worker employed to work with one service user.	Carers	Information
21	There should be protection for those that don't want to move	Carers	Interim arrangements
22	Don't force people to move before they are ready.	Carers	Interim arrangements
23	18 is too young for people to move – they are not ready. Noted that 23 seems to be the age people tend to move.	Carers	Interim arrangements
24	Need interim placement options to help plan for the longer term – a holding area – temporary assessment and training to plan for the longer term.	Carers	Interim arrangements
25	Parents also need space to think and plan – often they are in crisis at home and need some space to be able to help plan for the longer term – interim move would be helpful.	Carers	Interim arrangements
26	Need to get out the message that move from care home to supported living will not be a pepper pot approach - will be planned in blocks	Carers	Planning
27	Need to re phrase targets as it reads as if people will have to move whether they want to or not and that individuals will be picked to move out of homes at random.	Carers	Planning
28	Health Action Plan – difficult to do as individual may not stay still long enough to be assessed. Some GPs are proactive – appointment system allows for 1 st appointment of the day to reduce any agitation for individual.	Carers	service re design
29	Parents should (in advance) agree what action should be taken if they have different opinions over the joint support provision.	Carers	Setting up arrangements

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30	Need advocacy to be independent	Carers	SU Support
31	Parents are concerned about how sharing / matches are selected – it is important to the success of the scheme that parents can work together.	Carers	Supported Living
32	Parents groups and PTA help carers with young people approaching transitions.	Carers	Transitions
33	PCP is needed at an early age	Carers	Transitions
34	PCP is a stepping stone to independence and should be available to all.	Carers	Transitions
35	Need to get Education on board – school reviews are not happening – resistance from schools to do them. Suggested the person who knows the young person the best should do the review.	Carers	Transitions
36	Need Paediatrician for those in transition.	Carers	Transitions