

Devon LinkAge Plus Findings Paper Final Information: a preventive service

1. We tested:-

- the assumption that a “one door” model of access to information and services would have limits for some older people, by exploring a “broad outreach” (“no door is the wrong door”) model of face to face access.
- support and tools
 - for older people and their families,
 - and for existing front line staff and volunteers to enable them to more effectively support the older people they work with - in order to learn what would help them make “no door the wrong door” for older people to knock on.
- In addition, the tools were also used by mentors working in the “deep outreach” work stream of the pilot.

2. We created:-

- a “360 degree well being check” starting from the fields of information identified as important for the wellbeing of older people in the “Sure Start to Later Life” report of the Social Exclusion Unit.

This was incorporated into: the pilot tools; the health and social care Single Assessment Process documentation; the data used by the Care Direct service to answer queries; and in web and paper based versions for the public.

3. Our findings:-

1. We found that older people frequently referred to the desirability of the provision of things that were already available – underlining the need for good information provided in an accessible way.
2. We confirmed that although a single source of comprehensive information and support is necessary (Care Direct, My Devon Customer Service Centre) it is not in itself sufficient for older people to have easy access to information and services:
 - Many older people do not naturally turn to call centres for information:
 - Most older people attending our events were unaware of the Care Direct/ My Devon telephone service.
 - Many older people often find telephoning an ordeal, and do not like to speak to someone they think is not local.

- Many older people would not or could not use the internet for information.
 - Many older people often turn to someone they trust, for example a GP or nurse - who may not recognise the approach or be equipped to deal with it if they do – a “closed - or “wrong” - door”.
3. We conclude that although Care Direct and its information resource is vitally important and useful, valued by many people who do use it, attempting to funnel all information requirements through Care Direct would not be likely to be successful in getting information to all older people who need it as a “preventive” resource. Neither is this likely to be a sustainable strategy in relation to the numbers likely to need information and the resource therefore required.
 4. We found enormous value in involving a broad range of older people in the development of the tools – people in different age bands raised different issues and topics.
 5. Our tools – the 360 degree well being check “Getting the Most Out Of Life”, the linked website and publicity materials – have been well received. People working in the health and social care field have told us that seeing and working with these tools has demonstrated to them that their model of what “holistic” means is partial when measured against older people’s real information and service needs. Many front line professionals believed they were working holistically but on using the 360 degree check realised that the model they were working with was limited.
 6. We found that front line staff and agencies often do not know of each others’ work to the extent they themselves consider useful in their roles. Feedback establishes that they found networking at LinkAge Plus information fairs very useful indeed.
 7. We need to do more to help front line staff and volunteers when older people approach them – for example, we are working on a simple enquiry service that will ensure an older person gets called back by Care Direct.
 8. Making a comprehensive web-based information resource available to all will assist some voluntary sector services but in itself is not enough.
 9. We believe our pilot has demonstrated that unless everyone working with older people is properly equipped, some of the most vulnerable older people will not have their information and service needs met. This requires:
 - An awareness of a 360 degree framework
 - Awareness of how and where to get information
 - Knowledge of local services or where this can be got.
 10. Major obstacles to getting services or information to people who need them in rural areas include distance and transport - these are difficult and expensive to overcome.
 11. Standardising the approach across an area (county) can lose the identification of local needs.

12. To support local networks of organisations, and therefore the staff and volunteers, a local "hub" – a designated voluntary agency given specific support for this function – could help overcome some of these problems. In some cases a local area will have an existing network with a natural "hub", and the agencies could provide support through this. If such a "hub" does not exist, the network is probably poor too. In such cases, a "hub" should be identified and encouraged.
13. In addition we concluded that in the Devon environment a sustainable approach to making information available to older people where they live when they need it will require:
 - a. continued local information fairs on a regular basis, accessible to all communities and providing for networking of local agencies – these could be combined with consultative and feedback events if required
 - b. a key role for the new Senior Council for Devon in relation to information – for example, spotting gaps in information (e.g. in GP's surgeries) AND in relation to the provision of the information fairs.

4. What we set out to do:

- To encourage and support the widest application of an holistic approach to the needs of older people including information needs.
- To create an Internet portal for information and service access.
- To test a single 'Devon Gateway' that will expand the range of information available through the existing telephone service (CAREDirect; now integrated into My Devon Customer Service Centre) for all localities in Devon.
- To seek to partner with the whole range of statutory and voluntary agencies operating with older people in the pilot localities to ensure the networked front end (the network of front line staff and volunteers) provides a holistic service to meet the needs of older people – "no door is the wrong door" for access to information and services.

5. How we did this:-

- We developed a set of tools – a 360 degree well being check based on the "Sure Start to Later Life" report of the Social Exclusion Unit.
- We involved older people in designing the leaflet, logo and website based on these
- We commissioned and maintained a "Getting the Most Out of Life" website with the 360 degree well being checklist
- We made the information used by Care Direct to answer telephone queries available to the public via the website (a sustainability measure)
- We incorporated the 360 degree framework in the health and social care Single Assessment Process.

- We trialled the leaflet and associated marketing tools plus the website at a series of public information fairs and events.
- We ran a series of information fairs across the county, seeking to provide information to older people locally on services offered, as well as develop local networks of services.
- Resource and training were invested in the Devon customer service centre in using the 360 degree tool for the holistic assessment of older people's needs.
- We talked with and took feedback from people coming to the information fairs – information providers and older people
- We ran a series of focus groups with statutory and voluntary services and information providers across the county – front line and first line managers.

6. Our achievements against the objectives:-

- We exceeded our objectives (800 people at information fairs) and were in fact in touch with around 3,000 people at face to face events, including Senior Council meetings.
- The 360 degree tool is used by CARE DIRECT as part of the Devon County Council My Devon contact centre in the holistic assessment of older people's needs.
- Across the South West peninsula the Single Assessment Process (SAP) is in widespread use with an agreed set of documentation for all health and social care organisations within the SAP partnership. This is largely using a nationally recognised toolset with local amendments to incorporate most aspects of the 360 degree LinkAge Plus checklist.
- Within Devon Adult & Community Services the assessment tools have now been implemented across all social care teams as part of SAP.
- "The Getting The Most Out of Life" leaflet has been widely praised by older people and their carers, who can use it together to raise awareness of and address the needs of the older person, without having to access a computer or the Internet.
- The information fairs provided valuable, and very welcome, opportunities for networking between local service groups as well as the broader awareness of services available.
- A "Getting the Most Out of Life" website was developed, giving a tool for front line staff to use in the holistic offering of services, as well as for older people and carers to access for information.
- Focus groups provided the directed learning from front line workers, and demonstrated the value of networking between all statutory and voluntary sector services.

7. Wider achievements:-

- We have secured the sustainability of information fairs through a contractual arrangement with the new Senior Council and support from pilot staff.
- The LAP 360 degree checklist is widely used by Age Concern Devon by their ABC befriending and care line staff.
- Awareness has been raised of how broad "holistic" can be for a wide range of staff and volunteers in Devon.

8. How can we make information provision more effective?

This section focuses on practical issues highlighted by the findings of the pilot which suggest options and decisions for consideration for action in the post pilot period.

8.1. Information Fairs.

We have provided for the continuation of information fairs through the Senior Council. These need to be repeated regularly so local communities gain their full value.

However, these can never be available at all times and in all places older people might need them. Staff also have needs to "browse" information to improve their awareness, and cannot always attend events.

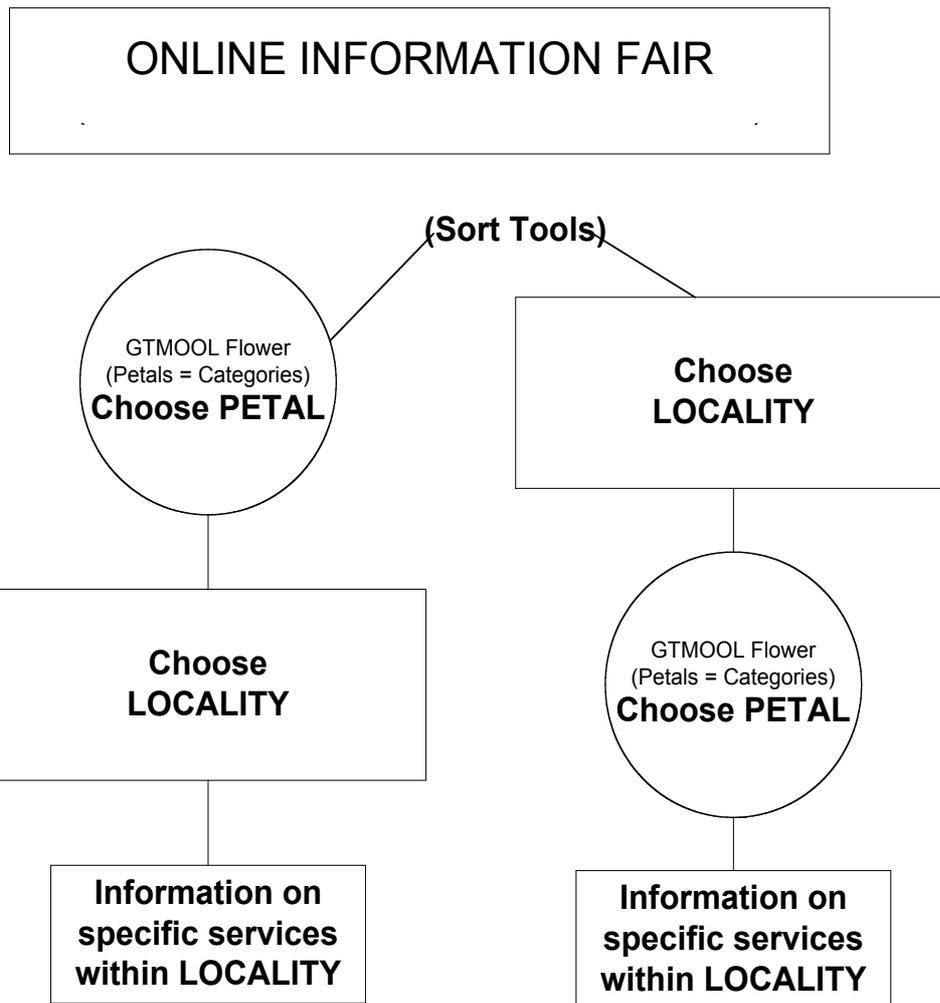
One option would be to supplement what can be made available through other means by establishing an "on-line information fair". This would build on and extend what the Devon LinkAge Plus pilot has achieved in terms of web access. Of course, it would have the same limitations as have been observed for web based services above; but familiarity and time would assist its improved usage.

A method to achieve this could be to improve and restructure the Community Directory in such a way that it more comprehensively provides the local and community information which is often difficult to access.

Alongside the major information resource already compiled by the Devon LinkAge Plus, the Community Directory could function via a sort tool, by either locality or the field of information represented by the "Getting the Most Out Of Life" petals.



Selecting either of the two options could lead to further information, both locally and nationally, with links that enable service users and professionals to locate the nearest and most appropriate service (see diagram below). Because services often do not follow local government boundaries, a smart sort would be required to ensure that the most appropriate "local" information was provided.



A key feature would be that organisations must be able to own and update their entries. Even very small organisations, such as a tiny "Knit and Natter" group Devon LAP made contact with in South Devon should be able to get an entry. The "on-line information fair" should provide 'whole life' information.

The facility should also provide a map/chart of all the different agencies and organisations, what they do, what services they provide and who to contact. This has to be an electronic source to allow it to remain current. This was an outcome of our major conference with older people, 'Everyone's Tomorrow'.

Although available electronically, information needs to be able to be sorted/amalgamated and then printed so that it becomes accessible and less threatening for people who are unused to computer formats.

8.2. **"No Door is the Wrong Door" – The key to holistic working:**

It will always be the case that some older people will be unable to do their own "360 degree" wellbeing check or will want personal help with it. At the same time, no-one can force an older person to have a "360 degree check" if all they want is their bins emptied.

Currently, a 360 degree wellbeing check is difficult to implement because no agency owns the responsibility to do so. Any such check is additional to responsibilities and takes time additional to that budgeted for specific services. Also, once presenting needs are met, or the individual signposted towards meeting that need, the opportunity for a holistic check is often lost.

We have identified three possible objectives (there may be more) which may be viewed as alternatives or combined in a composite solution:

- a) develop a pathway for 360 degree checks to take place – routinely when some other identified task (at the Care Direct Customer Service Centre? During SAP? Other?) is done – or additionally for people who request the 360 degree check itself.
- b) rely on improved awareness in the community of the 360 degree framework, types of information and where to get it.
- c) develop a new service, as has been done elsewhere in the national LinkAge Plus pilot, to work in this way.

In the pilot period, the Care Direct service of the My Devon Customer Service Centre was extending its previous service by offering the 360 degree check to some customers. There is an obvious resource issue here but it has proven difficult to quantify in the course of this pilot. Additionally, while this is one option for offering the 360 degree check, it will not necessarily extend to all older people in touch with services requiring information as a preventive service.

However, difficult as a) may be, choosing b) is not an easy option as our pilot has demonstrated.

Choosing b) relies on actions outlined in "Findings (8)" above, and on the development and support of local networks.

Creating and supporting local networks should be a major focus for future provision of information. The pilot has found that the most effective way to get information to the people that need it is via face-to-face, local contacts that can only be found and nurtured through a local network. The most effective networks have a clear "hub" that other services interact with. (see in "Findings (11)" above)

Option c) was not tested in the Devon pilot as it was believed that it would not be regarded as sustainable in Devon.

9. Authorship:

This report has been compiled by the Devon LinkAge Plus pilot team:

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Getting Most Out of Life website:

http://www.devon.gov.uk/index/socialcare/older_people/over50s/gtmool.htm

Related documents:

Summary of Devon Broad Outreach Focus Groups Learning

http://www.devon.gov.uk/index/socialcare/older_people/linkageplus.htm

Report of "Everyone's Tomorrow" conference <http://www.devon.gov.uk/everyones-tomorrow.pdf>