

# Scrutiny Review of Older People Services: User and Carer Involvement in Services

## Report by the Project Board:

Councillor Michael Tunwell  
Councillor Mary McPherson  
Councillor Matthew Lock

20 February 2004



## **Scrutiny Review of Older People Services: User and Care Involvement in Services**

### **1. Introduction**

1.1 The Social Services and Health Scrutiny Committee agreed at its meeting in July 2003 that a scrutiny review would be undertaken which looked at the progress being made by the Social Services Department in improving the way in which users and carers were being involved in services.

1.2 The Joint Review Report of June 2002 had highlighted in para 4.5 that *'The Authority has a strategy for involving users and carers in shaping services but this is not always implemented successfully. 'And it continues 'The Authority needs to ensure that it makes clearer connections between the views expressed and policy choices made, and feeds back the outcomes from such consultation more effectively.'*

1.3 The Scrutiny Committee decided that it would prefer to take three Older People Services in order to examine the way in which users and carers are now being involved and consulted on the services they receive. The three services are:

- Rapid Response Service;
- The Community Collaborative Rehabilitation Team;
- The Living at Home Programme.

1.4 A Project Board comprising Cllrs Tunwell, (Chairman), Lock and Neighbour was given the responsibility for conducting this review. Councillor Neighbour was replaced by Councillor Mary McPherson in August 2003.

1.5 The Board has met on 8 occasions and has carried out visits to The Conquest Hospital, Hastings; Eastbourne District General Hospital and St Anthony's Court, Eastbourne. It has interviewed the staff and users of the three services as well and gathered evidence as outlined in 4 below.

1.6 The Board wishes to record its appreciation of the work carried out by all the project officers and for the help and co-operation of the many individuals who contributed to and facilitated this report.

### **2. The scope of the review**

2.1 The review has aimed to;

- A. Examine the effectiveness, robustness and quality of:
- The policy and strategy for involving users and carers in services

- The systems and methods employed for involving users and carers in services.
- B. Examine the appropriateness and effectiveness of the ways in which users and carers are involved in decisions about their own wellbeing in the delivery of services in the Living at Home programme, the Rapid Response Service and Community Collaborative Rehabilitation Team.
- C. Judge the progress made by the Social Services Department in addressing the user and carer recommendations.

### **3. The objectives of the review**

3.1 The overall objective has been to critically examine the performance of the Social Services Department in respect of the 3 areas in 2 above. This review can be described as a policy development review because it has looked carefully at the way in which the Social Services Department is developing and improving its policy and practice in relation to the involvement of users' and carers' in older people's services.

### **4. Approach of the review**

The approach has been to track the developments made by Social Services since the Joint Review and Social Services Inspectorate reports, looking at the impact on service users and carers. To achieve the necessary outcome evidence has been considered from the following sources

- User evaluation surveys / PAF indicator survey. Identifying non-respondents and reasons why (if available), response rates.
- Information on level of service demand
- Examination of the Service User pack
- Examination of Policy on User and Carer Involvement
- Reference to original SS/Joint Review reports.
- Reference to National Care Standards
- Service Plans
- Visiting users and carers
- Talking to Managers of services and staff
- Examining through discussion with senior officers the investment of the Social Services Department in improving provision.
- Rate of progress since the inspections
- The contribution and role of health partners

## **5. Findings**

### **A. The effectiveness, robustness and quality of the policy and strategy for involving users and carers in services.**

In coming to its judgements and findings in the aspect of strategy and policy the Board took evidence from the Quality Officer in the Social Services Department, the Director of Social Services, Lead Member for Social Services and the Head of Quality & Change Management, as well as examining policy documents.

#### **5.1 Action Planning**

**5.1.1** The recommendations from two key external inspection reports form the basis of actions for the Social Services Department in respect of involvement of users and carers in services. The two reports, Joint Review, (2002) and SSI inspection of older people services (2003) have to-date been appropriately responded to with action plans in respect of user and carer involvement, although much of the progress made has occurred in the last nine months.

**5.1.2** The Board is clear that the Social Services department has recognised the importance of the users' and carers' perspective and has encapsulated its intent to improve staff involvement in the following vision statement.

*We aim;*

*“To transform the user experience and place users and carers at the centre of our decision-making processes, ensuring user friendly, rapid access to both assessment and, where appropriate, services which are flexible, tailored to meet individual need, empowering, and promote independence.”*

**5.1.3** The Board supports the policy of the Social Services Department in using a number of ways to involve service users. These are declared as:

- Providing information about services and access to them.
- Involving users in decisions about their own individual care.
- Involving users in the development of quality standards and monitoring how services are delivered.
- Involving users and carers in future service development and commissioning.
- Use of the Complaints and Compliments Process.

**5.1.4** Work to achieve these objectives has been underway more earnestly since the establishment of the Performance & Quality Division and appointment of staff including a Quality Officer whose role includes responsibility for consultation and involvement of users and carers.,

**5.1.5** The Board concludes that the policy and objectives are appropriate and address the recommendations of the action plans, particularly in relation to the Older People Services which is the focus of this review. The strategies employed to achieve the policy objectives are also appropriate. However, this review highlights that there is some variation in the progress that has been made in achieving each objective.

## **5.2 Policies**

**5.2.1** Much work is still in progress, especially in relation to decisions about the User and Carer Involvement Policy, last updated in November 1999. The Board noted that the development of a new county-wide strategy for involving users and carers in older people's services will form a template for a new approach. This initiative is led by the Older People's Strategy Group and, if successful, it could be the basis for a new policy and thus supercede the November 1999 policy. This new approach will incorporate the most recent best practice as defined in a series of reports from the Audit Commission and Better Government for Older People ( BGOP) Network which were published in February 2004. ESCC has recently joined the BGOP Network.

**5.2.2.** The Board noted that in subscribing to the Supporting People Programme the Social Services Department has given a commitment to achieve quality service for users. The monitoring and review policy is in place and current.

**5.2.3** The Acute Hospital Discharge Policy, drafted but not adopted, by East Sussex Hospitals NHS Trust, describes the Social Services Department responsibilities when a person in hospital is referred to Social Services. This stresses the need for;

*“discharge to be planned for at the earliest opportunity across the primary, hospital and social care services; that it should be co-ordinated by a named person and the decision to discharge should be made by a multi-disciplinary team who consider all the factors; discharge usually to take place by mid-morning with particular attention being paid to discharges on a Friday, weekends and/or bank holidays.”*

The Board examined this policy document closely and gathered evidence from the Hospital Assessment team, both at the Eastbourne District General Hospital and the Conquest Hospital, Hastings as to the way in which the draft policy is being applied.

**5.2.4** The Board concluded that the responsibilities and procedures outlined in the policy are appropriate. The Board also concluded that the referral procedure addresses the needs of service users and is followed as far as possible by Social Services staff.

**5.2.5** However, there are sometimes matters, beyond the control of the Social Services assessment team, which affect their ability to meet the draft policy. Practice does not yet correspond to the expectations of the draft policy. The

reasons for there being a variation between the draft policy and practice lie outside the remit of this review. However, they do impinge upon the ability of Social Services assessors to provide both choice, and involve users in decisions about their future care. In particular, it is recognised that there are real pressures on hospital staff and resources which sometimes appear to result in older people being discharged without appropriate referral to Social Services or with limited time and opportunity for involvement in the decisions about their future care.

### **5.3 Strategies**

**5.3.1** The 'Social Services Communications Strategy 2003 – 2004', published in September 2003, sets out the standards to be achieved in accessible information for the public and in meeting customer care standards. The Board has not tested the effectiveness of the policy statements but has noted that the policy addresses the expectation that the needs of customers will be met. It is a clear set of strategies for improving and ensuring communications are effective.

**5.3.2** The Board recognises that, in response to the SSI inspection of older people's services, a multi-agency working group has been established by the East Sussex Older People's Strategy Group to develop a clear strategy for user and carer involvement. Its aim is to build on existing Social Services Department policy. The Board commends this strategy because it is ensuring the involvement of older people voluntary groups and agencies in the development of future services and policy.

**5.3.3** The status and future of the Annual Report that summarises performance is still not clear. No Annual Report has been published for the last two years. However, a quarterly reporting process is currently being developed that will provide the Social Services Department with information about customer satisfaction and include the results of recent consultation findings. This appears to be a better document that provides the necessary performance data but with the additional information about action taken to address the outcomes of satisfaction and other user and carer surveys.

**5.3.4** This report is aptly named 'Listening to People and Responding.' The Older People section in the first report covers information from satisfaction surveys across the Home Care Service, Living at Home Programme and the Community Collaborative Rehabilitation Team. The declared future aim of this reporting will be to identify changes in planning and service delivery as a result of customer feedback. It will also report on how improvements have been communicated to service users. The Board believes this strategy is an effective way to capture user views, and improve the way in which users and carers can influence future services

**5.3.5** The Board concluded that there is now much effective activity taking place at a strategic level to put in place policies and strategies that will support and improve current practice in involving users and carers. Although slow to start, the impetus for change has gathered a pace with the establishment of the new

Quality and Change Management Unit in the Performance and Quality Division of the Social Services Department.

**B. The effectiveness, robustness and quality of the systems and methods employed for involving users and carers and the ways in which users and carers are involved in decisions about their own wellbeing and delivery of services**

The Board gathered evidence for its judgements in this aspect from interviews with service users, carers, those who deliver services and those who manage services. The focus of the review has been upon older people who receive either the Rapid Response Service, the Living at Home Programme or support from the Collaborative Community Rehabilitation Team. The Board sought to judge the extent to which users of these services have been involved in decisions about their well-being and whether or not they have been given choices.

**5.4 Providing information and choices to service users**

**5.4.1** The Board concludes that there are currently two key methods by which information about services is conveyed to services users and carers. These methods are by leaflet and by the Social Services assessor. A series of leaflets is published by Social Services that explain the range of services available. The County Council together with District and Boroughs, PCTs, NHS Trust and Voluntary sector providers also jointly publish a booklet about services called 'better care, higher standards'. It is a statutory responsibility for the Department to publish both Public Information Leaflets and the Better Care Higher Standards.

**5.4.2** The assessor's role is described as playing a vital part in explaining what services are available as well as helping the user make decisions about their future care and be in a safe environment. However, the Board discovered that the reality can be different.

**5.4.3** The main source of information, for users, about available services is transmitted through either leaflets/booklets or word of mouth. All the service users the Board spoke to had difficulty in identifying the Social Services Department leaflets shown to them. None could recall having received them or read them. Also the Better Care, Higher Standards booklet was a similar mystery to those interviewed. This did not mean that all the users were ignorant about what services were available. There was, however, some ignorance about the range of support available and, for a few, fear that they might lose their independence if they accepted a service from Social Services. In some cases, and where possible, the assessor had given them appropriate verbal information and reassured them.

**5.4.4** Although initially seen as a minor issue the Board's attention has been drawn to the fact that there is still, for some older people, a stigma in receiving services from the Social Services Department. As stated before there is lack of

knowledge, particularly about the range of support services that can be provided, that does affect the choice of some older people, on admission to hospital, to accept the option of being referred to Social Services.

**5.4.5** The Board received evidence to indicate that for many users about to leave hospital there was frequently little or no choice of provision available to them. Assessors described the need to find a safe environment for many patients as their first priority. Assessors also identified the problem that the appropriate provision was not always available or could be funded at the moment the patient was due to be discharged from hospital.

*One example quoted, was of an elderly lady discharged from hospital to go to a care home away from her own town. She had no part in the decision. The only safe environment available to the assessor was a particular home which was not ideal for her needs. She could have gone home had other services been available at the time of her discharge.*

**5.4.6** Similarly, there are cases in which planned discharges do not appear to take account of patient needs. Frequently there are examples of unsafe discharges when patients have, for all sorts of reasons, been transferred from ward to ward and then discharged without referral to Social Services. The Board concludes that the system for seeing all patients who might need Social Services support and ensuring patient choices and involvement in their future well-being is not robust in the hospital environment.

*One old lady was discharged from hospital to go back to her home. It was only discovered some time later that whilst she was in hospital her family had found her a new flat on the ground floor. All her belongings had been moved into the new flat. The old lady, however, found it difficult to cope as furniture etc was not in the same places as she was used to. Her problems were exacerbated.*

**5.4.7** The Board also noted particular problems with the connection of computers between the Conquest Hospital system and that of Social Services. This is a problem that has been known about for some time and is still unresolved. The assessment team is unable to access the hospital computer system due to lack of cabling in their present location. The lack of a connection affects the ability of assessors to ensure all necessary information is appropriately shared and recorded in the hospital system.

**5.4.8** The Board looked at satisfaction surveys, talked to users and carers and concluded that when older people receive a service from the Social Services Department through one of the three programmes, Rapid Response, Living at Home Programme or the Community Collaborative Rehabilitation Team, their satisfaction levels are high. Although not part of this review the Board would like to put on record that they heard nothing but praise for the staff who deliver these three services.



**5.4.9** The Board were both pleased and yet exercised with the fact that the satisfaction levels from users and carers in the three services reviewed is overwhelmingly positive. The level of complaints from users against these services is not measurable. However, when questioned about whether or not they were given choices in their future care, at the point of assessment, and particularly when being discharged from hospital, there is evidence that many patients are not asked or invited to choose from a range of options. This is partly to do with reasons explained in paragraphs 4.5, 4.6 above. However, the majority of patients interviewed did not see the issue of 'being given a choice' a problem. Some countered the Board's expressions of surprise with rejoinders about the high quality of service they received.

**5.4.10** The Board discovered that although many patients interviewed could not readily recall receiving booklets/leaflets or being asked about where they wished to go after hospital, the Service Plan they received in the Rapid Response and Living at Home programmes was a thorough record of provision.

**5.4.11** The Board concludes that the fact and issue of being given choices, at a time of vulnerability, apprehension and need for treatment, is not always seen as priority or recalled by most older people in crisis. However, this does not, in the Board's view, negate the requirement to give the patient choices when it is possible.

## **5.5 Involving users and carers in future planning**

**5.5.1** The Social Services Department has been successful in finding an appropriate method for long-term empowerment and involvement of older people in improving and developing services. The Older People's Strategy Group aims to put older people's experiences at the heart of commissioning and delivery of services in order that they meet the needs of residents of East Sussex. Similarly the Care for the Carers group is involved in reviewing and distributing information. Age Concern has a take home and settle scheme.

**5.5.2** The Social Services Department is currently developing and negotiating a new contract for the provision and delivery of Daily Living Equipment. In keeping with its policy to involve users and carers in the planning and provision of services there is a single user to be appointed to the management board. This is an important development but the Board recognises that the method of representation of users' and carers' views in the planning of services needs to be more robust. This aspect of development is still work in progress and appropriate methods for representation at the level of planning and provision are under discussion.

## **C. The progress made by the Social Services Department in addressing the recommendations in the external reports**

Since the publication of the external reports and the subsequent action plans developments have taken place within the Social Services Department to bring about improvement.

### **5.6 Recent Actions**

5.6.1 The Board notes the following recent actions as being effective and successful:

- Establishment of the Quality and Change Management Unit with a new Head and oversight of user and carer involvement in services at a senior level.
- Older People's Strategy Group established – A multi-agency group with a Service User and Carer involvement Strategy commissioned.
- Carers Strategy Group raising awareness.
- Social Services appointed Shared Commissioners working with PCTs
- 'Strengthening Accountability' agenda being taken forward with partners.
- Contracts and Monitoring Unit now using feedback information from satisfaction and other surveys to address future services.
- Continued change of emphasis from residential care to home care.
- Single Assessment process to be up and running by 1 April 2004

**5.6.2 The Board concludes that good progress has been in addressing the recommendations from the external reviews.**

## **6. Action points and recommendations**

### **6.1 Action points**

#### **6.1 Developments which the Board would like to see:**

- **The introduction of the User and Carer Involvement policy by December 2004.**
- **The referring of the matter of reviewing hospital discharge arrangements across the East Sussex Hospitals NHS Trust to the Health Overview and Scrutiny Committee for its consideration.**
- **The adoption and implementation of the draft Discharge Policy as a matter of urgency with a report back by September 2004 on progress.**
- **A report to the Social Services and Health Scrutiny Committee in September 2004 on the way in which the outcomes from the 'Listening to People and Responding' report are changing services to older people.**
- **The developments already started within the Quality and Change Management Unit, as outlined by the Head of Quality and Change Management in her report to the Board, continued and refined in light of the recommendations in this report.**

## 6.2 Recommendations

### 6.2.1 The Board recommend The Quality and Management Unit should:

- address the issues raised about communications with the public by using a variety of ways in which information about services and support can be made more widely available. Such ideas might include use of photographs, website, targeting of families, promoting a better image.
- Increase the methods of gathering information from users and carers beyond questionnaires and forums. Consider approaches suggested in the Better Government for Older People (BGOP) report.
- Carry out a survey with the people of East Sussex on the part that the 'image and perception' of Social Services plays in the apparent failure to take up services, and act upon its findings.
- Continue developing appropriate means whereby carers and users are involved in planning of services, exploring a range of options around representation.

*Reporting back to the Social Services and Health Scrutiny Committee on progress by October 2004.*

### 6.2.2 The Social Services Department should continue and extend work with health colleagues, focusing in particular on;

- Developing discharge and exit plans so that older people leaving treatment are not isolated but can emerge back into the community with confidence and a sense of identity and purpose.
- Making more robust the referral systems in the hospital setting so that issues around the stigma of social services, losing of patients through ward changes and addressing ICT problems are tackled.