

Time to think differently about adult social care

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Executive summary

Healthwatch North Somerset received feedback from people not currently using social care services about what is important to them in seeking social care now, and in the future. Feedback was collected via two focus groups and written feedback from 24 participants living in the Weston, Worle & Villages, and Woodspring Locality partnership areas. For the most part, feedback revealed that participants knew little about North Somerset Council social care provision. The few that did know about provision, this was because they cared for family members or had made enquiries about what care is available or volunteered with local support organisations and had signposted people to care.

Informal care support was primarily provided by family and friends.

What participants emphasised in stating what a good service looks like was the following:

- Being listened to
- Good communication between staff and service users
- A timely and responsive service
- A flexible service tailored for individual needs
- A service that promotes independent living
- A compassionate service
- An accessible service

Participants felt that the most important starting point when deciding what care and support they may need in the future would be:

- for people to be able to access information on care and support independently
- clearly accessible information on North Somerset Council's online directory of services, including the social care webpages
- the availability of social care
- accessing a care assessment
- accessing peer support

Many of the projects' participants found themselves thinking for the first time about their future care needs. For those more familiar with social care, they cared for family members, or volunteered with local support organisations, or lived with a long-term condition or disability. These participants stated that they

would access support in the future via 'Care Connect' (North Somerset Council Social Services).

In relation to accessing information on social care, participants emphasised the need for information that was accessible through a single point of access, that they could find independently.

Considerations to take forward

Participant feedback evidences a need for:

- a single point of access for the information on social care
- clearer signposting about access points for information on social care
- explicit information on care processes, how people are assessed and the potential outcomes of care assessments for example, in the form of a flow chart – using 'social care journey maps' was suggested
- easily accessible information available
- information people can access independently
- guidance and opportunities for people to consider social care planning to address their potential future needs
- information on social prescribing and eligibility for referral
- information on advocacy services and eligibility for these
- accessible information on financial planning in relation to social care
- accessible language in all social care documents and on the North Somerset Council social care online site (<https://n-somerset.gov.uk/my-services/adult-social-care-health>)

Equalities Statement

Healthwatch North Somerset is committed to promoting equality and diversity and tackling social exclusion in all our activities. We aim to ensure equitable access to our initiatives and projects.

We include people's lived experiences in our work and identify and mitigate against barriers to enable people to become involved in our research. We address the participation needs of those who share one or more protected characteristic, or those that experience hidden discrimination, or are part of an 'invisible minority'. We provide access to communication support to adjust for people's needs and proactively assist people in attending events and meetings we hold and remunerate for people's time.

Healthwatch North Somerset connects with existing patient, service user and voluntary sector organisations to reach into, and develop relationships with diverse communities and inclusion groups.

Background

North Somerset Adult Social Care provides support for people with a range of needs. This includes older adults, people with mental health needs, people with disabilities, people with Learning Disabilities, people with physical and sensory impairment, and carers.

As of 2020 the current age profile in North Somerset is inverted. There are more residents aged over 65 years than aged under 19 years. Sub-national population projections suggest this inversion will continue to increase with fewer young people and more older people year on year. Considering the split by age bands within the over 65s population, North Somerset has a higher percentage of over 65s, over 75s, over 85s and over 90s compared to regional and national averages¹. Ageing and multiple health conditions are one of the key public health issues North Somerset faces.

North Somerset has a less diverse population in terms of ethnicity than regional or national averages. Over 97% of people gave their ethnicity as 'white' in the Census compared to 95% in the southwest and 86% nationally. Around 19% of North Somerset residents said their day-to-day activities were limited a lot or a

¹ JNSA Report, North Somerset Council, 2023

little compared to 17.9% nationally (due to disability and life-limiting long-term conditions). (2011 census ²)

The Woodspring Locality has the highest rate of ill health (for older people) across all BNSSG localities and residents in this rural locality face poor public transport links.³ 11% of North Somerset residents provided unpaid care of some kind (carers) similar to the national percentage⁴.

Carer reported quality of life has fallen in recent years as has the amount of social contact they would like. Overall satisfaction with social services from carers has fallen in recent years. The proportion of carers who reported that they find it easy to find information about services has decreased over the years in North Somerset ⁵.

North Somerset's Health and Wellbeing Strategy (2021-24)⁶ states an action plan centred around the following:

- prevention - prevent people from becoming unwell or experiencing poor health and wellbeing.
- early intervention - support people to identify and manage health and wellbeing problems as early as possible. Ensure support is in the right place geographically and the interventions tailored to address the problems.

Purpose

Healthwatch North Somerset was commissioned by North Somerset Adult Social Care to collect qualitative feedback to help inform and design the commissioning of services by hearing from local residents. The aim was to:

- Connect with non-users of social care and those who are carers or potential service users of North Somerset Adult Social Care services.
- Identify participants in both the Woodspring, and Weston, Worle & Villages Locality Partnerships in North Somerset, and gather feedback from local communities.
- Agree group representation and size for each location and contact participants to manage their expectations, needs and ability to participate.
- Conduct focus groups and facilitate open conversations.

²JNSA Report, North Somerset Council, 2023

³ JNSA Report, North Somerset Council, 2023

⁴ JNSA Spotlight report: North Somerset Population Demographics, 2023

⁵ Spotlight report: Carers for adults, JNSA, 2023

⁶ North Somerset's Health and Wellbeing Strategy (2021-24)

- Gauge interest in ongoing involvement and manage consent to be contacted by North Somerset Council in future.

Engagement methodology

This project ran from October – December 2023. Focus groups were held online via Zoom, and written feedback was collected verbally and by email. The Project Officer contacted 20 care, support and advocacy organisations, and Patient Participation Group Chairs of GP surgeries across North Somerset to inform them of the project and to recruit participants. Healthwatch North Somerset contacted organisations in their networks and via their social media to recruit participants to the project (see Appendix). This was followed up by telephone calls and meetings with staff in voluntary and community sector organisations. North Somerset Council Adult Social Care distributed information through their carers and disability support networks via their Engagement Officer, and Inclusion Officer.

Involvement

All participants were sent the participant information sheet and completed a consent form and provided demographic details. Each participant was remunerated with a high street shopping voucher once their feedback had been received. The online focus groups were recorded on Zoom for purposes of professional transcription. Recruitment coincided with another local survey, and this impacted on recruitment to the focus group numbers initially – 5 people were involved in focus groups. These included people aged over 65 years and adults with long-term conditions from the Woodspring, and Weston, Worle & Villages Locality areas. Participants were offered the opportunity to give written feedback by email or post, 19 participants provided written feedback, and this proved to be a successful method particularly for those with access issues.

Participants' ages ranged from 34 – 84 years, 23 were White British, 18 were female and 6 were male. 11 had long-term conditions or lived with a disability. 15 lived in the Weston, Worle & Villages locality, and 9 lived in the Woodspring

locality. Long-term conditions included diabetes, heart disease, fibromyalgia, rheumatoid arthritis, mental health conditions, axial spondylarthritis, and autism.

Four participants stated that they were long-term unemployed, one stated that they were living in poverty, one had, had contact with alcohol or drug services and one had limited social networks. Table 1. gives the demographic details of participants.

Table 1. Demographic table of participants

Disabled person or having a long-term condition	Number of participants	
Yes	11	
No	12	
Information not provided	1	
Postcode locality area	Weston, Worle & Villages	15
	Woodspring	9
Age	25 - 49 years	11
	50 - 64 years	4
	65 - 79 years	7
	80+ years	1
Information not provided	1	
Gender	Female	18
	Male	6
Ethnicity	White: British	23
	White: Irish	1
Sexual orientation	Heterosexual	10
	Not stated	14
Is your gender the same as the sex you were assigned at birth?	YES 23	NO 1
Carer	YES 5	NO 19
Total participants	24	

Table 2. Inclusion groups represented

	Number of participants
Homeless	0
Limited family/social networks	1
Long-term unemployed	4
Living in poverty	1
Refugee	0
Contacted alcohol/drug services	1
Geographically isolated	0

Themes of feedback

Focus group questions to elicit feedback were developed in collaboration with North Somerset Council Adult Social Care staff. Topics that were discussed at these groups and in individual conversations were: (See the Appendix for focus group questions)

- Knowledge of adult social care
- Knowledge of eligibility for adult social care
- Who currently provides people with care and support in the community?
- Most important things for people in accessing social care services
- Accessing information and what are the gaps in information provided?
- Most important aspects for people when deciding about care and support for the future
- What makes a good service?
- What independence means to people in relation to social care?
- Prevention of poor health
- Knowledge of advocacy services

Findings

What do people know about Adult Social Care in North Somerset?

Most participants had little knowledge of adult social care services provided by North Somerset Council. Those that did know of services this was because they were caring for their family members or because family and friends had accessed services or tried to find out if they were eligible for services. Participants who volunteered or worked for support organisations locally knew of services because of working with vulnerable people or those who had social care needs. Those that did know about services did so because they had accessed information from the council's online directory and the pages about adult social care.

One participant commented:

"I am aware and yes, I do know how to find out whether I am or the individuals I am caring for are eligible for services. This is due to the fact we have leaflets within our office. If I did not work in health care, I do not feel I would be aware of this service unless I spoke to my GP practice". (Woman, 31)

Those who knew about how to find out about eligibility for adult social care support, knew about this via the council social care website or knew they would need to contact Care Connect.

Who provides people with their current care and support?

Current informal care and support was mainly provided by family and friends, voluntary sector organisations, and private counselling, which enabled people to maintain their independence at home. This included help with transport and personal care. A few participants knew of Care Connect and 'We Care and Repair' as a first port of call to access care services. The following quotes illustrate this.

"If I need help, I have good friends, many from my church, who will take me to things beyond the reach of my pavement mobility scooter, or shop if I cannot go out". (Woman, 84)

"I'm fortunate that I have family and friends around definitely...I'm aware of a number of voluntary organisations who can signpost and support in various ways, so 'We Care and Repair' and the like are very good for signposting". (Woman, 55).

Participants were not necessarily aware of the eligibility criteria for adult social care services in North Somerset and felt that they were not necessarily of high need enough to be eligible. Some stated that their first port of call when they may need to access social care services would be their GP or possibly a social prescribing service if that was provided by their GP surgery.



“I manage alone using online deliveries and services, prioritising basic care for myself over socialising. When desperate a friend might help, or I just go without or have a shower another day when my friend is there”



(Woman, 27, living with a long-term condition)

Most important things about care and support?

We asked participants what the three most important things for them were when seeking care and support provision. Overall, these were:

- Being in control/independence
- Care that promotes independence
- Quality (of service)
- Cost – the financial implications of social care
- Being listened to
- Flexibility of service provision
- Involving family in care decisions for the future

This is illustrated by the following comments:

“Being treated like the person with a disability and actually listening to your needs and what your disability is about, rather than suggesting things that people are asking you, if that makes sense”. (Man, 50, living with a long-term condition).

“I’ll say quality – the quality of the helper. You need somebody that you can actually engage with”. (Woman, 69, living with a long-term condition)

“Affordability, regularity and familiarity in professionals. Consistency with professionals which then builds trust. Receiving care seems like such a daunting thought, particularly for someone who hasn’t received that sort of help before. For this reason, building trust I feel is key in providing a good service”. (Woman, 32)

“Help to support me in the things I like doing; help me make decisions on my own; help me give feedback in surveys like this”. (Autistic man, 31)

“To understand the bigger picture and financial implications to use the resource available wisely (over the) long term....To invest more resources in prevention”. (Woman, 44, Carer)

Flexibility of services

The importance of having flexible care support available was highlighted by several focus group participants that lived with long-term conditions which meant that the level of care they needed varied from day to day.

One participant commented on this:

“...you should be able to say, ‘Right, I need the carer today or next week or something like that and somebody should be there and saying ‘Right, I will put this in place for you”. (Woman, 69, with a long-term condition)

Phrases and words that revealed what was most important to participants when seeking social care are illustrated below.

“Trustworthy, competent and available at the point of need”. (Man, 61, with a long-term condition)

“Being in control, independence, quality”. (Woman, 75)

“Control, independence, pride”. (Man, 70, with a long-term condition)

“Reliable, empowering, individualized”. (Woman, 27, with long-term condition)

“Needing help with managing money; help with mental health; help with anxiety”. (Disabled woman, 27)

“Fast accessibility to information; understanding what my options would be; involving my family and friends in decisions for the future”. (Woman, 52, with a long-term condition)

“Accessibility to all, quality of care, and affordability”. (Woman, 57)

“Maintaining some form of self-respect and being with my wife.

“Not being kept alive beyond the point where the discomfort of living exceeds the pleasure of living”. (Male, 61, with a long-term condition)

“Personal care; meal provision/shopping; mobility aids and advice”. (Woman, 68)

Where do you access information?

We asked participants where they access information about their current care and support and was there anything missing in the information. Participants who were living with a long-term condition mainly sought information from national charities representing their condition, and from medical specialists at

Southmead Hospital or the Bristol Royal Infirmary; others used the NHS app. Participants also emphasised the ongoing importance of their family in providing care and support. The following comments reveal this.

“I think the Rheumatology Department at the hospital, which is where I go, they’re really good at suggesting things. They say ‘Have you thought about going to see occupational health, that sort of thing, which tends to be more of the driver for that as opposed to me going through my local GP or through more options in North Somerset Council. I would say, the hospital’s a pretty big driver for that”. (Woman, 34 living with a long-term condition)

“I would say Muscular Dystrophy UK because it’s a charity that knows my condition or my team at Southmead because they know my condition. Using the person that knows my condition I think having them there is important and it does scare me in ten years’ time as our Mum – what happens when she’s no longer here? Who’ll I fall back on, and you need to have that safety net”. (Disabled man, 50).

“I get information from the North Somerset LGBT+ forum”. (Disabled woman, 27).



“...because I’ve got so many complex conditions I’m struggling regarding getting healthcare...I’m just not confident in knowing what I’m doing because I’m autistic perhaps it also complicates things, so it’s not clear to



me the route, therefore I would tend not to even ask about it until it gets to a crisis situation...didn’t know who to ask or what words to mention”.

(Man, 70, living with multiple long-term conditions)

What information is missing?

In terms of what is missing from the information available the main comments were the need for a single point of access to receive information on social care support, one participant suggested that this could be through for example, the NHS App.

Participants commented on the need for information on adult social care available through the Council website could be easier to access, an example given was the need for some kind of flow chart of social care.

“I feel that there are two areas of improvement: All signposting to be centralised and heavily promoted. (Clearer) visibility over next steps in any process so a carer & those cared for can assess the amount of time, resources and financial planning”. (Woman, 41, Carer)

Others described not knowing where to go to find information on social care for a family member:



“I had real difficulty last year trying to source care for my 94-year-old grandmother who was unable to safely carry out daily tasks. I looked online but it wasn't clear on what my options were and whether they were suitable



for what we needed at the time. This was all private care; I wouldn't know where to start with anything provided by the NHS. It's something I expected the district nurses to be able to sign post me to, but they didn't seem to be able to do so”.

(Woman, 32)

What participants emphasised was the need for information to be accessible for them to be able to access it independently.

“I personally rely on the NHS app for a lot of my stuff, knowing that that's medical....I can see that people are going to look at the NHS app and want to find things there and at the moment it's lacking from a social care viewpoint. To me, the NHS app is the single point of contact but more needs to be added to it that isn't there at the moment. I'd like to see that expanded so that it can offer a single point of contact (and could signpost to social care services). (Man, 70 living with long-term conditions)

“I think a nice clearly set out website where you can look things up when you've got a free five minutes and then just see what could be available and then the option to maybe book a further appointment because I would very much struggle to have the time to do it....need to provide information on what you could be entitled to – maybe even like a flowchart explaining things and these are the potential next steps. The starting point would be information you can look at without someone else”. (Woman, 34, living with a long-term condition)

“If I was thinking about what’s the most important starting point, then to me it would be having a single point (of access for information) that I can go to that I would hopefully understand, (it’s about) being set off in the right direction”. (Woman, 51)

Use of professional language

An important factor when participants talked about accessing information was the language used in social care and it being difficult to understand. A couple of participants, despite having complex care needs in relation to their long-term conditions did not fully understand terms such as ‘signposting’, ‘care assessment’ or ‘capacity assessment’ for example. This is revealed by the following comment:

“Care assessment, I’ve never known the term care assessment. Can you see that I’m coming from a completely different viewpoint. These terms don’t mean much to me at all”. (Man, 70, living with multiple long-term conditions).

What is the most important starting point when you think about deciding what care and support you need in the future?

Focus group participants felt that they may need these things to help them navigate care in the future:

- clearly accessible information on the North Somerset Council social care website
- for people to be able to help themselves, finding information on care and support independently
- the availability of a range of social care services
- being able to get a care assessment
- having some peer support
- finding services that help maintain their independence

These priorities expressed by participants are s by the following quotes:

“When I’m unable to care for myself, I would contact social services via Care Connect”. (Woman, 68)

“Thinking about what care needs are required and whether care is the correct route to go down”. (Woman, 31)

“The most important starting point is to have a clear understanding and visibility over what options are available and the processes needed in order to plan resources”. (Woman, 44, Carer)

“It would be good if the foster system would keep the support up to the age of 30 instead of the age of 25”. (Disabled woman, 27)

“I’m not sure what you mean, I would start looking on the internet/contact Care Connect for an assessment when I do need it. In the meantime, I just adapt to what I still can do so I don’t need it, as I’m aware that there is not enough support available unless you are completely desperate”. (Woman, 27, with a long-term condition)

What does a good service look like?

What participants articulated in relation to a good service was the following:

- Being listened to
- Good communication between staff and service user
- A timely and responsive service
- A flexible service addressing individual needs and changing needs
- A consistent service with professionals that people can trust
- A compassionate service
- An accessible service

This is revealed by the following participant comments:

“Friendly, efficient and delivered on time”. (Woman, 63)

“Compassionate, flexible and adaptable service to each individual”. (Man, 61)

“Being able to look after myself for as long as possible”. (Woman, 67)

“Consistency with professionals which then builds trust. Receiving care seems like such a daunting thought, particularly for someone who hasn’t received that sort of help before. For this reason, building trust I feel is key in providing a good service”. (Woman, 32)

“A service that listens and is honest. Care and compassionate and looking at an individual as a whole and not being task orientated. The frustration occurs when an individual feels their expectations are different than what is being provided. Communication is also the key, accepting when things go wrong and keeping individuals in the loop about important information/ changes”. (Woman, 31)

“Good access to pain relief and medication, identifying the best way of empowering the “patient/user” to retain as much independence as possible”. (Woman, 75)

“Continuous investment in interventions that promote independent living, consistency & continuity, a holistic approach and a joint approach from supporting organisations”. (Woman, 41, Carer)

“Reliable, empowering, individualised, good communication – listening to my needs and informing me of how this can be best met with the restricted budget and lack of staff”. (Woman, 51, with a long-term condition)

“A good service – the right time, right place, right service, working with patients in decision making, just to put it in a nutshell”. (Woman, 55, living with a long-term condition)

Looking at future needs

Those participants that had thought about their future care needs tended to be people with long-term conditions or those living with a disability, and people who cared for or had sought care for family members. This is illustrated by the following comments.

“I have (thought about future care needs), since my mother needed support from 2002 to today and particularly when I first started struggling in 2015 to present day as my own abilities to care for myself have changed”. (Woman, 27, with a long-term condition)

“I would like to start before the needs arise, perhaps informative regular workshops & surgeries would work for the general public”. (Woman, 41, carer)

“I’m 31 and I am already in the process of arranging Lasting Power of Attorney for health and finances for myself and my mum who is 68. The earlier we talk about care provision and individual wishes the easier the topic is when the time comes. Care is sometimes stigmatised to the older age range, whereas it should be a subject that all ages think about”. (Woman, 31)

“No, I have not been thinking about the future. If I was to get support, it should start as soon as possible”. (Woman, 27, with a disability)

What does ‘Independence’ mean in relation to social care?

Participants felt that independence in relation to social care meant:

- Shared decision-making about care
- Being given the right support to maintain individual independence
- Having and maintaining physical mobility

- Independence with personal care capabilities
- Autonomy over people's decisions (people who receive care)
- Good levels of support
- Choice of care

This is revealed by the following comments.

"Being able to do the things, my day-to-day things in my life with the tools to be able to deliver it properly, like having a neat and tidy garden that's like I would want a tidy house as opposed to not being able to do it because I can't do the cleaning, so it's about having the tools to be able to do things properly".
(Woman, 34, with a long-term condition)

"(It's about) not having your life change, you know, you have a carer come in and then they suddenly change everything, being able to fit in with your life, which is important and not having things forced on you (by care support)".
(Man, 50, living with a long-term condition)

"Being able to live your life fully". (Woman, 67)

"Being able to safely undergo day to day tasks without needing the help of anyone else". (Woman, 32)

"Independence is a word which I believe has a purpose. I do however feel this word is thrown around a little too often. We as humans are dependent on family / friends / support services at times to provide support and prevent social isolation. I do feel it's a term recognised by individuals though, so it is important to consider what this means to the individual first. Independence to me means I can do a task myself such as eating / drinking / washing / getting out of bed. It does not mean I want to live an independent life". (Woman, 31)

"Making your own decisions; choice in care; good levels of support". (Woman, 48, with a long-term condition)

"Individualised care, choice, choice of accommodation and social life". (Woman, 47, carer)

"Helping people to live as independently as possible". (Woman, 34).

"Enabling the service user to maintain as much control of their lives as possible". (Woman, 55) "having control over my own life and time."

"Living in my own home, having means of transport". (Woman, 41, Carer)

"Allowing people to do as much as they can for themselves with support, allowing people to choose their lifestyle for example, staying in their own home, deciding when and what they eat, how their personal care is carried out".
(Woman, 27, with a long-term condition)

"Independence - it means we do things by ourselves and if we need help, we could talk to someone". (Woman, 27, with a disability)

“This seems to be mostly about the retention of self-respect – providing enough but not more support than is needed”.

“The ability to make decisions for myself obviously within the physical and medical constraints that I may be dealing with. It’s about retaining as much control over one’s life as possible”. (Man, 70)

What aspects of their independence is the most important to them?

These were mainly retaining decision making, physical mobility and the ability to go out, revealed by the following comments.

“Decision making; physical mobility”. (Woman, 34, with a long-term condition)

“...being able to still do things for yourself rather than, you know, just having somebody to help you more than doing everything for you...” (Woman, 69, living with a long-term condition)

Awareness of the importance of preventing poor health

Participants were aware it was very important to prevent the development of poorer health. This was helped significantly by the availability of ‘good medical care’, accessible transport, physiotherapy and opportunities to exercise locally. People felt that this was their responsibility and highlighted the need for support with this for example, being provided with accessible transport, or having access to a physiotherapist or an exercise class. People emphasised the importance of prevention of poor health in terms of both physical and mental health. People also felt that prevention of poor health had a significant role in saving the cost of care later in people’s lives. This is illustrated by the following comments:

“You keep healthier and it helps keep health problems at bay by, you know, seeing physios...helping to stay stronger because...it’s all connected with your joints and things and help stop the problems in the first place as much as possible...I think very much a top thing (prevention)...so especially with lots of other health conditions...and how if you don’t look after yourself, it can deteriorate sort of thing...” (Woman, 34, living with a long-term condition).

“So having exercise, gaining access to exercise and sport. I do wheelchair yoga, I do hydrotherapy and I played football so having those options...I know North Somerset Council’s doing a project on that at the moment...improving sport in our area which is lacking...But I think without my hydrotherapy which I go to every week with my Mum and my brother, I wouldn’t be as I am now. I mean I drive a van and couldn’t get there without my van – that’s (hydrotherapy) probably stopped me having deteriorated so quick. I’m stable now, so quite lucky”. (Disabled man, 50)

“Prevention in medical terms to me is very important and mental health and wellbeing comes into this. Having someone there to talk to, to keep your mental health from declining.” (Woman, 27, with a disability)

“I think taking responsibility to stay as fit and as active as possible is very important”. (Male, 55)

“Incredibly important but an area that is not high priority – at least until more recently. There is much more information about falls prevention, personal wellbeing and good mental health than there used to be and that’s a good thing. I hope that continues to develop and that middle-aged people might start to plan and be more aware of how they can maintain their independence rather than waiting until a crisis happens”. (Woman, 52, with a long-term condition)

The importance of prevention of poor health in relation to self-management and how social care services can support this was highlighted by one participant:

“Self – management of long-term conditions is vital. With the right support services in place this can be achieved. Prevention of poorer health (to delay) long-term care is very important, given the lack of care support that is available. I believe that previously healthcare professions were given the time to support individuals to manage their long-term conditions. However, as the health system changes, there is now not enough time to do this. I know linking closely with the social prescribing team to find support services available that can prevent the need for care”. (Woman, 31)

Awareness of advocacy

Most people giving feedback were not generally aware of what advocacy services provide or of the advocacy services provided by North Somerset Council. Those that did know of advocacy services this was because they had accessed them for a member of their family or had acted as an advocate on their behalf or had volunteered as an advocate. Others thought that they may be able to access advocacy services through their GP or a social prescriber. One participant found out about an advocacy service via their district nurse. What was emphasised was the need to receive advocacy at the right time before people got to a crisis point in their care. This is revealed by the following comments:

“I have been an advocate for my mother when I was well enough but not now. Someone at her care agency advocated for her when social services tried to cut her care package. If the time comes when I need advocacy I would look online – North Somerset Council or (the) Citizens Advice Bureau websites to see what is available”. (Woman, 27, living with a long-term condition)

“I’ve got no experience of it (advocacy), I’ve been crying out for a long time to have someone to help me with this because I’m literally on my own. I just wish I could have this when I was at my worst rather than a little bit late now. I wouldn’t

know where to start. I was told that my GP could refer me to an advocacy service, they can't, they don't know anything about that, so that's what I want and hopefully I'm on the first step to get there. I don't know where I'll be signposted. I hope someone will know that I do need some advocacy from somewhere. I feel much happier knowing that hopefully something can be arranged for me. A district nurse, she came round for me yesterday, and she said about advocacy and that's what I want, that's what I've been asking for, for so long but I wouldn't have known it was there until yesterday". (Man, 70 living with long-term conditions).

"I've actually done advocacy work because I've done training in advocacy as well for my (condition)...I've used that knowledge with the (support group the participant facilitates)". (Disabled man, 50)

Other participant comments suggest the need for advocacy to access care support. What was also emphasised was the need to receive advocacy at the right time before people got to a crisis point in their care.

Participants with learning disabilities stated that they would like access to advocacy services. One commented on this:

"I would need someone to help me understand everything; I would need this service". (Man, 28, with learning disabilities)

Considerations for Adult Social Care

Participant evidence suggests the need for:

- a single point of access for information on social care
- clearer signposting where to find information on social care
- explicit information on the care process, how people are assessed and potential outcomes of care assessments
- easily accessible information available
- information people can access independently
- guidance and opportunities in order that people can consider care planning for their future
- Information on social prescribing and eligibility for referral
- information on advocacy services and eligibility for these
- accessible information on the financial planning of social care
- accessible language in all social care documents and on the North Somerset Council social care website.

Future engagement

One of the aims of this project was to gauge participant interest in engagement work for North Somerset Council Adult Social Care in the future. Eight participants agreed. These participants will be invited to be involved in further work, to codesign of Adult Social Care services.

Acknowledgements

We would like to acknowledge all the support and advocacy organisations involved in this project and all the people with lived experience who gave us their valuable feedback, and North Somerset Council Adult Social Care.

Quality assurance

This project was designed using Healthwatch BNSSG methods and templates for research and engagement. Graphics and pictures: Healthwatch England, The Centre for Ageing Better.

References

JNSA report North Somerset Council <https://n-somerset.gov.uk/council-democracy/north-somerset-insight-data-statistics/joint-strategic-needs-assessment-jsna-health-social-care> (accessed December 2023)

JNSA Spotlight report: North Somerset Population Demographics <https://n-somerset.gov.uk/sites/default/files/2022-04/JSNA%20population%20demographics%20spotlight%20report.pdf>

(accessed December 2023)

Spotlight report: Carers for adults, JNSA, 2023 <https://www.n-somerset.gov.uk/sites/default/files/2022-04/JSNA%20carers%20spotlight%20report.pdf> (accessed December 2023)

North Somerset's Health and Wellbeing Strategy (2021-24) <https://n-somerset.gov.uk/sites/default/files/2023-01/HWBS%20action%20plan%20-%20acc.pdf> (accessed December 2023)

APPENDIX 1.

Organisations contacted to engage and recruit participants:

Age UK North Somerset

Alcoholics Anonymous group, Weston-super-Mare

Big Worle

Bournville Healthy Living Centre, Weston-super-Mare

Bridging the Gap Together, North Somerset

Community Centres

Community Connect

Multicultural Friendship Association, North Somerset

Nailsea Leg Club

North Somerset BME Network

North Somerset Council Disabled Access Group

North Somerset Together

Patient Participation Group Chairs of GP surgeries across North Somerset

Sirona Wellbeing Lead, North Somerset

Somewhere to Go – community centre

Voluntary Action NS

West of England Rural Network (Curo Group)

Weston College

Weston-super-Mare Citizens Advice (NS)

Weston-super-Mare Library

APPENDIX 2. FOCUS GROUP AND WRITTEN FEEDBACK QUESTIONS

North Somerset Adult Social Care project

Written feedback questions for Weston-super-Mare & Worle, and Woodspring residents who have not used North Somerset Social Care services. Please complete these questions and email them back to us by the 11th of December 2023.

1. Are you aware of what Adult Social Care Services North Somerset Council currently provide?
 - a. Do you know how to find out if you're eligible for services?
 - b. Would you know how to access these services?
2. If you need care and support currently, where do you access it? Who do you rely on for support? (practical, and care support) (e.g. Informal care/support, family, friends, neighbours, VCSE organisations, health services)
3. What would be the most important starting point when you think about deciding what care and support you may need in the future?
4. What are the 3 most important things for you in terms of care and support provision?
5. What does a good service look like in terms of care and support?
6. Have you thought about your future needs in relation to care and support in the future? Have you/When do you think you should/ started thinking about your future care needs?
7.
 - a. What do you think 'independence' means in relation to social care?
 - b. What aspects of your independence are most important to you?
8. How important is prevention when talking about adult social care? (Prevention of poor health)
9. Where do you access information about your current care and support? Is there anything missing in the information available?
10. Advocacy services – do you have experience of this, know what it involves and what's available?
11. Would you be interested in any ongoing engagement group/activity in the future for North Somerset Council? Please confirm this in an email to Anna King, Healthwatch BNSSG.

Thanks very much for your participation today. You will be sent an E-voucher after today to acknowledge your contribution to the focus group.

APPENDIX 3. DEMOGRAPHIC FORM

North Somerset Adult Social Care Project

Sharing this information helps social care providers understand how people's experiences may differ depending on individual characteristics. Your personal details will not be passed on. All of this information will be kept confidential and will be anonymised.

Please tell us the **first part of your postcode and the number in the second part of your postcode** (e.g. **BS14 3**)

Please tell us your **age**:

Please tell us your **gender**:

Is your **gender the same as the sex you were assigned at birth?**
.....

Please tell us which **sexual orientation** you identify with:
.....

Please tell us your **ethnicity (your background)**:
.....

Do you consider yourself to be **disabled, to have a disability, or to have a long-term health condition?** YESNO.....

If you answered 'Yes' to the last question, please tell us more about what these are:.....

Do you consider yourself to be a **carer?** YES.....NO.....

Do any of the below apply to you? (Please tick any that apply)

Homeless	Refugee or asylum seeker
Live in poverty	I've come into contact with drug or alcohol services
Limited family or social networks	I am geographically isolated
Long-term unemployed	I am in a stigmatised occupation

Thank you for completing this form.



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