

Community Based Services Re-commissioning 2016

South Gloucestershire Council is consulting on the re-commissioning of Community Based Services. These services include homecare and one to one support to access the community but exclude social care in prisons and specialist community one to one services for people with learning difficulties and mental ill health, which will be re-commissioned for separately.

Please complete this survey after reading the consultation document.

Q1 Do you, or someone you know, receive any of the following services?
(Please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Home care | <input type="checkbox"/> Specialist community based support (one to one support) - learning difficulties or mental health services |
| <input type="checkbox"/> Community based support (one to one support) - for example support to go shopping | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Reablement | <input type="checkbox"/> Not applicable |
| | <input type="checkbox"/> Other - please specify below |

Other (please specify):

Q2 If you, or someone you know, receive a service please tell us how satisfied you are with your care or support and how it was organised:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Not applicable
Being listened to about how you want your care or support to be provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How your care was organised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How long it took for your care to be organised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having care and support at the times you need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The continuity of care - having the same care or support workers on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punctuality of care - your care or support workers arriving on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting you to live as independently as possible, in your own home, for as long as you want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use this space to make any comments about your experience or any of the aspects above:

Q3 How do you feel the proposed model will impact you?

Q4 How do you feel the proposed model will make a difference to care and support services?

	Much better	Somewhat better	No difference	Somewhat worse	Much worse	Don't know
Having a choice or say in how your care or support is provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How care is organised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How long it takes for care or support to be organised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having care and support at the times you need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The continuity of care - having the same care or support workers on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punctuality of care - your care or support workers arriving on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting you to live as independently as possible, in your own home, for as long as you want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use this space to make any comments about any of the aspects above:

Q5 Overall, how do you feel the proposed model will make a difference to how care and support is provided in the future?

- Much better Somewhat better No difference Somewhat worse Much worse Don't know

Q6 When we are deciding which provider to give the work to, which three of the following aspects do you feel are most important for us to consider?

(Please tick three options)

- | | |
|--|--|
| <input type="checkbox"/> Having a choice or say in how your care or support is provided | <input type="checkbox"/> Punctuality of care - your care or support workers arriving on time |
| <input type="checkbox"/> Having care and support at the times you need | <input type="checkbox"/> Supporting you to live as independently as possible, in your own home, for as long as you want to |
| <input type="checkbox"/> The quality of care | <input type="checkbox"/> Other - please specify below |
| <input type="checkbox"/> The continuity of care - having the same care or support workers on a regular basis | |

Other (please specify):

Q7 How important do you feel it is that professionals and providers work together? For example, your GP or district nurse working closely with your care or support provider.

- Very important Important Neither important or unimportant Not important Not important at all Don't know

Q8 How likely are you to choose the Direct Payment/Individual Service Fund to buy your care directly from the provider of your choice?

- Very Likely Neither likely or unlikely Very unlikely
 Likely Unlikely Don't know

Please use this space to make any comments about direct payments

Q9 Please use this space to make any other comments or share your views on how we could improve the proposed model:

If you are a provider or professional please answer the following questions (Q10 - Q14), otherwise please skip to Q15

Q10 If you are a provider, which of the following services do you currently provide under the current Community Based Support framework contract?
(Please tick all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Home care | <input type="checkbox"/> Specialist community based support (one to one) - learning difficulties or mental health services | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Community based support (one to one) - for example support to go shopping | <input type="checkbox"/> Reablement | <input type="checkbox"/> Not applicable |
| | | <input type="checkbox"/> Other - please specify below |

Other (please specify):

Q11 If you are a professional, do you have experience of any of the following?
(Please tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Referring people for Community Based Support | <input type="checkbox"/> Working alongside Community Based Support providers |
| <input type="checkbox"/> Providing Community Based Support | <input type="checkbox"/> Other - please specify |

Other (please specify):

Q12 What works well with the current Community Based Support model?

Q13 What does not work well with the current Community Based Support model?

Q14 If you have experience of a similar service change within another local authority area, please use the space below to share your experience: *it would be useful for us to know what did work well and what did not work so well*

About you

Q15 Are you responding as?

- | | |
|--|--|
| <input type="radio"/> A current service user | <input type="radio"/> A potential future provider of these services |
| <input type="radio"/> A carer, friend or family member of a current service user | <input type="radio"/> A health or social care professional - including care and support workers and social workers |
| <input type="radio"/> A potential future service user | <input type="radio"/> A South Gloucestershire Council employee |
| <input type="radio"/> A local resident | <input type="radio"/> A parish or town council |
| <input type="radio"/> A current provider of these services | <input type="radio"/> Other - please specify below |

Other (please specify):

If you are responding on behalf of an organisation, please tell us its name:

Q16 Please tell us your full postcode i.e. BS* *** or BS** ***

This section is really important as it helps us to gain a better understanding of the needs of different service users, the views of different people and how they could be impacted by any changes. This information will remain confidential and will be used for analysis only. Your personal information will not be published and individuals will not be identified.

If you are responding on behalf of an organisation you do not need to answer these questions.

Q17 Your age: 18 or under 19 - 24 25 - 44 45 - 64 65 - 74 Over 75 Prefer not to say

Q18 Your gender: Female Male Prefer not to say

Q19 Do you consider yourself to be disabled? Yes No Prefer not to say

Please tell us how your disability impacts you and your use of community based services:

Q20 Your ethnicity:

- | | | |
|---|--|---|
| <input type="radio"/> Arab | <input type="radio"/> Black/African/Caribbean/Black British – Caribbean | <input type="radio"/> Mixed/Multiple Ethnic Groups – Other (please state) |
| <input type="radio"/> Asian/Asian British – Bangladeshi | <input type="radio"/> Black/African/Caribbean/Black British – Other (please state) | <input type="radio"/> White – English |
| <input type="radio"/> Asian/Asian British – Indian | <input type="radio"/> Gypsy or Traveller of Irish Heritage | <input type="radio"/> /Welsh/Scottish/Northern Irish/British |
| <input type="radio"/> Asian/Asian British – Pakistani | <input type="radio"/> Mixed/Multiple Ethnic Groups – White & Asian | <input type="radio"/> White – Irish |
| <input type="radio"/> Asian/Asian British – Chinese | <input type="radio"/> Mixed/Multiple Ethnic Groups – White & Black African | <input type="radio"/> White – Other (please state) |
| <input type="radio"/> Asian/Asian British – Other (please state) | <input type="radio"/> Mixed/Multiple Ethnic Groups – White & Black Caribbean | <input type="radio"/> Other ethnic group (please state) |
| <input type="radio"/> Black/African/Caribbean/Black British – African | | <input type="radio"/> Prefer not to say |

Other, please tell us:

Thank you for taking the time to respond to this survey.

Please return this survey or any comments before **6 Jan 2017** by post to:

FREEPOST RTCT-JXLE-EETT, South Gloucestershire Council, Corporate Research & Consultation Team,
Community Based Support, Civic Centre, High Street, Kingswood, BRISTOL, BS15 9TR.

Any personal information that you have supplied will be held by South Gloucestershire Council in accordance with the Data Protection Act. This information will only be used as part of this exercise and personal information will not be published or passed onto any other organisation.