

Evaluation of Wiltshire Council's Advice and Contact Service

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Our volunteers

Healthwatch Wiltshire has a team of committed trained volunteers. Our volunteers supported this engagement by conducting telephone interviews with those who had used the service, calling the advice and contact team to carry out mystery shopping, evaluating the information given during the mystery shopping call, entering data and proofreading the draft report.

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Report summary

What is this report about?

This report looks at experiences and views of the Advice and Contact service at Wiltshire Council. This service provides guidance and information aiming to help its users find the support they need. They provide information about social care and other community support and aim to help people live as independently as possible.

What did we do?

We gathered information in several different ways:

- The Advice and Contact team sent or emailed our survey to some callers who agreed to this.
- We carried out telephone interviews to complete our survey with callers who had given consent for this.
- We carried out a mystery shopping exercise. Our volunteers made calls to the Advice and Contact team and asked questions based on five different scenarios.

What were the key findings?

- Most of those who contacted the team were calling about care assessments or care support for someone else.
- Overall, 63% of those we spoke to were very satisfied or satisfied with the service.
- Wait times were the top thing identified that people thought could be improved.
- Most callers thought they were given enough time during their call and wait times did not appear to affect the quality of information given.
- Some carers and relatives of those who would be funding their own care did not feel they were given enough advice and information to arrange care and support.
- Evaluation of our mystery shopping calls found considerable variation in the quality of responses and felt that some were more helpful than others.
- Some of our respondents were satisfied with the call but were dissatisfied with the follow up and/or support that was available.

Next steps

Working in collaboration with the service, the findings of this report have been used to create a checklist (see page 16) for Advice and Contact team members. This identifies aspects that were identified as being most useful, with the aim that this can be used by team members to support them to improve the consistency of information given.

This report makes recommendations based on what people told us about their experience of the service and the findings of our mystery shopping exercise.

Introduction

Adult social care was one of Healthwatch Wiltshire's priority areas for 2019/2020 based on the views of local people. We had been told that they struggle to find the information they needed around adult social care and that carers and those who pay for their own care find this especially difficult.

In April 2018, a new service was created at Wiltshire Council called the Advice and Contact team. This team provides guidance and information to help those who contact them to find the support that they need.

Because of the feedback that we have received and the development of this new service, Healthwatch Wiltshire thought some work to hear experiences of the new service in depth would be useful, to hear what is going well and identify any areas that could be improved. We were pleased that the Advice and Contact team were happy to work with us on this project, and to support us to reach those who had used their service.

We worked with the Advice and Contact team and carried out our engagement during early 2020, before the Covid-19 pandemic. The work was paused while responding to the pandemic took priority. During March and April 2021, we wrote up the report and met with team members to discuss how to use the findings.

Our approach

This project had two parts that aimed to gather information in different ways:

1. Survey for those who had used the service

We designed a survey for those who used the Advice and Contact service. On a selection of different days and times, the Advice and Contact team asked callers if they would be willing to be contacted by Healthwatch Wiltshire for a 1 to 1 telephone interview or to complete the survey online to share their experiences of using the service.

2. Mystery shopping exercise

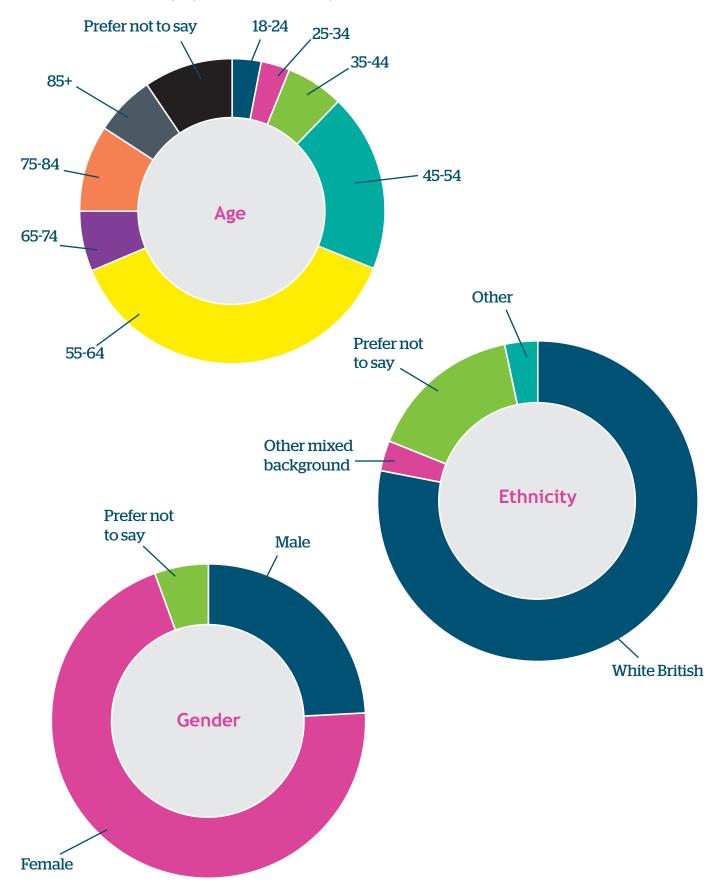
We carried out a mystery shopping exercise where we called the Advice and Contact service and asked them questions. Our volunteers carried out this activity using scripts that covered five different scenarios. Each scenario was covered three times on different dates and times. They kept records of the calls, the information they were given and how helpful they thought it was. The content of these calls was then evaluated by a separate group of volunteers who considered what information was most useful and why.

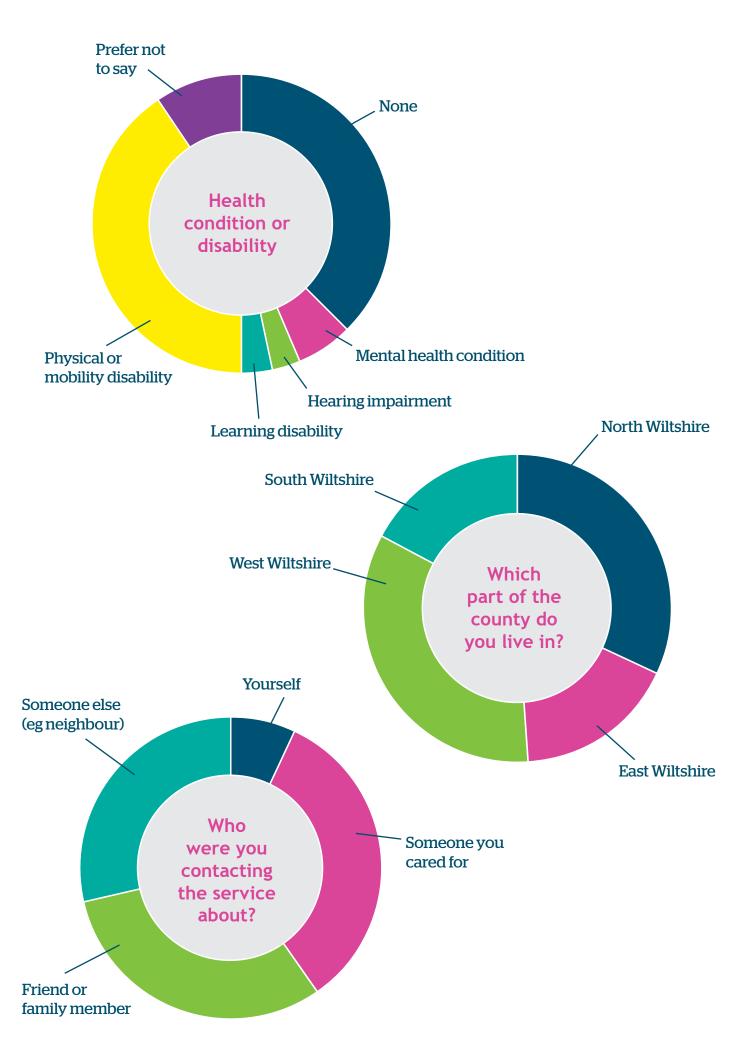
The survey questions and mystery shopping scenarios are shown in the Appendices.

Who did we hear from?

44 people shared their experience of using the Advice and Contact service.

Here are some demographics of those we spoke to:





41% of those we spoke to said they cared for someone who needed extra support day to day.

What did people tell us?

1. Our survey results from those who had used the service

We asked our respondents how long it took for their calls to be answered and the chart below shows a breakdown of their responses.



We asked what information it might be useful to hear while they were waiting for their called to be answered:



Of those who mentioned other things, the majority mentioned that waiting time and/or position in the queue would be useful. Others said that they didn't think any information was useful at this point and it was also mentioned that information needs to be stated clearly, slowly and repeated.

What were the calls about?

As the table below shows, the majority of calls were about care assessments and/or support:

Topic	Percentage
Care assessment review or funding	35%
Care/Support	24%
Safeguarding/concern for welfare	14%
Occupational therapy and/or equipment	12%
Carer Support	10%
Other	4%

When we asked if they were given enough time during their call, most respondents (83%) said they were.

They got a mass of info out of me. I wasn't hurried. Took the time to get everything needed.

Plenty of time to explain things.

Very helpful and informative.

Considerate and appropriate time was given.

Lady was extremely pleasant and very sympathetic.

A minority (17%) of those we spoke who said they were not given enough time:

Couldn't wait to get us off the phone.

The call handler takes minimum information to pass on. They don't really try to explore issues, to signpost or refer on to other organisations — it's like they can't get you off the phone quick enough.

What information was given about funding?

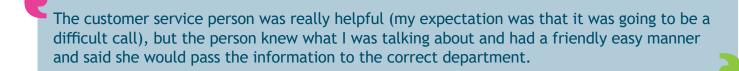
We asked those whose call was about care whether it was explained to them that they may have to pay towards care they receive. Of those who this was applicable to, 63% said it was explained and 37% said that it wasn't.

We asked those who answered yes, whether certain things had been covered and we found:

- 80% were told that there is an individual threshold of £23,250.
- 33% were told about having a financial assessment.

What was good about the calls?

When we asked what was good about the calls, 28 of our respondents identified aspects that they thought positive. Key things that were valued were helpful and pleasant manner, listening, answering questions, providing information, and arranging onward referral.





Informative. Person listened and repeated and I was able to share complex information. The person asked the right questions.

The young lady understood my query and tried to sort it out over the phone. Promised a member of the reablement team would ring me which they did.

However, 10 of our respondents were unable to identify anything that was good about the call. This would seem to indicate some inconsistency of experiences:

Nothing, advisor was unhelpful and lacked empathy.

Nothing. I was left feeling frustrated and having to cope with an enormous situation on my own with no professional support.

What could be improved about the calls?

We asked for thoughts in what could be improved about the call. 11 of the 37 respondents (35%) said that there was nothing that they thought could be improved about the call. Additional comments from these included 'All good, 100% satisfied' and 'No — seemed on the ball'.

Of those who identified things that could be improved, they mentioned the following areas:



Less waiting to be answered.

Yes — on the second call the person I spoke to went to ask her manager for help and if that had happened on the first call the family would have had much less stress.

Yes — my dad should have been offered an assessment and we should have been offered support to make decisions in his best interest.

Outcome of the call

We asked people to tell us the outcome of the call and their responses are shown in the table below:

Outcomes	Percentage
My questions were answered, and no further action was needed	4.9%
I gave some information about me and a pre-information assessment was completed	24.4%
I was referred on to another service	29.3%
I was given information	14.6%
Other	34.1%

Those who answered Other mentioned a variety of different outcomes including: being informed there was no help, advice to come back when relatives savings were less than £23,000, and being told to see their GP.

We also asked people if they knew what the next steps would be as a result of the call and 77% of our respondents said that they did.

How satisfied were callers overall?

We asked our respondents to rate overall how satisfied they were with how the call went:



Other things we were told

Some of our respondents told us of positive outcomes because of their call:

Really pleased with the whole process. Nothing complicated. Couldn't have been more helpful. Knock-on effect makes Mum feel more secure. Positive results for her — reassured her as she doesn't want to go into a home, so quick response has really helped to reassure her.

Some of those who were disappointed told us that this was due to the lack of follow up or service being available, rather than the call itself. Several attributed the underlying cause of this to be due to underfunding.

At the time I was fairly satisfied but now not so due to lack of response. I think I should have had a response, even a message to acknowledge it has been received and action taken. Really frustrated.

I phoned again as I had not received a call from the social care team. Had another long wait (over 30 mins) on hold. Again, spoke with a very helpful adviser who then said there would be a 5-6 week wait until I would be contacted by the team.

Satisfied with the way the call was handled but very dissatisfied with what was available.

Another issue that was raised by some carers and/or relatives where the person would be funding their own care was that they felt not enough advice, information or assessment was offered for them to be able to access and organise care and support.

I was just amazed that, even after being in hospital no professional advice was available. I accept paying but needed help to evaluate what my father needed...I thought everyone (and their carer) was entitled to a needs assessment as a baseline, not just dismissed as soon as you have answered the question do they have more than £23K. I know the council has no money but surely they should be legally obliged to do better than this.

I recognise that the adult care services are seriously underfunded but at a time when we really needed professional advice we felt abandoned. There was no acceptance that I was still having to work myself.

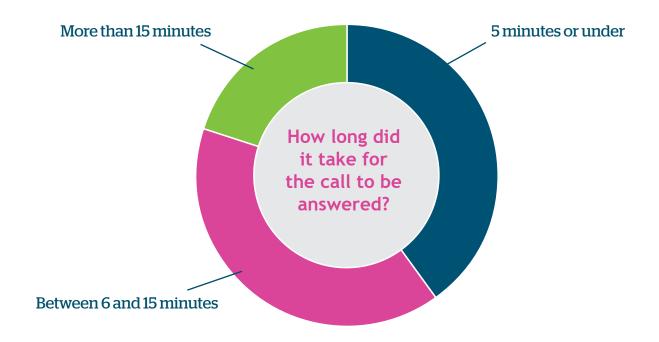
2. Our mystery shopping

Our volunteers carried out a mystery shopping activity where they called the Advice and Contact team at different dates and times. They used scripts of prearranged questions that were based on five different scenarios, each being carried out three times.

Records of these calls were then evaluated by a separate group of volunteers who considered what information was most useful and why.

Waiting times for call to be answered

Waiting time varied from an immediate pickup as the shortest to 29 minutes at the longest. The average waiting time was nine minutes.



There did not seem to be a correlation between the time it took to answer the call and the information given. There were examples of calls where there had been a long wait time, but the call did not seem rushed and the information that was given was very helpful.

Evaluation of the responses

Both our volunteers who undertook the calls and those who evaluated them thought there were inconsistencies in how the calls were handled. An evaluation of the responses found differences in how the same questions were answered, and in the information and advice that was given. This reflected in how useful or not they assessed the call would be to someone seeking advice.

Our volunteers identified some strong examples of good practice, as well as some things that they felt were not so useful.

Our volunteers felt that useful responses would include:

- Listening and exploring care needs, irrespective of whether the person may be funded or self-funding.
- Providing individually tailored advice and knowledge.
- Explanations and information of the range of services that might be available to someone, for example personal care, reablement, occupational therapy support.
- Information about other voluntary and statutory organisations that might be able to offer information and support including website links and contact numbers.
- Questioning that explored carers' needs, information and referral to carer support services.
- Advice about how people can use resources available to them, for example community resources, using family and friends as a 'sounding board'.
- Offers to post out hard copy information, for example the Care Homes Directory.
- Signposting to specific websites with knowledge about what can be found there.

What aspects of some calls were thought to be not so useful?

- Use of jargon, acronyms and terminology without explanation, for example threshold, assessment, reablement, CQC, care package.
- · Beginning answers with the word 'no'.
- Advice to 'go online' without detail of which websites to look at.
- Statements that imply advice and/or assessments are not available until savings fall below £23,250.
- Questions that may seem abrupt such as 'What do you mean?'
- A lack of consideration, or questioning the needs of the unpaid carer.
- Lack of knowledge about what someone would do if they weren't unhappy with their care.

Thank you

Thank you to all the individuals who took part in our survey and interviews and shared their valuable thoughts and experiences with us, and to Wiltshire Council's advice and contact team for working with us on this project. Thanks also to our volunteers who gave their time to take part and supported the project.

Recommendations and next steps

We have been working in collaboration with the Advice and Contact team to develop a checklist (see page 16) which identifies the key things that were thought most useful. This aims to share good practice and it is planned that this can be used by the team members to support the service to offer more consistent, quality advice and information.

Based on what we found, our recommendations are that the service:

- Considers what action can be taken to reduce long wait times.
- Reviews the information given while callers are waiting to see if this can be clearer and provide other ways that people can get in touch.
- Looks to improve the consistency of the quality of information and advice given. This could include the development of some resource lists.
- Provides the checklist that has been developed to team members and regularly review it;
 this may support opportunities for sharing good practice within the team.
- Develops the advice and information that is available to carers and for those who will be paying for their own care.
- Considers using the checklist and/or this report as part of the induction of new team members. Healthwatch Wiltshire would be happy to support with this.

Response



Emma Townsend, Head of Service – Contact and Safeguarding, Adult Social Care – Operations, Wiltshire Council



We enjoyed working with Healthwatch on this important project and were really pleased to hear that most callers were satisfied or very satisfied with the service they received. It was really interesting to see that the typical caller is white, female, aged 45-65 and ringing on behalf of someone they care for in relation to assessments, reviews and/or care/support. We are considering this information and will promote the team and ensure it is accessible, across all population groups.

We can see that on the days we undertook the survey with Healthwatch, we had higher than average call handling times, which we can confidently put down to discussing the survey with each person contacting us. The mystery shop wait times correspond better with our data for average wait times during that period. We are very pleased to say that our average wait time since the survey has come down to just over three minutes. We are prioritising our online referral forms for professionals and others who can use this route, freeing up the phone line for people who want to have a conversation with us about their circumstances, or require an urgent response.

The report also identifies some helpful response ideas suggested by Healthwatch volunteers. We have worked with Healthwatch to turn these into a checklist for staff and we will use this checklist in team meetings, supervision, and training to support improved consistency in the quality of calls.

We try hard to balance the need to provide a quality response and not rush people, with the need to ensure people do not have to wait too long to speak to someone. We were pleased to see that most callers thought they were given enough time during their call and that wait times did not appear to affect the quality of information given.

This survey was done some time ago and we have already made a number of service

improvements that include:

- Improved real time use of reporting on wait times and demand with someone dedicated each day to gueue management.
- Utilising additional council funding for additional temporary capacity to support with increases in demand due to the pandemic.
- Delivering training across the team about answering financial questions and how to support people who fund their own care.
- Continuing to promote the use of our <u>resources website</u> to find community based groups and support.

Since March 2020 we have improved our use of performance reporting, call handling data and numerical forecasting to predict performance against demand. A new system being introduced at the end of 2021 will make further improvements in our ability to monitor and manage demand.

Our engagement in this review has highlighted our desire for continual improvement and we recognise there are further improvements we can make to improve customer experience. The priorities for us in response to this report are:

- To further improve wait times.
- To ensure that, following the training, we make sure that people who self-fund their care are offered good quality advice and information, including the right to an assessment if they want one.
- To make sure the good quality of response that some people experienced is reflected consistently across the whole service.
- To feedback to other parts of the service where concerns were raised about delays following contact with the Advice and Contact team.
- To promote the team and ensure it is accessible to all population groups.

We look forward to continuing to work with Healthwatch on these priorities.

Checklist

Nine top tips for the Advice and Contact team, based on customer feedback.

1. Listen and allow space for people to respond

It's important to listen carefully to what people are saying and give them plenty of time to respond to questions.



Very good listener and allowed space for questions to be asked.

2. Ask questions to gather more information

Asking more questions shows that you are interested and will help you get more detail about what might help the caller.



Person listened and repeated and I was able to share complex information. The person asked the right questions.

3. Use positive language - say what you can do

Focus on telling the caller what you can do or what is available. Try to start your reply with a 'yes' or 'I can', rather than a no.

4. Show empathy

Showing that you have understood the person may be upset or in a difficult situation is valued, even where you may not be able to resolve all the issues.



Helpful in explaining what a social worker would do.

5. Explain terms and services

Describe what services and terms mean. Many people may not know what terms such as threshold, CQC, Care Act, care package, and reablement are or what they can offer.

6. Tell people about other organisations that may be able to provide advice and support

Think about voluntary organisations that might offer support and/or benefits advice, such as Carer Support Wiltshire, Age UK, Parkinson's UK, Alzheimer's Support, Citizens Advice.



Helpful suggestions regarding support and carers assessment.

7. Ask about support for the unpaid carer

Callers may have a caring role, but not recognise that they are carers. Ask about what support may help them and signpost or refer accordingly.

8. Think about how you can advise self-funders

Give positive advice to people who are self-funding about what information and advice is available to support them.

9. Give sources of information

Give information about specific websites or offer written information. Try to avoid more general statements such as 'go online' or 'Google...'



I was given all the information I required in a pleasant and confident manner.





Advice and Contact Team Survey

Background

Healthwatch Wiltshire are the independent champion for people using health and care services in Wiltshire. We listen to what people like about services and what they think could be improved and share their views with those who have the power to make change happen.

We'd appreciate it if you could take a few minutes to complete this survey.

The results of this survey will be collated and put into a report. All responses will be anonymised, and no individuals will be named in the report. The report will be used to influence the way the service further develops.

1. Who were you contacting the team about?				
☐ Yourself				
Someone you care for				
A friend or family member				
Someone else, please say who? (E.g. neighbour):				
2. How did you find out about the team? For example, the internet, referral from GP, friends and family)				
3. When did you contact the team? Please give us the month and year?				
4. How did you contact the team?				
Phone				
☐ Phone ☐ Email				
Email				
Email Online				
Email Online				
Email Online Other (please specify):				
 Email Online Other (please specify): 5. How long did it take for your call to be answered? 				

6. What information would it be useful to hear while you are waiting for your call to be answered?
Information about other services
Information about other ways you can contact the Advice and Contact team
Information about what the Advice and Contact service is
Information about confidentiality and data protection
Other (please specify):
7. What were you calling about? (You do not need to give any personal information if you don't wish to)
8. Were you given enough time during your call? Yes No Comments:
9. If your call was about care, was it explained to you may have to pay towards any care you might receive?
Yes
□ No
Not applicable
10. If yes, were the following covered? (please tick all that apply):
☐ That there is an individual threshold of £23,250
Having a financial assessment
If your call was about residential care, the implications of the value of any property you own

11. What was good about the call?				
12. Is there anything that you think could have improved?				
13. What was the outcome of the call? (Please tick all that apply)				
My questions were answered, and no further action was needed				
I gave some information about and a Pre information assessment was completed				
I was referred on to another service. Please where you were referred to in the comments box below				
I was given Information. Please state what information you were given in the comments box below.				
Other (please specify):				
Comments:				
14. Did you know what the next steps were, if any?				
Yes				
□ No				
Comments:				

15. Overall how satisfied were you with how the call went?
☐ Very Satisfied
Fairly Satisfied
Neither Satisfied or Dissatisfied
Slightly Dissatisfied
Very dissatisfied
16. Is there anything else you would like to tell us?
About you
It's important that we hear from a diverse group of people. We ask some questions about you or
the person you are calling on behalf of, so that we can identify any issues that affect different groups of people. This information is anonymous, and you do not have to answer any questions if
you don't wish to.
17. Please tell us the town or village you live in?
18. Are you?
Male
Female
Prefer not to say
Prefer to use my own term
19. Is your gender different to the gender you were assigned at birth?
Yes
□ No
Prefer not to say

20. Do you have a religion of belief?
☐ Buddhism ☐ Christianity
Hinduism
Islam
Judaism
Sikhism
No religion
Other (please specify):
Prefer not to say
21. What is your age?
Under 18
<u> </u>
25 - 34
35 -44
45 - 54
55 - 64
65 - 74
75 - 84
85 +
Prefer not to say
22. Are you?
Bisexual
Gay/lesbian
Heterosexual/straight
Asexual
Pansexual
Prefer to use my own term
Prefer not to say
23. Do you care for someone who needs extra support day to day?
Yes
□ No

24. Do you consider yourself to have a health condition or disability?		
□ No		
Mental health condition		
☐ Visual impairment		
Hearing impairment		
Learning disability		
Physical or mobility disability		
Prefer not to say		
25. How would you describe your ethnic group?		
African		
Arab		
Bangladeshi		
Black British		
Caribbean		
Gypsy or Irish Traveller		
Indian		
Pakistani		
White British		
White Eastern European		
Other white background		
Other mixed background		
Other (please specify):		
Prefer not to say		
26. The results will be collated and put into a report. All responses will be anonymised, and no individuals will be named in the report. If you would like to be added to our mailing list, please provide your email or postal address:		

Thankyou for taking the time to completing this survey.

All data will be held securely and in compliance with data protection laws. It will only be used for the purposes of carrying out Healthwatch Wiltshire activity. Your details will not be shared with any other organisation. You can withdraw your consent to us holding your contact details at any time by emailing info@healthwatchwiltshire.co.uk or calling 01225 434218.

Advice and Contact Mystery Shopping Scenarios

General guidance for volunteers making calls

Don't give any identifiable information for example your name, phone number or address. Just say that you'd rather not give any personal details right now.

As far as possible try to stick to the scenarios and not to get side-tracked into discussions about other topics. If other topics are introduced say that you would prefer to follow them up later.

Try to record exactly what was said by the Advice and Contact team worker.

End the conversation with a thank you.

1. Self-funder looking for a care home for relative

I'm looking for a care home for my mother who will be self-funding. Can you help me find one?

Can you give me any advice on how to choose one?

How could I find out about the quality of care?

What will happen if her money runs out?

Are there any allowances or benefits she would be entitled to?

How will I find out where there are vacancies?

2. Care at Home

My dad needs a bit of help at home, can you help with this?

Who do we need to contact?

How will the care be arranged?

Will this affect his benefits?

Is there any care available at night-time?

3. Equipment

My uncle recently had a fall and is struggling to get around his home, what can you advise?

What equipment might be available to help him?

How would we go about arranging this?

Would we have to pay for this? How is this decided?

He's a tenant, how will this affect things?

4. Carer

I'm concerned about my Aunt who is looking after Uncle. He has Parkinson's and dementia. He's getting worse and she doesn't seem to be managing. Can you tell me what help is available to them both?

What will happen if it gets to the point when my Aunt can't manage to look after him anymore?

5. I'm not happy with the care that my father is getting from his care home/ care agency?

What can I do about this?

How would I go about moving them/ changing care agency?

How can I report my concerns about this?

healthwatch Wiltshire

Healthwatch Wiltshire
The Independent Living Centre
Freepost RTZK-ZZZG-CCBX
St George's Road
Semington
Trowbridge
BA14 6JQ

healthwatchwiltshire.co.uk

t: 01225 434218

e: info@healthwatchwiltshire.co.uk

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- **f** HealthwatchWiltshire
- O healthwatchwiltshire