

Older People's Commissioning Strategy 2021 – 2030

Consultation and Engagement Evidence November 2020 – June 2021

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What's happened during coproduction and consultation?

- Five core project group meetings (Jan, Feb, March, May, July 2021)
- Carer Strategy lessons learnt overview
- Agreed areas of focus for strategy with core project group
- Coproduced questions for consultation and engagement and agreed plan
- Recruited a lived experience volunteer via Surrey Coalition
- Engaged with D&B and Health colleagues
- Presented at various forums, boards and network groups that work to support older people in Surrey

Consultation and Engagement Overview

Consultation led by core project team:

- Coproduction engagement workshops/phone calls/online survey
 - Healthwatch
 - Age UK
 - Alzheimer's Society
 - Action for Carers
- Surrey Says survey open from April to May 2021 asking what works well, what doesn't work well, what could be improved and what's important to you
 - 54 separate responses

Consultation and engagement led by other teams in ASC that fed into the final strategy:

701 separate responses

- Information and Advice Workshops
- Collaborative Reablement service user surveys
- Home Based Care service user feedback survey
- Day Services online survey

Prevention: Services accessed within your community

- **What works well:** Organised community groups, specific support groups, D&B services and day services
- **What doesn't work well:** Hospital discharges, information and communication, reduction in face to face contact with GPs, service delays, services in hard to reach places, the push towards online services
- **What could be improved:** More funding and financial support, improved dementia services and better understanding, mix of online and face to face services, better transport services and better communication
- **What's important to you:** Connecting with my community, accessibility, affordability, being offered a range of options, support for people with dementia

Prevention: Technology to support you within your home and the community

- **What works well:** IT and internet, access to tablets, telecare
- **What doesn't work well:** Not everyone wants or knows how to use technology
- **What could be improved:** Targeted approach to technology to address barriers, support for people to use tech, digital and non digital formats
- **What's important to you:** Cost of connection and equipment, needs to be straightforward, support when it doesn't work, ensuring people with dementia are supported, easy to use

Living Independently: Extra Care and Supported Living Accommodation

- **What works well:** Creates social opportunities, interactions, activities, accessibility of care, support around me
- **What doesn't work well:** When warden/night care is removed, trying to access extra care, not well informed, choice is take it or leave it
- **What could be improved:** Better information, more availability, more staff for activities, dementia trained staff, better person centred assessments, more choice
- **What's important to you:** Affordability, support for people with dementia, maintaining independence, consistency, choice

Living Independently: Services received when discharged from hospital (D2A)

- **What works well:** Proactive reablement team, information about other services, good support during Covid
- **What doesn't work well:** Poor communication, transport issues, process is confusing, paperwork issues, funding removed after 6 weeks
- **What could be improved:** Plan discharges better, consistency of staffing, gradual transition, better information, staff trained to support people with dementia, more choice
- **What's important to you:** Knowing what the services are, services being monitored, being given options and time to consider, good communication and information, family are involved

Care Homes: Residential and Nursing Care

- **What works well:** Staff are lovely, good understanding of dementia, easy to recover with people's help
- **What doesn't work well:** Not person centred, poor communication, moved away from family, expensive, feeling lonely, nervousness from Covid, lack of choice, postcode lottery of homes
- **What could be improved:** More places dedicated to specific needs, more activities, more privacy, person centred approach, communication, clearer understanding of the process
- **What's important to you:** To remain at home, good activities, location of homes, CQC rating, affordability and understanding of costings, respect, being close to family, being person centred

Feedback:

Jon Fisher – Lived Experience Volunteer

- Ageing presents a wide variety of issues and from the whole cohort of “Older People” navigating the route to a fully supported set of needs is truly challenging. This will come as no surprise.
- Creating an improved and more effective policy may well reshape the whole of society’s experience, let alone the professional care and health and other service providers’ experience in the coming months.
- As I see it, our task is to create a “wish list” of improvements.
- Each person will require some form of health care and support to have the best possible quality of life in their senior years. Their entry to requiring short or longer term support will depend on their health, mobility, living space and many things.

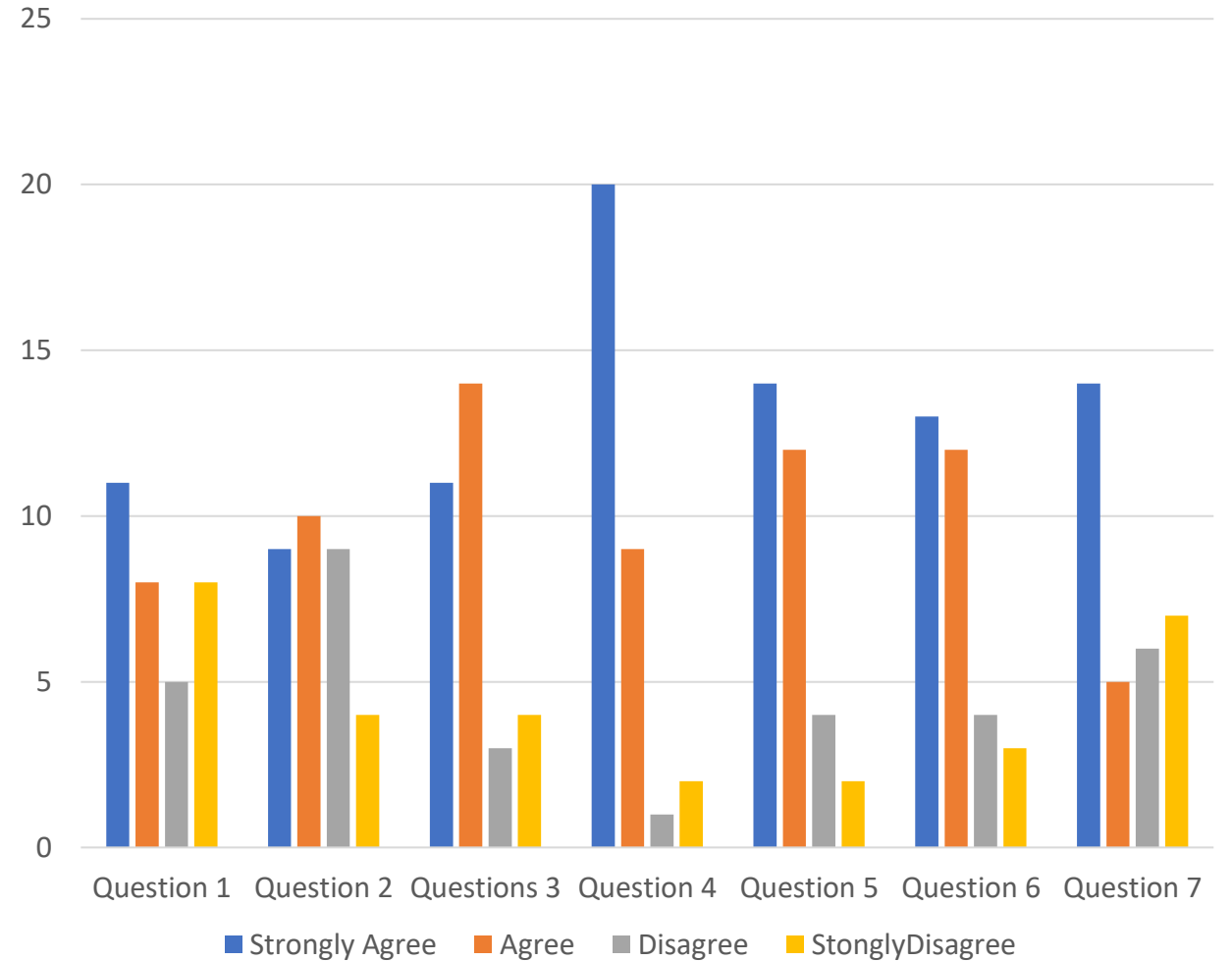
Collaborative Reablement

32 patients in February and March 2021 that had been currently receiving support from SCC Collaborative Reablement, Britannia Home Care

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1. Did you receive a letter explaining about our Collaborative Reablement Service.
2. Did we involve you in your support planning and agree goals to help them become independent
3. Care workers encouraged and supported you to make choices
4. The care was delivered by kind, compassionate people
5. I was treated with dignity and respect they listen to me and are interested in my life
6. With the support from the care workers my confidence and wellbeing improved
7. The support I received inspired me to return to activities I used to enjoy or try something new in my local community

Responses from Britannia Survey



Day Services

Feedback from online survey completed:

- Nearly 600 respondents, all internet enabled and generally more active and independent
- Walking, gardening & accessing nature most popular by some distance
- Exercise was the second most popular activity
- An emphasis on the importance of mental health in the results
- Most people found it quite easy to find out about local activities
- Personal/soft contacts (friends, family, VCFS) are the first port of call - after Google of course

Homebased Care Services

The survey was published in a variety of accessible formats (easy read, large print and standard text) and was in field from 28/09/2020 to 01/11/2020. The survey received 69 responses.

Consistency of Schedules: A need for *“knowing in advance what time the carer(s) are due to arrive each day”* was shown to be important as they are needed to help patients with activities at specific times such as patients requiring *“regular times for breakfast, as needs to take medication with food”*. It was also highlighted that inconsistencies in the timings that carers would arrive could lead to respondents feeling like they *“cannot plan the day”* around the care they are meant to receive.

Quality of Carers: There was shown to be a desire for *“better trained care workers”* as respondents highlighted a lack of training concerning *“dementia, health and wellbeing”* with *“more training needed for all staff, including the MASH Team.”* Some carers were seen to lack basic skills such as not being able to *“iron and didn’t know how to prepare a basic salad”* which further training would highlight and amend.

Continuity of Staff: The continuity of carers was shown to be desired as this can build a familiarity with the carer and patient that means old information does not have to be repeated and they can build a friendship. Having the *“same carers when possible”* was demonstrated to be highly desired. One respondents highlighted this as they had *“about seven different carers during the course of one year”* and has different carers throughout the week.

Increased Availability of Care Hours: A prominent desire was the ability to have access to more hours of care with some respondents wanting the option to *“purchase more hours of care from our carer”*. The availability of care at the weekends and *“full hours all the time”* were highlighted showing the desire to have access to care over a broader amount of time.

Integrated Care System Executive Board feedback

- Endorsed the strategy and approach, recognised that it needs support from across health partners to achieve outcomes
- Personalisation, personal health budget and Carers - to be enhance within strategy
- Ensure the final strategy is socialise with health partners and place based boards to ensure their commitment around delivery, as they are a key contributor

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