Coventry City Council

Report

1　Purpose

This paper updates the Board on the development of a suite of 'I' statements with people aged 65+ who use Health and Social Care to form a benchmark against which improvement can be measured. The I statement development was inclusive of all groups within the city

2　Recommendations

The Health and Wellbeing Board is asked to:

1. Endorse the adoption of the "I Statements" by health and social care partners to form a benchmark for improvement when commissioning or recommissioning health and social services for older people

3　Information/Background

In January 2018, the Care Quality Commission (CQC) conducted a local system review to understand how well people aged 65+ move through the health and social care system, with a focus on the interfaces between services.

To launch the process, an event was co-designed with the COV Steering Group and the Director of Adult Services, Coventry City Council and was co-delivered on 30th May, with support from Insight and Adult Social Care teams at the Council, the CCG and STP Programme Office. The purpose was to involve representatives of older people in exploring the feedback from the CQC on the quality of services for older people and in generating suggestions that will support improvements and promote collaboration.

Participants' views about what good health and social care looks like and how we would know if things are improving were turned into aspirational statements that will be used to test future service changes against the expectations that people want us to live up to.

4   Engagement Undertaken

The draft statements were then tested and validated through engagement sessions with groups aimed at those aged 65+ across Coventry.

Sessions were held with specific BAME groups, Dosti South Asian Group, Hope in Unity Afro-Caribbean Group and Milan Carers South Asian carers group.

Coventry Vision, a visually impaired group and D Group, a hearing-impaired group were engaged with.

A breakdown by gender and ethnicity is shown in the table in Appendix 1

The following I statements were produced:

> - *I want to be able to access support when I need it.*
>
> - *I want carers and people in my support network to be supported, too.*
>
> - *I want to be able to find out information about what services are available in the community.*
>
> - *I want to be listened to and treated as an expert regarding my condition.*
>
> - *I want to manage my condition, at home, where possible.*
>
> - *I want to be able to speak to people in a social place, so we can share our experiences and learn from each other.*
>
> - *I want to be able to choose what works for me.*

In addition, a survey was sent to Healthwatch Coventry members, 32 responses were received (see Appendix 3)

5   Feedback

All attendees at the events and respondents from the survey helped to shape the final suite of I Statements.

Being able to access support when they need it was the statement that had the strongest agreement. The idea of extended access was welcomed as well as the option of seeing another health professional instead of a GP. Some frustration about being able to get a GP appointment was raised.

Key feedback was that support would be needed to access information online and in the use of digital technology. Although several respondents stated they would not want to access

information online. Leaflets and face to face were the methods most respondents would prefer to receive information.

All feedback received from the groups that were attended, highlighted the value of attending social groups to share experiences, learn from each other and avoid being socially isolated. Although the issue of transport was raised as a barrier to attending groups as well as finding affordable venues.

Afro-Caribbean members were less likely to welcome an element of choice, they felt quite strongly that if a professional gave them advice then they need to respect it.

The survey findings highlighted different points of view from the face to face sessions as there was not any scope for discussion around the meaning behind the statements.

Being able to access support when needed received the highest level of agreement with 9 out of 10 respondents stating that they strongly agreed with the statement. Interestingly the statement that received the lowest strength of agreement was about having the opportunity to speak to people and share experiences in a social place whereas at all the face to face sessions this was highlighted as extremely important for their wellbeing.

Collaborative care plans were suggested as a way forward that can be accessed by all the health and care professionals which would be a way of reducing the need to repeat their story time and time again. Accessing information was raised as an issue and the fact that not everybody could access information online and that this needs to be taken into account. Holding surgeries or information sessions in libraries or community centres was suggested as a way of ensuring people could access information.

6   Conclusion

Members of the Board are asked to endorse the I statements and adopt them across their organisations so that future service changes can be tested against the expectations that older people want us to live up to.

It is important that members of the Board ensure that the views of older people are reflected in shaping improvements in health and social care and local commissioning decisions.

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Appendices

Appendix 1

Groups Engaged with:

Group	Date arranged	Attendees	
Allesley Park Library group	Tuesday 5th February 2019	40	35 females 5 males
Earlsdon Library	February 11th 2019	8	6 females 2 males
Royal Warks Club Friendship Group	Wednesday 13th February 2019	7	4 females 3 males 1 BAME
Arena Park Friendship group	Thursday 21st February 2019	10	7 females 3 males
Milan Carers Group – Asian Carers Group	Friday 22nd February 2019	35	33 BAME 2 White British 28 females 7 males
DOSTI (lunch club for older south Asian members**)**	Wednesday 27th February 2019	48	40 females 8 males 48 BAME
Coventry Vision (blind / visually impaired group)	Friday 1st March 2019	15	6 females 9 males
Hope in Unity Session Afro-Caribbean Elders	March 6th	16	15 females 1 male 16 BAME
D Group – deaf hearing impaired	13th March 2019	6	3 females 3 males

Appendix 2

Feedback from Face to Face Sessions

Allesley Park
All agreed with the I Statements
No gaps were mentioned.
Information was key people don't know where to go to find information from, need someone to help coordinate and find out information for them. The idea of a "care navigator" was viewed positively.
Most agreed that they wouldn't be able to look online to find out information
Several people mentioned the security bracelets giving them a feeling of safety and the fact they put your mind at rest as there will be someone at the end of the phone.
Transport was raised as an issue to access activities and the fears around using companies such as Uber because you had to register your card details and so might be open to fraud. Community Transport is available but not as much as it used to be.
Exercise classes are great to attend but they can be quite expensive
The new POD service was mentioned, and a few people said they had found it very hard to use.
Moving services closer to home was viewed as a positive step as people has trusted relationships in their communities.

Earlsdon Library Group
All agreed with the I statements
No gaps were mentioned.
They all said how positive going out to social groups was for their own wellbeing, and that it helped feelings of being isolated.
Libraries were mentioned as essential for finding out information about what was going on.
They were keen to feel useful and where possible liked the idea of being able to volunteer and help other people and felt that improved their health and wellbeing.
They tended to find out information via word of mouth or leaflets and preferred finding out things on a face to face basis.
They agreed that moving services out of hospital was a good idea and that often they were happy to see the practice nurse instead of the GP.

Royal Warwickshire Group
All agreed with the statements
All felt that socialising was very important for their health and wellbeing. They were very sad about the numbers that attended this group declining. Transport was felt to be a key issue and when the weather was colder that affected the numbers that attended.
Several of the attendees here also attended the COV/Healthwatch event in May 2018 so were pleased that they could see the outcome of that event.
Examples of ridiculous bureaucracy and wasted resources were given in the case of receiving three letters in one day cancelling and rearranging and then cancelling appointments.
Are GP surgeries used to advertise the friendship groups? Could Working Men's Clubs noticeboards be used more to advertise NHS services.
Social groups very important that people who attend feel safe in the setting and free to talk to other people. Sometimes people are reluctant to tell their whole story, so they might be making several GP appointments to tell the issue bit by bit, so it would be good to have a care navigator to speak to.
A couple of attendees complained about the move to POD and would prefer to be able to speak to their chemist as before.

All agreed that they wouldn't use computers to find out information and the issue of the libraries moving all papers to online versions was highlighted as an issue for older people trying to find out information.

Arena Park Friendship group
All agreed with the statements.

Issues with GPs not necessarily knowing what services available and inappropriate signposting are were mentioned.

Most attendees do not have access to a computer and look to family members for support for searching for information.

All find the group important as a place to come and chat to people and the friendship that has fallen out of it, sometimes this is the only place that they speak to people over a week period. Having a support network is important and knowing that it's there when you need it. Someone suggested that people need a support plan who to talk to where to go etc
Somethings that happen to people are predictable. e.g.: Grief after losing somebody – people sometimes self-medicate, and self-care and they aren't always the best options. Predictors should be flagged, and support should be already identified. Important to address emotional well-being and mental health.

Milan Carers Group – Asian Carers Gp
All agreed with the statements.
Need to know where to find information from, won't know about resources unless informed by a professional. GP is the first point of contact and all information should be given by them.
The group was keen to have easy access to translation/interpretation when using telephone services/ professional services.
Social groups/day centres are valuable and there needs to be more available for BAME users
Accessing information online is difficult and the group would need support to access information online/forms
The issue of providing personal information was raised and that a lot of people did not feel comfortable sharing this information.

DOSTI (lunch club for older south Asian members)
All agreed with the statements.
To be supported to stay well the suggestions were provide information on healthy foods and how to live a healthy lifestyle, introduce a health MOT/ Health check for over 60's.
Exercise classes are good introduction of chair yoga for those not able to leave the house, walking routes. Jointly motivate and encourage each other with exercise.
Access to social services can sometimes be difficult due to change of roles, offices and contact details etc. Growing need for a list of local services on offer from local health and social care services especially for those not able to access information online.
Communication between primary and secondary care needs to be better (e.g. of discharge from A&E and no discharge information sent to GP for follow up medication)
The issue of not being able to get a GP appointment on the day when ringing practice first thing in the morning was raised. Online access to appointments not suitable for this group.
The group discussed about how older people are less likely to DNA and should be given priority when booking morning / on the day appointments for Primary care
Going online is not simple or straight forward some users are not confident of asking for help/ support via a telephone let alone online! Technology is ever changing and fast paced, so by the time service users get use to one way; it changes again!
This group raised the issue of language barrier – If the users were to access information online it would be useful in other languages as well.

POD service only want patients to call when your medication is due to run out, but it takes 4-5 days to get the items from pharmacy.

A presentation from services about how to access NHS information online would be useful

System access – Different patient system at UHCW and GEH, why is this? Why don't they 'speak' to each other. Also, a sense of a lot of 'passing the buck' between primary and secondary care – lack of communication between the two.

Coventry Vision (bind / visually impaired group)

Being visually impaired brings specific problems in terms of accessing health and social care, assumptions are made that people can see. It is very difficult to read body language and facial expressions, so a lot of non-verbal signs are missed.

Communication is key often people are not greeted, or some practices use electronic screens to signal the next appointment and the receptionists don't always call out their name so often patients miss out on appointments.

Face to face meetings are essential as attendees stated that they often forget what was discussed over the phone and they struggle to read emails or letters.

This group is really important for people who attend, they can share experiences and help each other make informed choices about services that are available.

It is much harder to remain independent when you are visually impaired.

The issue of being in hospital was raised and a way that can signal to the staff that they are visually impaired without alerting everyone as that then becomes a security risk for their property. Also examples of medication being left without any instructions.

UHCW was raised as a good practice example of asking people what accessible format they would like to receive information in.

Hope in Unity Session - Black Asian and Minority Elders

All agreed with the statements however some did express the view that they would accept whatever the GP told them and did not want to be offered an element of choice. Although there were examples of people not being treated sympathetically from GPs and being asked what they expect the GP to do there is no cure for getting old.

The group were happy to see other healthcare professionals not just GPs and were interested in the idea of Advanced Healthcare Practitioners. The groups was also interested in receiving more information about the Extended Access Service.

In terms of receiving information they were keen on face to face information from GP surgeries, pharmacies, libraries most of the group agreed they did not go online to find out information.

D Group – Deaf and Hearing-Impaired Friendship Group

All agreed that there was a need for more groups that specialised for hearing impaired members. It was recognised that funding is an issue.

A couple of members of the group live in Earlsdon Retirement Village and believe this is excellent in supporting them to stay well.

SMS text messaging is viewed as a preferred method of communication.

Smaller, local age appropriate nursing "hubs" was suggested as a solution to making health and social care in the community be made better.

Appendix 3

Findings from Healthwatch Member's Survey

	STRONGLY AGREE	AGREE	NEITHER AGREE/DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
I want to be able to access support when I need it.	90.63% 29	9.38% 3	0.00% 0	0.00% 0	0.00% 0	32
I want carers and people in my support network to be supported, too.	68.75% 22	31.25% 10	0.00% 0	0.00% 0	0.00% 0	32
I want to be able to find out information about what services are available in the community.	78.13% 25	21.88% 7	0.00% 0	0.00% 0	0.00% 0	32
I want to be listened to and treated as an expert regarding my condition.	75.00% 24	18.75% 6	6.25% 2	0.00% 0	0.00% 0	32
I want to manage my condition, at home, where possible.	68.75% 22	25.00% 8	3.13% 1	3.13% 1	0.00% 0	32
I want to be able to speak to people in a social place, so we can share our experiences and learn from each other.	40.63% 13	37.50% 12	21.88% 7	0.00% 0	0.00% 0	32
I want to be able to choose what works for me.	75.00% 24	25.00% 8	0.00% 0	0.00% 0	0.00% 0	32

Do you have any comments to make on any of the statements above?

Special arrangements/measures for the Old people's, children's, vulnerable and LGBT please
I want the ethnic and cultural factors to considered when choosing service providers.
You have to make sure all the time you are acting on facts and not on some hearsay
The phrase 'receiving care' means so many different things to different people, so this is generic and does not allow for specifics or individual situations
I have had four ops to replace shoulder, hip and knee joints. I really cannot complain because I found all the above and more from the professionals dealing with me.
if i am newly diagnosed with any condition i need expert help to allow me to manage my condition and then become my own expert.
Not sure what is meant by sharing with other. .? Carers involved with me. Or family members care or just join group to talk about and that would depend on a variety of criteria
Who would disagree with the above, we all want decent care.?
Not really clear what a social place might be or who I'd be talking to?
I think most will tick Strongly agree for ALL statements so a question about ranking the list, most important first or pick the three top ones?
Sadly, I cannot see how what I would like to see can possibly be provided within the current financial precarious situation of Local Authorities and the NHS.
I want my Carers to be consistent and the same from day to day. I want care to be flexible, so Carers do not HAVE to finish a round and visit after midnight to complete their shift. I want to maintain my independence as much as possible.
Good collaborative care plans are really important.
We had some reasonably good services some years ago that have been devastated by the cuts.
All statements are valid and important.
In an ideal world, all that should be feasible, but when one is ill or under stress to be able to discuss what is best and what is available is vital. To be treated as an individual with needs is paramount not a tick box on a PC
To be fair you would strongly agree with everything
I think the people who look after me get paid suitably for the work they do and be on minimum wage

Do you think there is anything missing, if so please give suggestions?

Special arrangements/measures for the Old people's, children's, vulnerable and LGBT please
Need to be given options and what their end results are
I want to be able to access medication and services with ease. e.g. get a quick and efficient response by receptionist at GP surgery. Not have to telephone at 8am and hope for the best! Better health can be influenced by the individual's choices, so better Public Health support services would be appreciated. e.g. Campaigns on slips, trips for the elderly.
No.
I want to be offered some free counselling sessions for my condition, if applicable. I want to be able to take an informed decision about the treatment modalities on offer and expect experts to help me with taking the right treatment decision, appropriate for my case I would like to be made aware of the latest/new advances in medicine (for e.g. personalised medicine)
I would want my decision to be respected and listened. To

I believe the UK should form an NHS health trust funded through means tested taxation if it is to meet future demands--it has become a political football subject to political bias for far too long.
I want clear pathways and named individuals who I can access that have information about my health/care needs - I don't want to be assessed and reassessed by multiple agencies.
About consistency in care received, particularly at home, I.e. the same career so a repour can be gained
I think you should be asking how people these services should be funded, for example by increasing council tax, increasing income tax, new taxes on wealth and global internet companies, the abolition of off shore tax havens or through personal payments from savings or from assets such as their homes on death. Otherwise asking what people want without having a plan on how they want to pay for it is fairly worthless.
Would you like/are you aware of/would like to access an impartial advocate/advocacy service
The minimum wage and benefit cuts have put thousands into poverty whether they have work or not. So, demand for services is on out of control. We need to get away from the them and us mentality and bring back the community spirit.
I want to be provided with information in a way that is easily understood. So, I can make informed decisions about my health.
To know That the available care and Carers are qualified fully in the care, that I need
The care agencies should be included in the whole process and should have an input into my care
Developing communal links with professionals to increase communication in a bid to make services more effective would be good, such as hold a regular surgery in strategic community places such as the Community Centres or Libraries etc

Any other comments

Special arrangements/measures for the Old people's, children's, vulnerable and LGBT please
New care providers must get support to form its legal requirements.
No
I don't want to have to keep different people the same things over and over again
Politicians seem to thing technology-on line consultations etc, will solve the demands on the NHS and this could be true for the future, but it will not help the present elderly generation unfamiliar with technology.
Survey seemed to be engineered to produce strongly or agree answers.
Care agencies are monitored and registered for professional standards.
Communication is key to having a patient/client understand options and support networks...I think there are large gaps in some areas. Particularly for those that are home based and are unable to access information, workshops and courses etc easily.