

## Annex 3 Focus Group Report - SUMMARY & CONCLUSIONS

### *Current provision of care*

- Whilst many feel that older people are not a priority for the Council (or for the Government) services for older people which are provided by the Council are generally viewed as being of good quality and are trusted. Participants in this research felt that the Council are accountable and visible to a wider range of bodies than private providers, and furthermore that older people themselves feel more secure and satisfied with Council provision; that someone is overseeing their care, and that their care will be sustained.
- In relation to home care, care staff regret the move away from the old home care teams, and respondents across all groups were critical of the number of different carers who may call on an old person in any given week, too pressed for time to deliver the quality of service they would like to deliver, or to develop the much needed relationship with the older person.
- Ideas for additional support to improve customer independence included:
  - More resources for specialist teams, such as the specialist mental health team, and the high dependency team
  - More respite care, particularly for the carer
  - More consistency of home care staff, enabling more time to be spent / relationships to be developed
  - Doing more to identify the vulnerable older people in society
  - More individualised care packages
  - Better monitoring of customers to ensure they are receiving the right kind of care / are satisfied with their care
  - Etc. (See Section 3.1 for a comprehensive list).
- However, the overarching theme emerging in the research was the need to **treat the whole person**; physically, emotionally and psychologically. Many links were drawn between an older person's sense of isolation, loneliness and helplessness and a related physical regression and escalation of care needs. Hence the importance of identifying vulnerable old people in society, and providing real social contact and real relationships.

*'An older person might ring the Council and say they need a cleaner. But basically that isn't what they need. It's winter, they've holed themselves into the one room, they're desperate and think 'if it was just tidy I would feel better.' So they ring the Council and get knocked back straight away cos there's no cleaning ... and you'll go out and .. they don't need a cleaner really. They need someone to befriend them, to sort out their mail, sort out their debts, they need to be seen and listened to.'*

### *Personalisation*

- Respondents were presented with the concept of 'personalisation' – where the customer is assessed and then asked how they want to spend their money based on their individual care needs.
- All groups had mixed responses to this idea, recognising potential benefits, but also highlighting a wide range of both practical and ethical factors which would

need to be considered. Most felt that they would like to know more, and to be reassured that individual assessments and ongoing monitoring would be sufficiently effective to ensure that:

- Vulnerable people would not be open to abuse from unscrupulous family members or neighbours
- That only those with the capability to make sensible choices about their care would be empowered to do so
- That the older person, and possibly their carer(s), would be properly supported in making choices and accessing services, rather than being left to become stressed and possibly overwhelmed by the process of employing staff etc.
- That money would not be wasted on expensive holidays, depriving others of essential care services
- That older people might not spend the money in their best interest, and would then be left without essential care.

### ***Council provision versus independent provision of residential homes***

- Respondents were asked whether they felt it mattered who provided residential homes for older people.
- Responses were mixed, although some initially felt that Council provision was better, seeing the Council as more accountable, trustworthy and secure.
- After some discussion, however, most agreed that it did not matter greatly who provided the home provided it was properly management and monitored.
- Some emphasised the fact that, at present, Council run homes are more geared towards high-dependency and specialist needs than private homes, and that this should be considered.
- Also highlighted was the perceived difficulty of independent homes in recruiting and retaining appropriately qualified staff.

### ***The meaning and measurement of quality care***

- When asked the meaning of quality care key responses included:
  - Taking enough time / building a real relationship with the older person
  - Providing choice (e.g. of meal, timing of appointments, bedtimes, bath or shower)
  - Continuity and consistency of staff
  - Individualised service and individual attention
  - Reliable, quality provision of basic services (cleaning, feeding, toilet, medical needs)
- When asked how quality of care should be measured all agreed that the primary tool for evaluation should be feedback from the older person themselves, rather than by externally agreed assessments decided upon by the agency or the Council.

### ***Improving partnership working***

- Representatives of the voluntary sector generally felt that they would like to be a more recognised and integral part of the care system, and for their skills and knowledge to be properly valued.

### ***Housing with care***

- Once the concept was explained everyone understood what 'Housing with Care' meant and responses were very positive across all groups. Many saw it as enabling older people to retain some independence (and hence avoid regressing / becoming unnecessarily dependent) whilst at the same time providing an opportunity for essential social contact, and to have someone available to attend to any problems which might escalate if not dealt with (necessitating a higher level of care).

*'Loneliness can be about the worst thing. It drives them down and down.'*

- All felt that this kind of service would grow, and should grow.

### ***Using existing council homes to provide 'Housing with Care' & specialist care***

- Most did not see this as a solution, believing that demand for residential homes was already very high. They felt that more homes were needed – including homes providing specialist care.

### ***Stopping provision of council residential homes to fund specialist care or 'housing with care'***

- This proposal was met with dismay or disbelief by most participants. Most felt that there was a basic flaw in the idea that low-level care could be developed in place of higher-level care.

*'No way!'      'We don't think the Council should be doing this.'*

*'With these great demographic increases, how can they justify shutting them?'*

- They believed that, even if the Council was successful in their strategy to help older people remain independent for longer, they would eventually require residential care, and possibly at a higher level of need.

*'You can't substitute one for the other.'*

### ***Timescale for stopping provision of residential care in the Council's homes***

- All respondents felt that, if provision of residential care in the Council's homes was going to be stopped, then it had to be phased. This was seen as being better for staff and for customers, allowing time for the private sector to make the necessary expansion to meet the additional demand.

### ***Staff morale***

- Care staff suggested that morale was already low following substantial changes, with the loss of good members of staff from the profession. Suggestions for reassuring staff that they are needed and valued were not proposed.

### ***Finding additional funding***

- All groups were strongly in agreement that the Council should be working to secure additional funding for older people's care, and most were supportive of all of the three means suggested of obtaining it:
  - Central Government
  - Council Tax
  - Redirecting Council funding from other services

### ***Considering the options***

- Finally, respondents were asked to consider which of three options they would prefer the Council to take in order to shape future services for older people bearing in mind the challenges faced in funding that care and support. Respondents were asked whether the council should be:

1. *Looking to increase the amount of funding available for older people's services in York?*

- Respondents in all four groups voted unanimously for this option, particularly in light of the fact that they consider older people are not generally made a high priority, and the significant increases forecast for the older population.

2. Exploring ways of reducing the demand for formal care services, and supporting low level services or personalised services that would make this possible?

- Many felt caught by this question, as it combined the idea of supporting low level services (which all greatly endorsed, particularly as a way of developing more holistic and person-centred care) with reducing formal care services (which most did not endorse). Respondents believed that however successful the low level interventions there would always come a time when a person required a much higher level care.

*'No, that's a trick question. We don't want one at the expense of the other.'*

*'Certainly not instead of formal care! For goodness sake!'*

3. Rethinking its role as a direct provider of residential and home care services and encouraging more care to be provided through the independent sector?

- Most (though not all) initially disagreed with this as an option, believing that Council-run services were preferable over independent provision for a variety of reasons. These included perceptions of the Council's relative

(perceived) accountability, security, obligation to provide care and lack of profit motive.

- However, many arrived at the view there was no reason why the private sector could not provide equally good care if properly regulated and monitored.
- The final consensus was that private provision should be balanced by Council provision, and it was noted that the proportion of Council versus independent homes was likely to fall anyway as a result of increased demand which most felt would be met by the private sector.

*'We need a healthy mixture.'*

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