Information and Advice Strategy

Vision Statement Stakeholder Engagement

Contents

Executive Summary

Stakeholder engagement for Adult Social Care's Information and Advice Vision Statement was carried out over a period of two weeks in August 2015. Feedback was collected via an online survey and direct email.

Approximately 1,400 individuals were invited to give feedback, and 240 responded, giving a response rate of around 17%.

The online survey asked whether respondents agreed to key elements of the strategy:

- The definitions of terms used
- The scope
- The goals set
- The approach / guiding principles

Overall, there was a strong agreement with the vision with feedback mainly consisting of practicalities to consider during implementation. Many responses expressed a keen wish to be involved and a view that this work is needed in the community, but this was often tempered by concerns around resourcing and sustainability.

This feedback is being used to shape the Adult Social Care Information and Advice Strategy. The Vision Statement is due to be published later in September 2015.

Once the Vision Statement is published, we will begin consultation for our implementation plan, where we set out how we will achieve this vision.

Key Findings of Online Survey

Definitions of Terms Used

Information: Gives the person a general understanding of a topic or situation, and potential next steps.

96% Agreed

Signposting: Puts the person in touch with the most useful person or organisation for them to talk to.

90% Agreed

actually putting someone in touch is more like a 'warm handover' and is much better than signposting in most cases

Advice: Understands someone's situation and suggests the most suitable next steps.

90% Agreed

gives the person options from which they can choose

Scope

This question asked respondents to place each section of the scope in priority order. Below is the percentage of respondents who placed each topic first.

70%   **Health, care and support:** E.g. NHS, Portsmouth City Council, voluntary sector and private services for health and care (including support for carers)

14%   **Money and housing:** Financial advice, debt, housing and citizens' advice or support that empowers people to plan ahead and take control of their finances

8%   **Work and volunteering:** E.g. paid work, supported employment and volunteering opportunities that help people to feel productive and have a sense of purpose

7%   **Education and skills:** E.g. Adult education, literacy and numeracy classes that help people to fulfil their potential

4%   **Being active:** Activities, social groups and leisure that encourages people to be physically active and develop supportive social networks

However 45% of the free-text comments expressed the view that all areas of health and wellbeing are important, and suggested a holistic approach is needed.

In practice they all have equal priority as they all influence health and wellbeing.

Several respondents suggested safety as a gap.

Safe relationships

Domestic abuse

Self-neglect

Goals

Around 90% of respondents agreed with each of the goals, with some constructive suggestions for improved wording. The free-text responses showed a valuable insight into how information is accessed and used in the community, to bear in mind when developing our implementation plan.

People will find it easy to get the information and advice they need to improve or maintain their independence and wellbeing.

90% agreed

Consider the individual's ability to be able to use the information and advice

People will get easy-to-understand information that is consistent, accurate, accessible and up to date, whoever they ask.

87% agreed

The people who most need support are not likely to be those who go looking for it

People will know how to plan ahead to maintain their independence and wellbeing, if they want to.

90% agreed

I don't think people think about this until they have to

People will know how to find out what's available in their community, and how to access it.

90% agreed

Only if the different agencies work seamlessly together and communicate with one another to give consistent, up-to-date information

People will be able to speak to people who know something about their situation, and can help them achieve the changes they want to make.

94% agreed

When you speak to a lot of people, you have to keep repeating the situation

People will feel empowered to make informed choices, with the support they need available if they want it.

95% agreed

Often people are unable to see what choices they have because they are driven by stress and emotional difficulties

Approach

Co-produce: This means taking our lead from the community when deciding what to do. We will be flexible so that people can choose how they want to be involved

98% agreed

I am uncomfortable that PCC may react to small vociferous lobbying groups

Connect: This means working together to find the 'best fit' solution to our shared goals, so that people get the same information whoever they first approach for help

98% agreed

Hopefully first point of contact will signpost on to appropriate support

Facilitate: This means making extra effort to reach people who - for whatever reason - find it harder to find and use information and advice

98% agreed

Vulnerable people respond best to targeted support not being given a watered down version of information from everyone they encounter

Prevent: This means looking for opportunities to help people to improve or maintain their independence, in all areas of their life

97% agreed

People tend to choose help if they want it- most are aware and choose to opt out

Personalise: This means making sure our information and advice is about what people need to know in their situation, not just what services or organisations want to tell them

99% agreed

The community is made up of so many different people with so many different needs
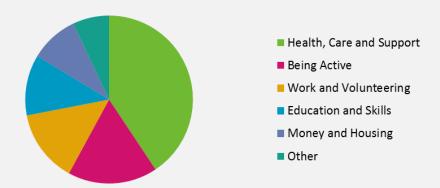
Respondents

21% responded as an *individual*

79% work or volunteer for an *organisation*

Respondents were also asked which field they had a particular interest in. As this is an Adult Social Care strategy, it is appropriate that the largest field of interest is Health, Care and Support, but over half of respondents indicated an interest in other fields.

- ■ Health, Care and Support
- ■ Being Active
- ■ Work and Volunteering
- ■ Education and Skills
- ■ Money and Housing
- ■ Other

Contributing Organisations

All Saints Counselling
Autism Hampshire
Counselling for Women
Cruse Bereavement Care
Diabetes Research & Wellness Foundation
Different Strokes
Diverse Carers
Footprints
Guinness Care & Support
Headway
Help in Bereavement
Home-Start
Independent Age
Let's do Lunch
Lightfoot Lawn
Med3 Music

MS Society
Oakland Grange
Occupational Therapy for You
Pathways Support
Portsmouth Disability Forum
Portsmouth Hospitals Trust
Portsmouth Parent Voice
PRRT
SCA Group
SeAp Advocacy
Shaw Trust
Social & Emotional Wellbeing Support Service (SEWSS)
Solent NHS Trust
St Vincent House

Recovery Hub
Summerlands
Talking Change
The Roberts Centre
Working Age MS
Boatability
Brendoncare
Fratton & Buckland Community Centres
Paulsgrove Baptist Church
Portsmouth Cathedral
REMAP
Paulsgrove Baptist Church
Anglo Italian Society
Southsea Pilates
Spirit in the Community
St Colman's Church

St Jude's Church
St Jude's Thursday Lunch Club
Lions Club
Milton Village Community Association
Portsmouth Together
Skills For Care
Portsmouth Libraries
University of Portsmouth
Victory Hants
Advice Portsmouth
Family Church
First Wessex
YOU Trust
Community Safety
Neighbourhood Watch

Key Findings of Direct Engagement

Direct engagement involved sending the full draft strategy and asking for open feedback. We were then able to gather more detailed input on the viability and practicalities of this vision through this approach, whilst the online survey focussed on shaping the vision to the community's needs and wishes.

Definitions

Information

> *we need to make sure that any solution to improving this and working together includes a breaking down of departmental silos and finding some means of making everyone aware of what everybody else is doing*

Signposting

> *It might be worth being more explicit that signposting is NOT only about giving out service contact details, it also involves understanding and providing the help someone needs to access the service they need.*

> *Need to be sure that the people giving out the advice etc., are qualified, or have the life experience to do so.*

Scope

> *The scope seems to be quite narrow: missing areas are crime and safety, employment, transport?*

Goals

> *I think that is really well thought out and exactly what is needed and there is no doubt that things are disjointed and the moment.*

Approach

> *A focus on what matters to our clients, flexible, timely and relevant, seeking practical solutions to help clients solve their problems.*

> *We need to avoid too much duplication due to lack of communication. More partnership working is required!*

Respondents:

Adventure D
Advice Portsmouth
Portsmouth Hospitals NHS Trust
British Red Cross
Community Wardens
Family Information Service
Global Music Visions

Hampshire Fire & Rescue
Independence and Wellbeing Team
Instruct Ability
Integrated Personal Commissioning Programme

Learning Disability Champion
MacMillan Library Service
Pompey in the Community
Public Health
Rathmore Financial

Resident Participation
Rowlands Pharmacy
Shearwater
Speech & Language Therapy
Tackling Poverty
Talking Change
The Learning Place

Full Report: Survey

Definitions

Information: Gives the person a general understanding of a topic or situation, and potential next steps.

Strongly Agree	49.76%
Agree	45.85%
Neither agree nor disagree	2.93%
Disagree	0.98%
Strongly Disagree	0.49%

What definition would you prefer?
- What is possible and who to go to for assistance
- Basic facts and figures - e.g. the giving of information leaflets etc. Does not include advice/opinion.

Signposting: Puts the person in touch with the most useful person or organisation for them to talk to.

Strongly Agree	53.77%
Agree	36.68%
Neither agree nor disagree	7.54%
Disagree	1.51%
Strongly Disagree	0.5%

What definition would you prefer?
- Sign posting is where I advise a person of services etc. It's up to them if they take it or not
- signposting only gives the info to someone for them to put themselves in touch, and they can often fall thru the net - actually putting someone in touch is more like a 'warm handover' and is much better than signposting in most cases
- Who can and will assist you

Advice: Understands someone's situation and suggests the most suitable next steps.

Strongly Agree	46.19%
Agree	43.65%
Neither agree nor disagree	8.12%
Disagree	2.03%
Strongly Disagree	0%

> ***What definition would you prefer?***
> - Understands someone's situation and gives the person options from which they can choose to solve their problems
> - Advises of the next steps 'available' to them
> - It depends on the source

Scope

Please rank the following, with 1 being the most important priority and 5 being the least.

	1	2	3	4	5
Health, care and support. E.g. NHS, Portsmouth City Council, voluntary sector and private services for health and care (including support for carers)	70.35%	16.28%	6.4%	4.07%	2.91%
Education and skills. E.g. Adult education, literacy and numeracy classes that help people to fulfil their potential	3.57%	20.24%	25.60%	29.76%	20.83%
Work and volunteering. E.g. paid work, supported employment and volunteering opportunities that help people to feel productive and have a sense of purpose	7.74%	15.48%	19.05%	31.55%	26.19%
Being active: Activities, social groups and leisure that encourages people to be physically active and develop supportive social networks	7.02%	13.45%	23.98%	21.05%	34.5%
Money and housing: Financial advice, debt, housing and citizens' advice or support that empowers people to plan ahead and take control of their finances	14.36%	33.15%	25.41%	13.81%	13.26%

Would you like to add anything further?

- It is vitally important that we understand how broad the range is of people's abilities to understand, retain and be able to use information and that the method of receiving any information is not restricted to a reliance on technology.
- Only that ALL are crucial to a person's wellbeing so quite hard to prioritise
- Only that all areas are crucial to a person's wellbeing and functioning & it was difficult to put in order.
- Social welfare advice is the front line of prevention. If you help people to solve their problems at that stage then the need for further services is prevented and people have the stability security and control to pursue their health and wellbeing
- I don't feel able to rank the above topics. They do not seem to be alternatives and each may be top priority depending on individual circumstances. Equally I think it difficult to fully understand an individual's needs without carrying out an assessment. This should limit the Council's ability to give advice in all cases.
- There appear to be lots of help groups in Portsmouth which is fantastic, however, residents don't always know about them.
- Safe relationships. Domestic abuse and sexual abuse.
- These in my opinion are equally all important
- very difficult to answer - I don't think education is unimportant, and I think being active is very important, but the others are critical
- the mental health of older people often significantly impacts on their independence and wellbeing but is overlooked within t
- Some of the priority's I would like to have put on equal footing.
- All these things are good for people's wellbeing so numbering them is not helpful.
- Spirituality - a sense of purpose and hope
- Domestic abuse
- These priorities are linked and are known to impact on each other e.g. low educational achievements/lack of skills have negative influence on employment prospects, leading to low income, poor housing, and debt and health inequalities. In practice they all have equal priority as they all influence health and wellbeing.
- All should have equal priority
- Isn't this a bit unfair asking people to rank these? Of course basic needs are always going to be the most important thing to an individual - there's no point focussing on improving maths skills if someone is homeless. But, they're all interwoven and impact on each other. If someone has no social support they are more likely to suffer from poor health. So a bit ridiculous to rank these really... it doesn't matter what order you write them in they're all important.
- It was difficult to rank these items in order of priority
- Transport facilities for disabled
- It's arbitrary to separate out these functions, what makes a real difference to people in their independence and wellbeing is being able to get the right empowering support across the range of their needs, starting with the issue that is causing the most blockages. e.g. sometimes getting into work can be the thing that improves someone's mental health
- I run several Bereavement groups and think having a purpose in life and social interaction with other people prevent isolation, depression and many other problems including self-neglect
- I don't believe you can prioritise these. If you are unemployed, on low income, facing housing problems, in need of retraining - all of these will apply at once. So how would you prioritise this?
- The question to rate your priorities on 1-5 doesn't make sense. In the reality of providing information, signposting and advice won't many of these areas apply to people? Having volunteered previously for the CAB, almost no one presents with one issue and those that do tend to reveal others, e.g. health issues causing

problems with money, housing, and ability to work, be active or develop skills. If you've identified these 5 as priority areas, why do they then need to be weighed up against each other? This isn't clear from how you've asked the question. The question you've asked at the top of the page is: "There are a lot of things in life that affect our independence and wellbeing so we would like to suggest these priority areas for the strategy. Would you agree?" That's not then the question we're answering, which tells us to take 5 areas that affect different people's lives equally and prioritise them. Against what? To what end? It makes no sense.

- I think they're all as important as each other, so very difficult to rank
- wellbeing for an individual can mean different things but good wellbeing will increase positive outcomes on all off the above
- Involvement in the community
- Advocacy to give people a voice in any of the above
- In reality, the importance (and priority) of the above will vary from individual to individual and they also inter-relate.
- Whilst we have ranked the above as directed, we do feel however that 3, 4 and 5 are really of equal standing.
- This rating is only from perspective of stakeholder. If the issue is overarching in clients life then from their perspective rates highly. This makes this rating subjective.
- Facilities and support that will enable those with loss of speech and mobility for e.g. after suffering a stroke to access these targeted areas
- I think all above are vital
- I found this virtually impossible to fill in as the importance of issues is very individual, they can all be vital to the person who desperately needs them! Hence I just left them in the order they appear.
- All are important as it will depend on individual circumstances as to a person's priority
- The Carers Centre near Lidl is an excellent resource. Portsmouth is the only area in Hampshire with only web support to people looking for volunteering activities - this could meet a lot of your other priorities if it was better funded.
- Actually, they are all essential and important!
- But the council doesn't listen to the people!!
- All of above is excellent but more flexibility needed to tailor to individual needs
- A single point of access to signpost people to the most appropriate services e.g. not just adult social care or health but voluntary organisations. to enable the service user to help themselves prior to needing help from others statutory organisations
- Difficult to rank as would depend on the needs of the individual - may vary at different stages of life
- I actually think that Money and Health are more or less equal 1st place with work coming a very close send.
- These are health inequality determinants and should all be rated as 1
- Increase funding to social care for adults with LD
- Feeling valued can influence how you are physically and mentally.

Goals

Goal 1: People will find it easy to get the information and advice they need to improve or maintain their independence and wellbeing. Do you agree?

Yes   89.94%

No   10.06%

If no, please specify why?
- This does not reflect the individual's ability to be able to use the advice
- Making information available does not mean it will be sought. Giving information does not mean it will be followed.
- They only first find it when in crisis
- this would be ideal
- Most of the information we provide is out of date
- Need greater accessibility of information i.e. leaflets in care homes etc.
- Lack of publicity of wellbeing service
- People never know where to start looking and get passed from pillar to post
- Too hard to find the people who have the answers
- Appropriate information advice and SUPPORT
- Isolation, deprivation social life and changes can impact on their wellbeing.
- A lot needs to be done to promote independence and wellbeing support
- For true independence and wellbeing an individual needs to explore ALL options and be able to assess benefits and burdens. This then makes their choice truly independent and enables them to be able to assess and make their own choices in future. If they are only given limited information and not able to explore 'more alternative' options this limits their choices.
- only if the different agencies work seamlessly together and communicate with one another to give consistent, up-to-date information
- People need to be able to get the advice and information they need whatever their situation or need, not just advice re improving or maintaining independence or well being
- For example, Carers, who have lost confidence and trust to deal with authorities, will find it very difficult to look for information. But it will help them to regain confidence, social skills that will support their wellbeing - as long as there is ongoing support/advice/information is available. Some people will need a long time scale to maintain their wellbeing (everybody's circumstances are different).
- The council won't even provide information under the freedom of information act when asked (twice) so how can you improve? A pretty pointless exercise and waste of taxpayers' money again!
- people who do not have internet access or can use it
- Plethora of information available and lack of clarity about who does what. Too many acronyms and titles that do not clearly describe what people can expect from organisations
- but only if all information and advice is made available to them
- So many different agencies organisations to know which is best placed to support at times
- Not if they have a LD

Goal 2: People will get easy-to-understand information
that is consistent, accurate, accessible and up to date, whoever they ask. Do you
agree?

Yes   86.67%

No   13.33%

If no, please specify why?
- There would need to be an agreed consistent method of producing documents by ALL a person may ask
- There would need to be a consistent approach and forms of documentation from ALL they may contact.
- The people who most need support are not likely to be those who go looking for it.
- No adequate training in PCC
- Not everyone can know everything- signposting to specialists is more practical and achievable
- Most is out of date, there is often too much information given in the info packs in hospital so people don't read it.
- Supply of leaflets is not always timely.
- Not everyone will give the same information.
- lack of resources
- Often get referred to another phone number or person.
- Absolutely not - cuts and more cuts
- Not many services always keep up to date info, staff are always changing and so does services
- Services need to be equipped and staff trained
- What is definition of accessible? Emphasis must not be put on one format of information only - i.e. on-line info. As this group is already vulnerable it must be available in many formats.
- only if the different agencies work seamlessly together and communicate with one another to give consistent, up-to-date information
- This is dependent on ensuring that only current information held and all obsolete forms/literature etc. removed/destroyed as appropriate.
- Similar to goal 1 and if people find it easy to get the info would it not include "easy to understand etc."?
- "whoever they ask" is an impossible suggestion
- Because, the staff leave or change then no proper 'hand over' will take a place. Staff do not communicate well enough, there are people still get lost due to bad communication and lack of right information/knowledge about the services. I have seen some staff are having an excellent people skills and knowledge but it is only a small number of the staff unfortunately, which will impact on the people/community.
- In theory yes- in practice this could be difficult due to different team structures/understandings.
- Too much confusion and not knowing where to get help
- An accreditation such as the NHS England Information Standard should be considered to ensure that consistent, accurate and up to date, is achieved
- Client's report difficulty in getting basic info in large print etc.
- Not if they have a LD

***Goal 3: People will know how to plan ahead to maintain
their independence and wellbeing, if they want to. Do you agree?***

Yes	89.77%
No	10.23%

If no, please specify why?
- This does not reflect the individual's ability to use the information
- In order for this to happen people will first have to engage with whatever is on offer. just offering things or making the information available is no guarantee that the vulnerable, depressed and unwell engage
- Learning disability, English not first language for example will find this difficult
- People could do that anyway if they wanted to- people don't plan for things they don't know might happen or not
- Need greater partnership working so that actions happen is a timely manner
- lack of service to promote wellbeing
- More education needed on what is available in community.
- Too complicated
- No matter how much you plan it can fall apart, where do individual go then.
- but only if they are able - not everyone will be able to do this for themselves, support will need to be made available
- Not always the case, most target groups will need a lot of support
- Again this is taking the assumption that an individual has confidence and ability to assess, plan and maintain their care or health needs. This may require time and support and not be a 'one off' or short intervention to support.
- only if the different agencies work seamlessly together and communicate with one another to give consistent, up-to-date information
- But only if their support is monitored.
- It only works when people are clear and confident enough to know what choices they have. Carers and their dependants who are going through so much can do little to support themselves at times.
- As above, you only hear what you want to hear.
- I don't think people think about this until they have to e.g. a medical episode that forces people and/or their carers into action
- Some people need more support than others to see actual outcomes
- Situations such as an individual's health and carer's situations can change. People (in my view) do not generally plan very much for unexpected events
- Not if they have a LD
- I don't think there has been much info about this to the wider public.
- on occasion dealing with the present is enough

Goal 4: People will know how to find out what's available in their community, and how to access it. Do you agree?

Yes   90.45%

No   9.55%

If no, please specify why?
- This does not reflect the individual's ability to use the information
- not all people have internet or phone services
- same reasons as already given making something available does not mean it will be accessed
- They have too much else to think about, not all professionals even know the extent of what each other does
- Yes if everything is included but I still have not seen info.
- including domestic abuse support
- PCC website needs section just on improving health detailed list of resources in the community now
- Everything seems to be a struggle when you most need help.
- Cuts have decimated the system
- only few know where to look
- and this cannot be only on line , hard copy must be available
- The staff will need to have knowledge or be able to know where to go foe this information
- If information is extensively available and sufficient support given to individuals to assess and weight up benefits this could be the case
- only if the different agencies work seamlessly together and communicate with one another to give consistent, up-to-date information
- Only if a range of methods are used to provide such
- I know this is very hard thing to achieve but I would like to see horizontal connection/communication within the service providers and to the people
- Barriers put up when not to your liking.
- it tends to be a minefield for new Carers
- People have to research this - not everyone is digitally literate/has access to IT
- Maybe they do not have access to the internet or know what is available in their locality in the community centres etc.
- Not if they have a LD

Goal 5: People will be able to speak to people who know something about their situation, and can help them achieve the changes they want to make. Do you agree?

Yes	93.82%
No	6.18%

If no, please specify why?
- I don't think people will be able to know very much about an enquirer's condition and needs.
- only if they engage, where are the statements about engagement
- Important that people can speak with a worker who knows them or the situation. Consistency
- Ideal world maybe.
- When you speak to a lot of people, you have to keep repeating the situation.
- Cuts have slashed the amount of staff who should be helping the needy and vulnerable
- This is only the case if an individual is able to access independent support, away from social care or health, as provided by advocacy services.
- only if the different agencies work seamlessly together and communicate with one another to give consistent, up-to-date information
- Only for some people who are able to, yes. But in reality, this is not achievable without providing a long term and consistent 'empowerment' to people. The empowerment - needs should be assessed properly to deliver the support by the service providers.
- Rubbish!
- Providing enough staff is vital to this goal
- Perhaps we need more specialised user groups as people can feel quite isolated.
- Not if they have a LD

Goal 6: People will feel empowered to make informed choices, with the support they need available if they want it. Do you agree?

Yes	94.94%
No	5.06%

If no, please specify why?

- If they want it. We are talking about vulnerable elderly people not motivated and socially adept individuals. all of these statements are great for those who cope well and if they were people who were coping well or had good networks and get out and about etc. they would not be in need of adult social care so I do not see how these statements would improve anything for your target population
- Only if they are referred to support, who will supply all details of what is available to them
- not in the hospital team, the focus is more on hospital discharge than client choice
- Too complicated , Pure spin from top to bottom
- Only if all the services available encourage the same thing, to empower people and not just fix everything for them.
- Empowerment only comes from making an informed and explored choice. Again independent support with this is essential.
- only if the different agencies work seamlessly together and communicate with one another to give consistent, up-to-date information
- Only if the support is identifiable and known
- At present support in the community, especially around mental health is suffering from cuts.
- Only for some people who are able to, yes. Often people are unable to see what choices they have because they are driven by the stress and emotional difficulties due to caring role / ill health conditions. Monitoring people's progress might help it require an excellent understanding and patience from the service providers.
- Might happen if council employees / councillors actually listened
- Not if they have a LD

Is there any other goal you would like to add?

- In principle I agree with all the goals above but they will only succeed if there is recognition that everyone has different levels of ability, comprehension, retention and motivation. Without the intervention of others with the knowledge, skills and capacity to support individuals appropriately over the period of time that they need, there is a very real risk that we will let down the people who need our support the most.
- There WILL be services and support that people can access to achieve all of the above goals
- In Goal 5 or 6 please add People will be treated with respect and as individuals
- Improve engagement and giving practical support to vulnerable adults rather than raising awareness of what is out there.
- PCC do things so people can see and understand clearly what is going on
- People will not have to choose their options depending on how much money is available to them
- To ensure that older people with mental health needs are considered in the accessing and providing of information. Mental health needs can get overlooked in

favour of physical health needs and can result in crisis and the need for acute or non-acute admissions.

- When I have seen the information I will make a judgement.
- People will be encouraged and supported to take ownership of their personal situation to bring about required changes
- Information delivered in a format that is accessible for people, always with the option to talk to someone face to face.
- People will know that all statutory and voluntary sectors work effectively together and in a holistic way.
- No more cuts in elderly care please
- There is a huge ageing population across Portsmouth, and people are struggling to manage day to day task.
- From an organisation point of view, I would like to be able to include information about our organisation as it is a registered charity without huge expenses. Because of this it is difficult to give out the necessary information which could help so many people.
- increase in take up of services
- people will understand how wider determinants can have an impact
- People need a human face to speak to. Someone has to make all this happen and then communicate it to everyone concerned.
- Not strictly a goal but sustainability is so crucial whatever is put in place
- It appears that you are asking us to agree to statements without any evidence or plan of how this is to be achieved. Have you an outline plan for following? How are assessment processes to be made, how is the information and advice going to be disseminated. What formats will you be using? How will you access hard to reach clients
- Again more support and achievable goals for those who are disabled i.e. following a stroke for e.g.
- The funding for this initiative to be guaranteed available for as long as necessary. Advertise the service widely and frequently to keep the information up to date
- people will get the right support at the right time
- Monitoring if the achievements have and are being achieved
- Mental health - need for quickly accessed range of services
- Better staff trainings to achieve these goals.
- Be honest, open, up front and don't hide behind smoke and mirrors; you might get people voting again....
- Although I agree with the goals in principal, being a carer of 2 adults myself, my experience is that Portsmouth has too many charities/voluntary groups offering the same or similar services when it would be more sensible for them to amalgamate thereby just requiring one level of management and one system of training.
- People will be informed on realistic options regarding what PCC are able to provide, and what needs to be sourced from their own resources or other 3rd parties.
- An online hub where people can access all available information and if no access to the internet then a contact that can be made available to all who require it.
- Affordable housing for people to start from. You cannot have the others without a secure basis to work from.
- That information is available in simple plain English or in a verbal format if people are unable to read. Illiteracy levels are very high in the city
- Give every person with a LD a named Social Worker

Approach

Would you agree that these principles are the right way to achieve our goals?

	Yes	No
Co-produce: This means taking our lead from the community when deciding what to do. We will be flexible so that people can choose how they want to be involved	97.65%	2.35%
Connect: This means working together to find the 'best fit' solution to our shared goals, so that people get the same information whoever they first approach for help	97.65%	2.35%
Facilitate: This means making extra effort to reach people who - for whatever reason - find it harder to find and use information and advice	98.21%	1.79%
Prevent: This means looking for opportunities to help people to improve or maintain their independence, in all areas of their life	97.04%	2.96%
Personalise: This means making sure our information and advice is about what people need to know in their situation, not just what services or organisations want to tell them	99.40%	0.60%

If you have indicated no to any of the approaches listed above, please explain why?

- The community is made up of so many different people with so many different needs. The community itself does not represent a target group. Vulnerable people respond best to targeted support not being given a watered down version of information from everyone they encounter. they need support not information
- People tend to choose help if they want it- most are aware and choose to opt out. Additionally, the goals have to be achievable- PCC have low budgets, it would be better to spend money on care packages that are desperately needed than pay people to find more opportunities for people to get care that isn't available!
- Not sure why it is called 'Prevent'
- Is this another "cop-out" from the powers that be?
- prevent need to look at opportunities together that can help
- Coproduce means taking the lead together, no one person is leading. It should be joint from the start. I do agree with facilitate but I think it should be an extra effort for everyone.
- Does co produce really mean taking lead from community or should it mean working with community in partnership Connect what do these words mean best fit shared goals, surely aim not person gets same info whoever is approached, could all give wrong info, better goal person gets correct info from whoever Is prevent a good principle, it is a negative and does not really reflect the positive things of helping people improve or maintain
- I am uncomfortable that PCC may react to small vociferous lobbying groups representing minority groups to the "co-produce" goal to the detriment of the 'silent majority of council tax payers'.
- Very difficult to achieve. Hopefully first point of contact will signpost on to appropriate support. Publicised goals/approaches need to be achievable.
- Some people do not have the ability to make appropriate decisions

General Feedback

Do you have any other general comments you would like to make about the strategy or vision?

- One size does not fit all, we must always remember that it is an individual we are working with.
- What has been suggested seems appropriate, promising and realistic for the ageing population to live well.
- Make it work
- In my line of work our most difficult challenge is to ascertain what an individual really needs as opposed to what others, yes including health care professionals, believe they want. We do this by means of an assessment visit, often with two people.
- I appreciate it is not easy to more with less or whatever we are calling it this month but these statements are about providing information and not about safeguarding vulnerable individuals. I do not think that any of it takes into account that when a person is in need of support from adult social care then they will be an individual with individual needs not a community.
- the answers to questions are obvious and not debateable
- I feel it's a little unachievable. Really lovely vision- it would be great if it could actually happen!
- Advice Portsmouth is a very good example of an innovative, flexible, personalised advice service - I don't work there, but I have worked with lots of services and community groups who recognise the impact it has for clients, so I would recommend looking at its model as you develop this strategy
- This may be an all answers strategy. So may fall short of goals with lack of finances.
- I would agree with all the comments made on the introduction page 'what you've said so far' i.e.: mental health, accessible transport, crime and safety affect independence and wellbeing
- Ensuring protecting adults from abuse by their carers and or family members due to the prevalence and rise of domestic abuse in the elderly
- Communication needs to be a two way exercise with commissioners and other professionals reporting back to people as to what has been achieved
- Yes, start helping people who need hands on help These folk are not capable of managing their own care needs. Particularly direct payments, another "cop out" ,
- Strategy sounds good. Just a bit abstract at the moment, it needs to be worked out how it is delivered in practice, but I guess this is in the nature of strategies.
- Don't use jargon
- Great idea
- inclusive of all ages - young people and older people access info in different ways. one size does not fit all.
- opportunities to learn need to be a part of the process
- Please remember that most elderly people are not computer literate.
- One of the hardest things for small providers is having the people to check that information is up to date as so often the phone numbers or addresses go out of date but the newer leaflet doesn't get there or no update
- Amazing vision, but all services within the community would have to work towards the same aim.
- I think the wording and layout of Qs 6 - 11 may lead to some 'apparent' disagreement. There is reference to the ability to access the support that is required but creating a genuine range of varied high quality support is essential to provide real choice.

- The guiding principles are good. However, access to advocacy needs to be given consideration
- Have you considered how you will help disabled people to afford themselves of all these strategies and goals, particularly those who live alone with no carer etc.
- Not every disability is visible and affects the individuals in the same way. More understanding of this and that each person's reactions to whatever medical condition they are dealing with has a MASSIVE effect on how that individual copes. Positively OR Negatively
- Sounds great - difficult to envisage how it will manifest itself into actual
- None of this will mean anything unless services and support are properly funded.
- These principals are looking good. I hope this will happen and maintained very well as long as the Adult Social Care exist.
- Excellent vision; however it might even work if you could execute what you preach... pretty unlikely though considering the appalling experience my company has endured from this council!
- My family has lived in Portsmouth for eight years, during that time we have enjoyed a large number of local activities, but at the same time learned with enormous frustration about events being held, after they have taken place. Discussing this with friends has revealed many people agree that PCC could greatly improve how it notifies forthcoming events much better.
- As long as it's easily accessible, regularly updated and has relevant information, this is a great idea.
- Strategy needs to be financially achievable, and people made aware that their own resources will be needed in contribution with PCC efforts.
- Budget and staff to these changes.
- I think all of above are extremely important guiding principles and the facilities and resources to deliver them need to be in place and to be a reality for people not just a guiding principle that is, in effect, tokenism.
- To ensure that the people who require services are aware that there is an eligibility criteria and many different ways of meeting needs rather that a one size fits all, free for all.
- Keep it simple
- To be able to work in partnership to provide the best resources and information for the individual and not just pay lip service to this objective!

Full Report: Direct Engagement

In the early development of this strategy, we took the opportunity to network with organisations and individuals across the community at events such as Your Health Your NHS, the community days in Cosham, Commercial Road and Southsea, and Love Your Bones. Through this we gathered insight into how to engage effectively, what the community's priorities might be, and began to compile a list of individuals who would like to engage more directly. This enabled us to ensure our engagement was not limited by our perception of who our key stakeholders may be, but open to all who expressed an interest.

Responses were received via email. Below is the redacted text of each email received.

- Thanks for sending this to me – I have commented on-line but wanted also to say that for an outsider, as for any organisation, it's always a mystery as to the right person is to go to. We have worked closely in the past with [individuals] who have been invaluable contacts and extremely helpful to [our organisation]. Getting the [organisation's] message out to the City would be much simpler if we knew who our potential partners in Portsmouth City are!
- It looks brilliant, thank you.
- This is great, well done. It's written from the perspective of the service user which is important. In terms of the information giver and signposter however, we need to make sure that any solution to improving this and working together includes a breaking down of departmental silos and finding some means of making everyone aware of what everybody else is doing broadly speaking - I hope this makes sense. For example there seem to be a lot of services now that have a holistic, person centred approach to health and wellbeing e.g. community connectors, wellbeing service, Age UK, Integrated care pathway - we need to avoid too much duplication due to lack of communication. More partnership working is required! I'm not suggesting these services are exactly the same, but there are some similarities.
- Thank you for sending this over - Overall I thought the approach was very good, and it covers all the key issues. I think the wording is slightly different in this document than the survey monkey, but I'll just reiterate a point I made in that:
  - o "*Signposting: Identifies the most relevant person or organisation for someone to consult, and facilitates a connection*". I think at present a lot of signposting does not 'facilitate a connection', except in the broadest sense of allowing someone to contact the relevant person (if they have the understanding, confidence, time etc.), and that leads to a lot of people not receiving the help they need, and potentially returning to the wrong service, because they already know how to access that one. If you are intending to improve the quality and value of signposting so that it really does help to ensure that people contact the services they need, then I just think it might be worth being more explicit that signposting is NOT only about giving out service contact details, it also involves understanding and providing the help someone needs to access the service they need.
  - o *"Health, care & support: NHS, Portsmouth City Council, voluntary sector and private provision of health and care".* Will this include help around costs and financial support, and if so, should that be noted here?
  - o *"Money and housing: Financial advice, debt, housing and citizens' advice or support that empowers people to plan ahead and take control of their finances."* I think 'citizen's advice' is confusing - Citizen's Advice Bureau is a specific organisation, but PCC currently funds Advice Portsmouth (not CAB) to provide a general and specialist advice service for Portsmouth. I would suggest replacing that with '...other welfare advice....'

- I have also taken a quick look at your draft strategy, which looks very good at this stage and the only comment I would have is around the detail of evaluation… is there something more robust that can be shared around how you will be measuring the impact or outcome of what is developed from the strategy?
- The draft strategy is looking good and definitely hits the right note. I'd certainly be happy to help out in a suitable capacity - the prevent/facilitate sections looked particularly relevant under the approach.
- I have read the strategy and think it looks very positive and agree with the goals and objectives.
- Strategy looks good, but a little clarity about advice Vs support and mention of communication needs would help to connect more to national standards. One of the key focuses of the new standards is the support that people need to fully access the information. Therefore what role will PCC play in supporting the delivery of accessible resources? What happens if someone highlights their communication and information needs to PCC and then turns up to Civic wanting information on a certain topic… will there be someone within the building that can support their needs? If not, how will staff respond/what action will they take? I think if there can be mention of both communication and information needs, support to access information and staff training and awareness that would strengthen the strategy.
- I will expect much more information is made available in accessible formats such as easy to read and DVD's.
- I've read through your draft proposals/strategy and am in complete agreement with what you are setting out to do. The more "joined up working" and information sharing we can do has got to benefit our various service users. The more we know about each other's roles can certainly go a long way to getting our combined agencies going in the right direction.
- A key objective with the Information Duty for families is to empower the parent to make their own decision through the info, advice and guidance we deliver. I can see from your outcomes over the page that this is mirrored in the Adult SC Info Strategy? If so- perhaps a mention of this within the Advice Bullet Point above so that this theme/ objective is consistent throughout. [Aims] These are also key priorities in the new PCC Council Plan- Working smarter to shape our future. You could perhaps add in a sentence below the above bullet points referencing your aims are in line with this. Just helps to reinforce this strategy.
- Only a small comment on the vision, I think it should read "improve or maintain" their independence rather than just improve?
- This sounds like a very valuable piece of work. I appreciate the ambition is huge but it needs to be. I am aware of some key resources that I hope you will beneficial for you to help inform the action plan e.g. DEFRA's 4's, to Engage, Enable, Encourage and Exemplify… Healthy Foundations which takes into consideration proportionate universalism and looks at how different people require different levels of support. The most popular model at the moment is the COM-B Model, which you can find lots of information on.
- My comments: Really appreciative of the length. It doesn't go into too much detail which takes some considerable skill as I&A is vast and could easily have become a lengthy document. Is there an opportunity to expand on I&A being more grass roots, i.e. neighbours supporting each other, building community resilience, reducing dependency through developing intelligence in key areas etc.? In consideration of IPC and other programmes of work, under approach, could you include training (of staff and other stakeholders). Under approach and more specifically co-production, could you include co-pro includes all stakeholders including VCS as other stakeholders will have evidence of what is required also. Really pleased to see there's a delivery plan to follow.
- I think this is a very concise well put together strategy and links in with our views and strategy also.

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- I'm happy to give my views on this. I feel that the sentence ' Our vision is that any adult who wants to improve their independence and wellbeing is able to get the information and advice they need, when they need it, in the way they need it, wherever they look for it.' It could be worded 'Our vision is that any adult who wants to improve their independence and wellbeing is able to get the information and advice they need, in the easiest and most suitable way for them.' Also, this may be simpler just to say. (You have already stated what the scope of the strategy is).
  o I find it easy to get the information and advice I need.
  o I get easy-to-understand information that is consistent, accurate, accessible and up to date.
  o I know how to plan ahead to ensure the best future outcomes for me.
  o I know how to find out what's available in my community, and how to access it.
  o I can speak to the right people to help me achieve the changes I want to make.
  o I am empowered to make informed choices, with the support I need, if I want it.
- It looks pretty good to me and I would be pleased to take part in the project.
- I have read this and I think it is very good and yes I still want to be involved
- I think this is great, brilliant idea and the plan looks like you've got everything covered. I'm happy to get involved at whatever level I can.
- I have had a quick read and just have a couple of points/questions - Do you need to mention confidentiality? - in that information given to an individual will not be shared with other people; and that information on a third party (say resident in ASC) can only be given with permission. In the section titled "Context and policy background" paragraph 2, can I suggest an alternative to "delay their need for care and support "this is "postpone their need for care." We don't want to be a cause for delay but we are providing support in giving information.
- It looks excellent and in fact mirrors the way that [our organisation] works: a focus on what matters to our clients, flexible, timely and relevant, seeking practical solutions to help clients solve their problems.
- I've had a look and think it looks good, especially as a strategy with targeted outcomes (I can tell exactly what it will cover and what success will look like). Perhaps the "what are we going to do next?" section could include a bit more on co-production with service users and consultation/engagement with VCS? So it's not just PCC. Will the action plan be signed off anywhere? And (obviously) will it then be implemented and by who? It would be fantastic if you could get VCS organisations to sign up to support the strategy and add their names/logos to illustrate how far reaching it is.
- I think that is really well thought out and exactly want is needed and there is no doubt that things are disjointed and the moment. I would really like to see the practical ways you are going to go forward with this once you have decided on them. It will be a challenge as community groups/charities etc. have been working in isolation for so long but I think the strategy is a great starting point. I have filled in the survey; I didn't add any comments, that is because I really felt the strategy was clear and concise and not because I was being lazy.
- Thank you for getting in touch and sending me the information. I have read through the strategy and it sounds impressive as it is clear and is tailored towards the needs of the individuals. My only question is at what stage do individuals get the opportunity to use this service? We would like to be a part of the strategy with regards to being active and potentially work and volunteering if you believe we would benefit the service you provide. Please let me know if there is anything you want us to do in order to strengthen the information and advice offer.

- Thanks for sharing the draft Strategy with me. It is a good first draft. These are my initial thoughts.
    1. Is this information and advice for adults only and what age?
    2. The scope seems to be quite narrow: missing areas are crime and safety, employment, transport?
    3. Would help to have pages numbered
    4. I know how to plan ahead to maintain my health and independence…sounds professional…may be I know what to do next to maintain my health and independence.
    5. Under what we are going to do next…Develop an action which covers the following so that it links the sentences below?
- The Vision: How will you find out what people need, and how will you act on these outcomes? PCC will need people to be available to give additional help to people accessing the service, and also have the materials ready for the individual to use/access both independently or with support, thereby facilitating choice. Aim of strategy: The aims are good and clear. PCC needs to be sure that the people giving out the advice etc., are qualified, or have the life experience to do so. The categories under About are good because they cover a wide range of topics. I am very interested in the Education & Skills, Employment and Volunteering and generally providing support to those with disabilities, through [our organisation]. That could be through music workshops or our Consultancy service, looking at accessibility of the information you are looking to produce, to insure it is fully accessible to everyone including those living with some form of sight loss. Also, the accessibility of the venue where this information can be physically collected. I know of some other social enterprises that could cover the other areas of your categories. I am sure this could be useful when trying to pull resources together? Outcomes: How are you going to measure the impact of this strategy? How are you going to tell people about this service? How are you going reach the people who can't physically attend this service, but still need the help?

Next Steps

Thank you to all who have contributed their valuable time, knowledge and experience so far.

This feedback is being used to shape the Adult Social Care Information and Advice Strategy. The Vision Statement is due to be published later in September 2015.

Once the Vision Statement is published, we will begin consultation for our implementation plan, where we set out how we will achieve this vision. This consultation is likely to take place in the last quarter of 2015, with work expected to start in early 2016.

All stakeholders who contributed to the vision statement will be invited to participate in developing the implementation plan. If you have not yet been part of this work, but would like to be involved please contact involvedsocialcare@portsmouthcc.gov.uk

September 2015

Stakeholder engagement for the Information and Advice Strategy, Adult Social Care
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