

Coronavirus Act 2020 & Adult Social Care

Resident Needs in the Event of Easements
October 2020



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1 Introduction

About Healthwatch Kingston Upon Hull

We are the independent champion for people who use health and social care services. We exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to make sure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary Healthwatch is here to:

- Help people find out about local care
- Listen to what people think of services
- Help improve the quality of services by letting those running services and the government know what people want from care
- Encourage people running services to involve people in changes to care

Why this Subject?

The Coronavirus Act 2020 is a temporary measure and designed to amend existing legislation to mitigate the effects of Covid-19. These changes are referred to as easements which in its simplest terms will make it easier for key services to be delivered by providing some flexibility in how they are provided. During these unprecedented times, the Council may have to make some difficult decisions about the type and level of care and support it can continue to provide. This is to ensure the right level of care and support will be available for those people in greatest need.

To this end, Hull City Council were keen to be well prepared for this possible eventuality. In addition to ensuring appropriate planning, risk identification and mitigation were in place, the Council saw it equally as important in ensuring that members of the public were aware of the potential for easements to be introduced, and if so, the Council were able to inform and guide people in an appropriate way and by a means most important to local residents.

Hull City Council therefore approached Healthwatch Hull at the beginning of May, to conduct on their behalf independent engagement about the potential easements and people's wishes. The feedback from which would inform the Council's communications should they later need to enact any easements in the event of a second wave.



2 The Coronavirus Act 2020 & Easements

The UK is currently experiencing an unprecedented crisis as it adjusts to meeting the challenge posed by coronavirus. The effects of the pandemic could infect up to 80% of the population leading to a reduced workforce, and increased pressure on health and social care services. In March, the Coronavirus Act 2020 came into force as a temporary measure designed to amend existing legislation to enable the Government to mitigate the effects of Covid-19.

What Has Changed?

The Care Act 2014 sets out a local authorities' duties when it comes to assessing people's needs and their eligibility for publicly funded care and support. Under the emergency legislation, local authorities can now choose not to meet some of their requirements under the Care Act. These changes are referred to as easements which in its simplest terms aim to make it easier for key services to be provided by giving some flexibility in the way services can be delivered.

The easements took legal effect on 31 March 2020 and will be kept under review by the Secretary of State, who aims to terminate them on expert clinical and social care advice as soon as possible.

The guidance says that local authorities should do everything they can to continue meeting existing Care Act requirements. However, they can pause some of their requirements when either:

- Their workforce is significantly depleted.
- Demand on social care has increased to an extent that Care Act duties are no longer practicable.
- Continuing with Care Act duties would likely result in urgent or acute needs not being met and lives being risked.

Under these circumstances, the Coronavirus Act allows councils to prioritise services for those with the most urgent and acute needs. Councils will still need to meet needs where a failure to do so would breach an individual's human rights, but they will no longer be legally required to deliver all other elements of the Care Act. For example - some assessments and reviews may be delayed.

The guidance also states that once the decision has been made by a council to apply the easements, this should be communicated to any social care users who are affected, as well as local care providers. As part of this communication the council should publish the evidence for their decision to the broader community via a public notice.

If easements are applied, local authorities will no longer have to:

- Undertake assessments of young people moving from young people's services to adult social care.
- Carry out detailed assessments of people's care and support needs:
 - New powers do require a response to requests for care as soon as possible.
- Prepare or review care and support plans:
 - New powers require proportionate, person-centred care plans to be carried out.
- Meet all eligible care and support needs:
 - New powers allow prioritisation of the most pressing needs.



The difference Easements will make to service users

There are four easements that the Local Authority can decide to enact:

| Easements | What the change is | What this might mean for you |
|---|--|---|
| Easement 1 - Assessments | Local Authorities will not have to carry out detailed assessments of people's care and support needs | Normally an assessment would plan with people for the future and help people with social and community activities. Instead assessments will concentrate on the here and now to meet people's needs during the pandemic. |
| Easement 2 - Financial Assessments | Local Authorities will not have to carry out Financial assessments in the same way they normally would | Financial assessments are normally carried out as early as possible, so people know the cost of the care they are provided with. Financial assessments will now be delayed and carried out at a more suitable time. However, the local authority will be responsible for discussing contributions and charging with people and should make them aware of the potential for charging. |
| Easement 3 - Reviews | Local Authorities will not have to prepare or review care and support plans in the same way as usual | Local Authorities would normally carry out regular reviews of your care and support plan, however there may be delays in these reviews, they may be conducted over the phone, or less detail may be involved. However enough information will be recorded to make sure people are safe and well now and their carers can continue to provide support. Also, if the Local Authority decides to revise your plan, they must continue to involve you and your family/carers. |
| Easement 4 - duties replaced with a power to meet needs | In the event of increased people needing support, Local authorities will be able to prioritise the most pressing needs | If the Local Authority find themselves not being able to meet eligible care and support needs, they will be able to prioritise the most pressing needs, for example enhanced support for people who are ill or self-isolating, and to temporarily delay or reduce your care provision. Only essential reductions in care and support will be made and services will be resumed or reinstated at the earliest opportunity. |

All assessments and reviews that are delayed or not completed must be followed up and completed in full once the easements are terminated.



The position in Hull

At the time of writing this report, Hull City Council are operating at Stage One, business as usual, and are continuing to maintain their existing duties. This operating stage and risk factors are monitored by the Principal Social Worker, in consultation with the Head of Personalisation and Long Term Support on a weekly basis. Factors that may cause the Council to consider the use of easements have been carefully considered, with associated risk mitigation measures in place. There is however commitment from the Council that any use of easements should be time limited and they are to be used as narrowly as possible.

The National Picture

At the time of starting this campaign planning back in May, there were 7 authorities in England who had already enacted the easements to some degree. However, by 3rd July no local authorities were currently operating under them and this remains the case as of the 9th October (as according to the [House of Commons Library](#)).

Of those seven authorities that had enacted easements early on, some were faced with criticism due to the lack of engagement and communication that had been conducted to inform service users and the wider public of the changes. On reviewing this ourselves, Healthwatch Hull couldn't find any public accessible details about the changes for two of these local authority areas.

Healthwatch Hull also contacted the entire Healthwatch network to determine if other local authorities had engaged their Healthwatch in the process. At that point none had, and Healthwatch England advised us that they were considering sending a letter to all Directors of Adult Social Care, which would offer the resources of Healthwatch in communicating the changes. Healthwatch England advised us that Healthwatch Hull were the first Healthwatch to be approached and stated, *"It's great that your local authority have already approached their local Healthwatch for help on this"*. This comparison to other areas across the country is in itself testament to Hull City Council for taking a forward view to putting in place appropriate communication and engagement mechanisms with residents of the city.



3 About the Campaign

The aims of the campaign was to raise awareness about the new legislation and to gather feedback from our communities and people who use Adult Social Care services around the easements; specifically in relation to how the Council should best consult with service users should the easements be enacted, and also how they would like to be informed around decision making.

It was equally important to deliver the crucial message that the easements would only be introduced if the Council found the workforce to be severally depleted, making it untenable to deliver some services.

A survey was developed by Healthwatch, with additional input and approval received from Hull City Council's Adult Social Care team. The survey was divided in to three section:

- Section A asked about the individual's current care needs and details of how these needs are currently met.
- Section B asked about the support that could potentially be offered by family or support networks.
- Section C asked about how the individual would like to be informed of any changes.

To accompany the survey, Healthwatch also developed an information leaflet, which provided accessible information about the easements, along with what they might mean in practice and how people could potentially prepare for the easements being enacted. Both the survey and information leaflet were made available in Easy Read.

The campaign was promoted across the width and breadth of the city, to not only reach current users of adult social care, but also individuals who might have friends or relatives in receipt of care, as well individuals who might develop a need for care during this period. Details of the campaign featured prominently on the Healthwatch website and Hull City Council's Connect to Support Website, and was promoted regularly via the Healthwatch newsletter and social media. Virtual focus groups were also made available for anyone who wanted more information or needed support in completing the survey.

The survey and information leaflet were also sent directly to known adult social care service users. To ensure adherence to GDPR, Hull City Council distributed these on our behalf, with a total of 1922 individuals contacted. For those that were sent direct to known service users, responses were triaged by the Adult Social care team first, so that if any immediate needs were identified in their responses, these individuals could be contacted with appropriate support.

To extend our reach further, Healthwatch also contacted 196 VCS organisations to promote the campaign to their service users, and an additional 470 surveys were hand delivered.

The campaign period was from July to September. In total, 715 responses were received.



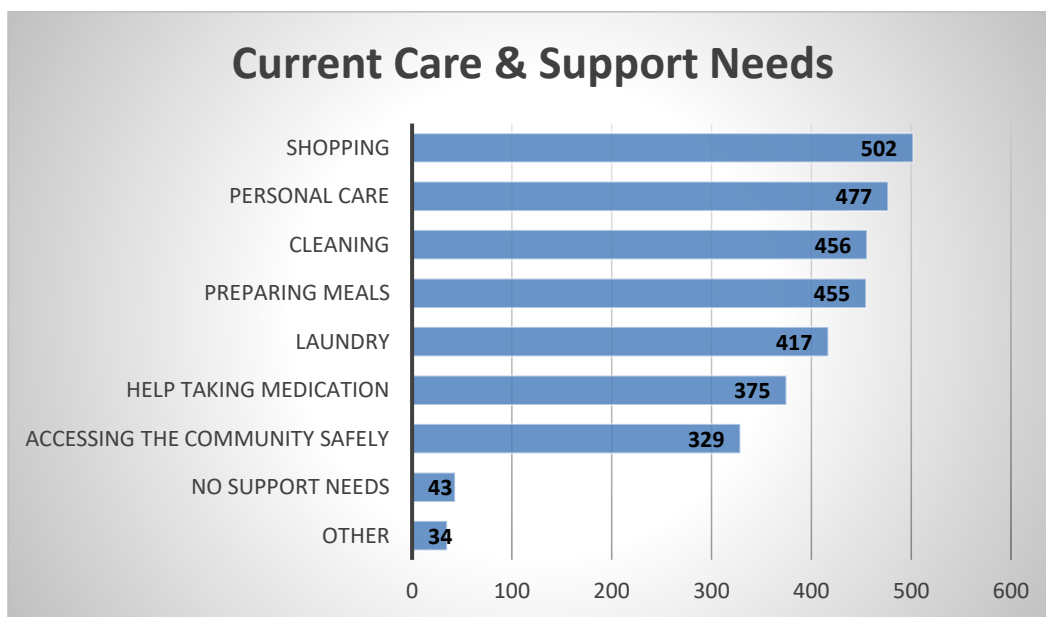
4 Part A of the Campaign

This section provides information on who is responding to the survey and asks about the persons current care needs and details of how these needs are currently being met. The addition of further exploratory questions were asked to identify further important information that the Council may find beneficial to consider in the event of enacting the Easements.

1. Who are you responding on behalf of?

| | |
|-----------------------|-----|
| Myself | 352 |
| Someone I care for | 144 |
| A family member | 194 |
| On behalf of a client | 12 |
| Neighbour | 1 |
| Not specified | 11 |

2. What are the current care and support needs of the person you are replying on behalf of?



Respondents were able to select all that applied.

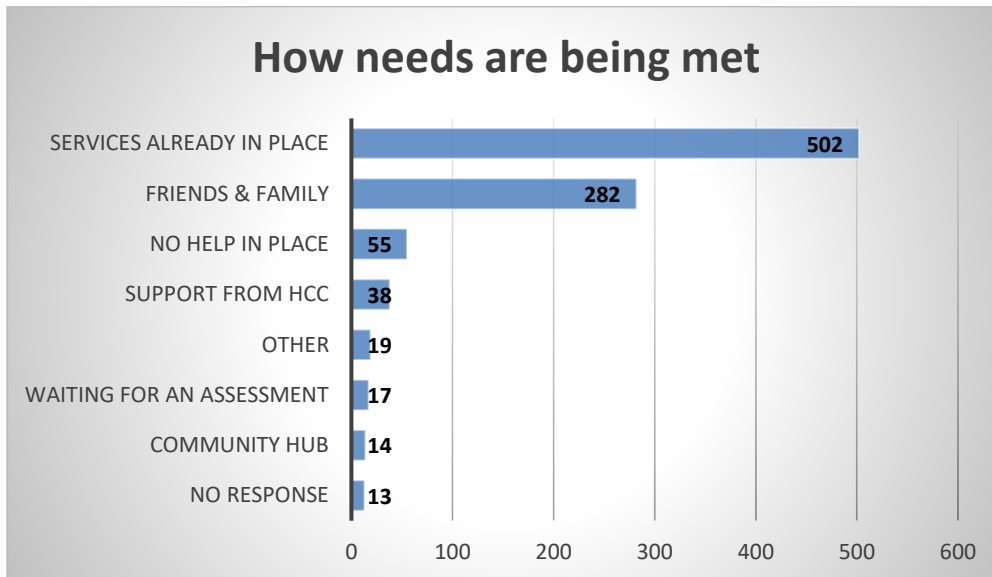
For those who selected 'other', the comments made have been coded to the following needs:

| | |
|-------------------------|---|
| Befriending | 7 |
| Other Personal Care | 7 |
| Medical care | 6 |
| Help with communication | 4 |
| Accessing the community | 3 |
| Mental Health | 3 |
| Administration | 2 |
| Keeping active | 2 |



There were 194 individuals who had all support needs. 5 of these were waiting for an assessment and 159 already had a care package or services in place. For 30 of the individuals who did not have a care package in place, these needs were currently being met by family and friends. There were 5 individuals who stated that they had all support needs but were not receiving any support formally or informally. For each of these 5 individuals however, they had all later declared that there was family who could help from time to time if needed.

3. How are these needs currently being met?



Respondents were able to select all that applied.

Responses to ‘other’ included Hull4Heroes, Mencap, live in a shared lives placement with a carer, Support Worker, Wishes, Day Centre, and 12 responses for Hull Churches Home From Hospital (HCHFH).

No Help in Place

Of the 55 individuals who advised no help was in place, 36 stated that they did not have any support needs. For the remaining 19 individuals, 6 were a recipient of a Direct Payment with one employing a PA providing weekly visits.

The needs of these 19 individuals were:

| Need | No. of Individuals in need |
|-------------------------|----------------------------|
| Shopping | 15 |
| Personal Care | 10 |
| Cleaning | 10 |
| Preparing meals | 9 |
| Laundry | 9 |
| Help taking medication | 8 |
| Accessing the Community | 4 |
| Befriending | 1 |

11 of the respondents felt that these needs were ongoing, and 4 were unsure of how long they would need this support.



When asked later if there was anyone who could sometimes help with their needs, 12 replied family, 2 replied friend, 1 replied a voluntary worker and 1 replied neighbour. There were 3 respondents who stated there was no one who could help and one who stated that they needed help with ‘everything’.

Waiting for an Assessment

17 individuals responded that they were ‘waiting for an assessment’, however 8 of these did have other services in place. Of the 9 individuals who did not have support in place, their needs were support with personal care (6), meal preparation (6); help with taking medication (3); shopping (4); cleaning (5); laundry (4); accessing the community (2). There were 3 individual that had all support needs.

Community Hubs

Of the 14 individuals that were accessing the Community Hub, their needs were:

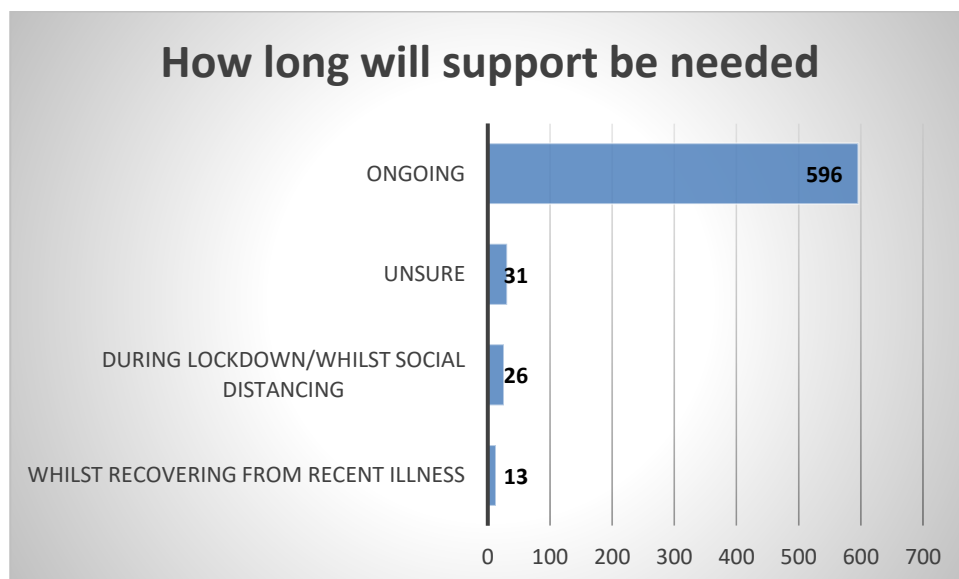
| Need | No. of Individuals in need |
|-------------------------|----------------------------|
| Shopping | 8 |
| Cleaning | 6 |
| Help taking medication | 4 |
| Laundry | 4 |
| Accessing the Community | 4 |
| Preparing meals | 3 |
| Dog Walking | 1 |

6 of these respondents however also advised that a care packages/services were already in place, and 1 had friends/family helping. 10 of the respondents advised they were already receiving home visits, most of which on a weekly basis.

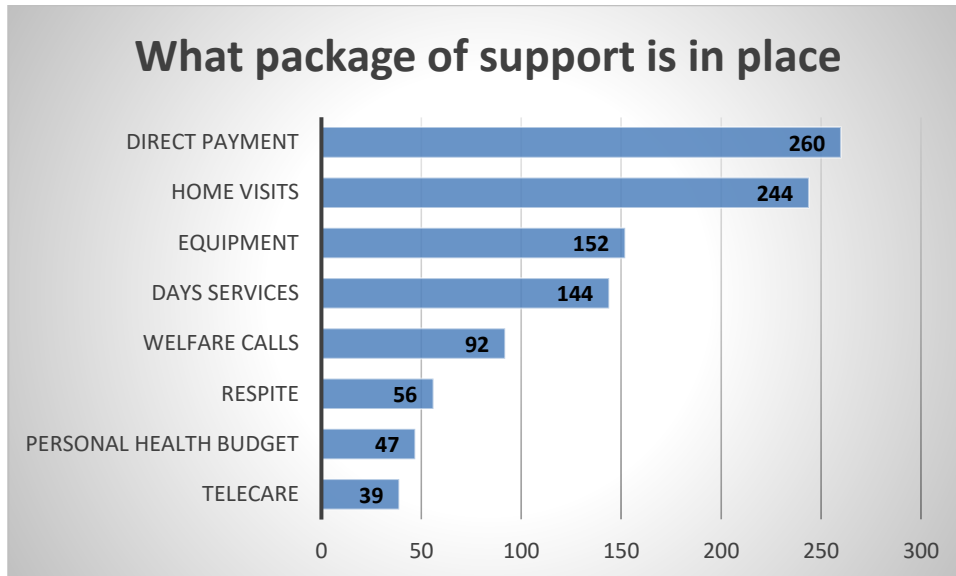
Friends & Family Helping Out

282 responded that they had friends & family helping out. 187 of these also advised that a care package or services were also in place.

4. How long do you think you will have this support need?



5. If support is provided, what package(s) or support is received?

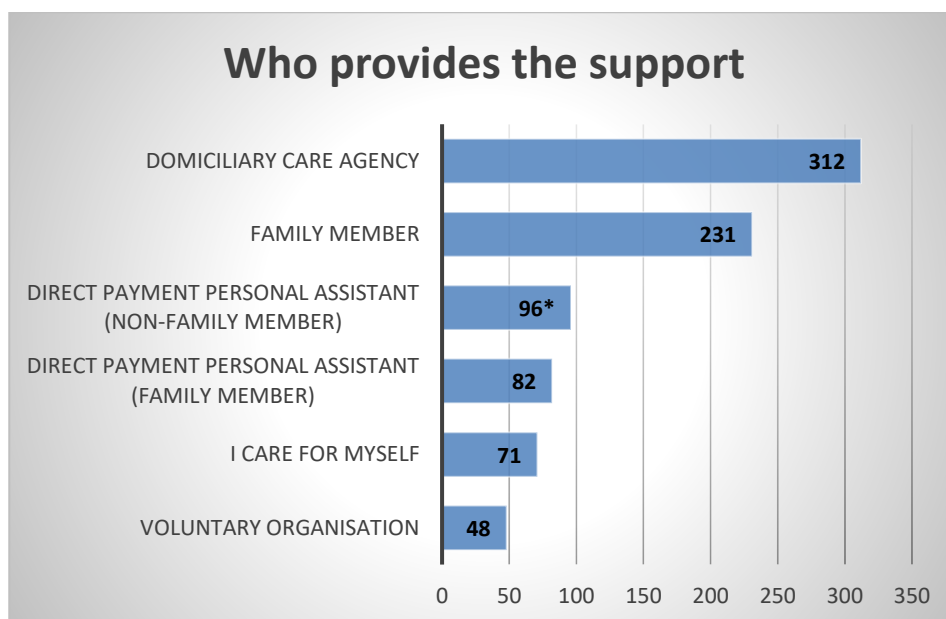


Respondents were able to select all that applied.

- 18 of the individuals who received a personal health budget were also in receipt of a direct payment.
- For the individuals who only received a home visits, 16 of these were solely by family members.
- 33 individuals primarily just received welfare calls, and 17 of these were solely from friends, family or VCS organisations.
- Of the 144 who received day services, 107 respondents stated they received this in their own home and 88 stated they received this multiple times per day. Therefore there may have been a misinterpretation of this service to respondents.
- 7 individuals declared their sole provision to be equipment, however 6 of these had also stated they needed support with personal care, meals, shopping and cleaning.
- There were 7 individuals whose primary support was telecare, however again 3 declared support was needed with personal care, and 5 declared support was needed with preparing meals and taking medication.



6. Who currently provides your care and support?



Respondents were able to select all that applied.

*9 of the 96 individuals who employed a non-family member PA, additionally employed a family member PA.

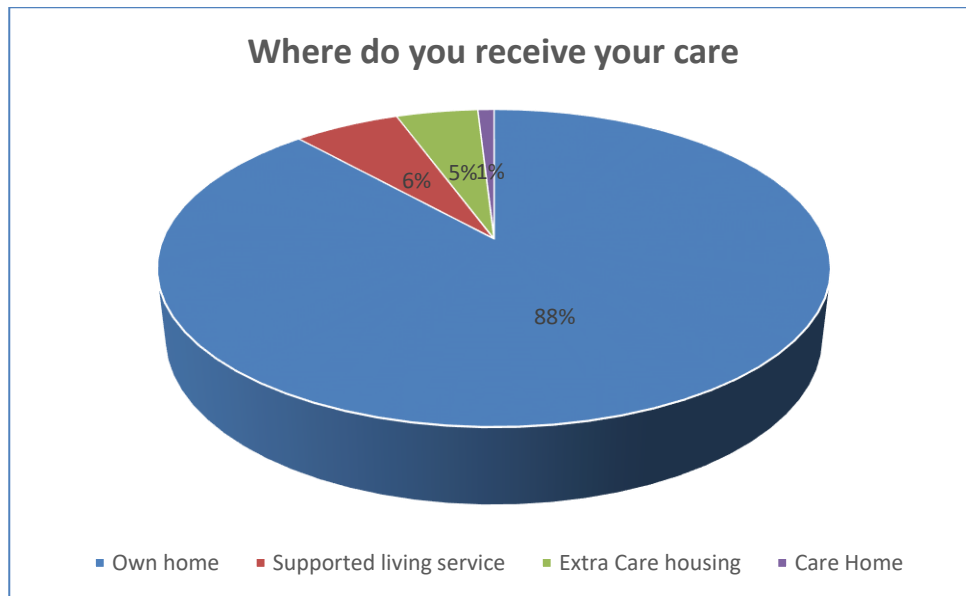
Earlier at question 3 of the survey, individuals were asked how their needs were currently being met. A total of 282 responded that these were solely or in part being met by family. 187 of these individuals declared that a care package was in place. When examining the data at this stage, it may be deduced that 55 individuals were receiving their care solely from family members, with 42 needing support either daily or multiple times per day.

The needs of these individuals solely reliant on friends and family support were:

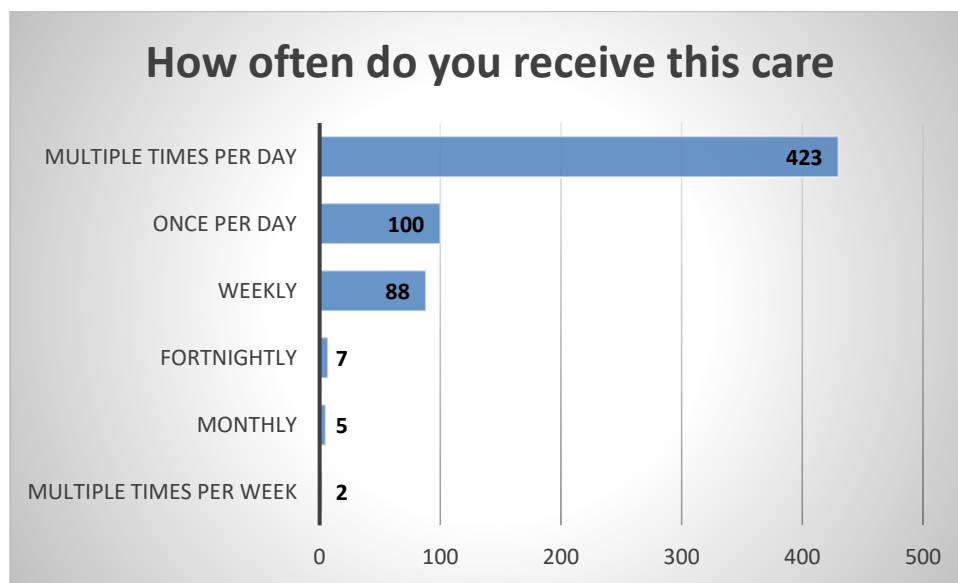
| Need | No. of Individuals in need |
|-------------------------|----------------------------|
| Shopping | 51 |
| Cleaning | 41 |
| Laundry | 39 |
| Preparing meals | 38 |
| Accessing the Community | 33 |
| Personal care | 31 |
| Help taking medication | 26 |
| All support needs | 18 |



7. Where do you predominantly receive your care?



8. How often do you currently receive this care?



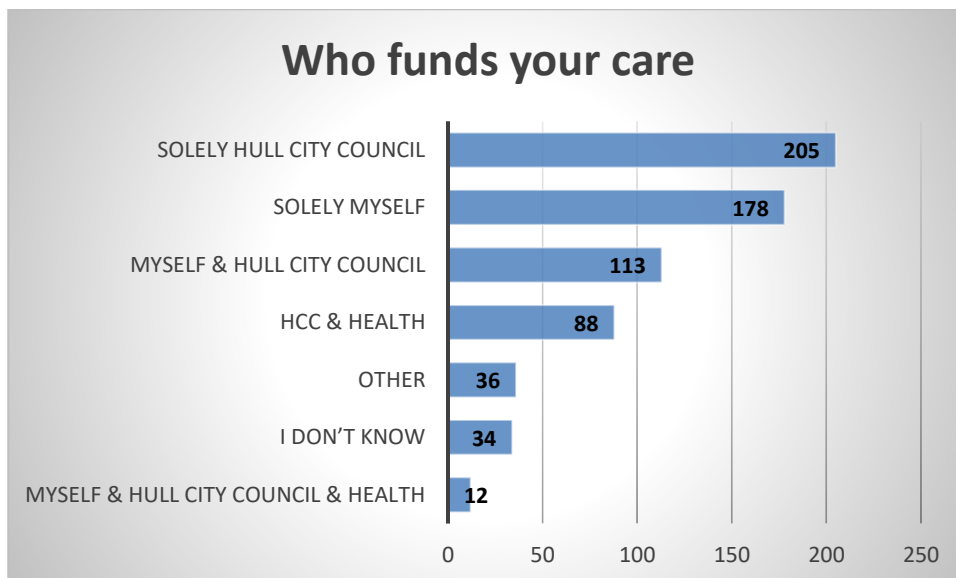
One comment received stated;

“Since lockdown it has gone from 7 hours five days a week to ten minutes twice a week”

For those receiving care multiple times per day, for 231 individuals the care is provided by a domiciliary care agency; 62 provided by a family member PA, and 57 by a non-family member PA.

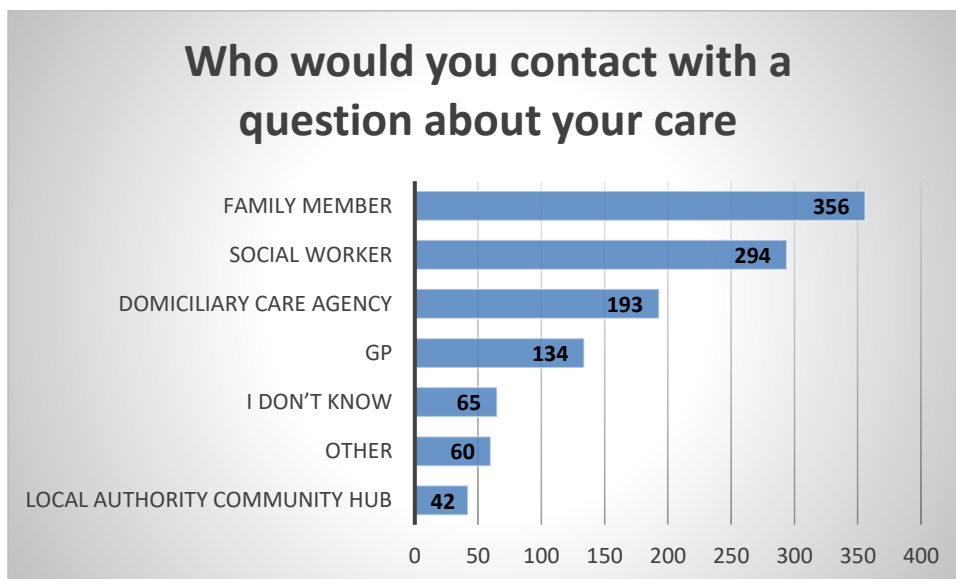


9. Who funds the care that you receive?



Responses to 'other' were primarily in relation to various benefits received. 7 also responded to receiving free support from HCHF.

10. Who would you contact if you had a question about your care/support?



Responses to 'other' included Choices & Rights, Hull CVS, Riverside, HCHF, Case Training, a friend, Community nurse, and Alzheimer's Society.

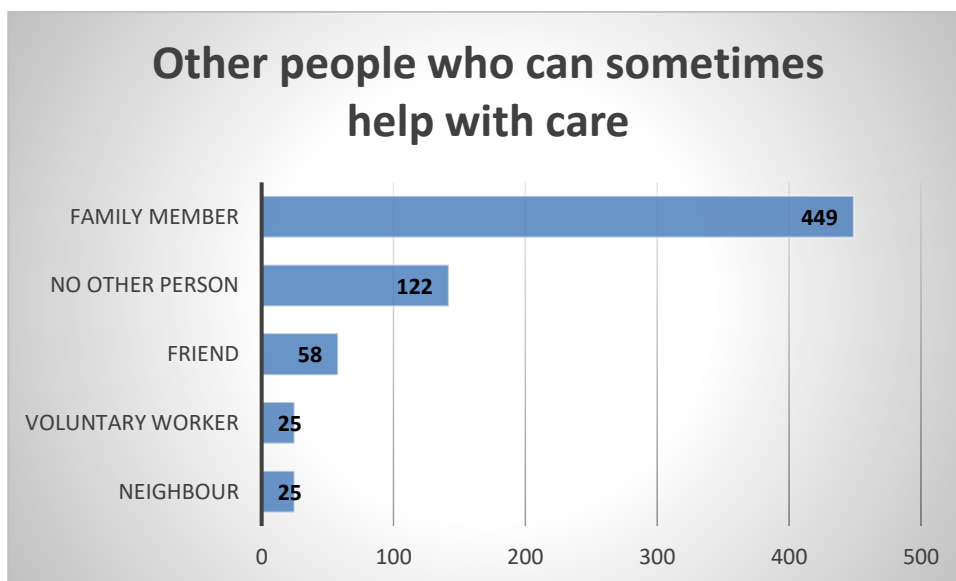
Of the 65 who didn't know who they would contact, 16 had no care or support needs. Of the remaining 49, 18 had stated that they had friends/family currently helping out. 12 stated they received support from a domiciliary care agency, and 6 had a PA. This leaves 13 individuals who wouldn't have someone to readily contact.



5 Part B of the Campaign

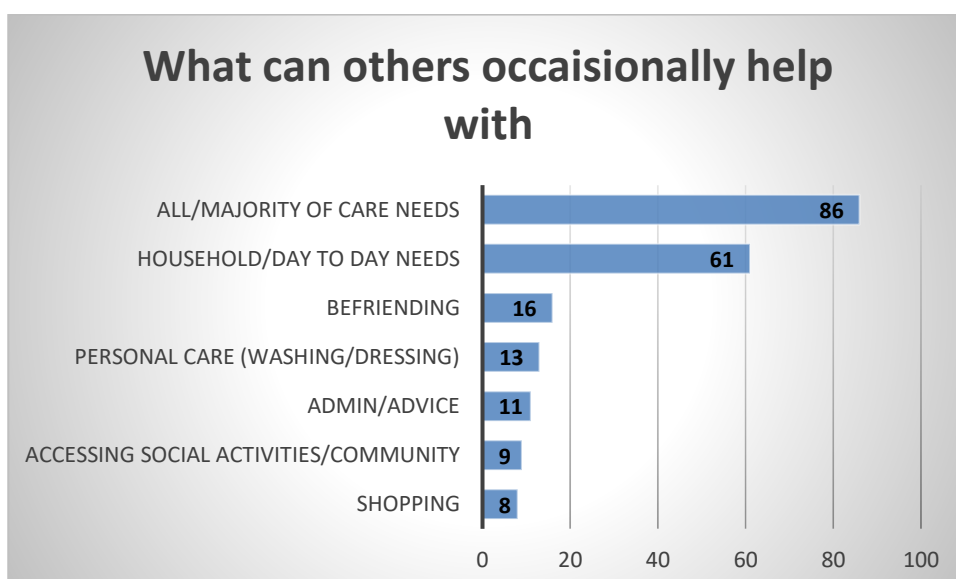
This section intends to explore what wider networks individuals have in place. It also explores what might be missing from this wider network which may inhibit their ability to help out from time to time, and also highlights what individuals find most important about the support they receive from more formal services and which could not be provided by an alternative means.

11. Is there anyone else who can sometimes help to deliver your care and support?



12. What can they help you with?

This question was a free text question so that respondents did not feel confined to only selecting pre-determined answers, and to give respondents the opportunity to provide a response that we may not have considered. A total of 204 individuals provided a response to this question. Many of the responses provided a list of all needs that could be performed. For the purposes of analysis, these have been grouped by the main sentiment, with the number of responses as follows:



A number of comments were made that provided greater context and insights into the extent that others provide support:

“Mum sometimes takes me out for a couple of hours”

“Everything when I don't have a P.A. you cut my hours and they are exhausted and overwhelmed already! They have to finish off my morning routine because you don't even give enough time for that they cook all meals, get all drinks, washing, bedtime routine, help me if I'm doing an activity, help me if I'm doing an activity with my daughter, accompany me while I'm out and about so I can do things like take my coat/jumper on and off and go to the toilet.”

“Family - shopping, washing, ordering medication, health visits etc. Neighbours - Social visits help in garden, assistance for carers if family unable to attend. Friends - Shopping, social visits”

“My daughter has been looking after me since 2012 - my husband has to self-isolate because of coronavirus, daughter provides food, shopping, paying bills, laundry and some personal care, cleaning etc”

“My daughter helps me with everything, she's there all hours of the day and night”

“My daughter-in-law is my carer and helps me with shopping, food prep, appointments and accessing outdoors and lots of things”

“My elder brother makes my hot meal on Monday, Wednesday and Friday afternoon; does my laundry weekly; keeps the front and back garden in good order and sorts out my recycling”

“My family bring me shopping, due to me having a shielding letter and not been able to get out myself”

“My mother helps me daily e.g. cooks meals, supports when I struggle with my mental health symptoms, helps me with paperwork which I find confusing and sometimes threatening”

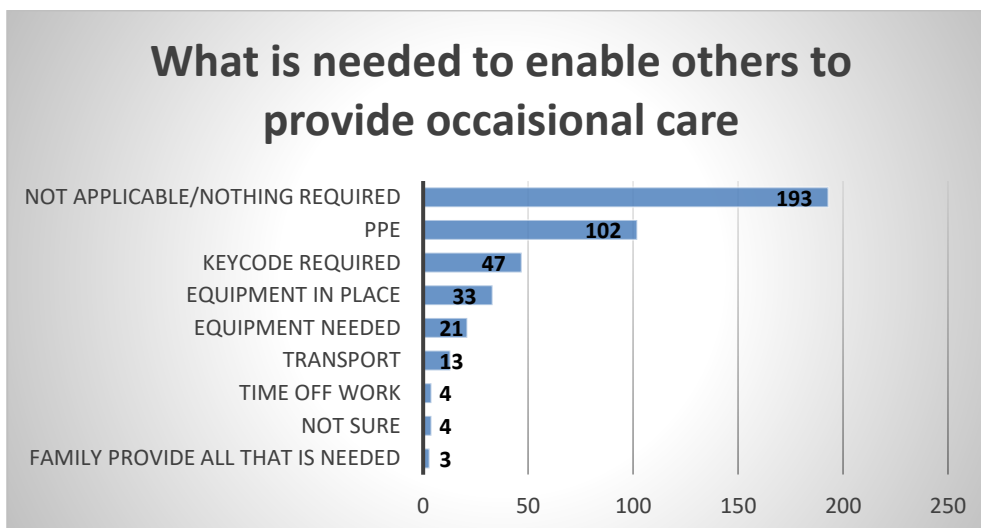
“My niece helps with the shopping once a week”

“Brother does basic non-food shopping occasionally”

“Mother provides care, Sister provides respite 1 night per week”

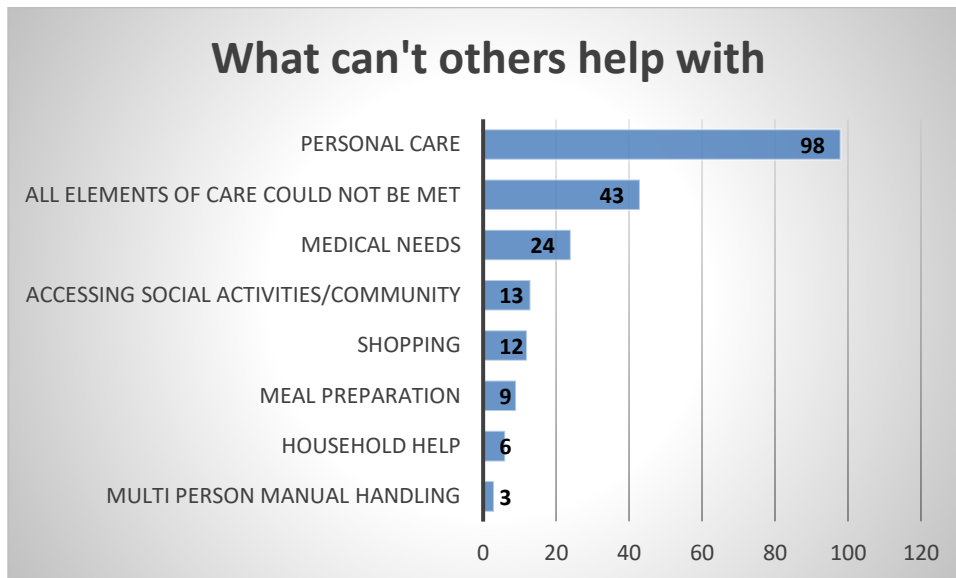
13. What do they need to help you with this care?

Again this was a free text answer, but prompts that suggested equipment, PPE and key code were provided to help the respondent think about what this might include. 440 individuals provided comments to this question. Again, these have been grouped according to the main sentiment:



14. What aspects of your care do you think cannot be provided temporarily by another?

The main sentiments to this response were as follows:



Again, there were a number of comments made that provided a feel for how difficult it would be to obtain support from others occasionally:

“No friends locally, nearest neighbour also elderly and in receipt of 4 calls a day. Other neighbours are senior citizens”

“I do not want friends or neighbours providing care as I have severe mobility problems and find I do not get consistency of care as people have their own lives and families to care for. I am dying from cancer and need consistent care. I have no family and live in sheltered accommodation with elderly / ill / disabled people”

“Most, as I prefer not to be involved with friend or neighbour, happier with my P.A”

“No family or friends that could help. I have 2 PAs that help.”

“No family!! No friends or neighbours that help!!”

“No immediate friends, no involvement with neighbours”

“No one else to help”

“None I do not know my neighbours or have any close friends since becoming disabled”

“None of mum's care could be carried out by a friend, neighbour, she is firmly independent and not receptive to help from others - and won't admit she needs it”

“None of my care can be provided by the above”

“Not really, my friends moved far away from me and I will struggle”

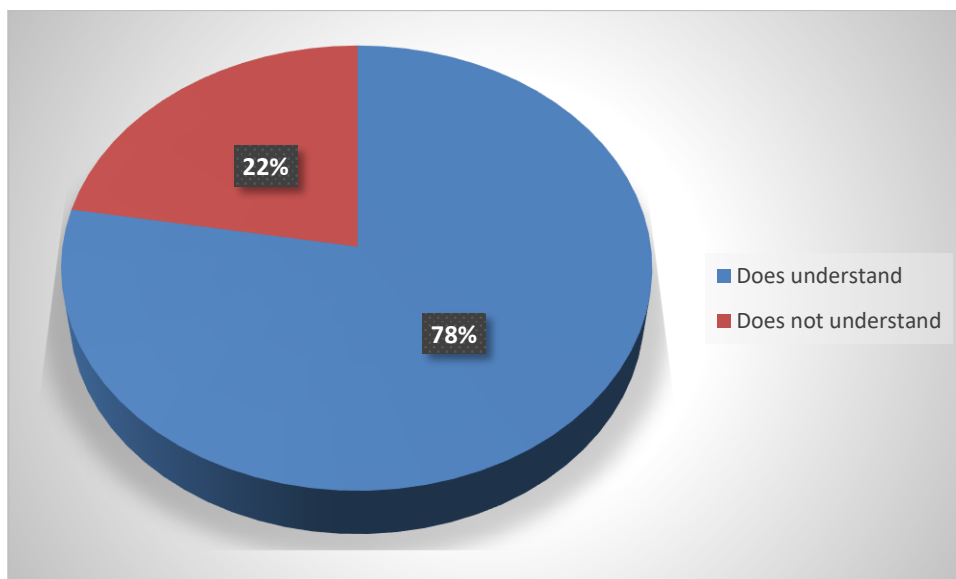
“Parents are elderly so can't always assist me”



6 Part C of the Campaign

This section is essentially the purpose for the engagement and asks the respondents how they would like to be informed of the changes. This section aims to not only explore how individuals who could be directly impacted by the changes would like to be informed, but also how the wider community in general would like to hear about any changes made by the Council.

15. Do you understand why some aspects of you care might have to change as a result of the pandemic?



As demonstrated here, the majority who answered this question stated that they did understand that some aspects of care might have to change, with several comments made to this effect:

“Fully understand and I am grateful for the care I have received over many years. Especially in the last few months”

“Fully understand, it is a difficult time for everyone”

“I understand home visits of my P.A. and mental health have had to be put on hold”

“We all have to be co-operative and do what is necessary during these unprecedented times in order to stay safe”

“Yes - clearly if there were a second wave and the virus became prevalent in the community this would cause big problems for the continued provision of care”

“Yes - if people do not adhere to government guidelines it could raise the COVID level, making people ill including nursing and care staff”

“Yes I do understand but would hope that the need for social care for the elderly is not underestimated”

“Yes, but this is very stressful and worrying to think about”



There were some respondents who felt that they had already been impacted as a result of the pandemic:

“Yes I understand my care plan has been changed in this last few weeks”

“Yes, but not going to the centre is making me depressed and anxious. My mum and dad need support from the centre as they need a break themselves because of their health needs”

“She has had to change her routine by not attending the day centre and it is really starting to affect her wellbeing and mental health, she is agitated by not being there”

“They have not changed they have STOPPED as from 13th March and no help or support offered for continuing care, unable to contact S/W on phone”

“Care has only been needed during the coronavirus, all support and services have been remote and minimal, it's been a nightmare”

There was also a small number of individuals who are currently putting in measures themselves to pre-empt changes occurring:

“Yes but I and my carers have so far had a backup plan to try to ensure delivery of care needs”

“We have worked around this and have a good care plan in place and continue to do so. If a carer was ill I would need to take leave off work. ... has a daughter who possibly could do this too but works full time”

There were a number of people who expressed concerns or cited the potential impact of any potential changes:

“Without home support I would need a care home”

“Yes however seeing my mother unable to do anything for herself I would be very concerned if the care was reduced”

“I understand but feel that my care package cannot be reduced as I need to be taken to the toilet”

“Yes, although day care service is important as this gives help and support”

“Yes, but it is dangerously affecting my mental health”

“Yes, the important things still have to be covered though, e.g. help getting up and getting into bed”

“I'm 94, I need daily care”

“I do but her needs are significant and therefor without 2 carers, four times a day, she would only be safe and cared for in a care home. She is adamant she does not want a care home and has capacity”

“No, people's lives matter and no easements should be considered”

“I understand if paperwork and assessments need to be reduced or take longer to complete. I do not understand nor think coronavirus is an excuse to remove or provide poor levels of care.”

“I do but not to me as I have nobody else to help me!!”

“As I am 95 years of age, need reminding of my general needs as I am housebound, my only contact is the carers and my daughter, so coronavirus only affects me this way”

“Yes but in this case the four calls a day are essential as client is confined to a chair and to bed at night and is unable to go to toilet unaided, no one else can assist with this, she cannot walk unaided.”



In terms of those who responded that they did not understand, the majority responded with a straight response of 'no' or 'I do not understand'. Where comments were provided, 9 individuals responded that they themselves did not understand but their family/carers did. 3 responses were made by carers who advised that the individual lacks capacity and therefore would not understand; and one individual felt that a language barrier is potentially impacting on their ability to understand. Where other comments were made in relation to not understanding, they were largely in the sense that they felt changes simply could not be made to their care:

"No - No one can do it but carers"

"No - vulnerable adult, 83 year old Alzheimer's"

"No - with the current care package it is difficult to provide the care in a home environment, if this would change then full time care would become a real possibility"

"No because my condition will get worse not better"

"No - she has had a massive stroke and is totally dependent on care and support"

"No, if I need it, I need it"

"No, it would not be fair to take anything from this lady. She is bedridden, live alone, no family, cannot use hands, cannot do anything for herself. Myself and 2 others provide 24hr care"

"No, my care plan cannot change as this would stop me from being independent"

"No, not really as I need the same care that I get now"

"No, I cannot function alone - need care 24/7"

"No, this is keeping me out of a care home, hospice or hospital. I do as much as I can to look after myself, I am incontinent because of the cancer and unable to walk more than a few steps or stand for long. It would be cruel to take away carers off me. I can't get into bed without help."

"No. My personal assistants share the care. I would find it difficult if my care was reduced."

"Will not be able to cope without care plan"

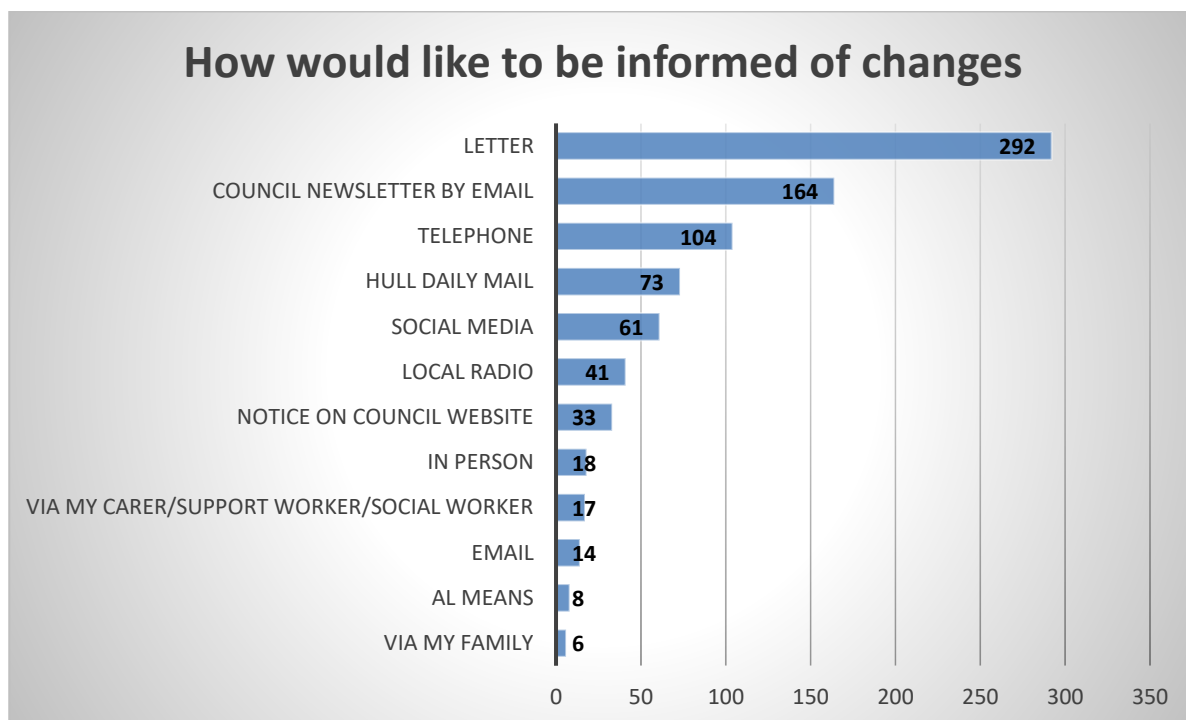
"She cannot shower etc by herself, this task is totally impossible for her and of late has the fear of falling continuously."

"I have one carer who provides all my needs, all aspects of my care are provided by my P.A. I don't have any agencies coming in so I cannot be without my P.A"

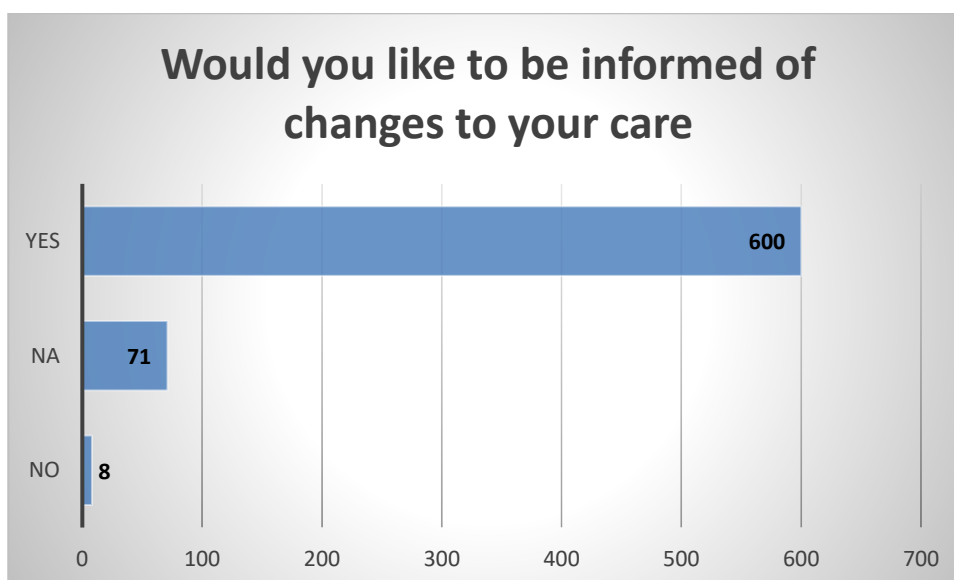
"It would be difficult to change any aspect of her care"



16. If the Council did have to introduce easements to Adult Social Care, what would be your preferred means of being informed of this?



17. If the Council had to make changes to the care you currently receive, would you like to be informed of this?

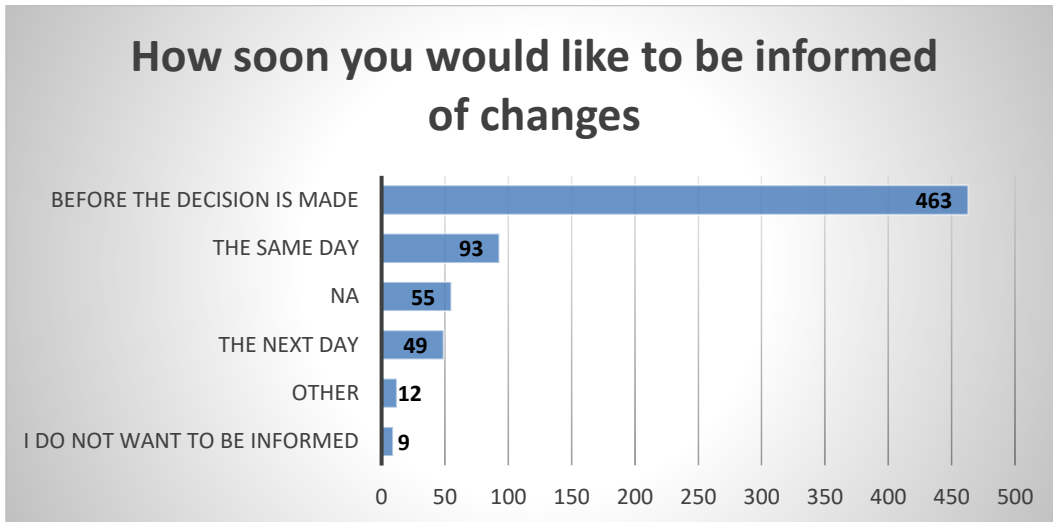


Other comments included:

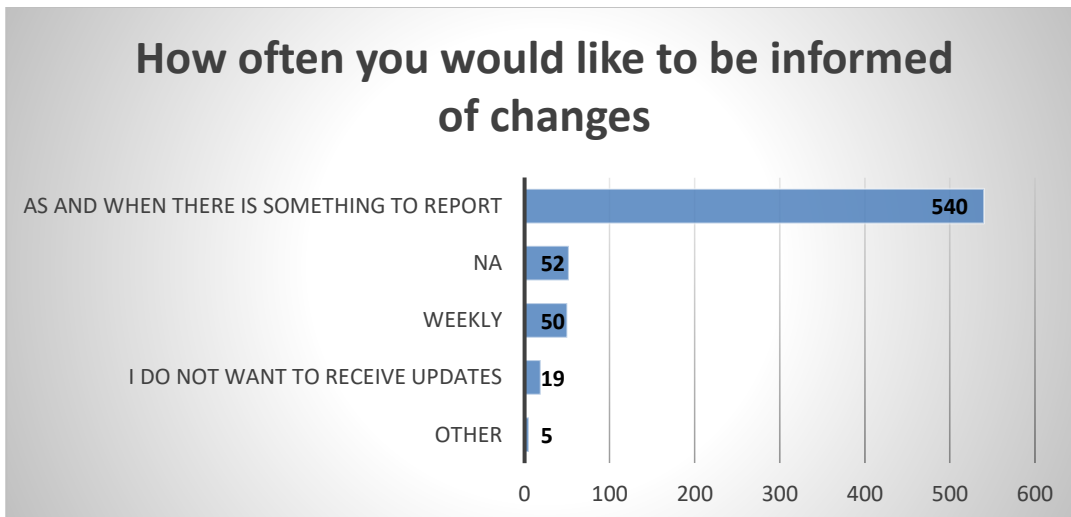
- 4 Weeks prior notice please
- Week in advance
- Would like to be told before the decision is made. Please note that the council have already made a change, by closing services, without informing service users, carers or parents directly.
- I would like to be informed of any decision which has been made given the factual evidence and how this is to be implemented at what time and when and by who.



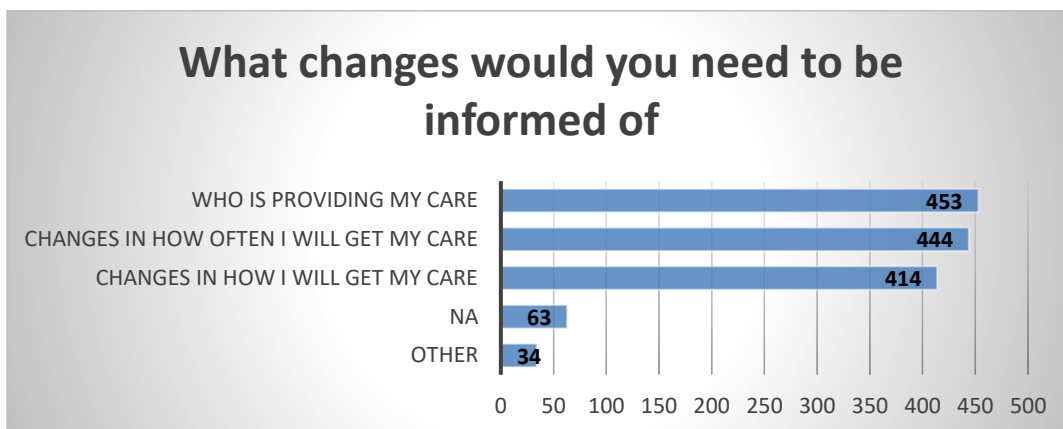
18. If yes, how soon would you like to be informed of the changes?



19. If yes, how often would you like to receive information?



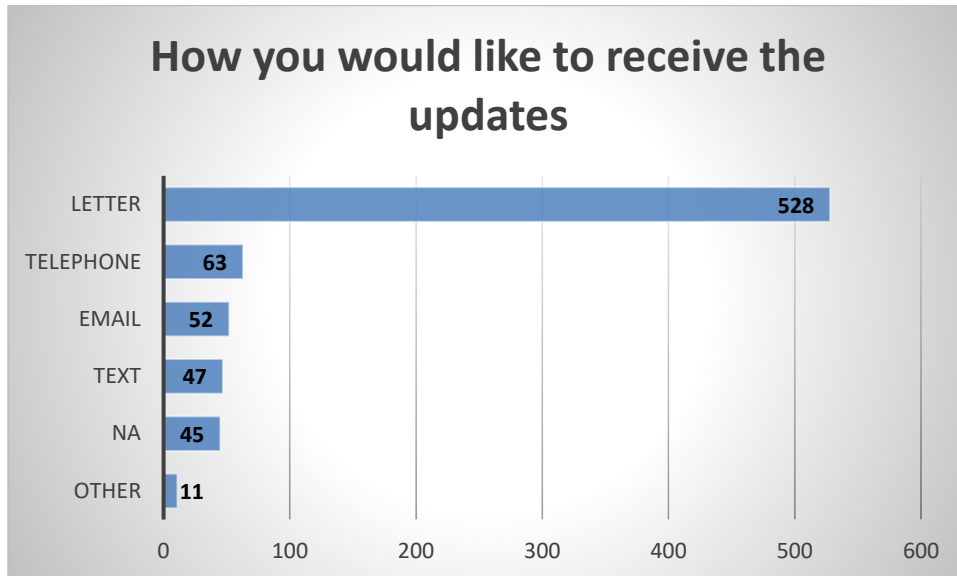
20. What possible changes would be most important to you to be updated on?



The responses to 'other' were in relation to being advised of all changes and also changes to the cost of services.

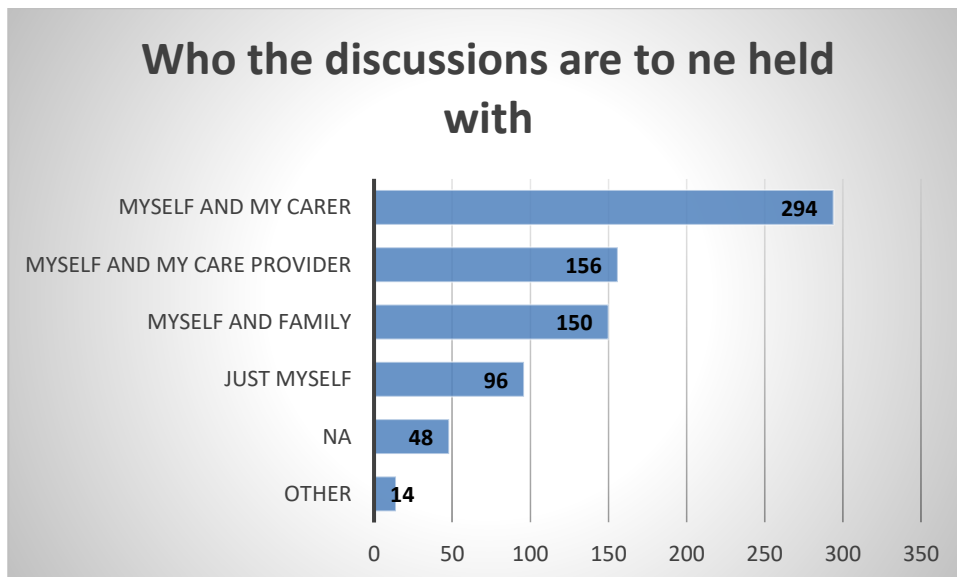


21. How would you prefer to receive the updates?



Those who commented 'other' were predominantly via carer/social worker.

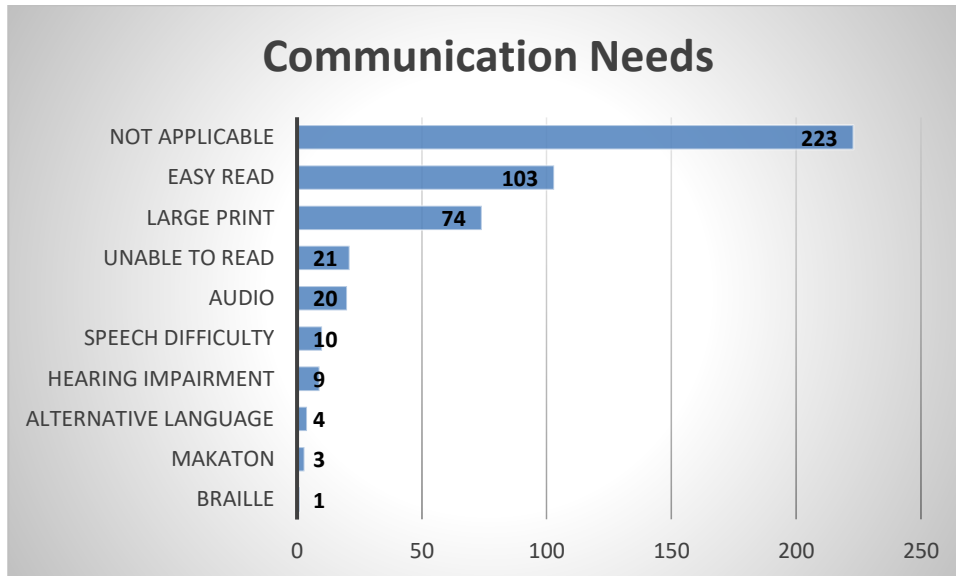
22. Who would you like these discussions to take place with?



Other included an Advocate and HCHF.



22. Do you have any communication needs?



Other language needs were Polish, Punjabi, Turkish and Latvian.

23. What information would you like to receive that would give you assurance that appropriate decisions about your care have taken place?

352 individuals provided a response to this final question. The general consensus amongst the responses is that people would like to be kept fully informed with regards to their care, and to receive a full explanation of reasoning for any decisions and how they were made.

“A complete explanation about how the decision was made, why was it made, how long it is likely to last and will it return to normal.”

“I would not like to just be notified my care is changing, I want to be part of the discussion and process of working out a compromise for what works for me and what needs to be done”

“Any changes in care should be discussed before a decision is made. A change in the current care received could result in serious consequences e.g. Mental health, anxiety etc.”

“A letter of explanation and a copy of any revised care plan”

“Who is providing care package and at what cost to me”

“I am happy with my care at the moment but if my package reduces I would want to see the full risk assessment and why this decision was made”

“Please keep me informed as much as possible. I respect your advice through this difficult time”

“I would like to receive all information on how the decision was made / concluded”

“What decisions have been made and direct me to appropriate support”

“What the change was based on and who made it”

“Why the changes have been made, how the decision was made and if I need to pay more to my care”

“A full explanation of reasoning behind any changes and sufficient time to put attendance provision into place”

“Assurance I will receive the care I need as I can't look after myself”



7 Commentary & Conclusions

Limitations

On examining the responses closely, there are instances whereby it appears that some respondents have not interpreted the question as intended, or they may have been confused by some of the questions, resulting in contradicting responses being given. Additionally the survey was quite lengthy, which could have caused difficulties for some people to complete.

Despite extensive input in to the survey design and testing prior to its launch, there are some responses received which has suggested that respondents have possibly interpreted the question in a different way than intended. This certainly appears to be the case for the option of 'Community Hub' which was one of the choices listed for where individuals were currently accessing support. Community Hub was added as an option to determine how many people were accessing the community hubs that were created to support those isolating and sheilding during the lockdown period. However it appears that respondents may have correlated this to be a community centre or day service. Likewise, 'Day Services', which was one of the options in the question 'what package or support is received' mas also been misinterpreted. Many people who selected this option stated that they received services in their own home, and for most, multiple times per day. Therefore it may be assumed that individuals interpreted this option as care they receive during the day.

There were instances whereby individuals had responded that there was no help in place, yet in other responses they referred to family or specific support mechanisms being place. Therefore these respondents may have been interpreting the question from the point of view of there being no help in place on top of that provided by family. Some of the responses also suggest that individuals may not recognise that the care they have in place quantifies as support and so with hindsight it would have been useful to have additional questions relating to whether the individual regarded their support as formal or informal and whether this was solely being met by friends or family.

In terms of funding, it was anticipated that there might be some respondents who were unclear as to their funding arrangements, and there was evidence in the responses to reflect this. For example, there were individuals who have declared they are entirely self-funded, but who have also stated they have received a Direct Payment. There therefore may have been confusion for these individuals as they will see themselves employing and paying their own Personal Assistant, when in fact the funding for this originally comes from a Direct Payment.

Despite this, we do not feel that this impacts on the validity of the results, as the primary aim was to find out people's communication preferences which the respondents were clear on. It just however means there are limitations to the extent in which some of the responses can be cross analysed.

Commentary

94% of respondents had some level of care or support need, with 88% of these declaring their needs to be ongoing. This is not surprising due to the primary target audience being those already known to be in receipt of social care. The primary support need of respondents was help with shopping, with 70% declaring this as a need. This need was however closely followed by personal care, cleaning and preparing meals. 27% of respondents had all care needs.



Accessing the community safely was the lowest stated need with 46% of respondents declaring this as a need.

There was a total of 61 respondents who required all support needs except for accessing the community safely. 56 of these stated that their needs were ongoing and not just in response to the lockdown or whilst recovering from an illness. 37 of these individuals received care in their own home but did not access any kind of day services. Due to all their other needs being so extensive, it could be deduced that these may potentially be housebound individuals. Of these there were 5 individuals who did not feel they had family or anyone else other than their usual care provider to meet their support needs.

70% of respondents stated that they had a care package or services in place. Although there was a small number of respondents who stated they had no help in place (3%), upon closer analysis, these were individuals who were already, or had the potential to call upon others, leaving 3 individuals not getting the support they need. In total there were also 8 individuals awaiting an assessment who had needs not being met.

26% of respondents had both a care package in place and additionally received support from their family, whereas approximately 11% were solely reliant on friends or family providing their support, with the primary need being shopping. 18 individuals solely reliant on friends and family had all support needs.

The most common form of package in place was a Direct Payment, with 74 out of 260 respondents employing a non-family member PA; 62 employing a family member PA; and 9 of whom employing both a family and non-family member PA. 90 of the Direct Payment recipients who did not have a PA, utilised a domiciliary care agency.

423 respondents stated they received care multiple times per day, and for 350 of these individuals, the care was provided by either a domiciliary care agency or PA.

Domiciliary care agencies were the largest providers of care with 312 responses. 35% of these advised their care was funded by the Council; 26% funded by the individual themselves; 18% by both the Council and the individual; 17% by the Council and health; with the remaining 4% being unsure or did not respond. 74% of the total domiciliary care users received visits multiple times per day.

In terms of funding, it is difficult to deduce the true reflection of this due to some of the limitations to the survey. There were however 120 individuals who responded that they were entirely self-funded, and had not selected elsewhere in their response that they received any kind of direct payment or personal health budget, nor did they employ a PA. Fifty of these individuals who self-funded utilised a domiciliary care agency, 36 of whom received visits multiple times per day.

The majority of respondents named a contact whom they would get in touch with if they had a question about their care. There were 65 respondents who advised they wouldn't know who to contact, however upon closer examination, there were 16 individuals not requiring support and 49 individuals who did have contact with a family member; therefore resulting in 13 individuals who potentially had no contact readily available. The majority of people would contact a family member, followed by a social worker. There were 134 people who amongst others would contact their GP, 17 of whom named a GP as the only person they would contact about changes to their care.



63% of the total respondents advised there were others, mainly being family, who could help from time to time. 122 people responded that they had no one else to help. This is one of the areas whereby we experienced limitations in terms of the analysis and conclusions we could draw, as there may have been individuals who already receive a variety of formal and informal care and had interpreted the question from the viewpoint of all of these elements no longer being in place. When you take away from the 122 responses the individuals who were already receiving help from family & friends, domiciliary care providers, PAs, and supported living providers, this left 14 individuals without anyone else to call upon.

The most common requirement that would help facilitate others to occasionally provide help was PPE, with 102 people making reference to this. Likewise, a key code featured relatively often with 47 declaring this as a need. However, it must be highlighted that both PPE and keycodes were given as potential prompts to aid people in what to think about in this question and so a level of influence cannot be ruled out.

In terms of what other cannot help with, personal care was the most prominent need, with a number of comments given to substantiate why this help couldn't be given. Primarily the reasons were simply not having anyone nearby who could help, or understandably not wanting friends, family or neighbours to provide such levels of personal care.

The majority of respondents stated that they did understand that some aspects of their care might have to change as a result of the pandemic, with 22% stating that they did not understand. On closer inspection of this 22%, the majority simply did not understand the changes, as opposed to not agreeing to them, but there were some who more felt that changes simply could not be made to their care. Despite taking every effort during the campaign to inform people what the easements could mean in practice and to provide reassurances about the delivery of their care, there were some individuals who voiced concerns such as *“people’s lives matter and no easements should be considered”*. However again, there was a number of detailed comments made that give valuable insights in to the extent of people’s needs, their value for the services in place, how much these services can support and maintain their independence, and the potential impact if their care changed.

In terms of being informed of the introduction of easements, 66% of respondents would like to be advised in writing, preferably by postal letter. 600 of the total respondents would like to be informed of changes to their care, 77% of whom would like to be informed before the decision is made. The majority would also like to be informed of further changes as and when they happen. In terms of the potential changes to care; the provider of the care, the frequency of delivery, and how the care is delivered were all largely regarded as equally important. Again, the vast majority of respondents would like to be informed of any changes to their own specific care in writing, and these to be jointly advised alongside a family member, carer or care provider. Finally, a number of different communication needs were declared, with Easy Read and large print being the largest needs.

Conclusions

As the campaign was primarily targeted to those with known or anticipated care needs, it is not unexpected that the majority of respondents have a number of care needs, and have some form of care package in place to meet these needs. Due to some of the limitations of the survey, care has been taken to not draw conclusions that may not be entirely accurate. Therefore although some references have been made that refer to individuals not potentially having any support in place to meet their needs, extensive analysis has taken place in these cases to examine all variables and contradictions. From this analysis, it appears there are potentially



between 5 and 10 individuals from the 715 responses who are without support currently, however there is not the data to truly confirm this or say the extent, reasons or timeframes that this may have been the case.

The data does highlight the extent to which family and friends support individuals with their care needs, with families providing additional support on top of formal provision, in addition to there being a number of hidden carers providing sole, and quite often intensive support. The contribution of the voluntary sector also cannot be underestimated, with a number of organisations being referenced to; in particular Hull Churches Home from Hospital (HCHFH) and Case Training who were cited on a number of occasions.

The responses also highlight how many people are being supported to live independently, and that for many, their needs are ongoing and are not just in response to the restrictions of the current pandemic. Based on the responses however, it would appear that those living independently do not always know who is the most appropriate person to contact with regards to their care, and so communication that gives greater clarity to service users may be justified. There were also a number of comments raised in relation to services reducing or ceasing already, which for some will invariably be the likes of day services that cannot fully operate under social distancing and lockdown restrictions. However again, it may be beneficial for greater signposting to alternative services or provision that can still be accessed, particularly as restrictions continue. This is something that Healthwatch would be able to provide assistance in if found to be beneficial.

Although a significant number of people responded that they had family or friends that can help with certain care from time to time, the extent that this help could entail was very variable and specific to each individual, and so it cannot be taken at face value that on the whole there are others who can fully support. Likewise, the limitations and requirements to others being able to provide certain care was also very variable and unique to individual circumstances.

Should there be a requirement for the easements to be enacted, or any changes to people's care being made, then for the vast majority they wish to be informed in writing by letter, and invariably would like someone else involved in their care advised of this too. The responses suggest that there would also be greater confidence if the introduction of easements were also communicated via the Council's online channels. There were a significant number of differing communication needs and so alternative or tailored formats would also be needed.

For the overriding majority too, it is important to people that they are informed in advance of the decision being made and then updated as and when information arises. Likewise they wish to be informed of all key possible changes to their care, including the provider, frequency and method of delivery, but also any potential cost implications. Respondents also commented very strongly that they wished to be informed of how, why and by whom the decision had been made. Based on the concerns that some respondents raised about potential changes or withdrawal of their support, any such communication will need to be implicit as to what the change would mean in practice; be it a delay, a reprioritisation, a reduction, or other type of change. It of course goes without saying that the impact would need to be considered in line with the person's individual circumstances and wider support network, as alluded to above.



Next Steps

Healthwatch congratulates Hull City Council on taking a forward view in anticipating the needs of local residents and ensuring appropriate time and measures have been given to effectively engage with residents.

This report will be submitted to the Head of Social Care Prevention and Early Help at Hull City Council to inform ongoing forward planning relating to communication with service users.

Healthwatch extends the offer to Hull City Council to provide any further useful analysis of the responses received, as well as providing support on any future communications or signposting with residents.



8 Acknowledgements

Healthwatch Kingston upon Hull would like to thank Hull City Council for enlisting our support of in delivering this campaign, and also for their input towards the design of the engagement materials and the distribution of these to service users.

We would also like to thank the many voluntary sector organisations who supported this campaign and helped to raise awareness on their website and distribute the information to those hard to reach groups across the City.

Finally, Healthwatch would like to thank those people who took the time to complete the survey either themselves or on behalf of a person known to them. Your input has been invaluable in providing the Local Authority with information that is important to the respondents.

