

**Unmet Needs
in
Telford and Wrekin**

Initial Review



Foreword

The challenges facing Shropshire and Telford Hospital Trust and developments in the Future Fit consultation have occupied a significant proportion of our time as a Committee. Alongside our focus on the local Health economy however, I was keen that the increasing pressure on adult social care with its impact on local people should be further considered. An important role of the Scrutiny Committee is to hear from users or potential users of the services on how they are experiencing these pressures

In order to ensure the work was conducted by an organisation independent of the Council and the My Choice consortium, Healthwatch Telford and Wrekin (HWTW) was approached to lead the delivery of this project as part of its core offer.

The purpose of this study is to understand how well people are able to access local adult care and support services, how those services contribute to people's quality of life and what we can learn about needs that are not being met by either the statutory or the voluntary sector.

This project should be the start of the story; it helps us to understand what else we need to know, and we hope the information gathered supports the adult social care Market Position Statement and the Joint Strategic Needs Assessment in being more informed on forthcoming commissioning priorities. We will be seeking responses from key partner agencies on how they intend to utilise findings of this study. We hope that it is seen as a useful piece of work that facilitates further examination of care needs that are unmet in Telford and Wrekin at a time of restricted resources.



Councillor Andy Burford

Chair Health and Adult Care Scrutiny Committee (HASC)

Introduction

The Health and Adult Care Scrutiny Committee

The Health & Adult Care Scrutiny Committee (HASC) scrutinises and monitors the planning and performance of the Council's adult social care services and health service matters. Some Members of the Committee are also appointed to work jointly with colleagues from Shropshire Council to scrutinise health issues that impact on the wider health economy in both Shropshire and Telford & Wrekin (T&W).

The Committee membership included both elected Councillors and co-opted individuals with relevant knowledge and experience.

Healthwatch Telford and Wrekin

Healthwatch Telford and Wrekin (HWTW) is an independent consumer champion/patient voice, created to gather the views of people who live in T&W. Our aim is to provide our Communities with a stronger voice, in influencing and challenging how health and social care services are provided in T&W. HWTW routinely gathers the views of residents who use or have access to health and social care services and that feedback is then analysed allowing HWTW to inform the key groups who plan, manage and regulate the service with evidence-based comment.

HWTW engages with many statutory/voluntary organisations including the Local Authority, Care Quality Commission, Clinical Commissioning Groups), Providers, individuals and groups, to ensure that services are designed and structured to meet the needs of local people.

In addition, HWTW have a responsibility to carry out Enter and View visits to provider services offering health or social care activities. This responsibility is a statutory power enshrined in law under the Health and Social Care Act.

Who has been involved in this Review

The initial review involved support from HASC, HWTW, Shropshire and Telford & Wrekin Age UK (STW Age UK), Citizens Advice Telford & the Wrekin (CAT&W) and My Choice partners. The review team consulted with individuals and representative groups accessing or providing services through a survey questionnaire and a targeted workshop.

Outline

How people access social care and low-level support

Under the Care Act, Local Authorities are required to ensure that people who live in their areas can:

- receive services that prevent their care needs from becoming more serious, or delay the impact of their needs;
- obtain the information and advice they need to make good decisions about care and support;
- have a range of provision of high quality, appropriate services from which to select.

Local Authorities have adopted varying approaches that enable local people to access support and care. T&W Council commissions the My Choice Information Advice and Advocacy service, which is delivered by an alliance of voluntary organisations.

In the case of My Choice, adults with care and support needs are offered the information and advice they need to appropriately access carers services, welfare, community care, local services, personal budgets, and coping strategies. This involves a tiered approach in partnership between Citizens Advice Telford & the Wrekin (CAT&W) who run the phoneline at Tier 1, together with several organisations including Taking Part (advocacy), STW Age UK, Alzheimer's Society, SIAS, and T&W Council.

At Tier 1 the individual's needs are initially assessed, after which they are signposted to the most appropriate Tier 2 organisation who can offer the relevant support, whether it be advocacy or advice. The Tier 2 level support offers assessors and advisors, as well as advocates, through STW Age UK, Alzheimer's Society and Taking Part. A trusted assessor is also available.

The Tier 3 level involves referral to the social care services at T&W Council. Despite this tiered approach there is concern that for those who need low level support the services currently offered are not appropriate, particularly with regards prevention. There is also a concern that within the population of Telford and Wrekin there are unmet needs.

What are Unmet Needs

An Unmet Need is not easy to define and as a result it is also difficult to measure. Indeed, levels of unmet need for adult social care are disputed, at least partly because of definitions.

The Department of Health and Social Care classifies unmet need in strict terms: "For there to be a significant unmet need out there, either one of two things must be happening. Local authorities are not implementing the Care Act in the way that it was

intended or expected to be, or the criteria in the Care Act are wrong, such that there would therefore be a lot of people who are not picked up in it. I do not think there is any evidence that either of those two things is in place”. (*David Mowat, February 2017, briefing by Minister for Communities, Health and Social Care*)

Local Authorities are required to understand the extent of unmet need for social care in their local areas. The King’s Fund identified that majority of local authorities do not have requisite monitoring arrangements in place (*The King’s Fund, November 2016, Unmet needs for health and social care: a growing problem*).

The IPSOS Mori Poll “Unmet Need for Care” (July 2017) offered independent research around unmet needs and which led to this review.

Research from Age UK estimates that right now 1.4 million older people are not receiving the social care they need. (*Age UK, Nov 2018, Why call it Care when Nobody Cares?*)

Some of the reasons why care needs appear to remain unmet are:

- Reaching crisis point before asking for help;
- Waiting times and the impact on people in terms of accessing timely information, advice and advocacy;
- A perception that access to services is difficult thereby delaying accessing support;
- Lack of awareness on what support may be available;
- Reliance on carers or informal support networks;
- Social isolation and low motivation to seek support;
- Low levels of awareness amongst professionals and potential users on what support may be available.

In November 2018, president of the Association of Directors of Adult Social Services highlighted the effects of cuts to social care and urged a ‘collective endeavour’ to tackle unmet need (*Glen Garrod, November 2018, ADASS Conference Speech, Manchester*).

Review Team

This initial review has been conducted by a reference group comprising:

Councillor Andy Burford- Chair of HASC

Dag Saunders - Lay member HASC

Hilary Knight - Lay member HASC

Caro Hart - Chief Executive, Citizens Advice T&W

Paul Shirley and Shobha Asar-Paul - HWTW

Barry Parnaby- Chair of the Carers Partnership Board has also supported the group in ensuring the effective consideration of carers needs.

Aim

The aim of the HASC survey was to examine:

- People's experience of accessing Adult Social Care (ASC) and how that support is helping them stay independent;
- How the local voluntary and community sector is supporting people's personal and practical support needs;
- What needs people are experiencing that are currently not being met and why this is the case.

It is intended that the results of the survey will be used to determine what is currently working well and what needs improving, together with recommendations to the Council and local partners.

Methodology

The methodology employed was to utilise both a comprehensive questionnaire and also a targeted workshop. The HASC working group designed a questionnaire which was also available on-line as well as being distributed in a hard copy format by STW Age UK, Citizens Advice T&W and My Choice partners. A total of **44** questionnaires were returned and in addition 3 individual respondents indicated their permission to include their case studies or selected quotations in the review document.

A Workshop was held on 21st November 2018 to consider the role of the community and voluntary sector. The workshop was attended by approximately 50 people largely representing voluntary and community groups in Telford and Wrekin focusing primarily on:

- how the local community and voluntary sector is supporting people's quality of life and enabling people to stay independent together with what the Sector is able to do well and what might need to improve?

Mapping information matrix was created to help steer the initial review, questionnaire and workshop and covered:

<p>My Choice Users: Local people’s experiences of using the My Choice Pathway- any difficulties; positives Are you telling us the right things? Is My Choice asking the right questions? Why people accessed My Choice Did they try and utilize services before My Choice- if not why not? Meeting needs for independence and resilience</p>	<p>What do we know/need to know? What percentage of clients receive what type of service? Percentage of people who receive no service and reason for that Are people telling us the right things? Level of demand for pathway and low-level services, profile of users Future plans for ASC/ local NHS</p>
<p>Carers perspectives Carers experiences of using the My Choice Pathway Is My Choice asking the right questions? Why people accessed My Choice Did they try and utilize services before My Choice- if not why not? Meeting needs for independence, well-being and resilience</p>	<p>Stakeholder perspective: COG; My Choice; Making it Real Group; Sr. Citizens Forum; CAB users My Choice staff perspective The spectrum of wellbeing services available to adults and older people What needs cannot be met in your opinion Level of demand Linking with social prescribing and the range of IAG services</p>

It is intended that this initial review will be presented to the HASC of 26th February 2019.

Findings

Community and Voluntary Sector Workshop - 21st November 2018

The findings of the workshop are summarised below:

Some organisations pick up people who would not qualify for acute services but have complex needs that are not being met. There is a big gap in support before people reach acute stage.

There is a real lack of services for people who are not acute but have severe problems resulting in their needs being left unmet. If they are suicidal the people can get help from Mental Health services, but this is time limited.

Also, there can be a long wait to access statutory services, so a range of services need to be offered.

Prevention and early intervention are very important and can help save on costly service provision when people's mental health becomes worse.

“A Male aged 28 years, Self-referral. Presenting issues of anxiety, depression, isolation with suicidal thoughts. Background: renting a room in a house-share, unemployed, with financial difficulties. Client approached IMPACT and decided to self-fund the counselling/psychotherapy service due to the long waiting lists with statutory services. Client was offered an Assessment appointment within 1 week and his therapy began the following week. There were no restrictions placed on the number of sessions available to him. Therapy continued on a weekly basis for 12 weeks, at which point significant improvements in his mental health and emotional well-being were evident to both the client and his counsellor. As his self-esteem and confidence grew, he began to socialise more and therefore feel less isolated. This in turn gave him the confidence to seek part-time work and get help with regard to his debts and financial difficulties. A planned ending was agreed and undertaken between the two parties. The client no longer had suicidal thoughts or depression. His anxiety was at a much lower level which the client was able to manage with strategies learnt during therapy/counselling sessions”. (Impact Counselling & Psychotherapy Services)

Young people with Autism, if very severe, will often get help but if less severe or high functioning, then no service is available.

There also continues to be a huge difference between young people transitioning from children to adult services. Prevention and early intervention were identified for young people as a key factor. Putting in services earlier may help prevent young people becoming an adult with more complex mental health problems.

People's experience of contacting social services are varied. Some found accessing adult social care (Social Services) can be very difficult. Those who contacted “My Choice” found they had been offered other forms of support instead which may not be suitable. Issues have been raised around My Choice being completely unsuitable for people with hearing issues.

Clients who have been referred to social services reported a long wait before social services contacted them. Clients have also found it hard to get in contact with social services and sometimes gave up.

Clients with Alzheimer's often found it hard to get in contact with social services through My Choice and sometimes gave up. They are often isolated and find it difficult to get out.

Other issues were raised around people not having an “allotted/named social worker” or having difficulties in contacting a social worker directly. People also reported social workers not returning calls, so people lose confidence and give up.

People also reported having several different social workers can be very disruptive. An increase in social workers is needed to offer more support, not just deal with crisis situations.

Some organisations and community groups are not effectively connected and therefore not able to sign post people appropriately. If other organisations are not aware, informed or kept up to date, then groups remain unsighted and unaware what they can offer people. This can be made worse if groups are reliant on different funding streams and need longer-term funding to establish good projects. If funding is not secured then services are reduced or stopped. A list of groups and relevant information needs to be kept up to date.

Groups have information and expertise that can be utilised by the council, so partnership working is essential. Commissioners may not understand how certain groups work as an organisation, or how much experience/expertise they may have.

Some General Practitioners are not aware of the voluntary and community support groups that are available. Care Navigators can play a vital role in signposting this support.

One visually impaired group reported difficulties in reaching out to people due to General Data Protection regulations (GDPR) cited as a reason. Social isolation of visually impaired has increased which can affect people quality of life, mental health etc.

Another support group spoke of their difficulties in finding regular meeting areas to welcome people on a drop-in basis. Affordable accommodation that people can regularly use is very important and without support, people can experience social isolation and loneliness that can lead to depression and other problems.

Costs and accessing British Sign Language interpreters (BSL) has created issues. Lottery funding was available for BSL training, but this is no longer the case. The lack of resources can impact on what support is offered.

Groups had become aware of some people in need who were not accessing services as they are unwilling to leave their home. Further research around this will be needed.

Transport is another key issue. There is often a lack of, or provision of unsuitable public transport and people cannot afford taxis. Those who do access taxis can have a varied experience, especially people with dementia can often find taxi drivers unsympathetic.

STW Age UK also highlighted that Occupational Therapy (OT) assessments for complex pieces of equipment e.g. stair lifts, adaptations to baths/showers, handrails etc., can take up to 3 months, and in some cases much longer. This means that older people are having to stay in hospital/care homes when they could be going home, and that older people are unable to manage at home and therefore must go into care when they don't want to/don't need to or end up returning to hospital. Older people's condition often deteriorates in hospital or care, making it more unlikely that they will go home.

Sometimes this means that older people will have to pay for the equipment/adaptations themselves if they can afford to do so, but many can't afford to do so.

Apparently, hospital discharges are still taking place without adequate care and support being put into place. This can result in older people being re admitted in to hospital. (Source: STW Age UK)

The role of volunteering is very important and can bring enormous benefit to people and the organisations for which they volunteer. This can also help to address depression, isolation and loneliness.

Questionnaire

The findings of the questionnaire are summarised below:

44 questionnaire responses were received. 13 people identified themselves as completing the survey on behalf of someone else, mainly family or partner. 50% of the people responding to the survey identified that they received social care and support in some form.

The main reason most people contacted adult social care through My Choice appeared to be around equipment, aids and adaptations for around the home. This was due to people not being able to manage their own personal care or had general mobility problems. People also contacted services to arrange general care/support.

When people were asked how easy it was to contact adult social care, this drew a mixed response from individuals, from very easy to deal with "My Choice" to several issues being raised, for example services being difficult to contact. However, My Choice and Council websites were good, and some people were able to get through on the phone.

People also reported they had to chase up contacts with social workers. Social workers visited but did not carry out actions as promised. Also, some people felt they were passed from "pillar to post" and left feeling that nobody wanted to help to them. People also reported calls had not been returned, or it took time for professionals to call people back - some people received no response on the phone. It had been recognised amongst some of people responding that adult social care staff are overworked and this can affect people's experience of contacting adult social care/My Choice.

One person said ***"Unnecessary barriers are placed on parents. Social workers a couple of years ago turned up and messed the care package up causing me a great deal of stress"***

People also found they had to repeat themselves each time about their situation or give details, when contacting Adult social care/My Choice. This was due to getting different call handlers each time and there appeared to be a lack of consistency which can lead to increasing stress for people.

One person reported they tried to contact mental health crisis team but received no help until a week after contacting them. They only received help from the crisis team following a complete breakdown, so early intervention is very important.

However, one person who accessed a non-statutory organisation stated ***“I didn’t feel like a patient/victim like so many mental health professionals make you feel”***.

15 people (34%) stated they had been asked the right questions when trying to access adult social care. 8 people (18%) felt the service needed no improvement at all.

Those who did make suggestions for improvement sited

- a need for fewer organisations to be involved;
- people needed more information;
- there was need to improve communication between people and organisations; to improve on visiting times and to make them more reliable.
- One person reported they had seen 3 different social workers in a 12-month period.
- One person responding to the survey received no help from the crisis team and had a poor experience of the police.

When people where asked what support they were receiving, some responses stated they had support from aids or adaption which had been completed or underway. In one case this was on hold for some reason. Others noted formal care arrangements from carer support, varying from one day a week to daily.

It was interesting to note that in some cases these arrangements had been arranged privately or to supplement local authority care. The most common response was about getting help from carers, family or from friends.

Nearly all respondents viewed the support they received in a positive way, suggesting it helped improve day to day living and well-being.

Some examples of feedback included:

- ***“makes clients life easier”***
- ***“The support means everything”***
- ***“without it, impossible to live my life as I want”***
- ***“I wouldn’t be able to do any of these activities on my own”***
- ***”learn new things”***

It was interesting to note that most people responding to the survey stated that they had no more additional needs to be met.

However, those who did identify additional needs listed more help with stairs, a need for a shower/wet room or had problems with gardening and needed extra help.

Several respondents were not aware of any local voluntary groups. Those who did access support from groups, outlined valued support from Carer's Centre, Age UK and British Legion. Some organisations that are reliant on voluntary contributions remain vulnerable.

There seems to be a lack of knowledge on how small organisations can seek charity funding. One person attended a local support group run by the Alzheimer's Society, however this group had to stop due to a lack of disabled parking being available.

One person said there is *“a lack of coordination between people and resources are oversubscribed”*

Conclusions

This initial review involved a limited number of respondents due to short time scales allowed for design, development, prior to distribution and collection in what was a very tight two-week survey period.

The feedback received can be placed into several categories:

- People and groups experience of **Accessing** services is variable;
- People need to have good experience of **Contacting** professionals and services, which includes returning calls promptly and having an consistent individual point of contact;
- **Improved communication** between people and organisations is essential;
- **Prevention and Early Intervention** focussed high on the agenda for some people, especially around mental health, particularly for children and young people;
- People need to be **Signposted** to services appropriately and without unnecessary delay;
- Improve people's **Experience** of health and social care and My Choice. This includes people not having to explain themselves many times over to different professionals;
- Organisations need to have a greater awareness of what other groups can provide. This includes keeping **accurate information** which is current and up to date;
- **Long term planning and funding** for organisations or groups is needed to maintain services for people to access and be sustainable;
- Adequate, sustained and effective use of **Resources**.

This short timescale review indicates that there is clearly an element of unmet needs in T&W which could be adequately assessed with further detailed work.

Recommendations

It is recommended that the initial review findings be used to identify any specific made improvements.

It is further recommended that these initial findings be used as a basis for the acknowledged intention of Scrutiny Committee to investigate in more detail the user experience and where needs are not being met. Survey and enquiry work could include:

- How users and carers perceive the effectiveness of preventative work and early intervention including examples of good practice and the resources needed to make wide-scale improvements
- An enquiry into the long-term funding needs of voluntary and community organisations that have a declared role in delivering this preventative work
- A survey of individuals receiving few if any care-related services but who are identified as being potentially lonely, vulnerable or struggling to manage, to better understand how their lives could be improved (acknowledging that this is difficult work to plan and scope)
- A large-scale survey of users to understand issues of accessibility to services including multiple case studies and focus groups
- A large-scale survey of users to gauge satisfaction levels and issues with services received from My Choice, Adult Social Care and Home Care including ease of contact with staff and continuity of care