CARE Direct

Evaluation Newsletter 3

January 2003

PSSRU

at the University of Kent at Canterbury,
the London School of Economics
and the University of Manchester

CARE direct

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Information And Help For Older People

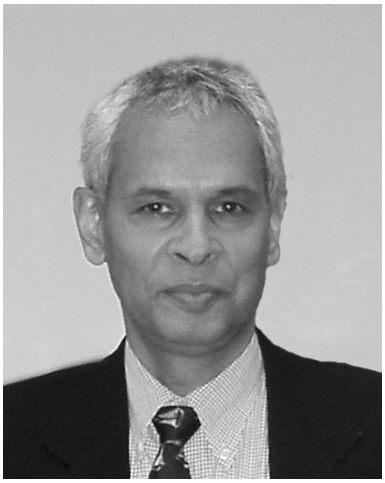
The First Year

Adrian McNeil, Project Leader, Care Direct Central Team at the Department of Health, summarises the first year, and outlines forthcoming developments, which will involve absorbing Care Direct within the proposed Third Age Service being led by the Department for Work and Pensions.

First Year

Care Direct has been operational for a year. The managers and staff in the pilot Authorities have, between them, created and established a service that is now beginning to make a real difference to the lives of older people.

This isn't hearsay, but the view of older people themselves. For example, I was invited to Taunton to celebrate Somerset's first anniversary, where I met some of the older people who had used Care Direct. Without exception they praised the service they had received. What struck me were the comments they made about the caring and attentive approach of the staff, who were willing to do that little bit extra to help. Others in the central team and senior managers from DH were also left with an impression that this service was different and was making a difference. Perhaps the biggest phenomenon of all is that — in a complete break with precedence — Care Direct has proved that older people can and will use the phone. About 40% of all calls are from people aged 70+ themselves!



But before I get too dewy-eyed, I think it is worth taking a step back to see which of the core principles have been implemented and which still need to be developed. It is clear that Care Direct meets the requirement to offer practical help rather than just 'signpost' information. It is also clear that it has removed the need for people to make several phone calls (one of the main effects that older people wanted to see happen). Information is being shared with other providers, with the permission of the caller; so personal details do not have to repeated time and again. So far so good.

But on the more negative side, housing and health issues are not as well covered as social care and benefits; and outreach and volunteer services have been only partly developed. Call numbers continue to rise, but this is patchy, with some sites far exceeding the target of 10% of the population in the first year, whilst others have yet to get there. Clearly there is more to do. The pilot sites recognise this and are working hard to improve their outputs and outcomes for clients.

Next Steps

The next year, then, will be one of further consolidation and improvement. But it will also be one of significant change. The Manifesto commitment to develop a 'Third Age Service' (a working title!) will start to be implemented in 2003/04. The Department of Health will be working with the Department for Work and Pensions — who are leading the development of the 'Third Age Service' — to develop a service model. Care Direct will be a major building block and one of the chief tasks that lie ahead will be to consider how the Care Direct sites can evolve into a 'Third Age Service'.

So, a lot needs to be done, but I want to end by recognising how much has been achieved. And what could be better than a commendation from Denise Platt, the Chief Social Services Inspector. Denise visited Plymouth Care Direct in November. She was deeply impressed by the service, the enthusiasm of the staff and the high public recognition of the service. She was particularly interested to see how the Care Direct team there were helping offset delayed transfers of care and the work the team was now doing to assist people in intermediate care. Staff in the Plymouth Social Services Department told her that they thought highly of the service as a key frontline access point where people received 'hands on' help as well as advice; and a carers group she met also commended the project. This chimes almost exactly with what I found in Somerset and others have seen for themselves in the other sites.

Here's to the year ahead!

Adrian McNeil

Information Counts

'The need for closer integration between health and social care has been a consistent policy theme for years. One of the benefits of having combined the services is that it facilitates better multidisciplinary working and enables funding to be managed more effectively. Sometimes the hardest part of an innovation is getting people to think in new ways and unlocking the mindset.' Jessie McArthur, Project Manager, Care Direct, Gloucestershire.

Gloucestershire Care Direct is a combined service with Social Services and GUiDE Information Service. This combined service ensures older people receive all the information they need, just by making one telephone call.

The Care Direct Gloucestershire team includes experienced Social Services staff, working together with staff seconded from the Local Pension Service and Cheltenham and Tewkesbury Primary Care Trust. The success of this integrated service has made great inroads in partnership working, illustrated by the story of Annie Lawlor. Annie Lawlor's life was changed by the equipment and services she received after her daughter got in touch with Care Direct. The 64 year old from Gloucester broke two ribs and damaged her back in a recent fall. Getting in and out of bed, using the stairs and bathroom became almost impossible without help. Mrs Lawlor became depressed and was reluctant to leave the house.

Following her daughter's call, Care Direct got in touch with the Rapid Response Team for Mrs Lawlor. Very quickly she was assessed by an Occupational Therapist and some simple pieces of equipment were installed, including bedside handrails, a backrest, a wall rail and a special seat, Mrs Lawlor was also referred to Gloucestershire Royal Hospital and has had physiotherapy to help her walk again.

> *"I would still be sitting here in my chair, unable to move for myself, if my daughter hadn't phoned Care Direct and called in all this help for me. It has really changed my life."*

Not only has Care Direct Gloucestershire had a positive influence on our older population and carers, but it also offers value and commitment from staff on the Care Direct helpdesk. Claire Hirst, Care Direct Advisor clearly demonstrates this.

> *"I have been a Care Direct advisor since the service launched in October 2001. Before I worked for Care Direct I worked for Social Services in their duty team. I had day-to-day contact with people from all walks of life and in all sorts of situations. I have also worked in Day Centres and childcare. What I like most about the job is when people phone Care Direct they are looking for help in the situation they are facing — and this could be anything. I then research their question and come back to them with the appropriate answer. I like the challenge of this and people are usually very grateful that you have helped them. I enjoy interacting with people, hearing about their lives, listening to what people have to say and to laugh with them about life. This happens quite often on Care Direct. I have great satisfaction with the variety of enquiries in my job. You never know what questions the caller will have when the telephone rings. When I finish at the end of the day I am lucky enough to feel that I have helped someone and really made a difference to their life."*

If the combined Care Direct Gloucestershire initiative was to succeed in improving public access and streamlining processes for older people and carers, it needed the voluntary sector to work more closely. One organisation that is proactively working towards the shared philosophy of Care Direct is Age Concern Gloucestershire, through the 'Hands On CARE' scheme. Older people who call the Care Direct freephone number are offered advice, advocacy and befriending to help them to stay independent in their own home through Age Concern Gloucestershire.

If callers need ongoing one-to-one help to resolve a problem then Care Direct can contact Age Concern on their behalf. Age Concern will contact the caller at home and offer a home visit to assess their needs. If appropriate, they will be allocated a fully trained Age Concern support worker. One of the most popular services they offer is help in completing Attendance Allowance benefit claim forms. These Age Concern services are free of charge to the public.

Linda Shepherd from Age Concern Gloucestershire said:

> *"There are many older people in the county who need someone to visit them at home, offer one-to-one support and very often help them complete application forms, enabling them to receive the benefits they are entitled to. Care Direct is helping to put these people in touch with Age Concern and other essential support services."*

Care Direct Gloucestershire is the first of many new innovations which will open up access for older people and carers to the whole range of information and services as care pathways.

Meena Patel

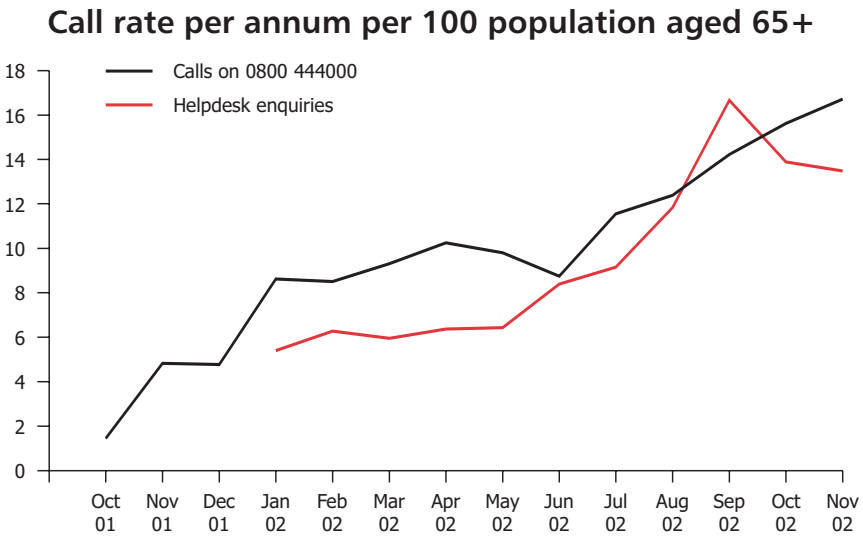
Evaluation Report

The following sections describe some of the interim findings of the evaluation over the first year of operation. This focuses on activity levels, a survey of callers, costs, and the impact on related agencies operating in the pilot areas. Activity statistics are now being routinely generated by the live call recording system, and we are grateful to Simon Hall of DH Central Team and Simon Beresford for some of the more recent figures cited.

Numbers of Enquiries

Care Direct was created to provide a single gateway for older people and their carers to get information about and access to health, social care, housing and benefits. It has brought together local authorities, the Pensions Office, health authorities and voluntary organisations to provide a co-ordinated response to older people.

The clearest measure of activity levels is given by the number of people who get in touch with Care Direct. In newsletter 2 there is an analysis of answered calls to the Care Direct helpline number, 0800 444 000. The diagram here extends this to show the volume of calls during the first year of operation in the pilot sites.



People do not only contact Care Direct via the telephone helpline number. Outreach services are developing in many areas, but in many of the sites social services departments have decided to pass forward new contacts to Care Direct in the first instance. In Bournemouth for example, all social services enquiries relating to previously unknown people over 60 are re-routed.

Moreover the telephone statistics do include a number of very brief calls which may have been wrong numbers, etc. A more accurate method of measuring demand is though the number of enquiries reaching the local helpdesks. In practice, virtually all enquiries relating to people living in the pilot areas will come to the appropriate helpdesk. These figures are available from July 2002 onwards with the adoption of the common live call recording system across sites (CAS), though we have been able to make rough-and ready estimates for earlier months based on the separate site records.

Call Trends

The diagram shows both the calls on the helpline and numbers of enquiries recorded at helpdesks up until the end of November 2002, a year after the pilot fully got under way in all sites. Whichever way it is measured, there has been a steady upward rise in enquiries throughout the year, with no sign yet that the peak of demand has been reached. By November 2002 rates had reached an equivalent of 16½ calls on the helpline number and 13½ enquiries were being reported by local helpdesks, per 100 people aged 65, per annum. This is comfortably above the target for the first year that was set by the Department of Health.

Both records reveal that seven calls out of eight have come in during normal office hours: weekend and evening calls are rare. The median length of a call is 3½–4 minutes.

Callers

Care Direct has confounded those who believe that older people will not use a telephone helpline service. About six enquiries out of seven are from people aged 60 or over, with a median age of 80. This is the same whether callers were calling on their own behalf or on behalf of someone else. (However, age was not given in about one-third of cases). Just under one half of all enquiries are by people on their own behalf. One-quarter of calls are by relatives and friends, and one-quarter by professionals and care workers.

Two-thirds of the people calling on their own behalf live alone, and overall this is true for three-fifths of all people called about. This is much higher than the proportion living alone in these age groups.

Three-quarters of all people called about have a longstanding illness or disability, and one-half have limited mobility outdoors. Again this is much higher than the average for these age groups. People called about appear to be far more like recipients of Community Care than the general population of people over 60, in each of these respects. One-third are already in contact with social services, and a similar proportion already receive a disability related benefit.

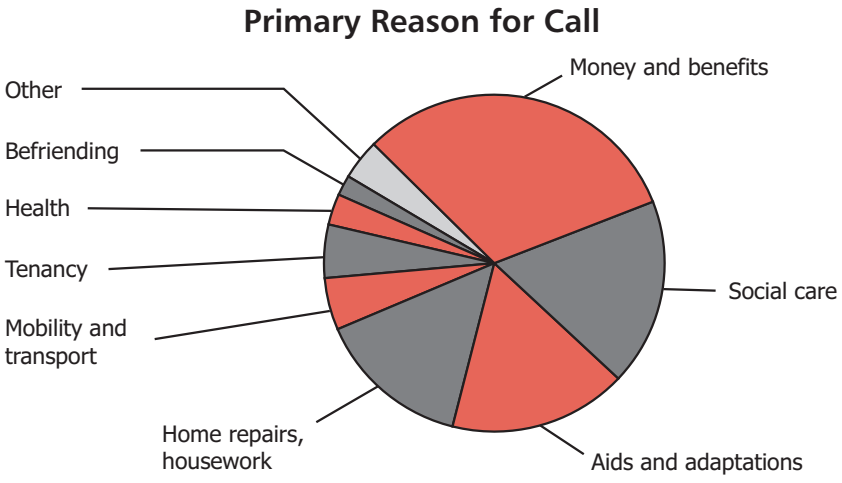
Making contact

About two-fifths of callers learned about Care Direct from social services. Leaflets and information services were the next most important source of information. GPs and recommendations from friends are growing sources. By the end of the year about one enquiry in six was from a previous caller.

The diagram shows the mix of primary reasons for the call. Many people give more than one reason; we show the pre-eminent reason, or the first mentioned. This is from the caller survey, but the monthly CAS returns have been showing a broadly similar distribution, though with slightly fewer concerning money and finance.

Three-fifths of callers were using Care Direct as their first point of contact for the enquiry. Where the caller had been elsewhere, they might be looking for help to mobilise a provider after a slow response. Often they came to Care Direct following hospitalisation or contact with primary health care.

About one-third of enquiries are dealt with during the call. One-third will require further information, and one-third are referred to other agencies.



Caller satisfaction

Callers were satisfied with both the process and the outcome of calls. Virtually everyone agreed that Care Direct was welcoming, courteous and intelligible. Regarding some specific performance items:

Caller got through immediately or after a short wait	90%
Advisor seemed to know answer to enquiry	85%
CD was able to provide the help caller needed	84%
Caller felt CD had been 'very' or 'quite' useful	92%
Caller was 'completely' or 'reasonably' satisfied	94%
Caller would recommend the service to others	94%
Caller would ring again if necessary	96%

As the callback normally took place shortly after the call, it would be too early to assess the full outcome. In only about half the cases had the Care Direct Advisor suggested further steps, and many calls are simply for information. So long-term outcomes are not necessarily to be expected in every case. We will report in the next newsletter on callers where further action may have been recommended.

Pilot Sites

Care Direct was planned as a national service providing a single gateway for older people and their carers to get information and access. In previous newsletters we have described how in practice, the greater part of the service has been provided by the six local helpdesks. Sites were expected to deliver a core service to a consistent standard.

Nevertheless it was recognised that they should be designed to suit local circumstances. As a result, there have been some differences of approach, and also during the first year, differences in performance. Bournemouth for example, subcontracted the running of the service to a local voluntary organisation serving older people and their carers. In Bristol and Gloucestershire, Care Direct has been integrated (in different ways) into a front end of social services for adults. The other three sites adopted a more freestanding approach under social services management, but all arrangements have been subject to development, as the report on Plymouth (page 7) describes.

Sites have varied in the degree in which professional and specialist staff have been integrated within the helpdesks,

and in their relationships and working procedures with other agencies. In some sites, for example, most new enquiries to social services from older people and their carers have been rerouted to Care Direct. Joint working often depends upon local solutions and informal contacts, location even. There has been a good deal of variation in the development of outreach and volunteer services, and in the range of different schemes for these.

A Bournemouth Helpdesk Advisor

The principal difference in performance has concerned the quite different rates of call, with the three smaller sites achieving much higher call rates (per capita over 65) than the three counties. The implication would seem to be that there is plenty of potential for growth. However these differences have been persistent and suggest that there may be some difficulty either in developing or in publicising the service in order to reach people in the larger, more rural areas.

Although every site has been dealing with all types of need, there have been differences between them in the distribution of the primary reason for the call. Some had a high proportion of money-related enquiries while in others social care predominated. These differences may point out gaps and opportunities for development.

All sites achieved high satisfaction levels and performed well on the other indicators in the callback survey. There is some indication that satisfaction levels were highest among callers with money and benefits enquiries.

Costs

Most of the budget for the Care Direct helpdesks and local operations came from Department of Health grants, which totalled around £2m during the first year of operation, together with staff input from Pensions Office advisors equivalent to a further £½m. Some local authorities provided significant additional inputs particularly where there were joint arrangements with related services. Bearing all this in mind, the average unit cost per enquiry, including all the follow-up involved in researching enquiries and arranging referrals, was quite high during the first year of operation. These costs will fall sharply with the increase in demand and the service operating much closer to capacity.

Impact on other agencies

Limited quantitative evidence and the views of managers suggest Care Direct has significantly reduced the number of enquiries coming to Social Services, particularly where Care Direct has taken on a customer services function for Social Services.

As the Pensions Office was newly formed in the spring of 2002, it was impossible to determine whether Care Direct had had any impact. With some specific exceptions, activity levels in voluntary organisations, housing departments and community health appear little affected, as referrals from Care Direct formed a small part of demand.

The views of other local agencies were established as part of the evaluation, by interviews with key staff. Almost universal support was expressed for the concept of Care Direct, a single local access point for older people and carers spanning a range of services. There was, nonetheless, divergence about how well the pilot schemes had worked in the first year. These tended to revolve around

- The public profile and levels of awareness;
- How well Care Direct had succeeding at co-ordinating across services;
- Whether the focus of the service was sufficiently on enabling;
- Success at diverting demand, and value for money.

Some respondents in the voluntary sector, particularly in existing advice and information agencies, were critical. Relationships with Care Direct were sometimes thorny, with criticisms of insensitive implementation and fears about reduction in their own funding.

However, the majority view locally was that Care Direct was promising, and even if questions remained, merited continued development.

Andrew Bebbington & Judith Unell

Care Direct Plymouth

Howard Tomlin, Care Direct Project Manager, Plymouth, describes the challenges of managing a small service effectively — 'today, tomorrow, and the marketing dilemma'. The cover picture shows part of Plymouth Care Direct helpdesk in action.

The pilot in Plymouth is doing well, or so we are told. Yet it is so early in the journey, that sometimes it is difficult to gauge what it is we are doing well and what yet needs to be improved — everything still feels as if it is a case of learning, relearning and changing things, often in subtle ways, to improve the service to the customers.

The service was set up as something intrinsically different from day one in the Plymouth area. This was partly because there was little comparable in existence in the area at the time, and partly because we wanted it to be different. The dream that the Department of Health central team sold was evocative, and captured the imagination. It spoke of customer focus, customer care, helping people through the maze of information and advice. It sold the idea of good information and advice being a valuable product that empowered people to make positive life choices — wow!!

So from day one we planned to launch it very much in line with the spirit of the original briefing document the central team from the Department of Health produced. It is amazing how much energy and excitement was generated from four pages of text. The key elements that drove the planning stage were to recruit the right staff with the right skills to deliver the Care Direct dream, and that meant looking outside of the City Council as well as within; drawing out the key messages and themes so they could be delivered to staff and other agencies to describe what we were trying to achieve; identifying areas where we could positively contribute in a way that complemented existing services; and looking for kindred relationships where we could work in partnership to the benefit of customers.

> 'We are getting many compliments from customers telling us that what we do is of value. The morale, energy and enthusiasm of staff is high and they tell us how rewarding it is to work for Care Direct. We are committed to continuous development of the service and want to keep getting better.'

We took the early decision as well to look for a site that allowed public access for callers, and that was well placed to do outreach work — Care Direct was going to be more than a call-centre in the City. The view was that to achieve greater long-term success we would have to be able to deliver the widest spectrum of the information agenda for older persons. This was not only the four core areas of Social Care, Housing, Benefits Advice and Community Health, but also lifelong learning, and heritage and leisure in the form of local activities and events. We felt in the early days that to focus on any one area as a priority would create an immediate feeling that Care Direct was simply an add-on facility to an existing service area, rather than an exciting venture in its own right.

The approach we have instilled in our staff has been an emphasis on positive call resolution, where a call is not complete until the customer indicates they are satisfied with the assistance they have been given. It is about not transferring people around the system, but arranging a call back from the right person or organisation where it is necessary to do so — indeed our experience to date suggests that many people have already tried the right place, but not got through or been dealt with in a way they were confident that someone would get back to them. It has also been useful to use the enthusiasm and energy of our young staff team to continually suggest ways of improving the IT systems that support the work of our call handlers. Everyone is working hard to enable the call handlers to achieve the vision for Care Direct.

What I am about to say may sound a bit like a 'yes, but' scenario, but it is not intended as such. The issue is how can we continue to improve the service, both in terms of quality and quantity (the dreaded call rate measure of performance), within a small fixed budget. This leads onto the classical marketing dilemma — should we amalgamate with another service to give us the economy of scale we need to expand the service at no extra cost, and if we do so how do we brand name the product. For example if we join forces with Social Services and do all the point of contact work for people over 60 we would get additional staff, the call rate will go up — but what do we call ourselves, and more importantly how will the public perceive us?

At the moment we believe our strength lies in being separate but complementary to a range of services that exist. People seem to like our autonomy, and sense of independent advice-giving. If we get into bed with a single partner will that adversely effect the public perception, and alienate other partners as they will perceive this as preferential treatment? If

we get into bed with many partners will it cause confusion — think of the data protection issues alone — are you speaking as a Care Direct customer, social services or housing customer? This potential for losing what is in effect a unique identity could be lost.

I am sure this debate will run on, and issues such as whether it should be a national service with national standards, or a local service that is owned and run at the local level and that reflects local politics, will need to be addressed.

As call rates continue to rise there may be a need to look at strategic amalgamations between sites, especially on the telephone contact side. For Plymouth, the concerns are less about what changes need to be made to improve the service, but more about creating and promoting a brand name that the public can trust, and that means the same thing to people no matter where they live in the country.

The work continues to progress nicely. The building blocks are in place and we are glad we embarked on the road signposted Care Direct — it has been an enjoyable journey to date.

Howard Tomlin

Changes to Evaluation

As signalled on page 2, the development of the Third Age Service from the Care Direct pilots, proposals for which are being led by the Department for Work and Pensions, will have consequences for the content of the evaluation.

The planned extension of Care Direct to designated 'second wave' sites last autumn, described in Newsletter 2, did not take place. During the second year, evaluation of Care Direct will continue to concentrate on the six existing sites, with a new range of topics intended to reflect the most important developmental and performance issues, including:

- Mystery shopping;
- Call-back survey: monitoring customer outcomes;
- Rurality: supporting strategies for improving access and use among hard-to-reach groups;
- Outreach: approaches, outcomes and effectiveness;
- Use and effectiveness of volunteers; and
- Assessment of unit costs.

Further details will be given in the next newsletter.

Andrew Bebbington

CARE direct

Information and Help for Older People

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- **Keeping Well**

Currently being piloted in Bournemouth, Bristol, Devon, Gloucestershire, Plymouth and Somerset.

How to get in touch:

1. **Call 0800 444 000 FREEPHONE**
2. **In person**
3. **On the internet, www.caredirect.gov.uk**

Editorial

The Department of Health has commissioned the PSSRU to undertake the evaluation of the pilots of Care Direct. The evaluation is being conducted by Andrew Bebbington, Susan Downey and Judith Unell.

The newsletter is published biannually by the Personal Social Services Research Unit at the University of Kent, Canterbury, England CT2 7NP. Telephone 01227 823862. Please contact the PSSRU if you wish to be added or removed from the mailing list.

Views expressed in this newsletter are not necessarily those of the Department. Comments may be sent to Andrew Bebbington at acb@ukc.ac.uk, or Judith Unell at Unells@btinternet.com. Further copies and information are available from the evaluation website at:
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