

healthwatch

Kingston upon Hull



The Recommissioning of Home Care Services

Summer 2021

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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 that have 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
-

2 About the Engagement

What is Home Care?

A Home Care service can be provided on a short-term basis, for example, to help a person recover from ill health or when a person is towards the end of their life, or on a longer term basis, where a person has a long term health condition or disability, or to support an older person, when their physical health deteriorates.

Ultimately, a Home Care service enables a person to live safely and independently in their own home for as long as possible. The types of support available through a Home Care service include help with housework, personal care, meal and food preparation, assistance with medication, cleaning, and shopping.

The Care Act 2014 states that anyone who a local council think may need care and support is entitled to a care needs assessment, which must be provided free of

charge. The assessment is usually carried out by a social worker, or sometimes an occupational therapist, and results in a care and support plan being drafted.

When the local council carries out a care needs assessment, they will also conduct a financial assessment to see whether the individual will contribute to the cost of providing necessary care and support. If so, a personal budget is calculated. The personal budget is the amount that the local council will pay towards the care services assessed, as being necessary to meet the person's needs.

Background

There are currently 1,900 plus people residing in Hull aged 18 and over who have a Home Care service that is commissioned by Hull City Council or Health.

Although practical support is very important, there are many more aspects to a person's life that is equally important to ensure good health and wellbeing. Currently Home Care services in Hull are limited to strict times and task activity, for example, assisting a person with personal care at 8am each morning does not provide any flexibility for the person to sleep longer, if they wish to. In its current form this could be preventing people from achieving their goals, aspirations and maintaining independence.

The Care Act 2014 states local authorities must promote the wellbeing of people who need care and support and the outcomes they require. To enable them to do this they will need to understand the outcomes which matter most to people in their area and demonstrate that these outcomes are at the heart of their local strategies and approaches. With this in mind Hull City Council and Hull Clinical Commissioning Group enlisted the support of Healthwatch to engage with existing service users and members of the public to capture their ideas and views to help inform the development of Home Care services and shape into a new Community Wellbeing Service.

The Purpose

The purpose of the engagement was to understand what is important to people and what matters most to them. The engagement focused on service users direct care needs and their experiences of services, and also explored all aspects of their life. This involved listening to people's experiences of receiving services, and exploring other aspects of their daily lives that are important to them including:

- Health and wellbeing
- Social connections
- Relationships
- Hobbies and activities
- Connection to the wider community

By taking a more holistic approach to the discussions, Healthwatch was able to gain a deeper understanding of what is most important to people to live independent and fulfilling lives. This information will be used to help design the new service, thereby contributing to the service specification and tendering process.

What we did

To overcome any matters relating to GDPR, Hull City Council made the necessary arrangements to facilitate contact with individuals who already receive a Home Care service.

Healthwatch formulated a letter and leaflet explaining the engagement opportunity for distribution to service users, inviting them to contact us if they wished to take part in a telephone interview. A survey was also developed by Healthwatch, with additional input and approval received from Hull City Council's Adult Social Care team. The survey was divided into the following sections:

- Wellbeing/satisfaction
- Lifestyle
- Ideal world
- Current services
- Community Wellbeing Service

Additional sections were added to a second survey, which was for circulation to the wider public who are not yet in receipt of services:

- Life pre- pandemic
- Thinking About the future
- Community Wellbeing Service

All materials were made available in a range of other formats for example large font, easy read, and other languages for those people whose first language is not English. All letters were also published in yellow, to act as a prompt. Leaflets and posters were also developed to increase awareness about the engagement.

The engagement was conducted in two parts. The first part was to engage with existing service users, to understand their experiences of the service currently, and also to explore further what individuals would want from a strengths-based approach to service delivery. The second part of the engagement was targeted at people who have never used services but might give unbiased insights to help shape the new service development.

In addition to completing telephone interviews, we also agreed to recruit members of the public to take part in the tendering process and to form a Reference Group for future consultations relating to Adult Social Care.

Throughout the project we have maintained records of contact made, who we contacted, whether the person agreed or declined to take part in the engagement, the date the interviews took place, the name of the interviewer, and our reach across all our social media platforms. All individuals who have taken part in the engagement have been sent a thank you letter.

To support the engagement, we utilised our existing pool of volunteers to conduct the interviews with individuals; and provided full training, prompts and resources to enable them to effectively fulfil this task. The Interviews took place predominantly by telephone and zoom, with some people preferring to complete the online survey.

We promoted the engagement across the width and breadth of the City. Details of the engagement were featured prominently on the Healthwatch 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.

Our reach through our social media channels was 10,400.

To extend our reach further, we also contacted 60 VCS organisations to promote the campaign to their service users.

The engagement period was from March 2021 to May 2021. Hull City Council facilitated contact with approximately 150 current service users, of which 63 individuals responded to the engagement. We also received an additional 28 responses from members of the general public who were not in receipt of a Home Care package.

3 Existing Users of Home Care

This section of the report outlines the responses we received from the surveys and interviews conducted with existing service users.

3.1 - About Your Wellbeing / Satisfaction

Assessing current wellbeing

The ‘Loneliness and ‘Satisfaction with Life’ tools were used to design this section of the survey. This tool measures loneliness and how satisfied a person is with their current lifestyle.

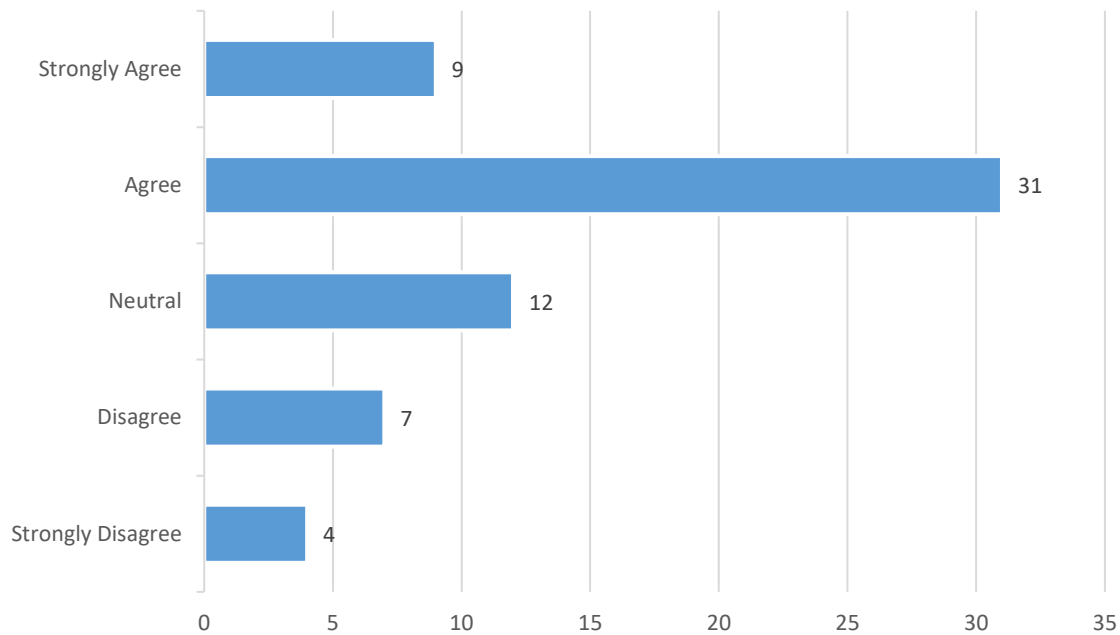
These tools contain graded questions with the scores being added together at the end to determine the level in which someone is experiencing loneliness and how satisfied they are with their life.

With the ‘Loneliness’ tool, it’s believed that someone with a lower score is less likely to be experiencing any form of loneliness whereas someone with a higher score is more likely. Whereas with the ‘Satisfaction with Life’ tool, someone with a lower score is less likely to be satisfied with their life and someone with a higher score is more likely.

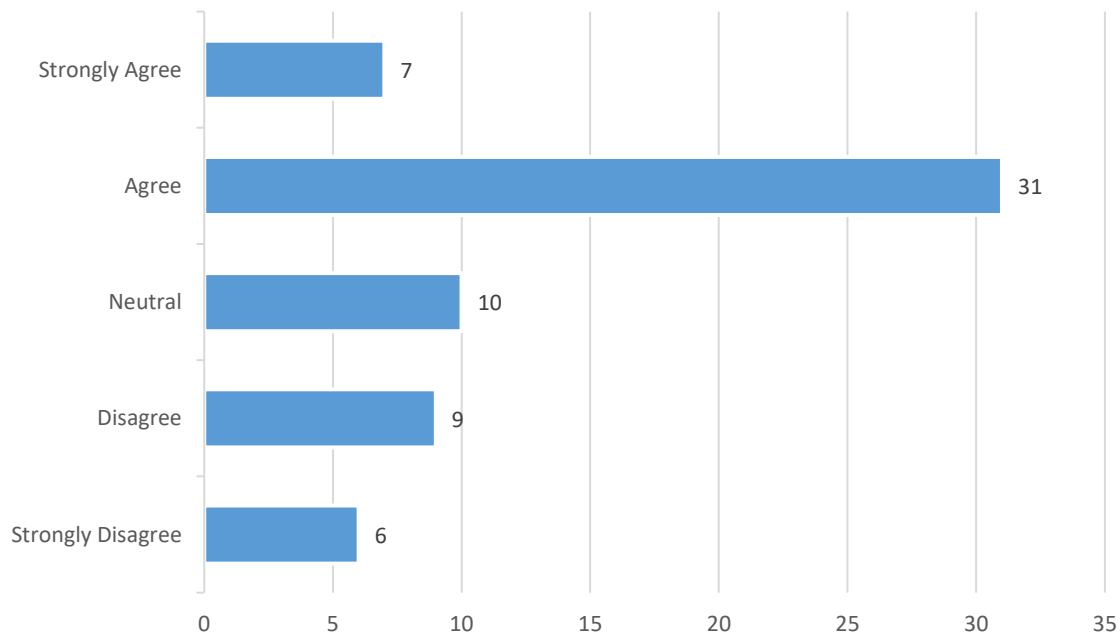
In utilising these tools, a baseline from people’s responses can be established to then benchmark future responses against, which will be of use when coming to evaluate the new approach to home care services once this has been commissioned and implemented.

Loneliness Measure:

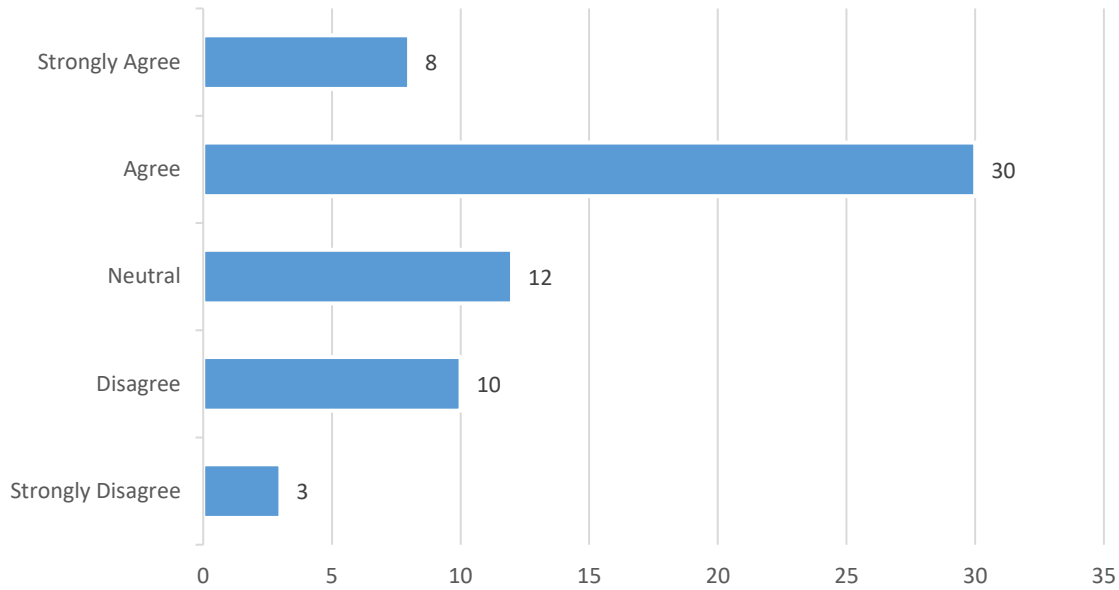
1) I am content with my friendships and relationships.



2) I have enough people - I feel comfortable asking for help at any time.

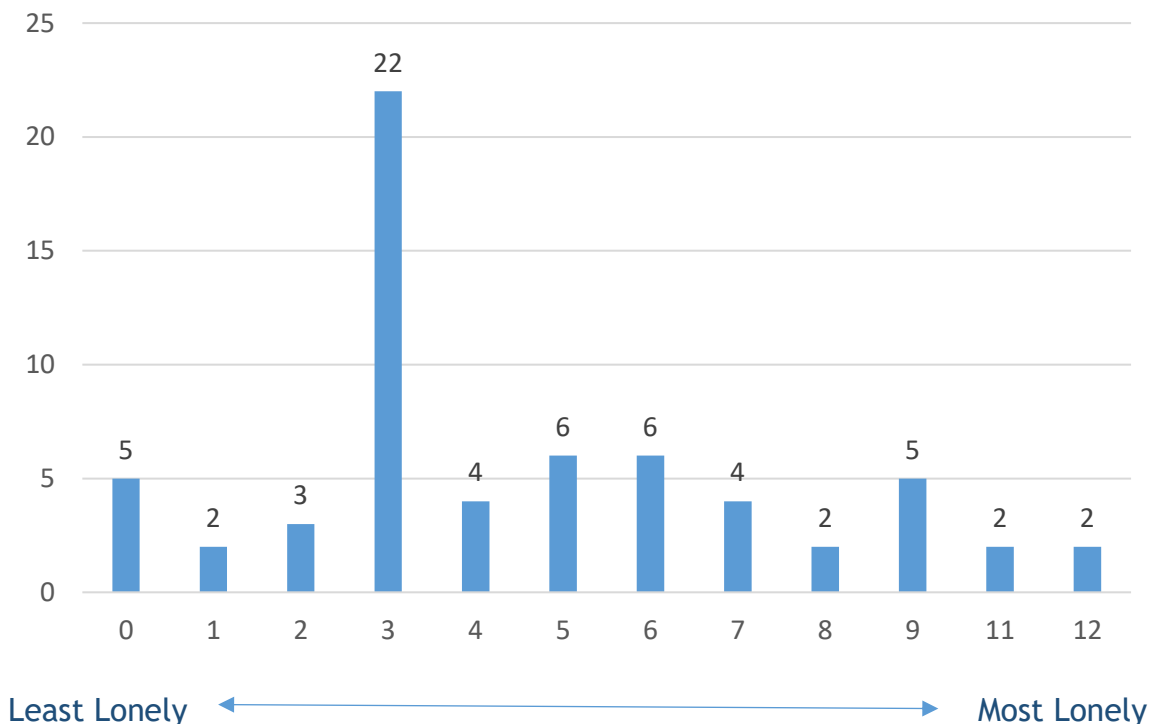


3) My relationships are as good as I would want them to be



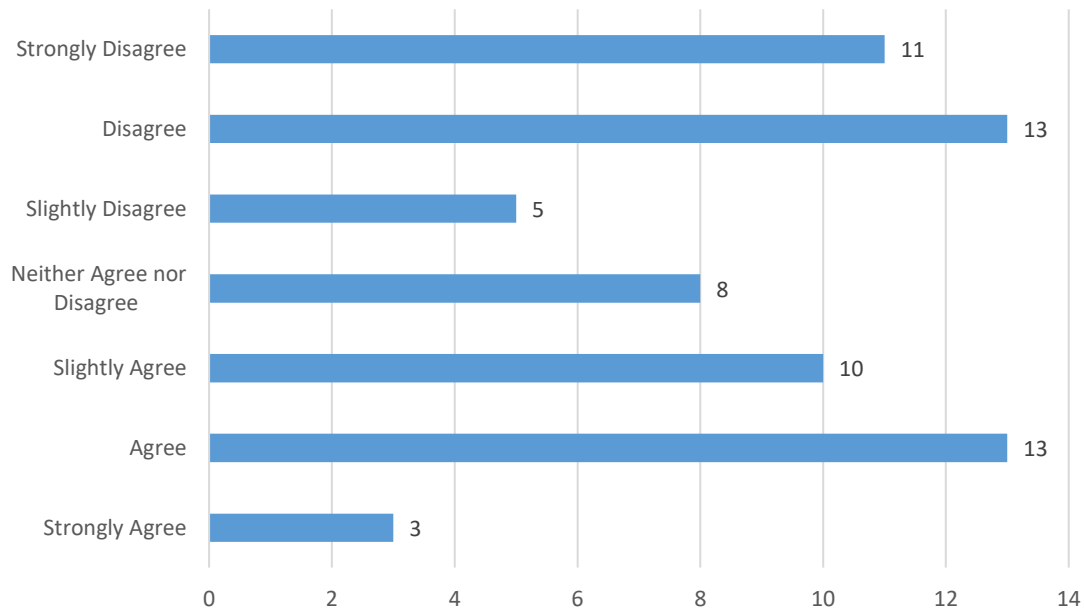
4) The overall total of scores to the above questions

The chart below signals whether individuals felt lonely; the lower the score, the less lonely the individual was likely to feel. The number at the top of each bar is how many individuals chose that particular score.

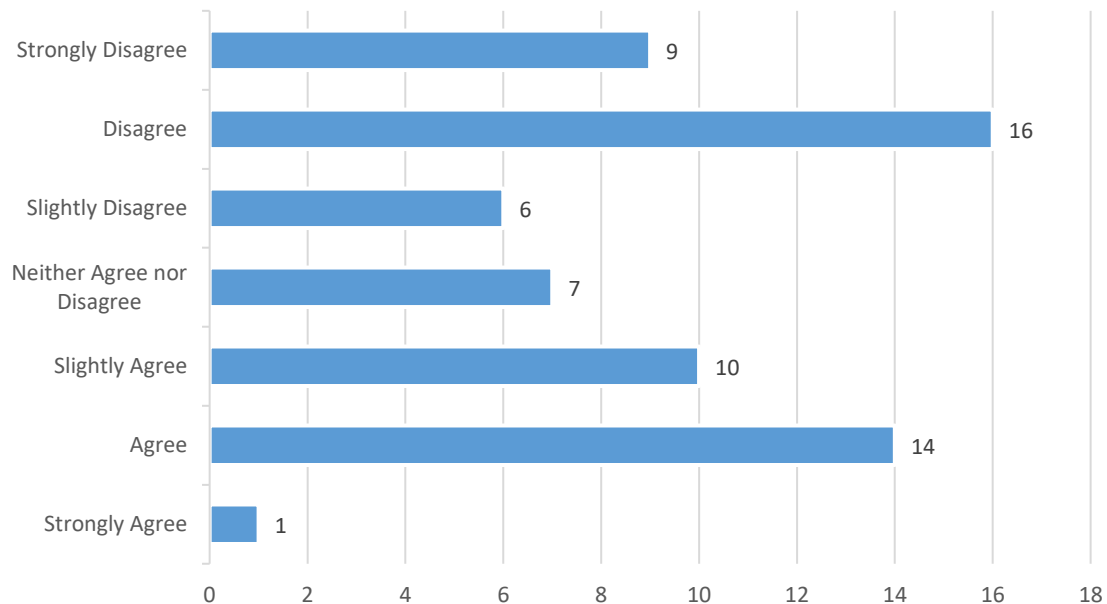


Satisfaction with Life

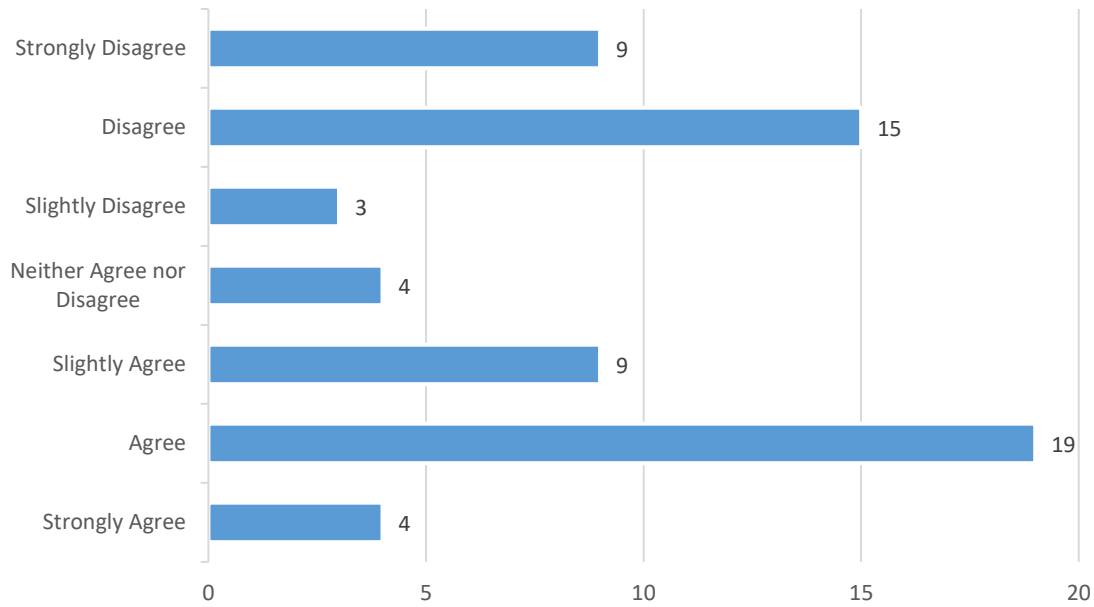
1) In most ways my life is close to my ideal



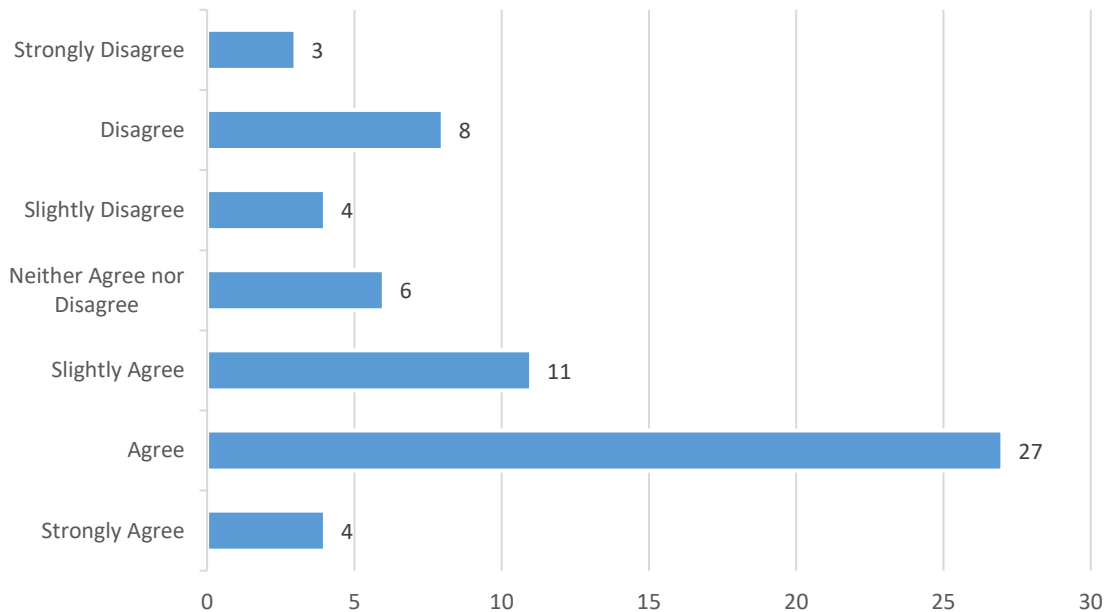
2) The conditions of my life are excellent.



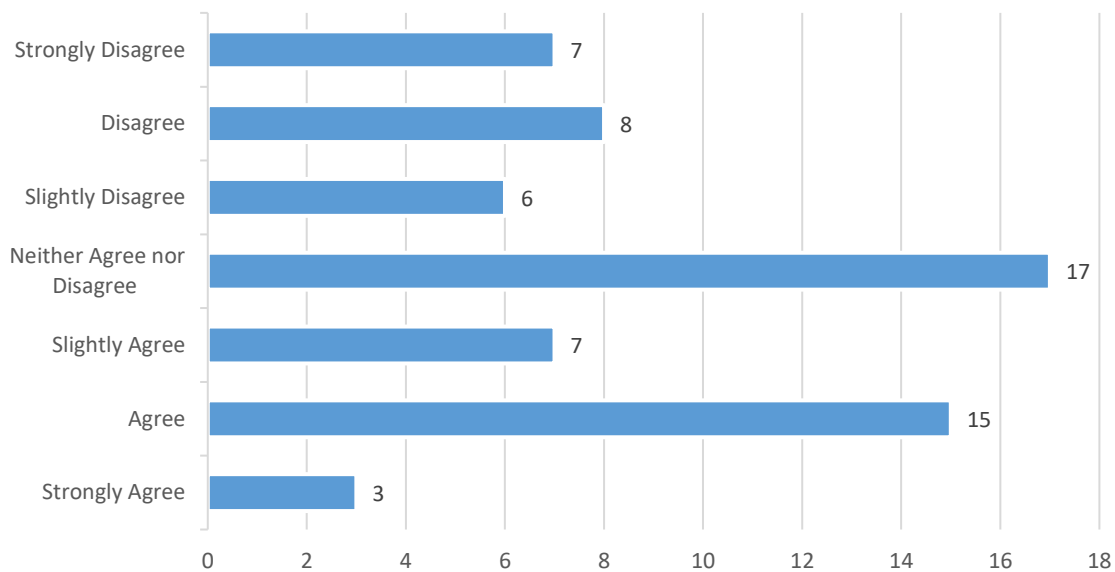
3) I am satisfied with my life.



4) So far, I have got all the important things I want in life.

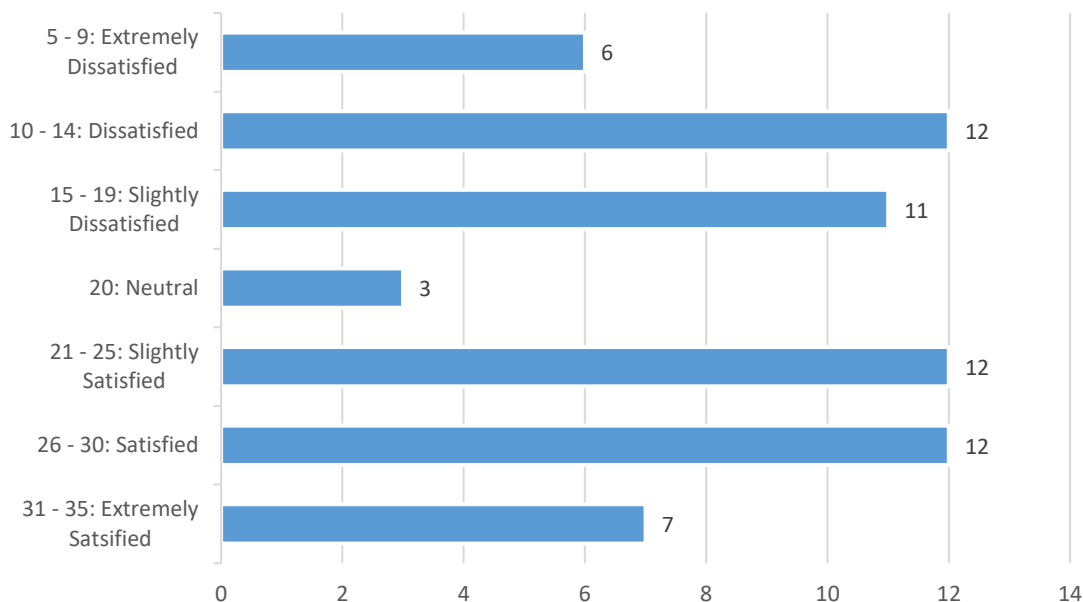


5) If I could live my life over, I would change almost nothing.



6) Please select the range which your score falls into

The chart below signals whether individuals were satisfied with the quality of their life; the lower the score, the more likely the individual was to be dissatisfied. The number to the right of each bar is how many individuals achieved that particular score.

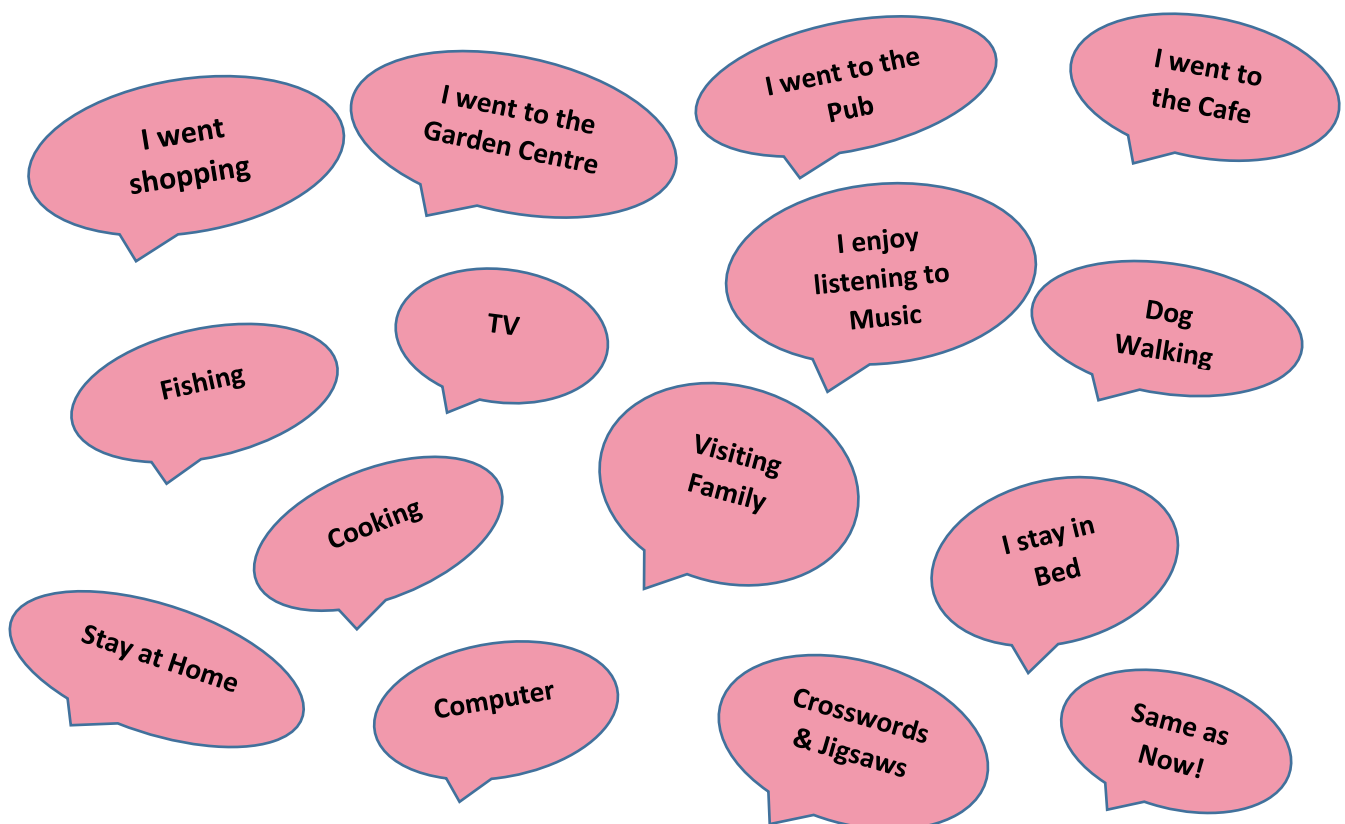


3.2 - About your lifestyle

This section relates to the person lifestyle prior to the pandemic; the type of service Home Care provides; the importance of family, friends and staying connected to their local community; and the importance of hobbies and activities. It also looks at how Home Care can help to support people with the things that matter most to them.

- 1) Thinking about before the pandemic and before any restrictions, I would like you to describe what a typical day looked like for you?

Highlighted below are some of the many varied responses we received:



Some of the more detailed examples of responses we were told about have been grouped under the two main themes of ‘Stay at Home’ or ‘Out & About’ and are set out below:

Mainly Stay at Home:

“I get up between 12 Noon and 3pm. I watch TV, eat something then maybe go back to bed. I don’t really leave the house much.”

“Before the accident, I did all the jobs and cooking, I used to go fishing, take the dog out for a walk but since the accident in August 2020, I’ve not been able to go out of the house much apart from hospitals.”

“I’ve had ill health for the last eleven years; I spend my day watching TV in bed mainly.”

“I had a stroke in 2016 and since then I have had very limited mobility. I mainly stay in bed.”

“I had a fall and broke my hip last year which has limited my mobility - I would spend days in the garden and pottering around.”

“We get up early for nurses to arrive, have breakfast and get dressed. I do a bit of cleaning and polishing, cooking, reading, watching TV and listen to music. I’ve had one of my legs amputated so my mobility is limited, and I am unable to get out.”

“My life was pretty much the same. I had a stroke so cannot move as well as before.”

“I cannot go out on my own now, my life is the same as before the pandemic. The last time I went out was for my birthday for a meal, as it is too difficult to support me out and about.”

“My life is the same now as before the pandemic. I am up around 8am and make myself breakfast. The carer’s attend between 10 and 11am, help me with washing and dressing. I enjoy watching TV and listening to music.”

“It was the same but was easier to get out the house, can’t have my carers with me when I am in hospital anymore so makes it a lot harder now, not as much family support.”

“I wake up and have breakfast, go to the shops, come back home and with help of carers have lunch. I watch TV and then have tea and go to bed.”

“I was in a care home prior to the pandemic for a year, I don’t really do much as I have the same routine every day with the carers. I have not been out much before the pandemic.”

“I don’t do a lot of anything apart from crossword puzzles unless I have any appointments. Home Care comes in a morning, helps me get up and dressed, supervising me whilst I shower, make me a cup of tea and clean up.”

Mainly Out & About:

“I would drive my car, go out to the shops and visit family and friends as well as having meals out.”

“Go down to the pub for an hour, when my wife was here, she worked in a restaurant, I'd go and have my dinner, we'd have the afternoon and evening together listening to music and watching movies. We were quite satisfied.”

“I get up about 7am and get dressed, I would have at least one activity every day, either a community group or day service to go out to or have a personal assistant to take me out shopping.”

“I get up, have breakfast and go out to the shops. When I come home, I like to do some reading and watch TV. Weather permitting, I also enjoy gardening.”

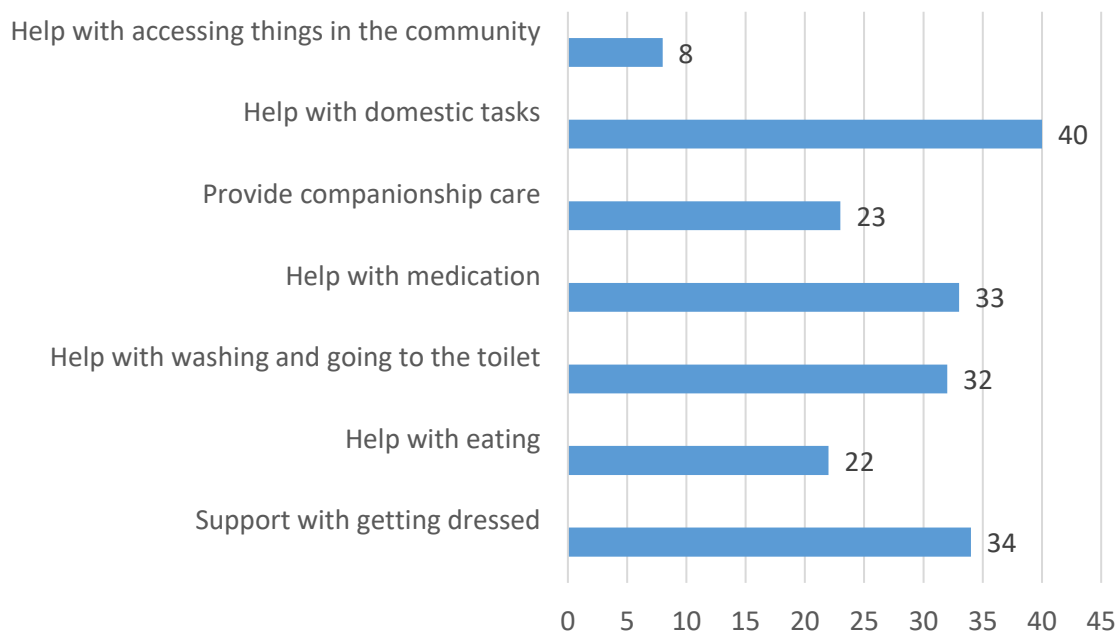
“I enjoy doing some gardening, popping out to the library possibly, going out to the shops and seeing daughter. I also love reading and watching TV.”

“I have breakfast, go to a social club, do a bit of bowling and shopping. I enjoy doing any sort of activity, really.”

“I went out three days a week to the day centre, out to the pub and caravan with my parents, I enjoy mixing and socialising.”

“Same as it is now, I have a mobility scooter to get out and about as needed.”

2) How does Home Care support you?



Other Comments:

“I have help with cooking as I have seizures and not able to use the cooker alone. They also provide me with companionship.”

“I get help with my shopping, it's brilliant.”

“They check in on me to make sure I am safe and have not fallen.”

“They cook my tea but do not make snacks during the day.”

“They only help me take a walk around the block due to lack of time.”

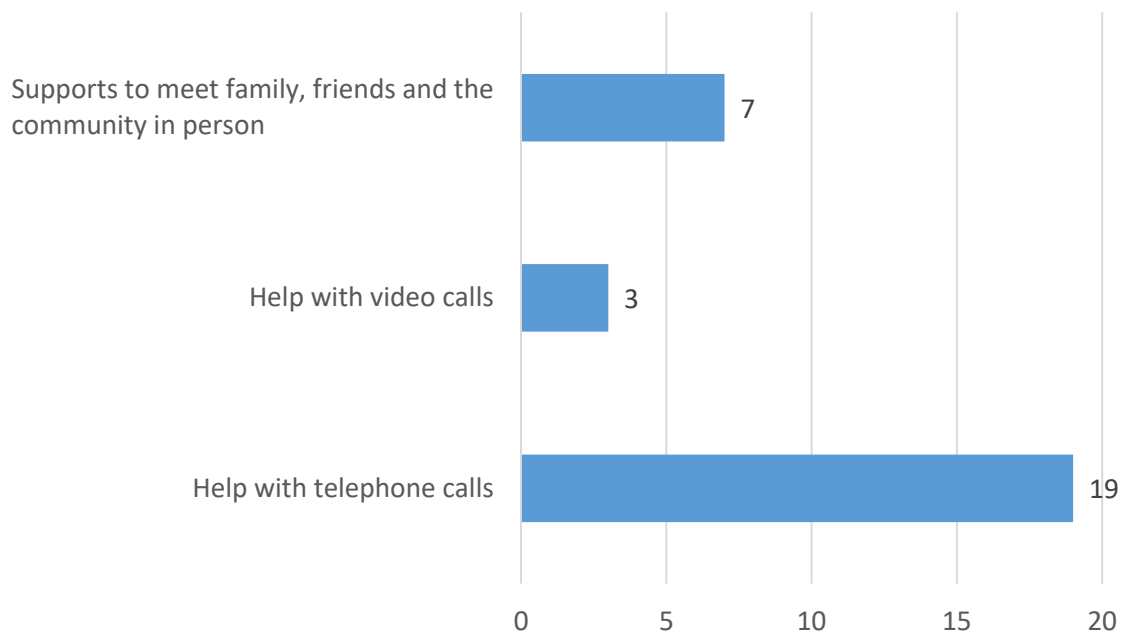
“I need more help now that my condition is worsening.”

“The help I get is brilliant.”

“They check in on me to make sure that I am safe and have not fallen.”

“I only get one 15-minute visit per day.”

3) How does Home Care help you to keep in touch with family / friends and your community?



Other Comments:

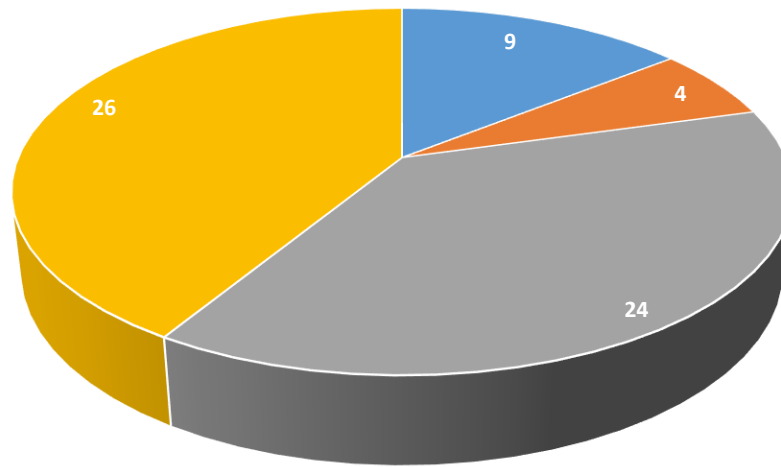
“They helped me to contact family when I was in hospital.”

“Sometimes they help me with the telephone but can work my mobile too.”

“I don’t ask for the help but they would if I needed to.”

“They would help when I ask, at any time.”

4a) How important is this for you?



■ Not Important ■ Somewhat Important ■ Important ■ Very Important

4b) Why is this important to you?

Some of the responses we had to this question included:

“I cannot get out without the support due to my anxiety.”

“When my sisters and brothers visit, I feel happier.”

“I cannot get out without the support I receive due to my anxiety.”

“It’s important to keep in touch with family, especially my dad.”

“My family visiting is very important to me as it makes me happy. I could do with help for getting to my family so I can visit them.”

“If I did not speak to my family, I would feel very isolated. I get lonely so speaking to them really helps me.”

“I like to keep in touch with people and have them pop round to see me.”

“My family is a lifeline so it’s important to keep in contact-” 20 respondents echoed this same sentiment.

“I like to keep in touch with my mum who lives locally.”

“Most of my friends have unfortunately passed away so I just have my immediate family now.”

“I’ve always had a big family so it’s important to me to keep in touch with them.”

“I love social interaction and meeting people; it helps me enjoy my life.”

“Keeping in touch with loved ones stops me getting lonely.”

“Because you're close to them and love them, you want to see them and be near them. It helps keep away loneliness and isolation.”

“Need to keep in touch with people and keep in contact with the outside world.”

“My family is the only thing I have, so important to see.”

“To increase the variety of my life and not just exist.”

“I like to keep in touch with my daughters who call in and see me regularly.”

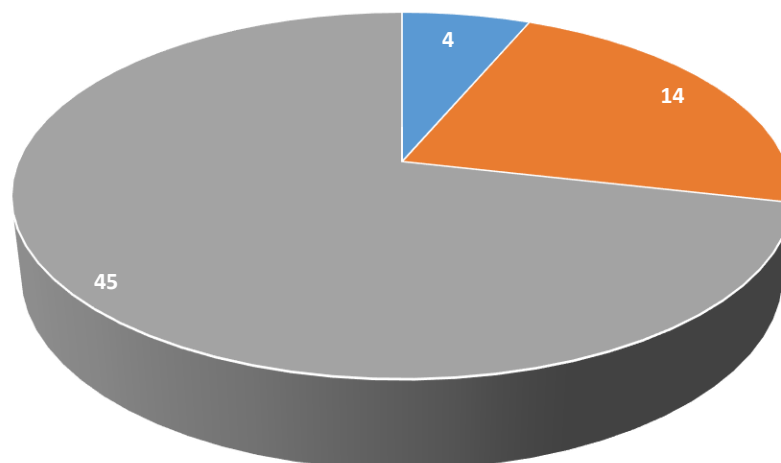
“If I did not speak to anyone, I would feel very isolated. I get lonely so speaking to people really helps me.”

“I'm a sociable person and enjoy being around people.”

“Now I've lost my wife, I get very lonely, I still haven't got over it. I like going to see friends and family as my son takes me out sometimes. I cannot do much without any assistance. My daughter was suggesting to go to a local group to support individuals who are widowed.”

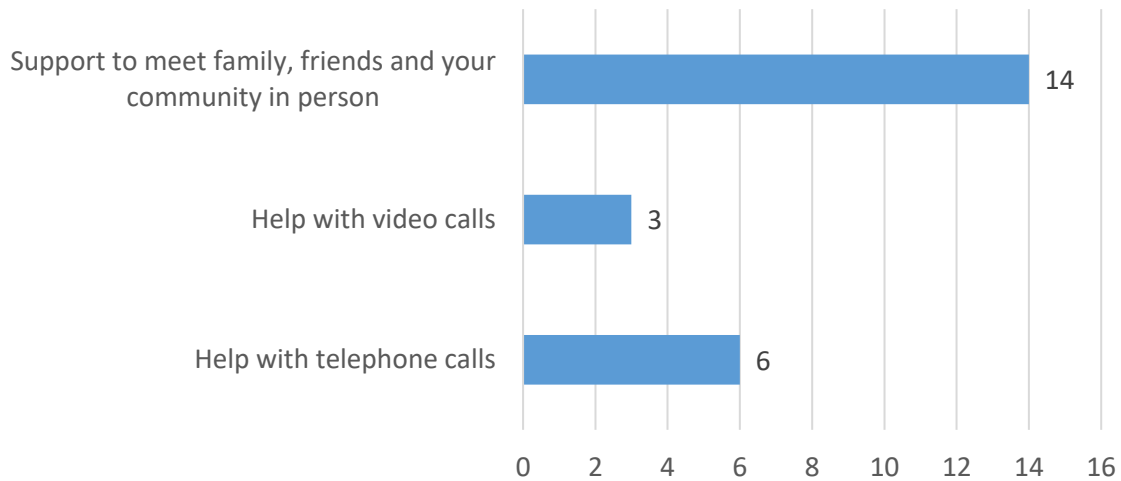
“It helps to have a routine and structure to my daily life and maintains my safety.”

5) Do you need any extra support from Home Care to help you keep in touch with family / friends and your community?



■ Unsure ■ Yes ■ No

6) If yes, what extra support do you need from Home Care?



Other Comments:

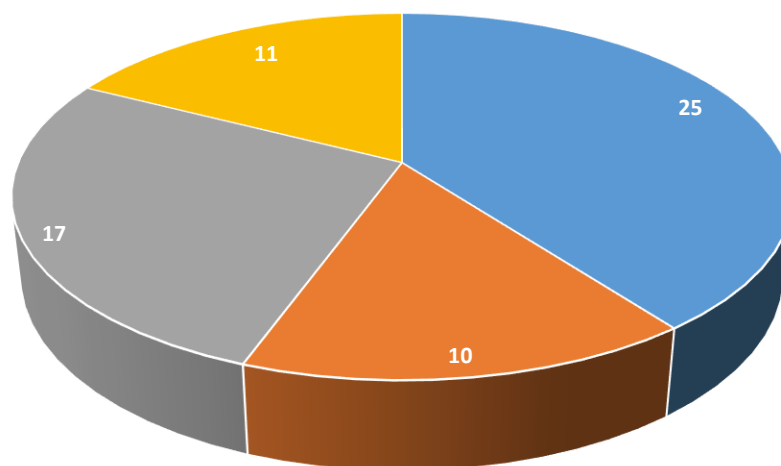
“My telephone is broken so I cannot contact my family. I am waiting for a landline to be installed.”

“It would be helpful to have transportation as bus times can be difficult sometimes to fit in around my schedule.”

“I could do with some transportation and support to see my uncle who is now in a care home.”

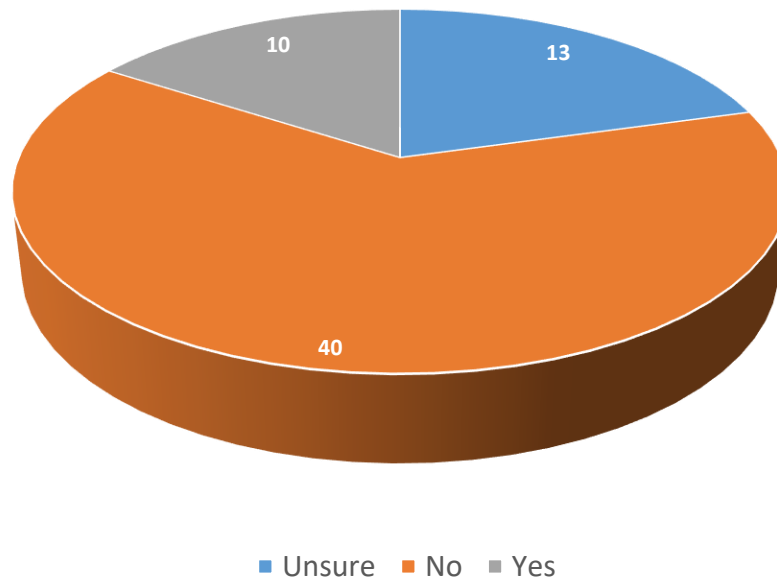
“Maybe help to get me to my family although with my mobility problems it may be hard.”

7) How important are hobbies and activities to your daily life?

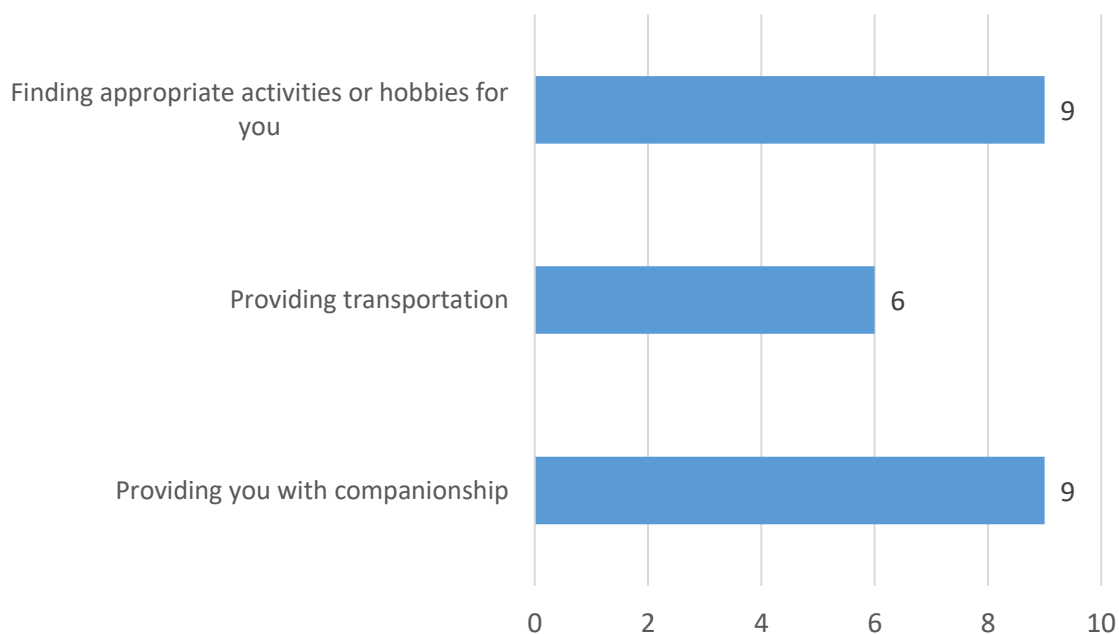


■ Not Important ■ Somewhat Important ■ Important ■ Very Important

8) Does Home Care support you to take part in all of the usual hobbies and activities that you enjoy?



9) If yes, how does Home Care support you to participate in activities and hobbies?



Other Comments:

“They do not have much time to help me.”

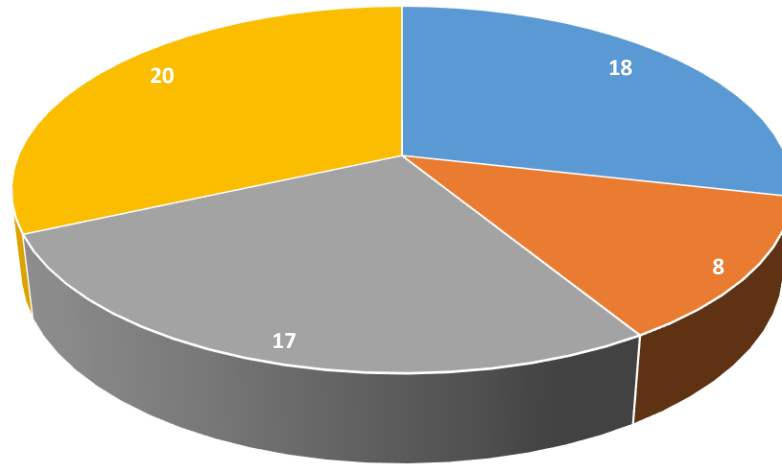
“I’m not sure if they provide those services.”

“There isn’t enough money to be able to get the support to be able to get out in the community and do the hobbies I enjoy.”

“I’m not sure what activities are provided”.

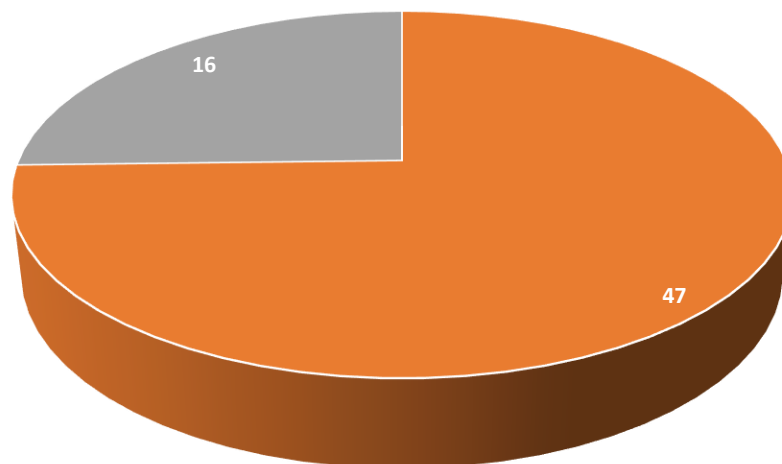
“This is not a part of my care plan. I am only helped with food and medication as well as some sort of companionship at the moment.”

10) How important is it for you to get out and about in your community?



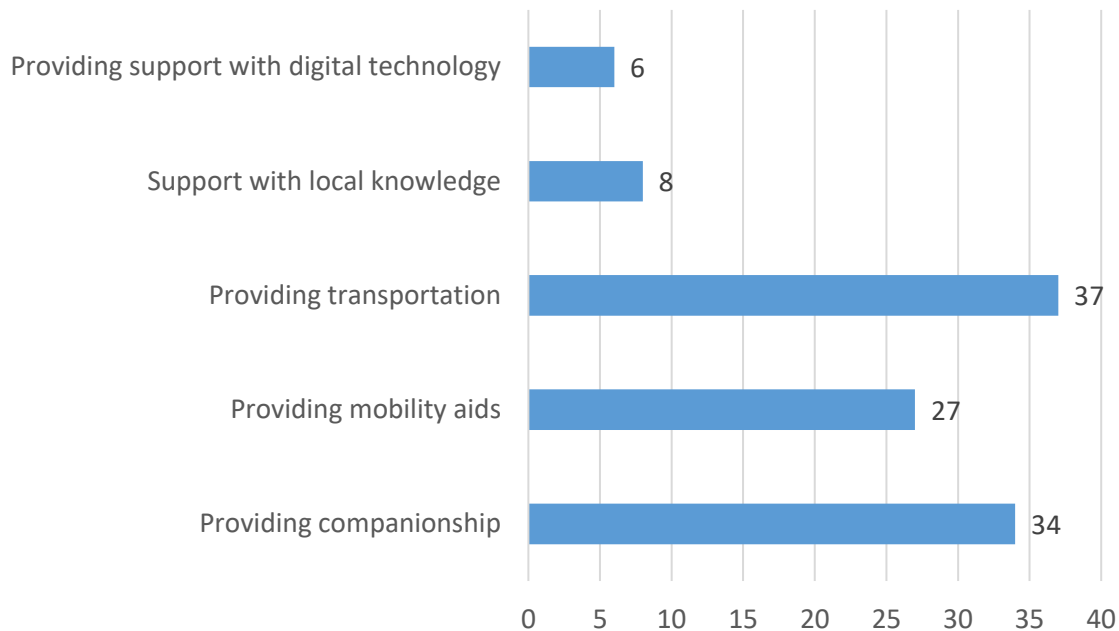
■ Not Important ■ Somewhat Important ■ Important ■ Very Important

11) Do you feel you are able to get out and about independently?



■ Unsure ■ No ■ Yes

12) If no, how does Home Care support you to participate in activities and hobbies?



Other Comments:

“It would be nice to have someone to take me to nice places, as mostly my daughter and my son take me out. I would appreciate having someone to take me out and do different things.”

“I need someone to take me to do things and to pick hobbies up. I would love to have a therapy dog and wish that someone could take me into town for a couple of hours to have a coffee and to have some time to myself without needing my wife to take me everywhere. I do not have many hobbies at the moment but that is because the service does not offer the options I need to take on hobbies. I would love to get out and about a bit more.”

“I cannot go out unsupervised anymore and I cannot pay for support. It would be great if volunteers could help to give a better quality of life.”

“My husband has to leave work to take me anywhere.”

“I do have a wheelchair but by the time I get up the street I’m tired out. I could do with someone to push me. I am a Hull City fan however I cannot access the stadium due to the steps. I cannot even get into my back garden with ease and could do with a ramp.”

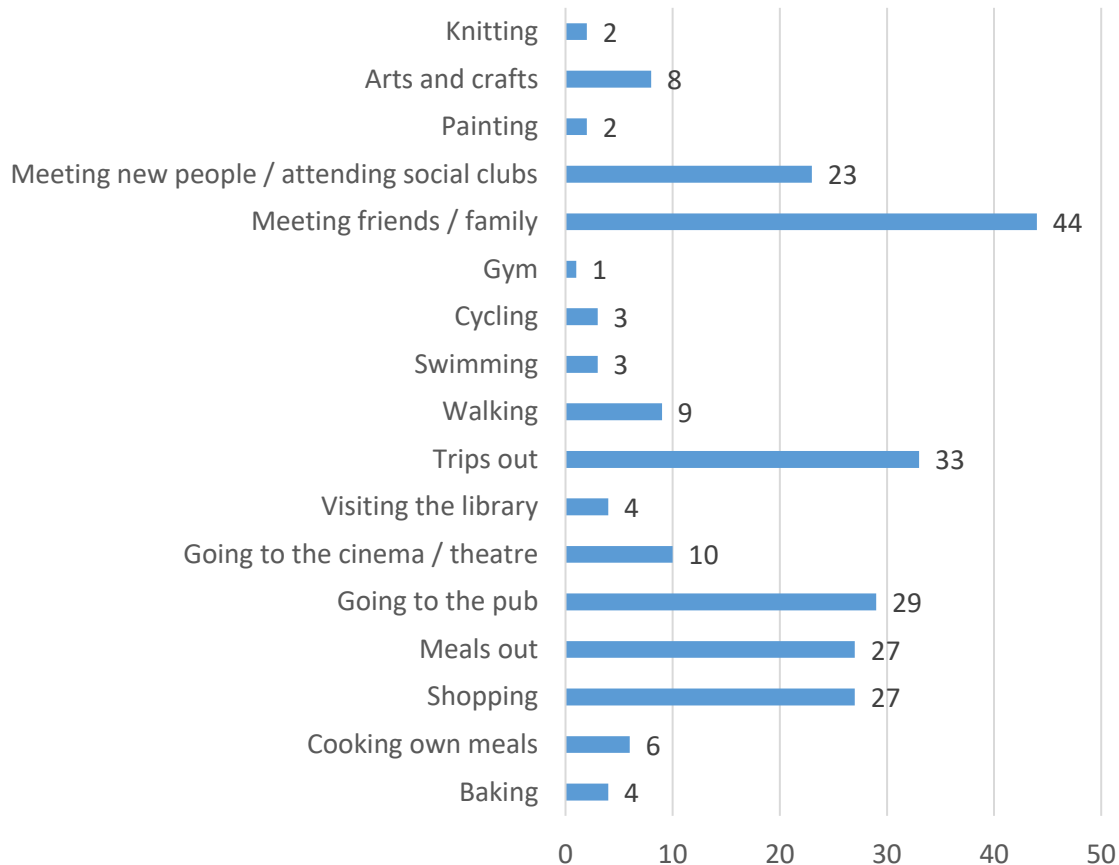
“My daughter says I need a mobility scooter so I can go to the shops and go out more independently.”

“It depends how much pain I’m in. I could do with someone to help me with transport if I am in pain.”

3.3 - Thinking about your ideal world

This section explores what a really good day would look like for a person and why this is important. It also delves into what help and support a person would need from Home Care to be able to improve their quality of life and also what types of services their Home Care Service currently provides.

13) Please describe what a really good day would look like for you



Other Comments:

“I enjoy going to the garden centre and café.”

“I would like to see a football match and go to a pub again.”

“I'd like to do gardening again, go to the coast, have coffee and a dinner, meet friends and family, go to the pub for meals out and socialising.”

“I would like to treat my family for all the lovely things they have done for me.”

“I'd love to go swimming but would be too cold and cause me pain, take my dog for a longer walk than I am currently able to do. I'd enjoy to do sewing and visiting my family without them having to come visit me.”

“Would love to go somewhere and just have coffee and cake. He loves going to the pub and have one drink and a meal. Love someone to take him out in a wheelchair. I would be happy (Carer) for someone to use my own car which is for him that is wheelchair friendly, so that they can take him anywhere in our own car”.

“Seeing my family is at the top of my list. I also love to paint and garden”.

“I’d like to go to the pub, meet friends and family and watch rugby.”

“I like building model ships and painting them. I enjoy going out and taking photographs as well as cooking meals for guests.”

“I would like some help to set up my computer so that I can communicate and play chess online.”

14) From your answer above, which of these are most important to you and why?

“Keeping connected to the community is important, I used to enjoy going out to the shops.”

“I would like to be more independent and visit Hull City games. I used to do a lot of sports but cannot do that now due to my physical condition.”

“Going out and seeing sports, love the environment and people. Passionate about football.”

“Cooking and Baking is my favourite thing to do!”

“I like making models with clay and painting them the most, it’s really relaxing, I can sit for an entire afternoon, take my time, it’s lovely.”

“Seeing family and friends - have not been able to see them much in the past year so would like to see them more.”

“Meeting friends and family - possibly going to the bingo and visiting a cafe for coffee and cake.”

“I like a mixture of being at home but also going out especially with the dog and seeing my friends when I am able to.”

“Keeping in touch with my two daughters and enjoying having a ride out when able.”

“Fishing used to be a keen interest of mine. I would also enjoy visiting a day centre /community centre or a social club which I used to go to before my accident.”

“Just normal things like seeing my family and going to the cinema and the beach.”

15) What help and support do you think you would need from Home Care to be able to do this?

“I would not be able to afford the transportation package but ideally would like to have transport to go and do things but it is too expensive for me.”

“I would love to be able to use my computer, I need some help to set it up and to be shown how to use it. It would really help people in their homes to be able to connect.”

“Just help with getting about with transport and doing activities.”

“I would need transport and someone to be with me as I cannot walk by myself and can't push myself in wheelchair.”

“I need help with a telephone because I have not been able to contact my family as much.”

“If we could ideally just have one of the carers take him to a coffee shop or just take him to talk to other people, that's all he needs. We just need someone to come in and talk to us about it, all we need is a couple of extra hours just to take him out for a little bit.”

“Perhaps a PA to assist when going out shopping or day trip somewhere - transport to maybe a day centre or community centre would help as wheelchair user.”

“Need additional support to maintain more social activities and provide more companionship, trips to pub etc. Hull City Council to offer transport and activity groups as an all-in-one thing.”

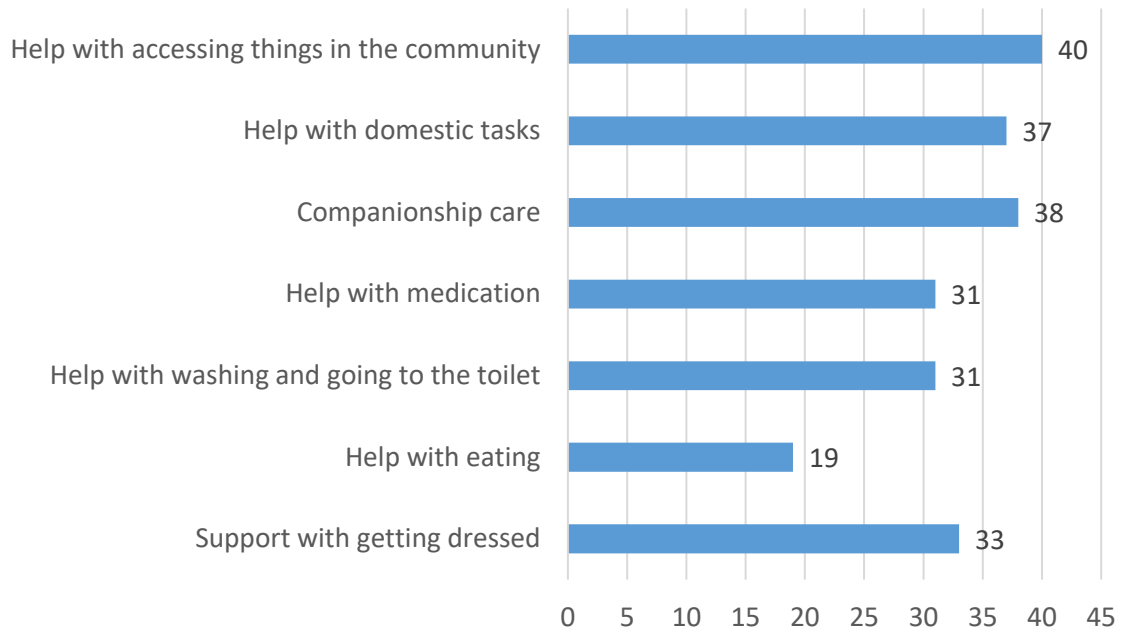
“Transport would be useful as difficult on the bus with access if there are other wheelchair users or prams needing access too”.

“I need a support worker who knows me and what I like to do who, is flexible in the hours they work depending on my needs.”

“I have help currently with my support worker who attends four times a week. Together we are able to do many craft activities and they can support me to do baking.”

“Ongoing funding which provides him with a taxi to get to the Day Centre which carer feels is safer for him with current Covid restrictions rather than travelling by bus.”

16) What services would benefit you from a Home Care service?



Other Comments:

“It would be really useful to have all of these but I cannot afford them, so I am having to struggle without.”

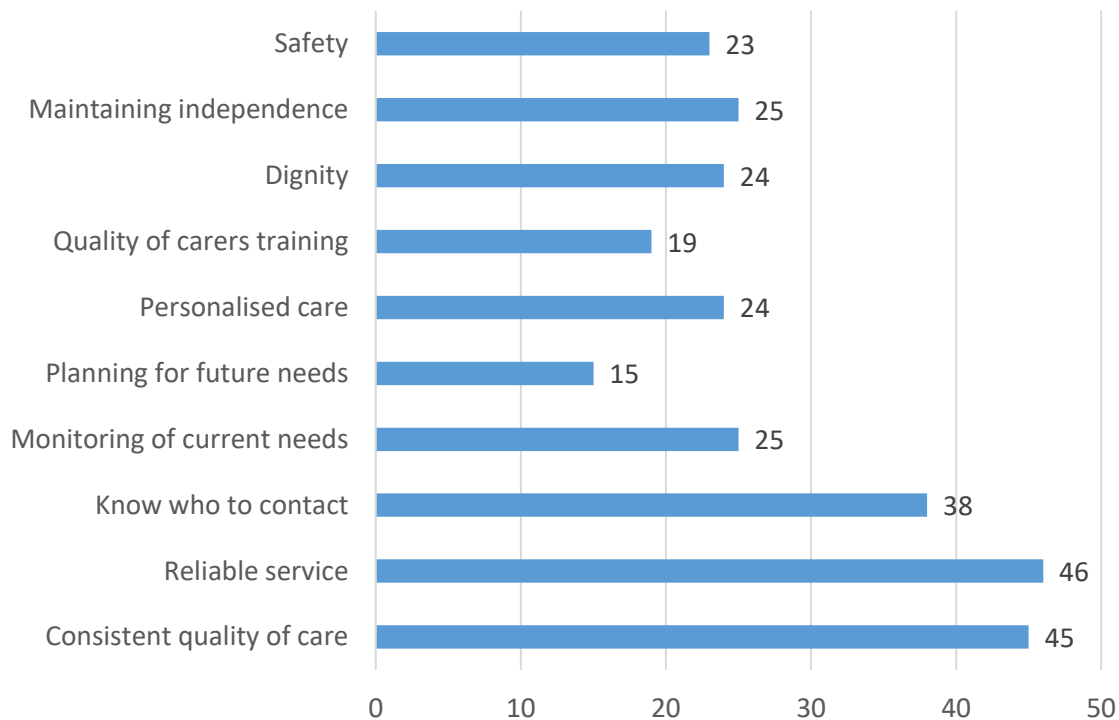
“I need help with shopping.”

“Getting out and about and visiting people, seeing sport events.”

3.4 - Thinking about your current services

This section explores what aspect of the home care service is working well, what are the most important aspects of a home care service, what aspects of the home care service are not working well and should be changed and why.

17) What aspects of your current service do you think are working well?



Other Comments:

“I consistently have the same carer throughout the week, and she is really good.”

“They’re really supportive, they make a drink, sit down and chat with me, help me keep in contact with my wife and clean around the house.”

“Carers and care plan is perfect - gives structure to my day which helps.”

“Sometimes the time they come gets altered but they do let me know in advance. It’s a first-class service.”

“The carers come at a regular time, do what they need to do and ask me if there’s anything I need, sit and talk to me.”

“The staff are brilliant, and they really work hard to make my husband happy. They do everything they can with the time they have to help me. I feel like my husband is well looked after when I am at work, and I feel very lucky we have them. Any issues I have are dealt with straight away and in an appropriate way. I

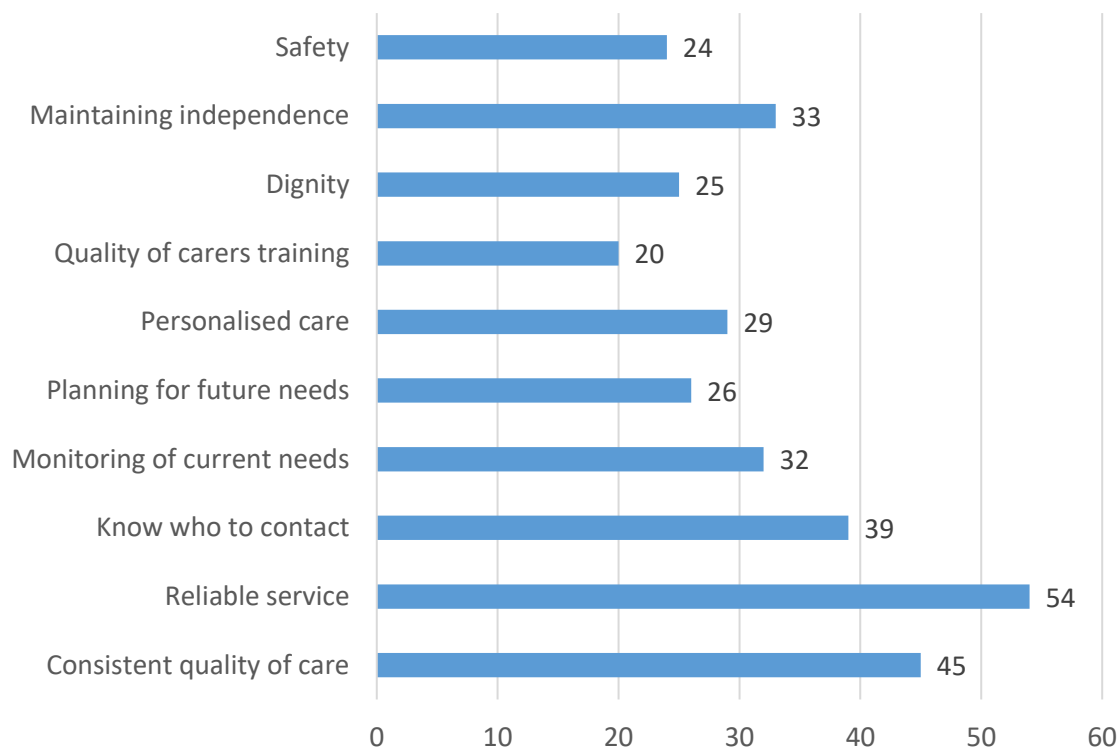
would love different carers coming in so they all get to know my husband and they all know what his needs are.”

“I consistently have the same lady visiting as my carer and she is really good.”

“They are very good at the moment to be honest; communication is brilliant so anything I need they are adaptable to it.”

“I think all is ok. I have what I need, I can’t do much so what the carers provide is enough, the carers are lovely and do everything they can to help.”

18) What are the most important aspects of a home care service to you?



Other Comments:

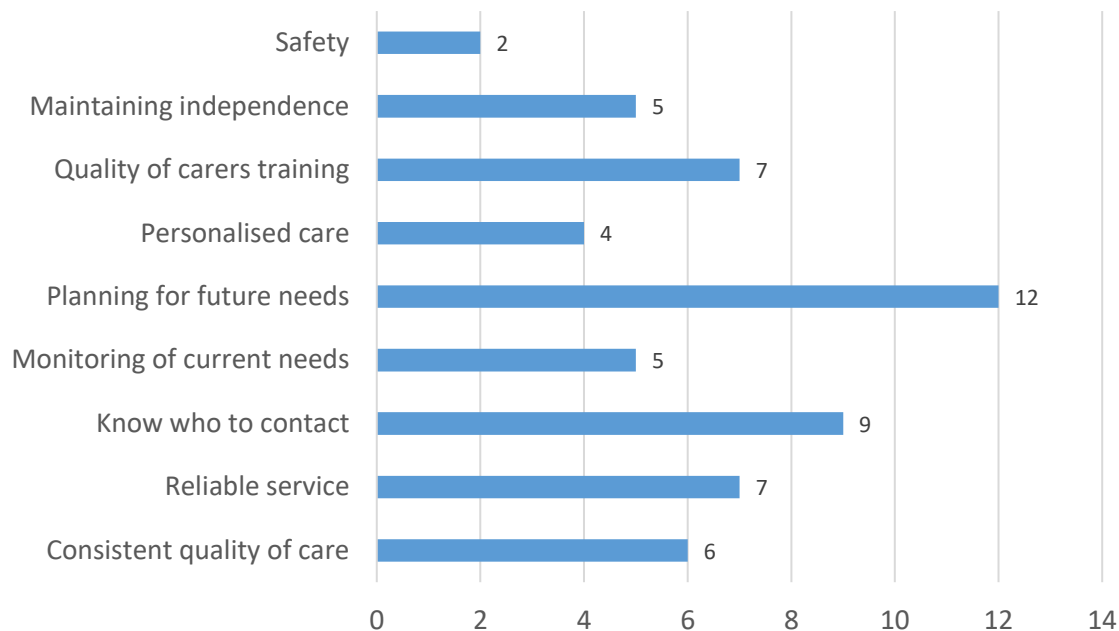
“We would like for the carer at the weekend to be the same as the one we have during the week. The one we have during the week sticks to the timings and she deals with all the problems. However, the weekend staff are not very helpful, and they sometimes do not deal with problems that we have. They turn up at the wrong times and it's just not helpful.”

“It's important for them to do things that I cannot do myself. They always hang around and wash the pots when I'm finished with meals and clean up after me.”

“The carers are very overworked at the moment, so sometimes they can be late or in a rush. I wish the carers had more time to do things at their own pace and not rush.”

“When I have my regular carers, I find it easier to speak to them, I would like more male carers as my male carer shaves me well.”

19) What aspects of your home care service do not work well and should be changed?



Other Comments:

“The cost makes it impossible for me to be able to afford the care I need.”

“They are pretty good overall. I wish I didn’t have to ask them to do some housework because I feel bad, but if I don’t ask, they won’t do it.”

“Sometimes she may say that she has had breakfast, when she has not, and the carers will take her word for it. They are not at the moment doing exactly what is on her care plan, this is only on the weekends. Sometimes the staff on the weekend ask the resident if they took their medication however, she is not able to remember those things and the weekend carers take her word.”

“More communication is needed, can’t get contact to carers - have a central number and can’t get in contact when needed.”

“They are not adaptable with our schedule.”

“Personalised care, more encouragement around personal care.”

“I would like a text before the visit.”

“Happy with the service he receives however he is awaiting a review, but the homecare company have cancelled twice now - due to being overbooked and sickness - Still awaiting response from March 21.”

“I think I know who to contact but not sure if they are the manager or the head carer.”

“If I have a problem, I just call head office and speak to someone, I am not sure who that is by name.”

“What concerns me the most is the lack of time the carers have, they have to rush around all the time and there are not many of them, I worry about their wellbeing.”

“Carers are inconsistent, training seems to be lacking as well as motivation for some of them. They don’t follow the plan and have to be told what to do. Very poor standards sometimes.”

“Although the service is reliable, the carers change regularly. I would prefer the same one to build up the relationship and trust etc.”

“The carers only stay a short time and do not often carry out the duties they are required to.”

“I have not had a review since April 2020, the carers should be staying for at least half an hour which is what they are paid for but sometimes only stay between 7 and 13 minutes.”

20) Please can you explain further why the aspects you have chosen should be changed?

“The cost of the service needed means that to access the services needed, I would not be able to pay for it and survive, so had to reduce necessary care to be able to live.”

“I do not know what time they are coming, and I do not have the same carers. It would be nice to have the same carers and build that relationship and trust rather than having new people who need to learn your routine.”

“Daughter says dad is sometimes reluctant to take shower etc so would like care staff to be more encouraging rather than just accept it.”

“They could help more when things break like my glasses or hearing aid, but they do not.”

“Sometimes they have not shown up for medication and that’s not good. I know who to contact but sometimes the right person is not there, so we have to contact someone else.”

“Difficult to build up trust when staff are changing all the time and maintain relationships. I used to enjoy seeing the same person and having a bit of a laugh but now I don’t really respond to any of the carer’s sadly.”

“Consistency of care, sticking to the right time. I also think the same carers should be coming in instead of different ones.”

“To have the service that I should be provided with without having to manage it myself, poor attitudes of some people don't help.”

“I as the client have no idea what training our carers do, it would be helpful to know.”

“They should be more flexible and especially because we depend on public transport so when the carers come it's too late to get on the bus to go into town. I would like for them to come very early.”

“When you need to communicate with carers need a direct number - doesn't work otherwise.”

“I don't think I have a plan for the future. If I do, I am not sure. I think I know who to contact but they may not be there sometimes.”

“I am paying for a service that am I not getting consistently and to the standard needed.”

“Once their tasks are complete, if they do have 10 minutes left over important to engage too as often the carer is the only person they might see in the day. Important to have regular review to keep up to date with the person's individual needs.”

“I am not sure I have a set out plan. We do have meetings regularly so I can tell them what I need differently.”

“I wish we would have the same carer coming in consistently, just nicer to create a bond”.

“I would like to have more meetings about new needs with my carers and therapist.”

21) Is there anything else you would like to tell us that will help you understand what would improve your quality of life?

“Being able to afford the care needed.”

“The worst time for me in the morning now my wife has died is that I get up in the morning and I have no one to talk to.”

“Seeing more people - spending more quality time with people including carer's rather than just popping in and out. Having access to his garden outside would be beneficial too - no ramp so unable to get the wheelchair out as there is a large step down into the garden.

“Matched well with support worker who attends four mornings a week and it is the same person each time which is vitally important for the relationship which has built up over time. The lady would be interested in doing voluntary work particularly if it could be done from home perhaps work over the telephone in a befriending capacity.”

“Need more support from Social Services, house was supposed to be modified but nothing has happened, having to sleep in the living room, this is not sustainable and very poor.”

“Happy with service receiving currently but would like regular reviews to reflect progress he is making.”

“I think having the same carer coming in would be nice to build relationships. Sometimes I have different people. May be easier to stick to one so that one person knows what I need and don't need.”

“Continuity of care preferably with same carer as important to help build up trust and companionship.”

“He would just love to go out more, that's the main thing for him. He needs to be a bit more stimulated and socialise with more people.

“The length of stay of carers could be longer and friendlier - I have been shielding since March 2020 because of Covid and I live on own so do not see many people.”

“The quality of care needs to improve a lot. The carers don't spend the time they need to in the house. It is not acceptable for them to leave early when there are still jobs to do.”

“I could use additional help / support for the socialising / companionship, would be really useful to increase quality of life.”

“Staff being accountable for lateness rather than making up excuses, which then impacts on the routine of the day - if one carer is late the next one may be due within only an hour or so of the last one leaving.”

“Mobility is an issue - has artificial leg - Awaiting ramp to be fitted at home (since June 2020 last year!) so cannot access the garden or outdoors until this is sorted. He has the use of a mobility scooter and wheelchair once this has been built.”

“More improved sheltered housing, quality of housing where lives is poor as rented accommodation - repairs and maintenance of property can take months - environmental health issues. Should be refocus on people with mental health issues around depression, anxiety, loneliness not just for people in crisis.”

“Having access to the garden outside would be beneficial - no ramp so unable to get the wheelchair out as there is a large step down into the garden.

3.5 - Perceptions of a 'Community Wellbeing Service'

The Local Authority and the CCG are currently looking at ways to improve current Home Care services within the city. One of the ways they are doing this is looking at the name 'Home Care' and seeing if the name accurately reflects the services provided. One of the names suggested is a 'Community Wellbeing Service'.

This section asks people to think about what the name Community Wellbeing means to them. We received the following responses:

“Help people to get out and about in their community, to shopping, see family and friends, do activities that they want to do and to remove barriers and limitations.”

“Well rounded description of what trying to achieve”.

“Prefers the Home Care name.”

“Living in and being part of a community.”

“More confusing than Home Care which is clearly care starting in the home. Wellbeing implies you are ill, and you may not be and community is very vague term.”

“Quite an appropriate meaning - know there is someone in the community looking out for you.”

“Looking after people’s wellbeing.”

“Everyone within the community that needs helps and support gets it equally.”

“Looking after people in the community making sure people are ok - good next-door neighbour who can rely on.”

“Support out and about in the community, meeting people, keep active and able to continue activities.”

“All the neighbours are friendly and help people out in their community with shopping and odd jobs that perhaps aren't able to do themselves.”

“Being provided for in the community and making life as easy as possible when you are older.”

“Thinking about all races, colours and giving equal opportunity and care to all.”

“A lot, it means being able to be independent and being on an even keel.”

“Being able to live well in my own home, to feel safe going out, to know if things are going well.”

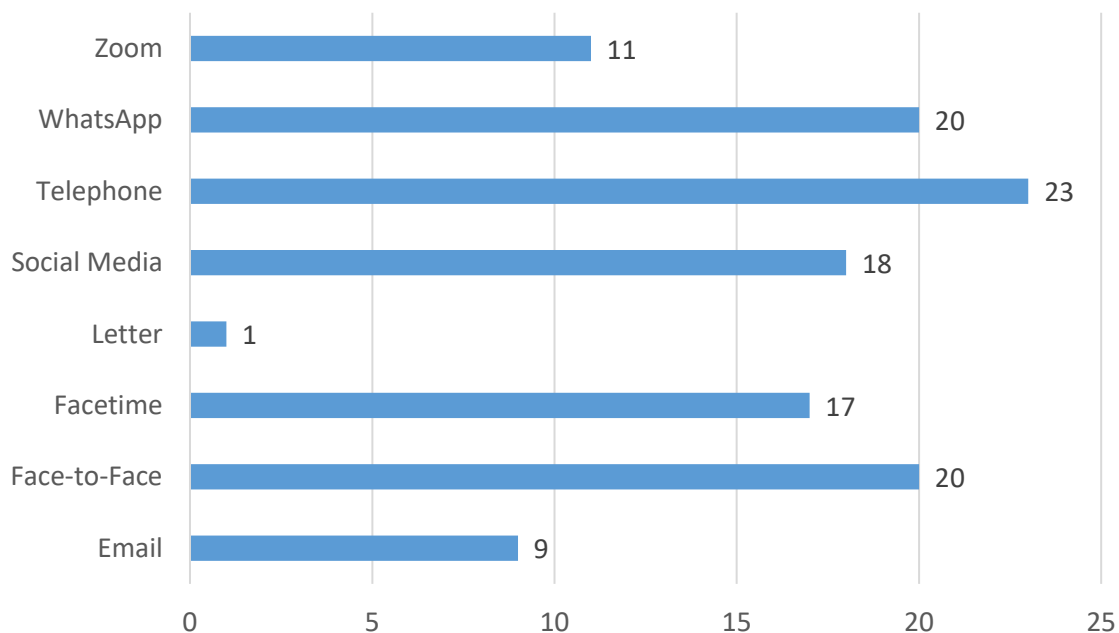
4 Responses from non-current service users

A second survey was also published, aimed at the general public. This survey was for individuals who have not used services before which might give unbiased insights to help shape the new service development.

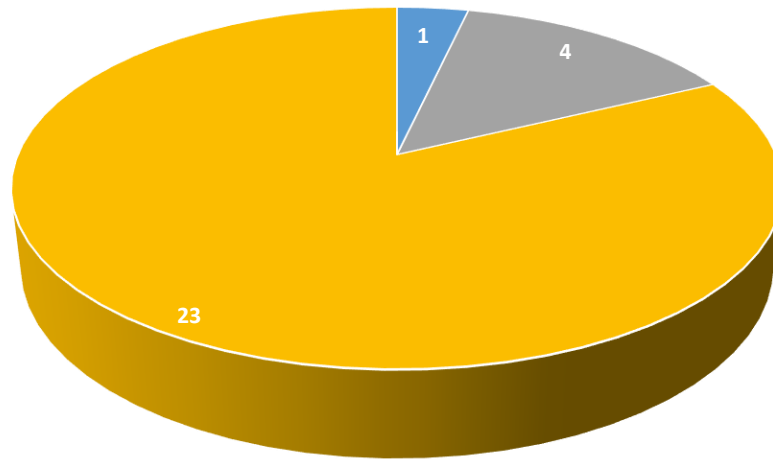
4.1 Social interactions

This section explores how the public kept in contact with family, friends and their local community before the pandemic and restrictions, and why this is important to them. It also explores the types of hobbies and activities that are important and the types of hobbies and activities they would wish to continue to enjoy later in life.

1) How do you keep in contact with family / friends and your community?



2) How important is this to you?



■ Not Important ■ Somewhat Important ■ Important ■ Very Important

3) Why is this important to you?

“Not all family members live close by, and this is the best way to safely stay in contact with them.”

“Socialising gives me an outlet and distracts me from everyday pressures and life. It stops me feeling lonely and provides comfort.”

“Keep connected while not being able to see people.”

“I get lonely and need company.”

“To prevent isolation.”

“Because of lockdown and because my family live outside the county.”

“Stay in contact with friends, have some interaction whilst in lockdown.”

“Work and keeping up to date with friends and family.”

“Keeps me up to date with my family. Local news is good for my mental health.”

“Family is everything.”

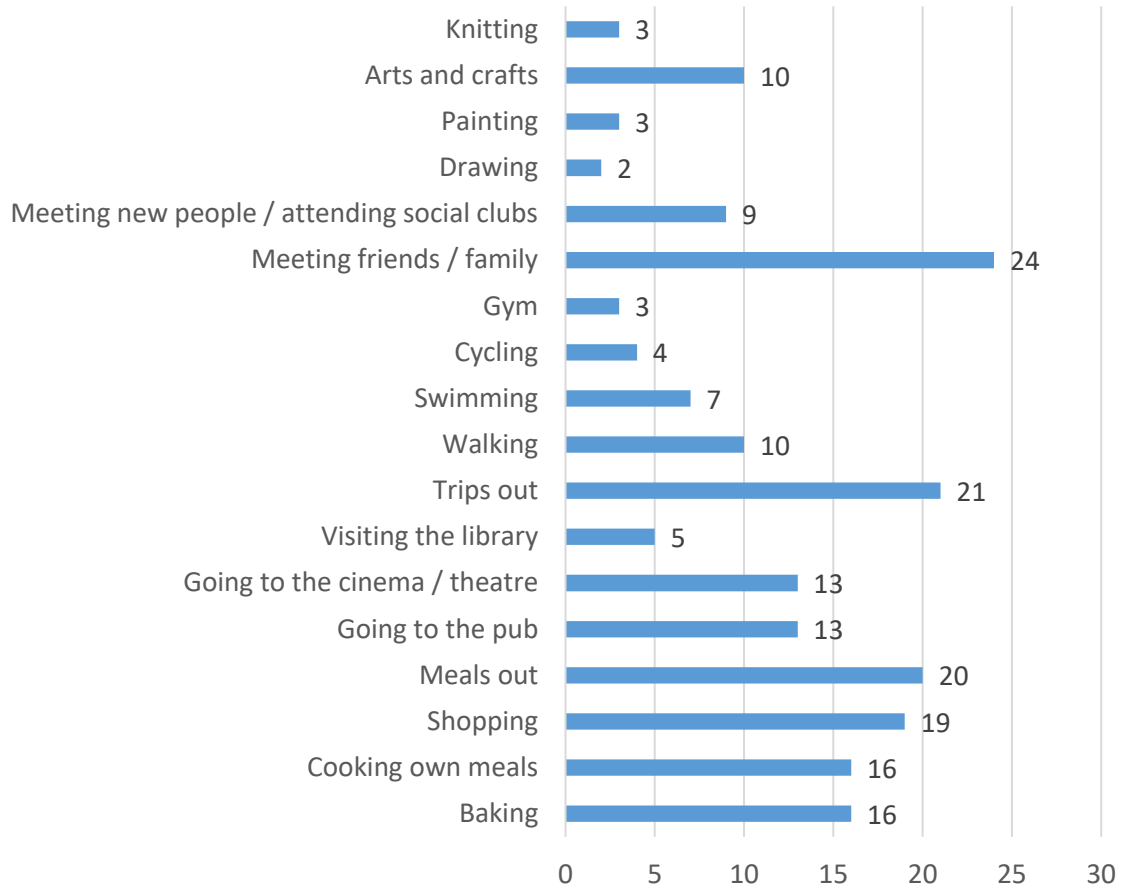
“Very important. I cannot see very well so I need people to visit me.”

“Keeping in touch with everyone keeps me sane as I’m a sociable person.”

“It lifts your mood and mental health, stops me feeling lonely.”

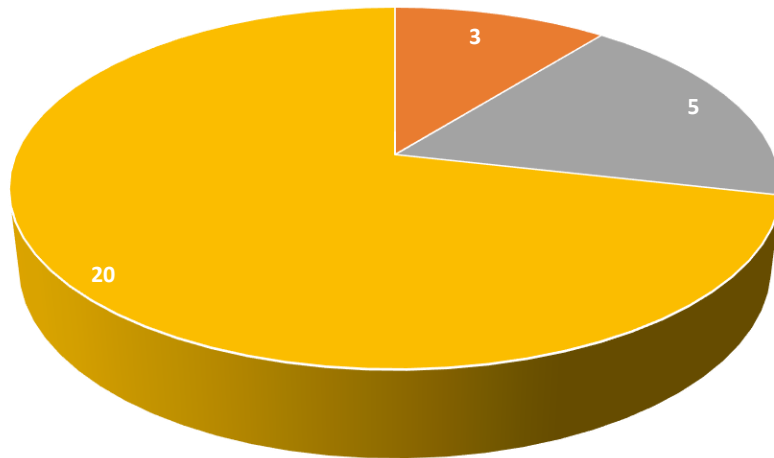
“It would be lonely otherwise and also I want my family and friends to know I am there for them.”

4) What types of hobbies and activities do you enjoy?



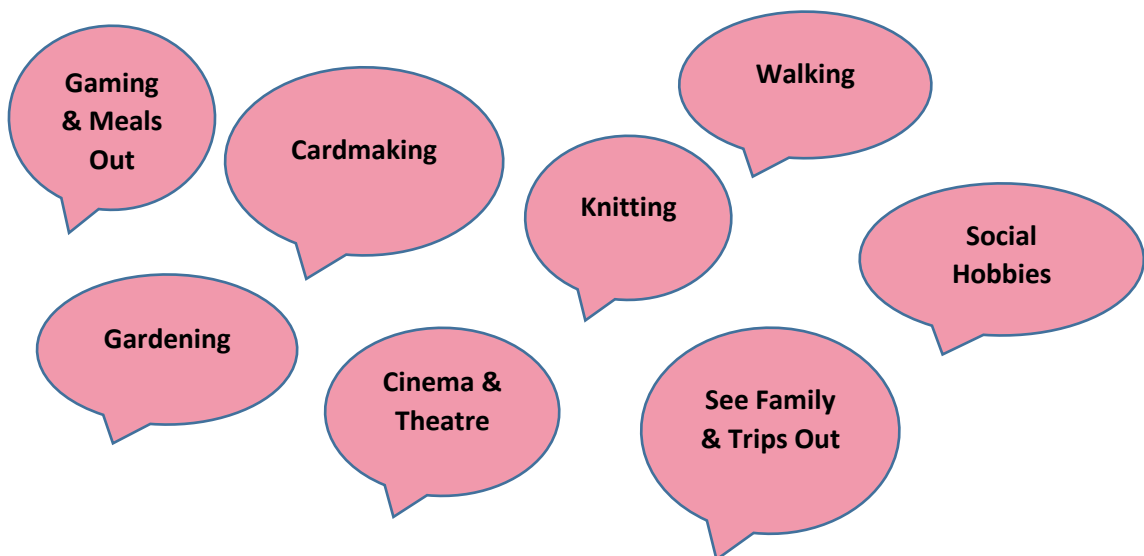
Other interests included football, sports, gaming, music, crossword puzzles and gardening.

5) How important are hobbies and activities to you?



■ Not Important ■ Somewhat Important ■ Important ■ Very Important

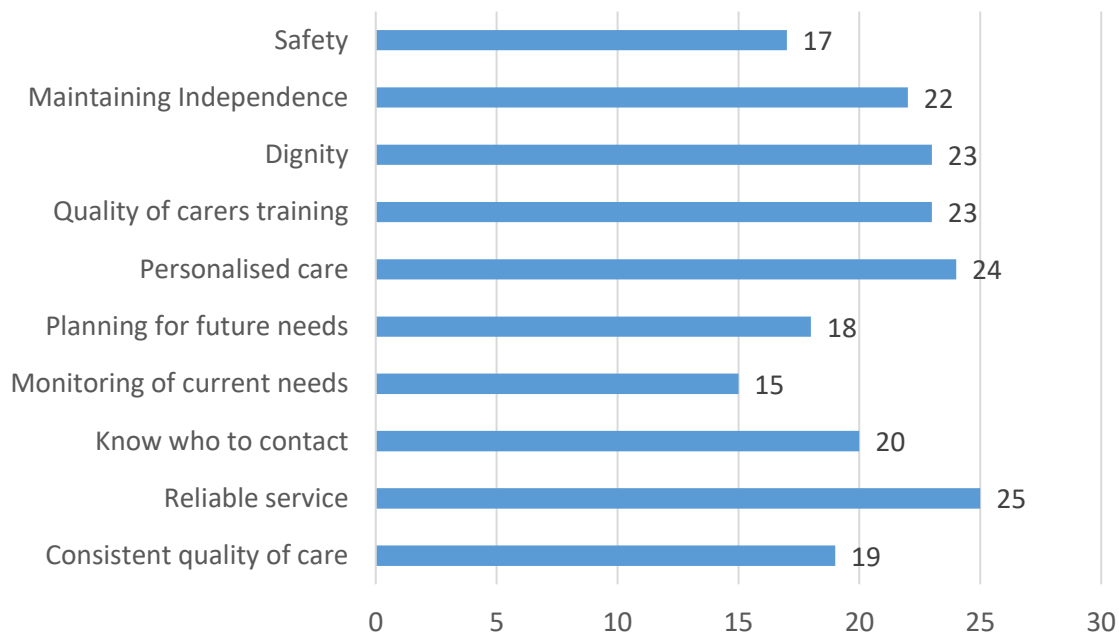
6) Which of these hobbies and activities would you like to continue later in life?



4.2 - Thinking About the future

This section asked the public what their views are on what would make a good service and why that is important. It also gathers the public's insights on what they would want from a home care service should they require support in the future.

7) If you were to require care or support in the future, what do you feel would make a good service?



Other Comments:

“Someone to be a friend as well as a support service.” “Continuity of carers”

“All of the above.”

8) Why is this important to you?

“I have good times and bad times so when I am down, I need someone to talk to help me pick myself back up.”

“I’d like to have good quality care.”

“I’d want to be treated with respect, for it to feel like they know who I am and are able to be competent in what they do for my safety and theirs.”

“To remain independent but safe.”

“The future is unpredictable, knowing where to turn if you need help is paramount.”

“To maintain my health and wellbeing. To ensure I am well taken care off.”

“Support with mental health.”

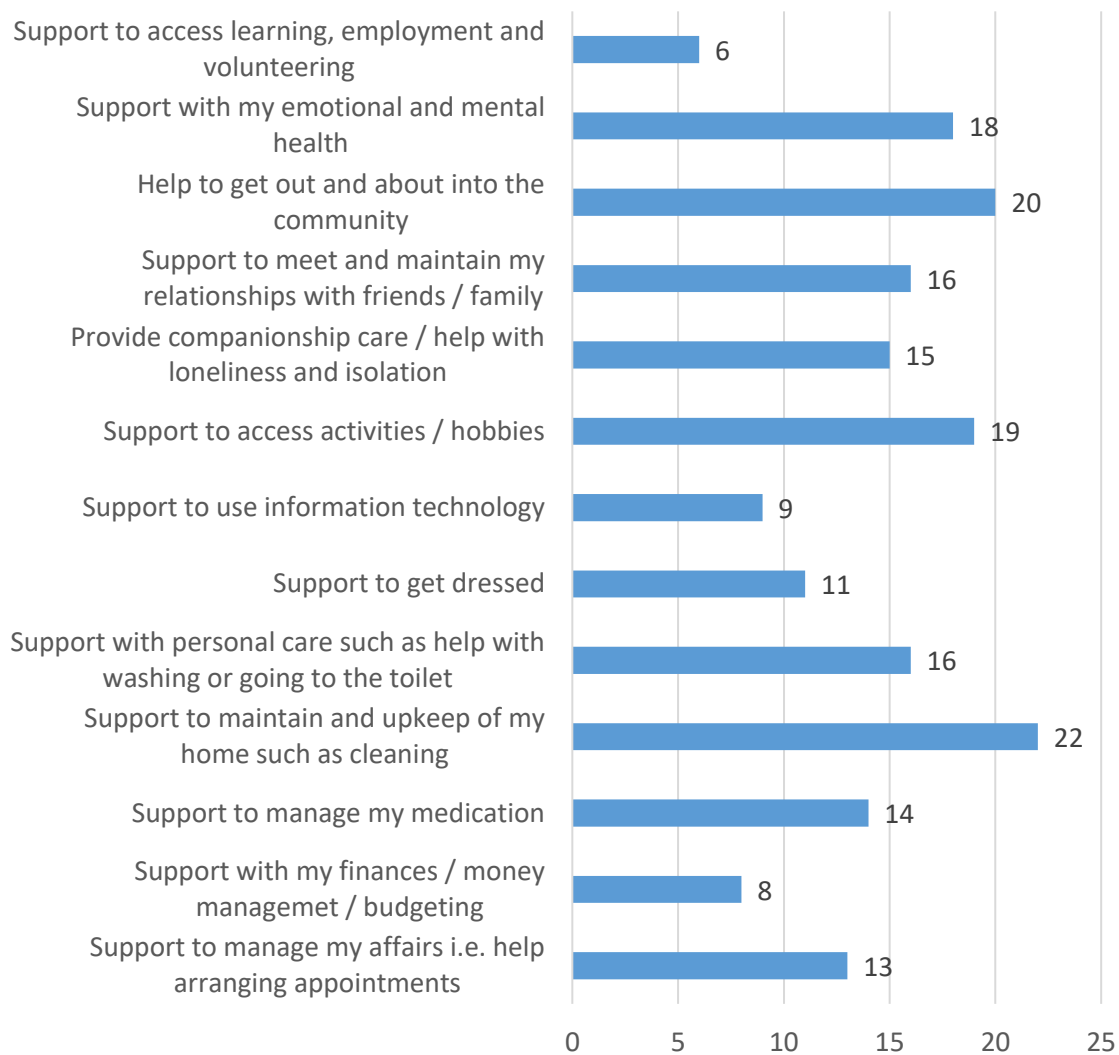
“A care plan that will not only deliver on my current needs but will plan for my needs in the future.”

“Independence with some say in the care I receive; I would expect all of the above points to be implemented.”

“Feel cared for and looked after but also feel I can make a choice.”

“Maintaining dignity is very important”.

9) If you were to require care or support in the future, what would you want from a Home Care service?



“Depending on the status of the person accessing Home Care services and if they have any other support in the shape of relatives and friends, I think all of the above are relevant.”

“Staying connected to my friends and family are important to me. Being able to continue to enjoy my hobbies and activities to stop me getting lonely.”

10) Is there anything else you wish to tell us?

“Social isolation, although one of the most overlooked aspects of care, can be the one thing that encourages people to give up. Our experiences of isolation throughout this virus should give us a deeper insight into the obstacles people may face due to their health or ability. More free/affordable social clubs/events/days out, should be reinstated by the Council to reduce marginalisation due to poverty.”

4.3 - General Publics perceptions of a ‘Community Wellbeing Service’

The same question was asked to members of the public as to what ‘Community Wellbeing’ means to them. Responses included:

“Community Wellbeing means to me that I am involved in the community and have an input or significant value to it.”

“It’s the things that are needed to help a person flourish and fulfil their desires and some of them will be essential.”

“A collective of wellbeing not just for those that are in receipt of care provision.”

“Doing things out in the community to improve your wellbeing or a community that improves wellbeing.”

“Interacting in community not veteran village isolation from community.”

“All within the community benefitting regardless of support given at home or elsewhere.”

“More than physical/mental health but actively enjoying life as much as able within various communities.”

“Living independently with or without support and feeling part of the community.”

“Looking after the community and everyone in it.”

“Feeling part of a community and not anxious, lonely or depressed.”

“To be able to live life as well as possible.”

“Keeping mentally and physically well whilst living at home.”

“Nothing - sounds more about the community as a whole, not personal wellbeing.”

“I like it but think some people might not understand it.”

5 Service user involvement in commissioning process

Hull City Council wish to ensure that service users are fully inclusive in the tendering process to determine the provider(s) of Home Care services for the city. Therefore, Healthwatch were asked to help enlist service users to be involved in the evaluation process of Provider tender responses. This is a good practice approach as it provides an additional level of service user input to help ensure that services do meet the needs of local people. Eight service users expressed an interest in being part of this process.

Hull City Council are also keen for Healthwatch to recruit existing service users to form a review panel. This will enable service users to take part in future projects and have their say on the quality of the service and the future design and development of services. Eleven people said they would be interested in this.

6 Commentary and Conclusion

The Loneliness measure and ‘Satisfaction with Life’ tools which were used to gauge people’s responses to loneliness and their contentment with their lives gave a mixture of replies. On the Loneliness score section, many people - 31 - had a score of above 4 to the maximum indicator of 12, whilst the same number indicated a score of 4 or less, which may perhaps signify they are not lonely, however loneliness and isolation did seem to be a recurring theme running throughout this research for many people we spoke to and part of their daily lives - many perhaps not acknowledging it and just accepting of their situation. Overall, people reported not being lonely, but very mixed in terms of whether their current lifestyle or conditions are ideal, with life satisfaction being quite evenly mixed. As stated at the beginning of the report, this could provide a basic baseline to determine if there are any changes in these feelings post introduction of the new service model.

On life pre-pandemic, the mixed comments from those who primarily stay at home compared to those who go out, really demonstrate the breadth of needs of individuals.

It was felt that Home Care helps service users keep in touch with friends and family and is very important, however the majority of respondents did not feel that they needed extra support from the service in doing this.

There was an equal response of feelings as to whether hobbies are important, but the majority believed that Home Care could not help with this. There were clearly some users who were getting this support, but for those who were not, they were unaware this possibly being an option and thought cost would prohibit it.

59% felt that getting out and about in the community was important or very important, however 74% responded that they did not feel able to get out independently. Around half of respondents advised that Home Care services helped them to participate in hobbies and activities by providing transportation and/or providing companionship.

Overall, respondents agreed the importance of being able to take part in hobbies and activities that they enjoyed. However, it is important to note that 40 people when asked, said their Home Care service did not support them to access their hobbies and interests. The majority of respondents confirmed how important it was to be able to access their local community too. There were many varied responses to the type of interest and activities people would like to enjoy, the most popular was 'seeing friends and family', closely followed by a 'nice trip out somewhere' and 'going to the pub'.

Many respondents agreed that to take part in many of the activities they would need transport of some kind and support with mobility too. A majority of people said that a Home Care service could help them access 'Places of Interest' in the community and that they would want the service to provide them with 'Companionship'.

Only 12% of respondents said the current Home Care provider helped them access things in the community which may highlight that people were unsure if this service were available to them or indeed if they could actually afford it.

When asked about an ideal world, we found a high number of responses related to activities that involved socialising with family and friends. Comments suggested that having someone to take them to places, or someone other than family to do this would be beneficial. This was also echoed by family members who felt it would help if there were others who could help take their loved ones out but anticipated cost as a potential concern.

The most important aspects of the Home Care service were identified as a 'Reliable Service' and providing 'Consistency of Care'. What was rated as important generally reassuringly mirrored the level of service they were receiving. In terms of what could be better, future planning was rated the highest, with

comments also made in relation to levels of communication, consistency of staff, and the quantity and quality of care at the point of delivery.

When asked what aspects of the current Home Care service are working well we were told 'Quality of Care' and 'knowing who to contact'. Also the most important aspects of a Home Care service were identified as the same.

When we asked about the aspects of the current Home Care service which were not working well, we found that many respondents appeared happy with the Home Care service they received. We were provided with many comments however regarding the poor quality of the carers and some training need requirements, along with inconsistencies around timings of their visits which made it sometimes difficult to plan anything for the day and also fit in other hospital or doctor appointments they may have. There were also some concerns around not having the same carer visiting regularly which can make it difficult to build up a rapport. Some concerns were also raised about the cost of Home Care services and a person's ability to pay for them which may mean they would be unable to access.

There were further comments with regard to carers and the importance of building up sustainable relationships. The amount of time a carer may spend in their home varied too - some stating they did not spend the allocated time there. In the last year, many of the residents have been shielding due to the Coronavirus pandemic so have not mixed or connected with many others apart from their carer's and many said they looked forward to their visits and their length of stay was important to them.

The General Public Survey responses also provided a valuable insight into thoughts on what a Home Care service may provide in the future. The public also prioritised that seeing family and friends would be of most importance to them. 89% of respondents highlighted the importance of maintaining hobbies and interests, although possibly considering what they currently enjoy now, as opposed to what they may be able to manage, depending on their circumstances in the future.

For those who do not require services yet, there were slightly different priorities in importance. Aspects such as dignity and quality of carer training scored much higher for this cohort, whereas consistency of care scored less important. When asked what their thoughts were on what they would want from a Home Care service the top three suggestions were maintaining the upkeep of homes, help to get out and about in the community and access to activities and hobbies.

Finally, we asked people their views on the name 'Community Wellbeing Service' as a possible alternative to referencing Home Care, as is currently used. This was met with mixed reaction, some felt it described the service in a more rounded way and felt it important to know that there are people in the community working with their best interest at heart. Some thought the Home Care name worked well and

should be kept as it is. Therefore, from the responses we received, it is difficult to determine how favoured any change in terminology would be.

Overall engagement has provided added data to Commissioners, in terms of which elements Home Care services are working best for residents. Furthermore, as a result of the more in-depth conversations that took place with service users, an added layer of richer insights and wishes have been expressed, to help inform the design of Home Care services for the future.

7 Recommendations & Next Steps

The key themes emerging from this engagement with service users and the public, and which should be considered by Commissioners in the design of services moving forward include:

- ❖ A more holistic outlook of the individual, going beyond assessing basic needs but with greater understanding of how more general needs occurring both during and between visits are identified and met.
- ❖ The need for regular reviews of service user's individual needs; planning for the future; and ongoing adaptation to support maximum independence and self-empowerment where achievable. This should also incorporate the use of appropriate evaluation tools to help measure changes in individual soft outcomes such as confidence and isolation.
- ❖ The need to prevent individuals with additional support needs from living an unnecessary 'housebound' life, with planning to determine how this can be avoided.
- ❖ The need for provision to remain affordable and for wider wellbeing needs to be considered in financial assessments.
- ❖ Ensuring equity in provision, with service users having a greater awareness of the full potential that can be offered from the service.
- ❖ Identification of how the physical and mental wellbeing needs of individuals with reduced ability are met.
- ❖ The impact of ensuring people are able to keep in touch with family and friends to prevent feelings of isolation and loneliness.
- ❖ Identification and facilitation to other means of companionship, with

recognition that this cannot always be met or relied upon from existing friends and family networks.

- ❖ The high level of importance that individuals place on hobbies & activities prior to requiring services and recognition that these should not cease as a result of being less functionally able.
- ❖ The importance of hobbies and interests in assessment and care planning, and how access to these can be supported in a meaningful way to service users.
- ❖ General domestic tasks and duties, assistance with personal care and help with medication remain key elements to the service.
- ❖ Consistency, accessible contact routes, and feeling that time is not restricted also remain important factors.
- ❖ Flexible approach to delivering care, paying particular attention to consistency of carers and timing of carer visits, and recognition that service users have the right to adapt these to enable them to live the lives more freely if they wish.
- ❖ Assurances to service users in relation to the quality of training of staff providing their care.
- ❖ The need for understanding of what directories, support services and volunteering models exist that will further enable providers to facilitate service user's wider wellbeing.

Next Steps

This report will be submitted to local health and care commissioners to help inform the final specification for a new Home Care / Community Wellbeing service for the city. Healthwatch will also facilitate service user involvement in the evaluation process of provider tender responses, as well as forming a review panel for future similar adult social care service reconfiguration exercises. Healthwatch also extends the offer to revisit engagement at a later date once the new contract has been established, to understand the impact the new service has had on service user's quality of life.

8 Acknowledgements

Healthwatch Kingston upon Hull would like to thank Hull City Council for enlisting the support of ourselves in completing the engagement, and also for their input towards the design of the engagement materials.

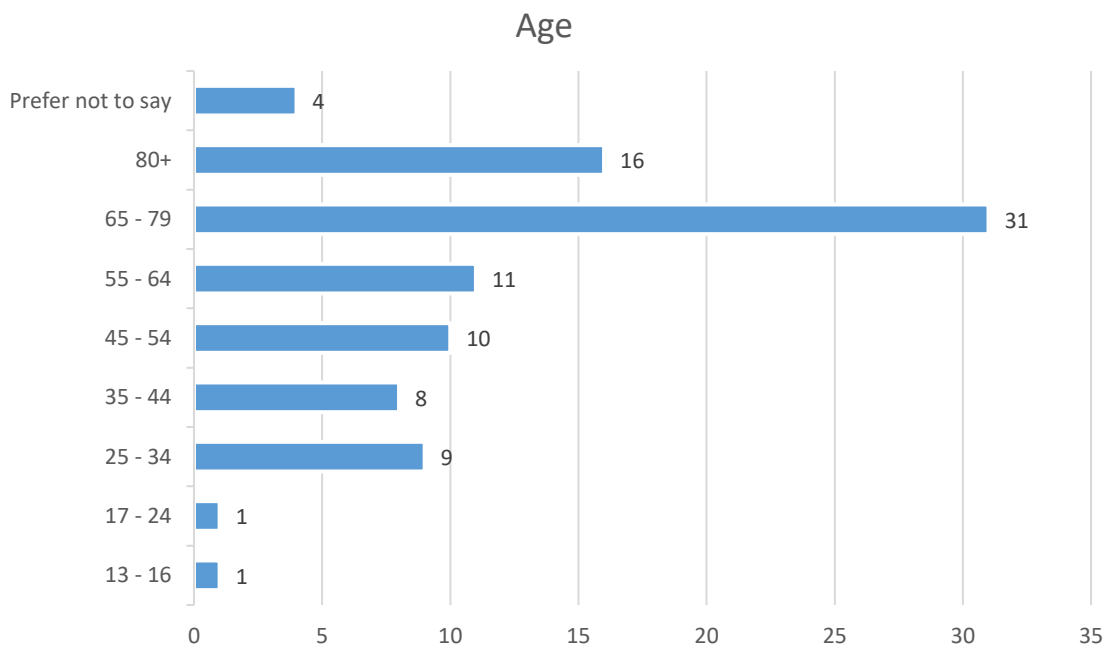
We would like to thank all our Volunteers who helped to complete this engagement and kindly gave up their valuable time to support Healthwatch.

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.

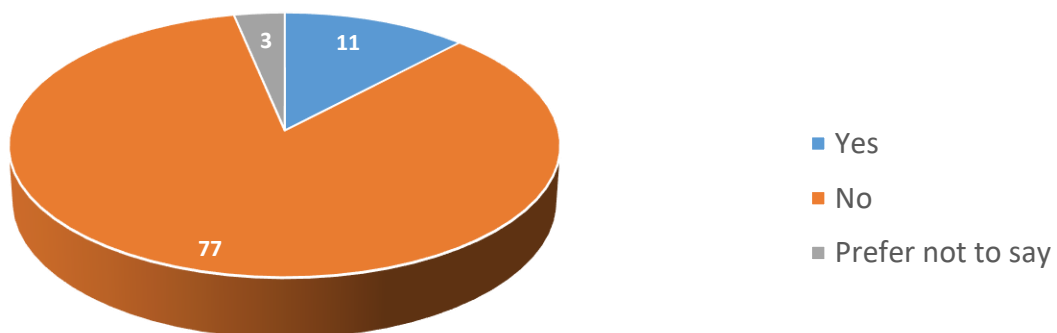
Finally, Healthwatch would like to thank those people who took the time to complete the survey either themselves or on behalf of a person known to them. Your input has been invaluable in providing the Local Authority and the CCG with information that is important and their ideas on what a Community Wellbeing service should look like

9 Appendix

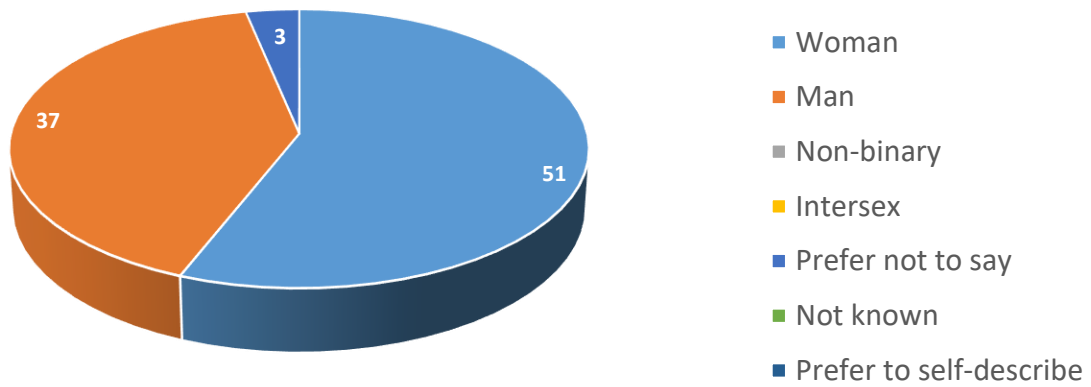
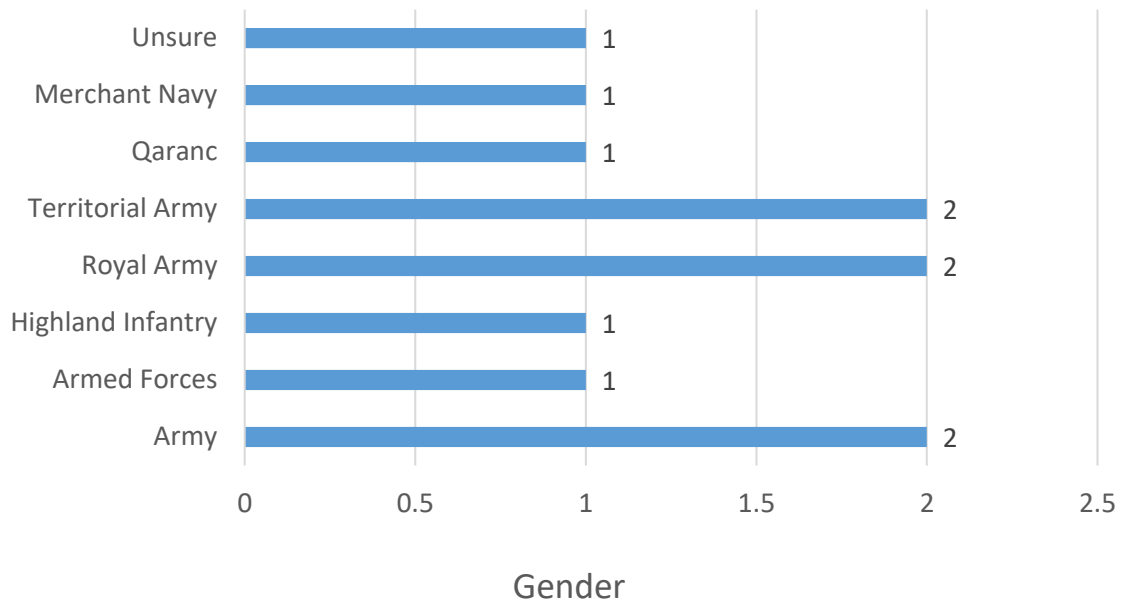
“Collecting quality demographic data helps us to better understand how people’s personal characteristics affect their experience of health and social care, both within local areas and at a national level”.



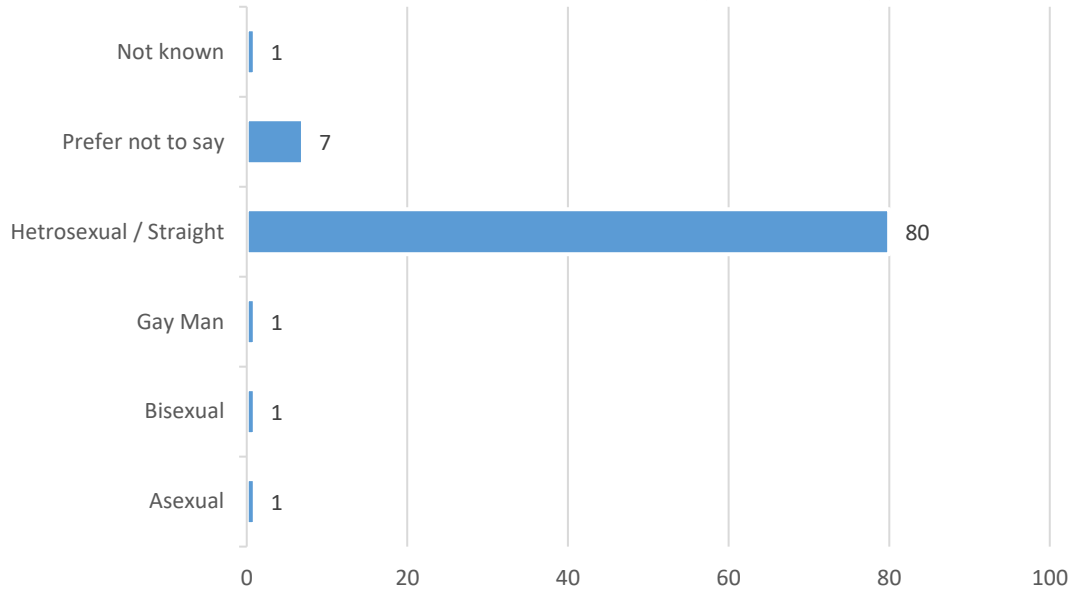
Have you served in the Armed Forces?



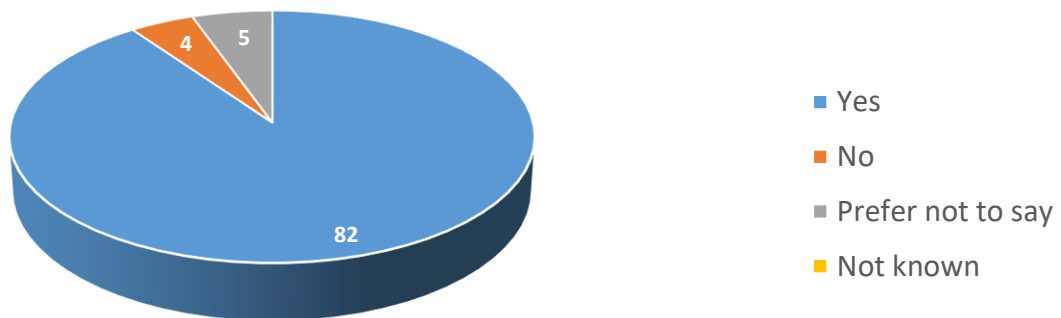
You said you served in the Armed Forces. Please tell us which service:



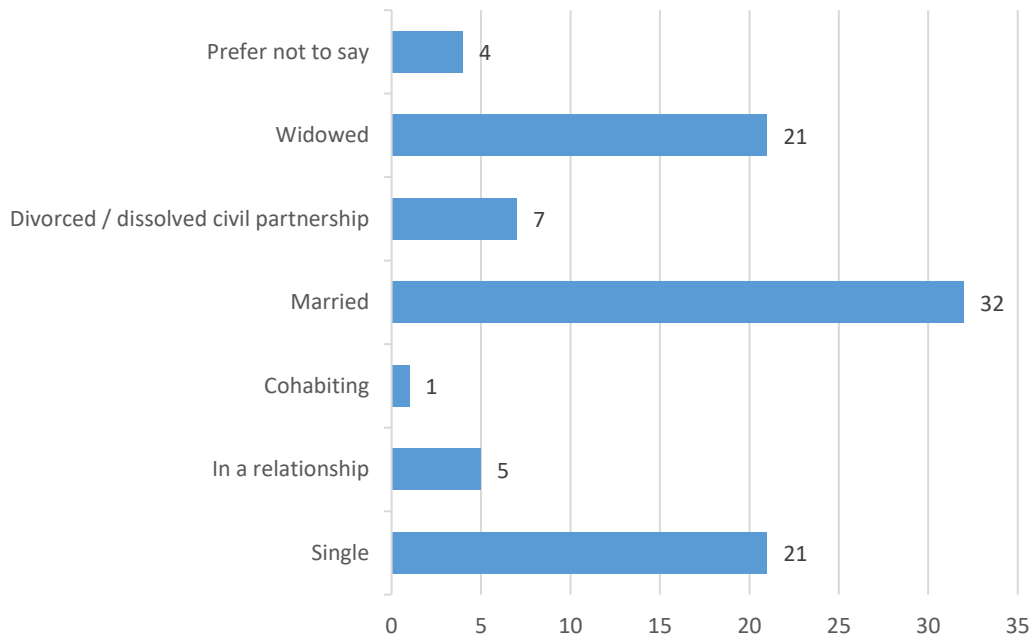
Please tell us which sexual orientation you identify with



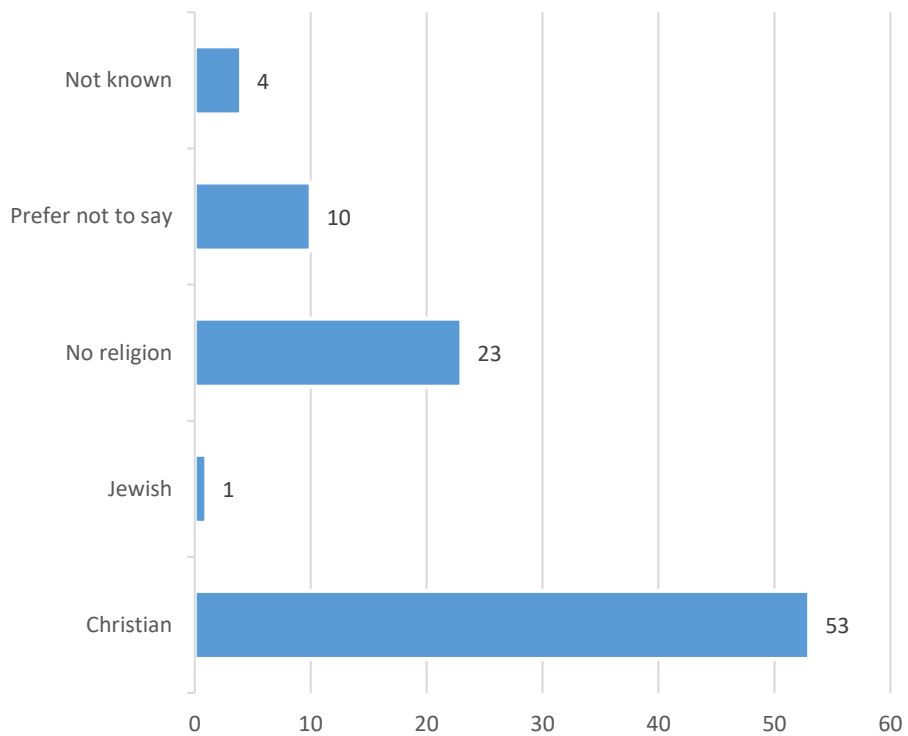
Is your gender the same to the sex that was assigned to you at birth?



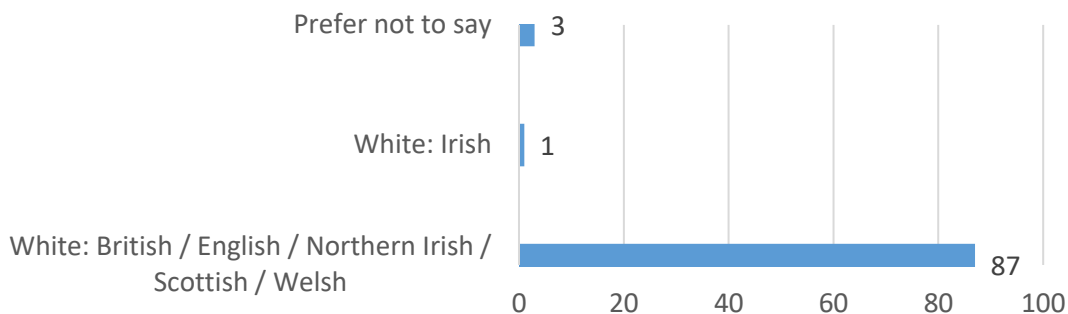
Please tell us about your marital or civil partnership status



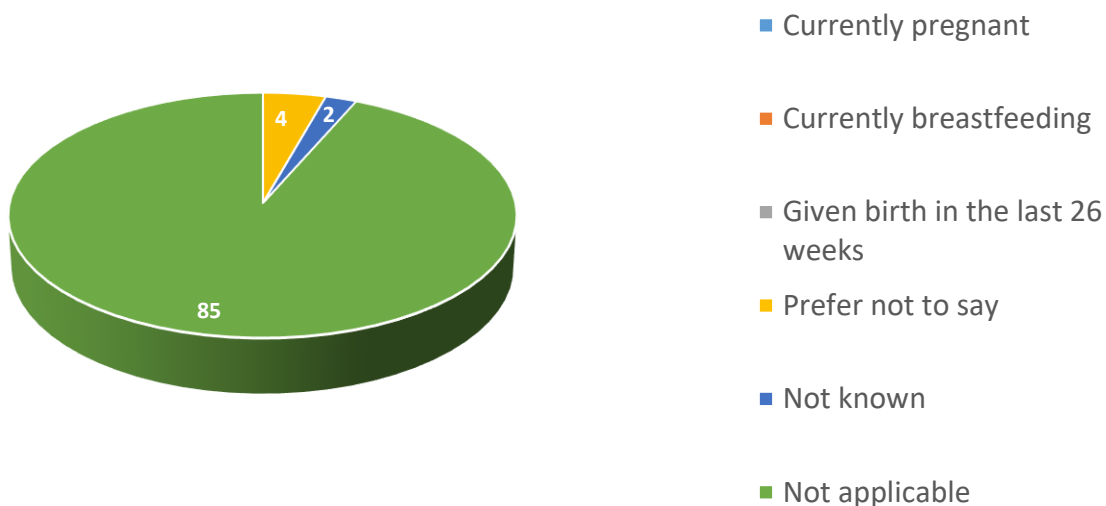
Please tell us about your religious beliefs



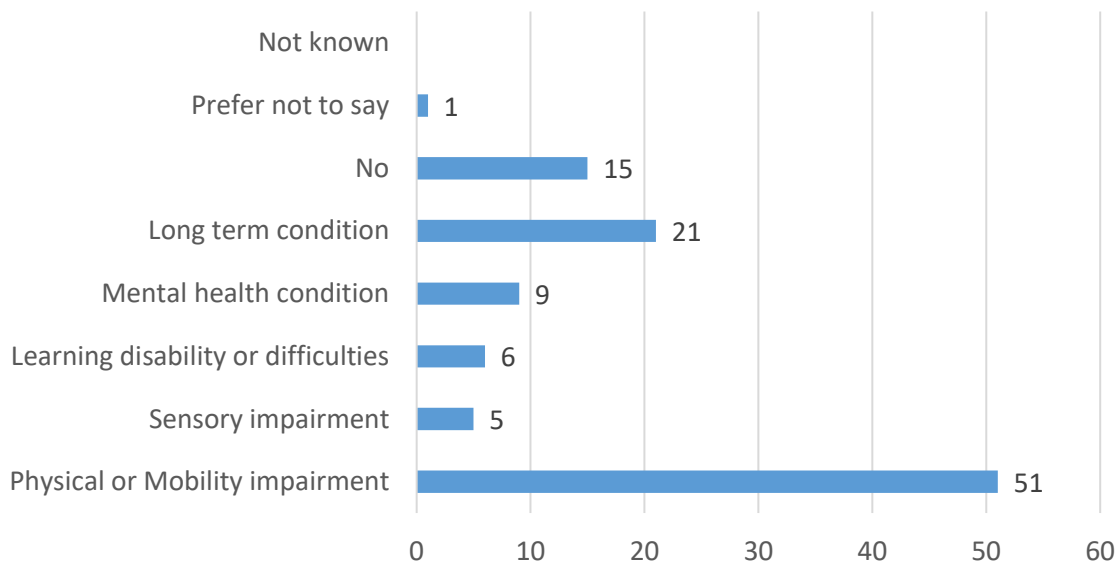
What is your ethnic background?



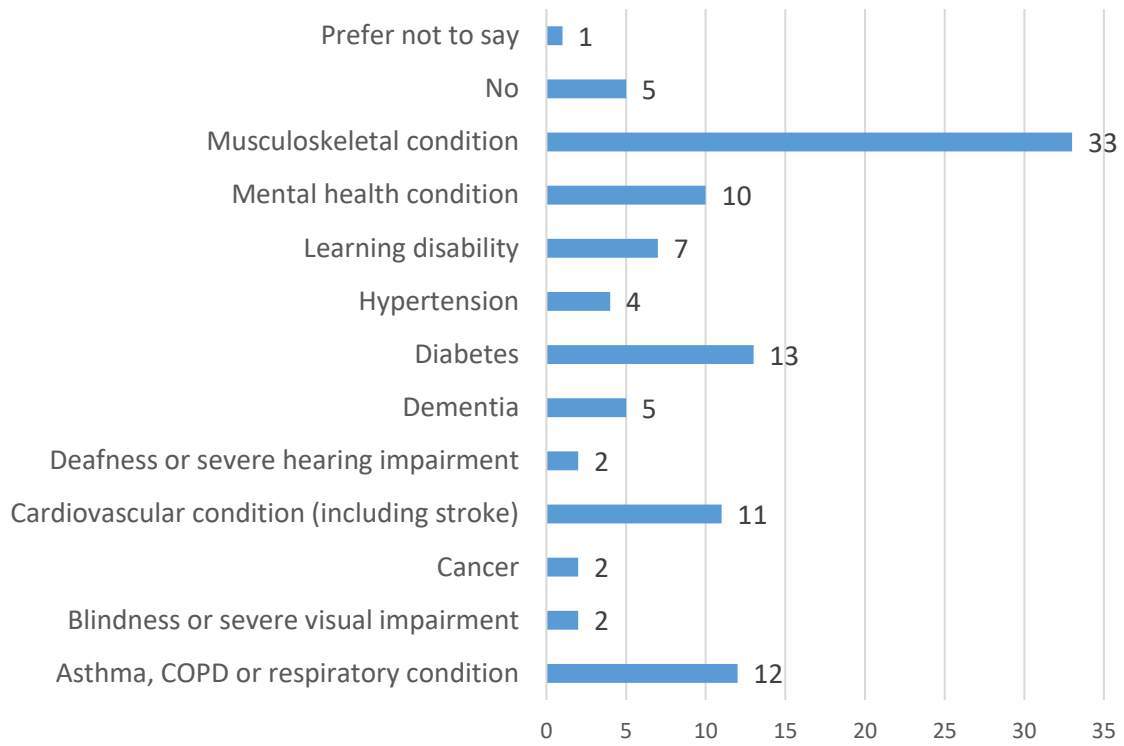
Are you currently pregnant or have you been pregnant in the last year?



Do you have any disabilities?



Do you have any long term conditions?



Are you a carer?

