Adults Services Stakeholder Conference

Your Future. Your Support. Your Say.

Conference
Report and Outcomes
(July 2014)

Contents

This document was produced by:

Introduction

Bromley's second Adult Services Stakeholder Conference (the Conference) was **held on Wednesday 23 July 2014** in the Large Hall at the Central Library in Bromley.

The **purpose of the Conference** is to provide a formal mechanism for the London Borough of Bromley (the Council) to ensure that key partner agencies, service users and carers within the Borough can influence and shape key business planning priorities.

The **aim of the Conference** was to ascertain the low level help and support needs that enable residents to stay healthy and maintain their independence as well as any gaps in such support. This would then feed into the Market Position Statement that the Council is currently producing (as part of the Care Act 2014) for Adult Care and Support Services (2014 to 2016).

Pre-conference consultation

In preparation for the Conference, **the Council ran a consultation exercise** between 27 May and 8 July 2014. This included two elements:

- an online survey
- face-to-face engagement sessions and focus groups

The **purpose of the consultation** was to talk to people about their low level care and support needs now and in the future, and in particular, the Council was keen to consult with people:

- who are not currently in the 'care system'
- who have 'low level' care needs
- who pay for their own care
- who the Council has not previously engaged with

In total, **932 people responded to the consultation**. This included 672 people who completed the online survey and 260 people who were consulted with through 13 face-to-face engagement sessions and focus groups.

The attendees

Approximately 100 people were invited to attend the Conference – including 59 spaces for service users, carers and members of the public.

On the day, **64 people actually attended the Conference**, which comprised of:

- **26** (41%) were **service users, carers, helpers and members of the public**
- **15** (23%) were from the **voluntary and community sector**
- **14** (22%) were from the **Council and Bromley Clinical Commissioning Group**
- **9** (14%) were **facilitators** for the 'challenge sessions'

Format of the Conference

Following feedback and learning from the first Adult Services Stakeholder Conference (held in November 2013), the format of the Conference was amended to:

- give **more opportunities for people to discuss issues and identify solutions together** by allocating two-thirds of the time to discussion groups and by making the beginning presentations shorter
- **start later** (at 10am) as people have trouble getting to Bromley for a 9:30 start
- build in **more time for people to network** by adding in three networking sessions
- **engage widely before the Conference** by conducting a consultation to reach people we have never engaged with before

Therefore, the Conference had the following format:

- **Registration, refreshments and networking time** for 30 minutes
- **Welcome and introductions** from the Conference Chair
- A **presentation** from the Executive Director: Education, Care and Health Services setting out:
  - the actions from the previous Adult Services Stakeholder Conference (November 2013)
  - the purpose of this Conference
  - the results of the consultation
  - the 'three challenges' of this Conference
- The attendees then took part in **three workshop sessions to focus on the 'three challenges'**:
  - Challenge Session 1: how will we use the resources that we have in the community to reduce social isolation and loneliness?
  - A refreshment break and networking time for 20 minutes
  - Challenge Session 2: how will we identify and fill gaps in the local care market?
  - Challenge Session 3: how will we improve information, advice and guidance, and self-management?
- A **presentation** from the Executive Director: Education, Care and Health Services setting out the next steps from the Conference
- **Final words and closing** the Conference from the Chair
- **Networking time and a 'light lunch'**

Outcomes from the 'three challenge sessions'

A the outcomes from each 'challenge session' are set out below:

Challenge Session 1:

Challenge Session 1: how will we use the resources that we have in the community to reduce social isolation and loneliness?	
Group 1 Facilitator: Tricia Wennell	**1. Befrienders** – all have been done somewhere, but either not implemented in Bromley or else not fully implemented - Care to Stay scheme/Home Stay – both implemented and evaluated elsewhere - Adopt a grandparent scheme - Use of sixth formers – 16-18 years - Promotion and awareness raising – both for volunteers and those benefitting from the services - Kent Association for the Blind (KAB) Volunteer Befriending **2. Neighbourhood Development** - Asset based community development (see the emerging Joint Strategic Needs Assessment for 2014) – needs to improve in Bromley and may need 'someone' in charge of promoting it - Cray Valley community section developed on the Bromley MyLife website - Local Area Co-ordination **3. Informers are informed** - Build and expand on the Bromley MyLife website – viewed as really good - Show people how to use it – train front-line staff about it - People need to know how to contribute to it or have their service/activity in there
Group 2 Facilitator: Chris Curran	**1. Transport** can be an issue for people with physical disabilities - Trains – access difficult at some stations e.g. Lewisham. Where access is good there is no long-term parking nearby e.g. Bromley South - Buses – are accessible, but only one wheelchair at a time and can be issues with equipment not working and pushchairs using the space, not waiting for people to be seated. Concerns about introduction of cashless payment - Dial-a-Ride – perceived as inaccessible, inefficient and rude. Collection and drop-off times not precise enough. Not being dropped off at appropriate point - Could volunteer drivers be used - Freedom Passes and Blue Badges good 2. Being able to **go out independently** of family - Some buddying schemes ending at 25 years - Some members of Bromley Sparks buddy up to do things together - Volunteers need organising and can be difficult to attract - Need self- confidence when travelling on public transport and help to be more 'streetwise' - Bromley Sparks 'Go for It' – facilitator/supporter starts a group/activity that is wanted and then withdraws as group becomes self-supporting –

Challenge Session 1: how will we use the resources that we have in the community to reduce social isolation and loneliness?	
	requires funding for facilitators - Use of pen portraits of good activities and high aspirations 3. **Barriers** - Bullying and hate crime when out of home - Not confident at using public transport - If charge full rate for activities including cost of organising then people can't afford to do it and places not filled 4. **Use of community facilities** - Libraries, schools, community centres and churches – use facilities to meet up, play games, learn skills and hobbies - Use of computers at schools - Green gym in Bromley good
Group 3 Facilitator: Richard Hills	1. **Issues** - Generic, one size fits all does not work - Variety of services/approaches needed especially for hard to reach groups - Existing services are not available 7 days a week when some people want to make use of them - Transport - Bromley Council not represented in all disabled forums - Deaf people have trouble accessing low level services. Council does not have ability to deal with deaf people and send them to outside providers - Support needed for transition from a couple to a single person – no current service - Voluntary organisations are spending more time on fund-raising than developing services - Many free services under threat - Funding more readily available to innovative 'new' services rather than established services 2. **Positives** - Already large provision for some different groups 3. **Ideas** - Use struggling businesses as a front for meeting places - Using schools more - More obligations on private sector to provide for community orientated outcomes - Businesses and the Council – staff have to donate time to volunteering and raise money for charity
Group 4 Facilitator: Paul White	**Ideas** - Change in language and communications to avoid stigma/'failure' – people who pride themselves on being independent - Promote positive messages to carers and others - Ensure front-line staff are aware of all services – messages come better from an individual - Mentoring/buddy up system among sectors (see West Kent model)

Challenge Session 1: how will we use the resources that we have in the community to reduce social isolation and loneliness?	
	- Social prescribing in GP practices - Work in integrating GPs in whole health and social care system instead of being 'stand alone' - Better co-ordination of projects/models/initiatives across Bromley - Mapping of stakeholders - Identification of isolated and lonely people - All organisations should use same resources for consistency.
Group 5 Facilitator: Andy Crawford	**Ideas** - Raising awareness of services/community resources - Mapping out what is available - Buddies or volunteers to support people to engage with services - Making services quick and easy to access, both in locations and challenging stigma so people feel confident to engage (and identify) with services - 1:1 support to engage with services, based on choice, interests and hobbies
Group 6 Facilitator: Anne Watts	1. **Ideas** - Better use of Resident's Associations to disseminate information. - Buddying system using existing groups e.g. 'Friends' - Mapping to identify people and links - Ensure GP Practices are at centre of communities - Ward level events - Using 'champions' as connectors - Volunteer mentors - Libraries as community knowledge centres - Luncheon Clubs - Pharmacies – rolling screen or leaflet - Sponsored DVD with 'real' people talking about local services - Asset based approach – local solution (Shortlands – Cllr Mary Cook) 2. **Issues** - Huge number of resources that people aren't accessing - First step nerves limit people's access
Group 7 Facilitator: Colin Lusted	1. **Ideas** - Buddying/befriending service to support access to community - Good practice in buddying/befriending – Alzheimer's Society befriending service/Challenge network 16-18 years – been working with them for couple of years - Use of Civic Centre and other statutory agency buildings for groups to meet in free of charge? - Carers need to receive more support and training. Also to be kept up to date with changes e.g. Care Act and service provision and how this will affect service user and carer 2. **Issues** - Brokerage needed for people with learning disabilities who are not eligible - Transport – issues for people in wheelchairs with unreliable equipment on

Challenge Session 1: how will we use the resources that we have in the community to reduce social isolation and loneliness?	
	buses - Hate crime and fear of crime can cause removal of self-confidence in travelling on own - Lack of volunteers in general and also of appropriate age especially working age. Volunteers need support and training in individual's needs. Rapid turnover of volunteers - People who are not eligible may not be able to afford to pay for services – especially for people with learning disabilities - Lack of services for people with dementia to access who are Fair Access to Care Services (FACS) eligible - Small voluntary organisations may close as small grants disappear - Wide age range in supported living may mean lack of peer support - Anxiety around changes in services and providers about continuity
Group 8 Facilitator: Alicia Munday	1. **Ideas** - A more co-ordinated approach to what services are provided and not just advertised on the Bromley MyLife website - More needs to be done for community facilitating e.g. help groups find suitable venues: issues around cost, transport, accessibility, privacy and cultural issues - Improve use of volunteers, 6th formers, recently retired, etc. - Improve patient participation at groups 2. **Issues** - Personal Assistants (PA) can cause isolation – if a PA is not available people may not be able to get to their services

Challenge Session 2:

Challenge Session 2: how will we identify and fill gaps in the local care market?	
Group 1 Facilitator: Tricia Wennell	1. **Housing** - Affordability of housing for young people to encourage them to stay in borough/locally to ensure family networks exist when needed. - Single point of access – Bromley MyLife website team working closer with the Bromley Advice and Information Network (BAIN) and other organisations 2. **Identify the segmentation of clients** with low and moderate needs, so they can find out about existing services/resources - Who? - Age? - Housing, debts and benefits - Education - Substance Misuse - Mental Health 3. **Asset based community development** 4. **Education on wellbeing** for those with low/moderate needs - E.g. Peter Grand (from Bromley Healthcare) – 5 ways to wellbeing – link with JobCentre Plus and other organisations
Group 2 Facilitator: Chris Curran	1. **Barriers to taking part in activities** - Lack of funding in voluntary organisations for co-ordination and administration for activities and trips. For some groups people want to take part in activities, but support required to arrange and access e.g. bookings and transport - Self-confidence - All clubs/services that provide low level support stop at 25 years 2. **Overall financial management** by individuals, using money for social activities rather than necessities e.g. utilities 3. **Volunteers** - Need for more volunteers and strategy to access them in local communities - Age UK Volunteer Bank bit limited - Clear Job Descriptions needed before identifying volunteers - Use of streetlife.com
Group 3 Facilitator: Richard Hills	1. **Issues** - Reablement does not provide sufficient support and people end up in care homes - All help seems to be directed to GPs which is inappropriate as they don't engage with the community - GP Practices can be difficult to access for deaf and people with special needs - Transport – for people with special needs, especially those with less confidence or unsteady on feet 2. **Ideas**

Challenge Session 2: how will we identify and fill gaps in the local care market?	
	- Promote Transport for London (TfL) Travel Mentoring Service - Community funds need better access - Links needed with strategic figures in community
Group 4 Facilitator: Paul White	**Ideas** - Community Transport Service - Good quality of newspaper needed - Community radio station - Community mapping - 'Buddy system' for death – acceptance and dealing with leaving life in a similar way to beginning life - Co-ordination of resources - Go back to the 'village concept'
Group 5 Facilitator: Andy Crawford	**Ideas** - Need to move away from treating symptoms (mental ill-health) and support for underlying difficulties - Commissioners working closely with voluntary/charity sector to raise/meet unmet need - Look to gather evidence that early intervention services prevent the need for more intensive support in the future. - 'Health Hubs' that provide information on available resources – links to organisations and provision - Brokering taster sessions in mainstream resources e.g. spas and gyms - Services that are not age restrictive
Group 6 Facilitator: Anne Watts	**Ideas** - GP access problems - Social care prompt list – the questions to ask - Support when a life changing diagnosis is given – how much is the Proactive Management of Integrated Services for the Elderly (ProMISE) programme addressing this? - Community Transport – how to get to activities - Community Toilets - Why are some people not taking up Direct Payments? - Health and social care gaps - discharge and diagnosis
Group 7 Facilitator: Colin Lusted	1. **Ideas** - Bromley Experts by Experience (XbyX) have done some research with young people to identify gaps and services already - Peer support brings out confidence in young people 2. **Issues** - Identified gaps for non-eligible people e.g. older people, Alzheimer's - Also gaps at times of transition for younger people e.g. leaving school, going to college, coming back from residential education – need more signposting at these times - Gaps for people with early onset dementia e.g. no dementia cafes/support groups where they can meet together, also for people with physical disabilities and mental health needs - More schemes such as Thyme Out and Magpie Dance, also more help with transport

Challenge Session 2: how will we identify and fill gaps in the local care market?

	16-25 years gaps for people with mental health needs - Autism and public understanding/acceptance - Some groups/voluntary organisations can be overwhelmed by number of people signposted to them as they don't have the capacity - Other groups may have a low quality of service
Group 8 Facilitator: Alicia Munday	**Ideas** - Improve infrastructure i.e. transport, knowing what is available, buildings 'Try before you buy' for self-funders – hire or loan equipment first - Close gap between information, advice and guidance and actual support - Improved assessments for people, more regular assessments to meet people's changing needs - Need to be clear who is providing services - Setting better expectations about services available – empowering service users to be involved in their services - Providing support for groups starting up – more than just financial so they are sustainable

Challenge Session 3:

Challenge Session 3: how will we improve information, advice and guidance and self-management?	
Group 1 Facilitator: Tricia Wennell	1. **GP Patient Liaison Officers** - Promotion of their role - Mapping of what's out there in the area 2. **Direct Payments** - Increase numbers - Consider pre-paid cards to avoid bureaucracy – used successfully in other areas 3. **Advocacy** (Peer Advocacy) – awareness of people in your area who can help - Look at innovations - What are the models in the UK – matrix of models as opposed to one size fits all 4. **Online isn't the only answer** - Not always/already in (printable) format for sensory impairments (large verdana font is best) - Leaflets – printed - Face to face – surgeries of volunteers who can give advice/information
Group 2 Facilitator: Chris Curran	1. **Bromley MyLife webiste** - Main site is muddled – too much on one page and small font - Easy read section okay, but more information wanted – all sections should be in easy read - Nothing about people with physical disabilities in housing options - Client group represented not interested in online model of information, advice and guidance and low level support. Easy read seen as much more important. 2. **IT training needed** - Use local resources to deliver IT training i.e. volunteer trainers from local population and using IT resources at schools – like a Reablement type short term training 4-5 sessions on using computers/mobiles/smartphones etc. and what is available on internet 3. **Brokerage** - Feels it a loss to people with physical disabilities with low/moderate needs – gave people confidence, lack of help could lead to more expensive crisis situations – Citizen Advice Bureau etc. unable to fill the gap - Should there be a charge or voluntary donation for brokerage/Citizen Advice Bureau services? 4. **Support Groups** - Maybe could help with debt management and housing problems - Self-management project in Brighton may be a good model - Self-advocacy groups - Venues?

Challenge Session 3: how will we improve information, advice and guidance and self-management?	
Group 3 Facilitator: Richard Hills	1. **Information, advice and guidance** - Guidance on how to get aids for everyday living - Information needs to be in a central, easy to find location i.e. Bromley MyLife website or else websites need to be closely linked - Information needs to be simplified as much of it is too complicated - GP practices should have more information available 2. **Issues** - Concerns that people will intrude on personal life - Some people do know what options are available, but choose not to use them
Group 4 Facilitator: Paul White	**Ideas** - Improved communications and language - Targeting the right audience - Effective signposting - Avoid duplication - Co-ordination of resources - Village concept and buddy scheme - Tackling longer term mental health issues – and communicating to those with mental health issues
Group 5 Facilitator: Andy Crawford	**Ideas** - Effective signposting - Joined up pathways - Accessible information that's not overly complicated - Web-based - Directory - Helpdesks - Editing rights for different organisations sharing community website
Group 6 Facilitator: Anne Watts	**Ideas** - Develop an app for use for prompts, tracking - Rapid feedback loop – close the feedback loop - Mystery shopping across services - Press release for Bromley MyLife website and the Bromley Advice & Information Network (BAIN) to publicise portals for people to access - Ensure local involvement and engagement of 'real people' and voluntary groups in service planning and development - Information needs to be accessible (literacy) and in different formats - Tap into those not yet using services but also those who will use them in the future - Need for new NHS Architecture – information being rolled out to communities by Residents' Associations – King's Fund video on the Bromley MyLife website - Ask people within 24 hours what could be improved/how could you care be improved – Moorfields Hospital patient survey terminal
Group 7 Facilitator:	1. **Ideas** - Keep things simple – no jargon, use pictures – how does it affect me?

| Challenge Session 3: how will we improve information, advice and guidance and self-management?	
Colin Lusted	- Information, support and training for carers - Self–management - personal budgets need to be explained more - Helping people with learning disabilities to volunteer – may need support - Lots of place where information could be provided e.g. churches, libraries, supermarkets, pubs, stands in town centres, summer events - Different ways for people to access information to suit their needs - A general helpline? **2. Issues** - Electronic switchboards can be difficult for elderly and people with speech impediment - GPs don't have a good knowledge of voluntary sector, but they would be a good place to find out information. - High counters not wheelchair friendly - shouldn't have them at GPs, hospitals or Council - Encouraging people to set up support networks would put more pressure on families
Group 8 Facilitator: Alicia Munday	1. **Ideas** - Voluntary groups could provide information, advice and gudiance to patients within GP surgeries - Both GPs and nurses should be educated in what support is available - Close gap between information, advice and gudiance and possible self-management solutions e.g. equipment support - Voluntary groups to check how people have used information, advice and gudiance provided 2. **Issues** - How can people without capacity be supported with information, advice and guidance?

Evaluation of the Conference

Of the 64 people that attended the Conference, **43 (67%) people returned a completed 'Conference Evaluation Form'.**
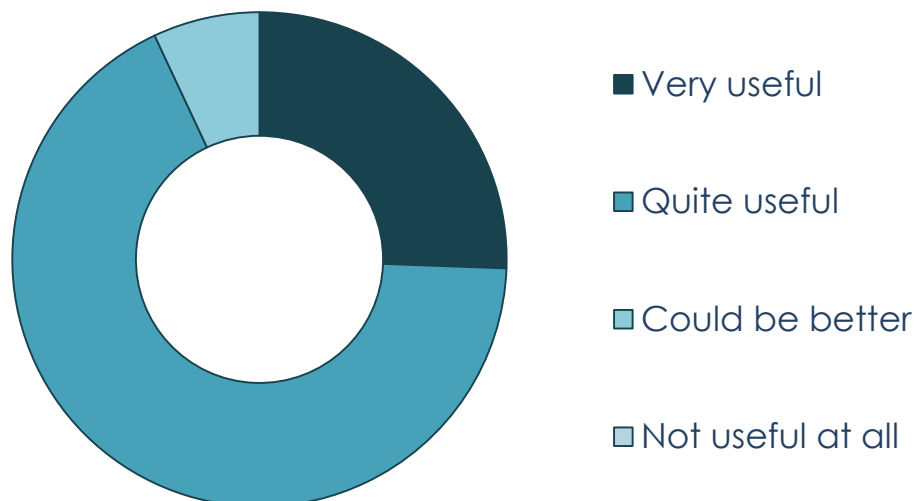
Q1. How useful did the attendees find the Conference?

- **95%** (41) of the attendees who completed the Evaluation Form stated that they felt that the Conference **was useful to some degree**
- Of these, **51%** (22) stated that **it was 'very useful'**
- **5%** (2) stated that they felt that the Conference **'could be better'**

- ■ Very useful
- ■ Quite useful
- ▢ Could be better
- ▢ Not useful at all
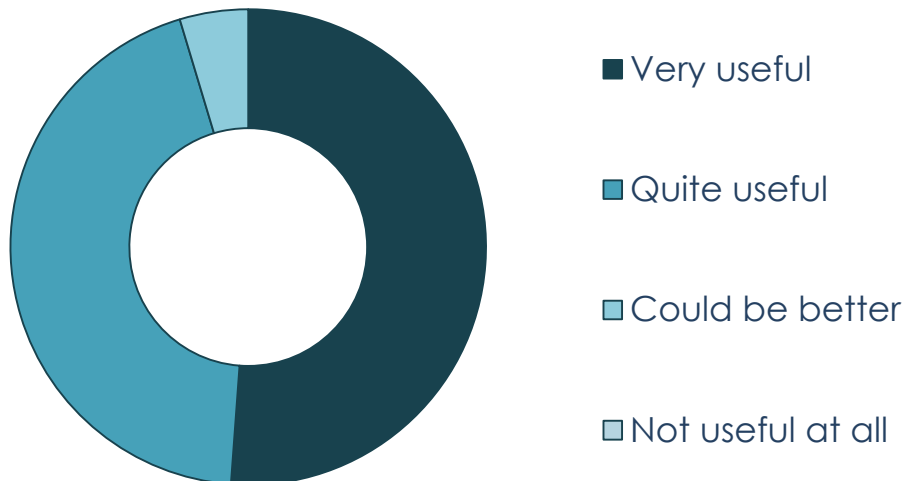
Q2. How useful did the attendees find the presentations at the beginning of the conference?

- **93%** (40) of the attendees who completed the Evaluation Form stated that they found that the presentations at the beginning of the conference were **useful to some degree**
- Of these, **26%** (11) stating that **they were 'very useful'**
- **7%** (3) stated that they felt that the Conference **'could be better'**

- ■ Very useful
- ■ Quite useful
- ▢ Could be better
- ▢ Not useful at all

Q3. How useful did the attendees find the workgroup sessions?

- **100%** (43) of the attendees who completed the Evaluation Form stated that they found that the workgroup sessions were **useful to some degree**
- Of these, **74%** (32) stating that **they were 'very useful'**

- Very useful
- Quite useful
- Could be better
- Not useful at all
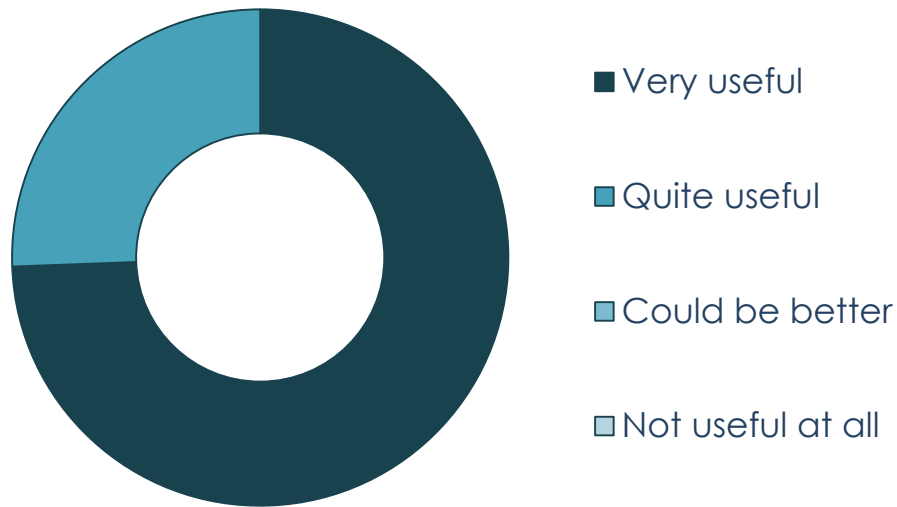
Q4. Did the attendees have any ideas or suggestions for the theme of the next conference?

14 people suggested ideas of themes or topics for the next Conference. These included:

- Dementia (x3 suggestions)
- Issues for people with mental health needs (x2 suggestions)
- Communications
- Consolidating the progress to connect with provide information to those who are isolated or 'alone'
- Direct payments
- Equality of voluntary sector as a partner in integrated care
- Implications of the Care Act 2014
- Issues for people with learning disabilities
- Meeting the future needs of Bromley identifying targets & aims of the Council & which funds are available for this looking at how can join up
- Outcomes and issues identified from this Conference

Q5. Did the attendees suggest that we do anything differently at the next conference?

15 people suggested ideas of things that we could do differently for the next Conference. These included:

- "Better format then the last (carers) conference"
- "Better venue"
- "Better venue - hearing each other round the table was a problem"
- "Check that all the toilets are in working order"
- "Don't use lifts - too high up - needs to be downstairs - easy access"

- "Easy read to help understanding. Slower delivery. A list of the range of attendees by organisation"
- "Having 8 tables discussing topics at the same time in the same room made hearing each other on our table difficult. Better acoustics or spilt into smaller rooms"
- "Fix the aircon"
- "It might be an idea to move people around rather than stay at the same table all morning"
- "Make the slides/hand-outs a bit clearer"
- "Move people around"
- "Moving around tables for different perspective"
- "Must provide info in accessible language - easy to understand"
- "No, unless adopting theme above [Dementia]"
- "Service user led discussions"
- "Some external input (from outside Bromley) for broader prospective"

Q6. If the attendees had any additional needs, were these met at this conference?

8 people responded to this question. Their comments were:

- "Yes" (x3 responses)
- "Easy read. Slower delivery. Explanation of some terminology"
- "Easy read. Wheelchair accessible"
- "I was pleased to note there was a signer at the conference"
- "No easy read"
- "PowerPoint in advance would help follow better/easier please"

Q7. Did the attendees have any additional comments?

17 people provided additional comments. Their comments were:

- "A much better workshop than first"
- "Better than the last one"
- "For chance to meet & discuss with officers & councillors get their thoughts & share information"
- "Good discussions faced many issues"
- "Great to hear about actions from previous conference"
- "Helpful staff, good facilitator"
- "I thought the structure did give the opportunity to actually give feedback"
- "Larger screen more accessible - easy read, less council language"
- "My only need is not to have a need"
- "No real presentation. Workshop session too long"
- "Not all points from November meeting were addressed"
- "Thank you"
- "That feedback of point is issued to participants as soon as possible not necessarily waiting until next conference"
- "The facilitator concept excellent"
- "To maintain interest in these conference feedback on result and outcomes is vital"
- "Very beneficial. Thank you"

- "Very helpful - can elected members have a mandatary requirement to shadow officers and observe at panels so they get a clear understanding the needs of people being provided services?"