



for older people, for life
**Independent
Age**

Getting over the threshold for advice

Issues arising from the Care Quality Commission's unpublished review of English social services' response to people's 'first contact' for information, advice, help or support



Report by Lorna Easterbrook
for Independent Age

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Foreword

Janet Morrison, Chief Executive, Independent Age

We commissioned this report because we felt it would be an appalling waste NOT to do anything with research that took the Care Quality Commission (CQC) nearly a year to undertake and involved around 7,500 detailed mystery shopping calls. We estimate it would have cost well over £1 million to complete.

However, it was left 'on the shelf' in late 2010, when the new government told the CQC to stop measuring the performance of local authorities in a number of areas, including provision of advice and information on social care. The research made just a few lines in the CQC's 2010 annual report.

Yet, as has been demonstrated time and time again, advice and information is critical to the workings - or failings - of our social care system. Without access to timely advice and information, people:

- don't understand what they are entitled to from the state
- can't make the best decisions about funding care
- are unable to choose the best quality care for the situation in which they find themselves.

This report demonstrates that, while some councils are providing a good quality information and advice services, the majority are - at best - average.

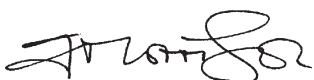
- Only 5 of 150 English local authorities are rated as carrying out a good or excellent exploration of needs at first contact
- Only 30 of 150 were rated good or excellent when it came to asking about needs BEFORE financial circumstances
- Only a handful were rated 'good' or 'excellent' on three indices of whether callers understood the assessment, outcomes and next steps
- Only 8 score good or excellent when it came to providing information to allow a caller to follow up initial information.

Overall, 26 councils were rated 'best performing' and 55 'better performing' but 49 were regarded as 'fair performing' and 20 as 'least well performing'.

These results, disappointing in themselves, are worse when we consider that the CQC research had a fundamental design issue - some would say flaw - that is likely to have affected the results. **Surprisingly, none of the nine scenarios used in the 7,500 mystery shopping calls were designed to capture how individuals who have enough income or assets to fund their own care are dealt with by local authorities.**

This is critical because a common complaint received by our Counsel and Care advice service is that some councils do not, in practice, provide advice and information to self-funders. This criticism was never tested: a huge missed opportunity.

Now we need to learn the lessons from this report, and others like it, to develop an information and advice strategy for social care, as envisaged in the report of the Commission into the Funding of Care and Support.



December 2011

Part 1.

Introduction

1.1 About this report

This short report has been commissioned by the charity Independent Age, whose work throughout the UK and the Republic of Ireland to provide a lifelong support community for older people includes the provision of information and advice. In October 2011, Independent Age merged with the charity Counsel and Care: its national advice service works with older people, their families and carers to help them get the best care and support. The report focuses on issues that relate to older people since this is the focus for Independent Age, but will likely resonate with other adult clients, potential clients, and their carers and families.

It draws on data originally gathered by the Care Quality Commission (CQC) in its review of English social services' response to people's 'first contact' for information, advice, help or support carried out between December 2009 and August 2010. One hundred and fifty two English social services authorities took part, and the CQC awarded and recorded scores for 150 authorities (the exceptions being the City of London and the Isles of Scilly). Details are available at <http://webarchive.nationalarchives.gov.uk/20110106204933/>, <http://www.cqc.org.uk/public/reports-surveys-and-reviews/reviews-and-studies/social-services-response-peoples-first-contac>.

Publication of the national report of the review by the CQC due in December 2010 was cancelled, and the data instead used to help inform the CQC's annual report¹. Individual authorities were notified as to their scores and encouraged to publish these on their own websites; data has also been shared with other bodies including Independent Age. The role of working with those authorities that were performing less well has been formally handed over to the Local Government Group (in line with the broader Government approach of seeking sector-led improvement), part of which - Local Government Improvement and Development - has already identified ways to support councils to develop a strategy for local services and a national 'spine' of core information for use by everyone: the general public and sector workers alike².

Within the context of the Adult Social Care White Paper, expected to be published in spring 2012, this report:

- considers some issues arising from the review's results in the light of recent reports highlighting the current and future role of information, advice and advocacy within adult social care
- focuses on a selection of the CQC's 2010 indicators and scores chosen by Independent Age
- provides a commentary on what some individuals might experience if their 'first contact' mirrored council scores across all indicators.

1.2 Background and context

The review by the CQC followed on from earlier work carried out by the then Commission for Social Care Inspection (CSCI) (a body whose work subsequently became part of the CQC), which identified the need to focus on people's experiences in first contacting social services departments, in two reports *The State of Care in England 2006-2007*; and *Cutting the Cake Fairly*, 2008. In 2007, CSCI also published the results of its own mystery shopping exercise involving 305 telephone calls as if on behalf of an older person to 150 local authorities (*Hello, How Can I Help?* - a report sometimes referred to as *Hello, Can I Help You?*), which found

¹CQC (2011). *The state of health care and adult social care in England: an overview of key themes in care in 2009/2010*

²LGID (2010). *Transforming Adult Social Care Working Paper: Producing a national information 'spine'*.

that the information provided by councils to older people seeking help was highly variable. For example, whilst the majority of telephone calls were answered promptly and most callers found advisers to be helpful and knowledgeable, some experiences were very poor. There were particular problems with written materials not being sent, or being either too complex or insufficiently detailed. The mystery shopping exercise commissioned by and undertaken during 2010 for the CQC was significantly larger than that conducted in 2007 for CSCI: in the CQC's review, on average around 50 telephone calls were made to each authority.

The provision of information for older people and their carers (and other adult clients) seeking support and services has been of central importance since the implementation of the community care reforms (under which system care and support in England still largely operates) in April 1993. Local authorities have long been expected to publish information about eligibility for care assessments and services, including who is eligible for assessment, how and where to apply for assessment, and how decisions about services are made, as well as details about complaints systems and other related matters - and to ensure this is accessible³.

More recent developments within adult social care, particularly personalisation and the extension of direct payments and personal budgets, have further emphasised the need for and significance of good quality, timely and accessible information and advice⁴. Concerns about the lack, however, of good quality, accessible information continue to be raised⁵ at a time when increasing numbers of people are accessing their allocated and agreed personal budget as a direct payment, and with a policy imperative to ensure all social services' adult clients have a personal budget by April 2013 with as many as possible taking this as a direct payment. Strategies to tackle this issue locally have been suggested: one of the key 'milestones' developed by the Putting People First consortium⁶ for local authorities in relation to personalising or transforming adult social care concerned information and advice. Putting People First Milestone 4 stated '*That citizens have access to information and advice regarding how to identify and access options available in their communities to meet their care and support needs.*' The milestones included:

- by April 2010 - every council having a strategy in place to create universal information and advice services
- by October 2010 - councils having in place arrangements for universal access to information and advice
- by April 2011 - the public are informed about where they can go to get the best information and advice about their care and support needs.

In recent years, eligibility criteria for social care services and funding have tightened and the number of people receiving state-funded or state-provided social care support has reduced despite this also being a time of growing numbers of older people and increasing demand⁷. At the same time, the need for and role of information, advice and assistance has expanded to include, for example, identifying and promoting prevention and early intervention possibilities (such as with local Health and Wellbeing Boards).

Choice and control are two of the central tenets of personalisation⁸. Ensuring that the person who might benefit from care or support has as much choice and control as possible over all aspects of their life involves people being able to access good quality information and advice. This might include exploring the full range of possibilities that might best suit the person

³ For example, DETR/DH (1999). *Better Care, Higher Standards: Long Term Care Charters*

⁴ Department of Health (2010). *A vision for adult social care: capable communities and active citizens.*

⁵ Department of Health (2010). *A vision for adult social care: capable communities and active citizens.*

⁶ Members include the Association of Directors of Adult Social Services (ADASS), the Local Government Association and Local Government Improvement and Development

⁷ CQC (2011). *The state of health and adult social care in England - an overview of key themes in care in 2010/2011.* London: CQC.

⁸ See for example Local Authority Circular LAC (DH) (2008) 1, *Transforming adult social care.*

and their circumstances, including ordinary or mainstream services, often called 'universal services', such as local public transport, libraries, cafes, theatres, leisure centres, or other services that anyone and everyone might access, as well as care services and other support.

There is also a clear expectation on social services departments to provide information and advice for those who do not qualify for statutory support but still need care and support, especially self-funders of both care at home and in care homes. Self-funders tend to find difficulties in accessing statutory information and advice: the impact of local and national means-tests may mean they will fund their own care, but substantial, reliable and accurate information and advice may still be needed in order to make informed decisions about care options. Although the Government has stated its expectation that information must be available for everyone who needs care and support whether or not they fund their own care⁹, at present self-funders appear seldom to think of approaching the local council for advice¹⁰, while those that have approached their council find little information was offered and the signposting to other sources of support was usually a negative experience¹¹. The CQC's own, albeit briefly expressed, view following its 'first contact' review is that councils need to give more attention when redirecting people to other organisations for support, making sure outcomes needed have been met (CQC also highlighted the need for councils to pay attention to carers' needs)¹².

Increasingly, local authority information, advice and assistance services are being identified as key drivers in a wide variety of roles including:

- identifying local population care and support needs and trends, for example, as part of Joint Strategic Needs Assessments
- identifying parts of the broader care and support market to further develop locally, including through the monitoring of self-defined needs of self-funders and others (such as people whose needs do not meet local criteria for help)
- identifying those who may, in the future, become eligible for care and support funded or provided by the local authority
- promoting prevention and early intervention to individuals and communities, including supporting people to make decisions about their future at an earlier stage of ill health, disability or other difficulty
- providing the basis for individuals to exercise choice and control over the care and support-related aspects of their lives, as well as other areas of life.

Earlier in 2011, two major reports were published both of which also emphasised the importance of local authority information and advice and made specific recommendations relating to their statutory provision.

In May 2011, the Law Commission published its review of adult social care legislation¹³. This identified the importance of people being given sufficient information and advice so as to make informed decisions about care. It recommended (Recommendation 6) establishing a general statutory duty on local authorities to provide information and advice and assistance in the context of adult social care to those who have or may develop social care needs including carers. The Law Commission sees information and advice and signposting to universal (or mainstream) services by local authorities as playing a key role in promoting or contributing

⁹ DH (2010). *A vision for adult social care: capable communities and active citizens*

¹⁰ Institute of Public Care/Melanie Henwood Associates (2011). *People who pay for care: quantitative and qualitative analysis of self funders in the social care market*.

¹¹ Institute of Public Care/Melanie Henwood Associates (2011). *People who pay for care: quantitative and qualitative analysis of self funders in the social care market*.

¹² CQC (2011). *The state of health care and adult social care in England: an overview of key themes in care in 2009/2010*

¹³ The Law Commission (2011). HC 941. *Adult Social Care*.

to people's wellbeing (another proposed statutory measure), as well as there being a duty to give information about assessments, eligibility process and the amount people may have to contribute towards the costs of their care through local authority charging policies. The Law Commission identified information and advice, and shaping (or developing) the care market, as the two key components that should encircle any future legislation.

In July 2011, the Commission on Funding of Care and Support (sometimes also referred to as the Dilnot Report after its Chair, Andrew Dilnot) published its report¹⁴. A survey carried out for the commission earlier in the year by Ipsos MORI had previously identified that changes to the system would need to be clearly and carefully explained, especially to the general public, because of a lack of awareness and understanding about the current system particularly around costs¹⁵.

Central to its report was the recommendation that Government should develop a major new information and advice strategy to help when care needs arise because "*it is critical that the public has access to better, easy-to-understand and reliable information and advice about services and funding sources*"¹⁶. Support was given to the Law Commission's recommendation for a statutory duty on local authorities, which should cover everyone regardless of how their care is funded or provided. The strategy should be developed in partnership with local government, charities and financial services sector, with an improved information and advice service a central part of reforms to the care system. The report recommended making available basic information on how the system works and its relationship to welfare benefits and financial products on a national basis. Local authorities should then give information that is tailored to their locality (as well as to the individual, and for carers) and signposting people to reliable services and advice regardless of the way in which care and support might be funded: a local authority's information and advice should be a universal service available to everyone living in that local area. It also emphasised the role of advice. Even when people have good quality information they may sometimes need help in interpreting this and making the judgements needed for them to make informed decisions about care and support and other aspects of their lives. The commission's report to Government also recommended the setting up of a working group (one of three working groups proposed) to look at a new national and local Information and Advice service and system for those needing care and for carers.

In response, starting in September 2011 and ending in December 2011, the Government launched its consultation, *Caring for our future: shared ambitions for care and support*, seeking views on six areas:

1. increasing quality and supporting the workforce
2. increased personalisation and choice
3. ensuring services are better integrated around people's needs
4. supporting greater prevention and early intervention
5. creating a more diverse and responsive care market
6. the role of the financial services sector in supporting users, carers and their families.

The results of this consultation are expected to help inform the Adult Social Care White Paper, due to be published sometime in spring 2012 (proposals regarding the future of the system for funding care are also expected during 2012).

Information and advice form part of the backbone of many of these six consultation areas. The provision of good quality, timely and accessible information and advice is likely to be just as essential and central to any reforms as it is for those needing support now.

¹⁴ Commission on Funding Care and Report (2011). *Fairer Care Funding: the report of the Commission on Funding Care and Support*

¹⁵ Ipsos MORI (2011). *Public opinion research on social care funding*.

¹⁶ Commission on Funding Care and Report (2011). *Fairer Care Funding: the report of the Commission on Funding Care and Support*

Part 2.

Analysis of and commentary on the CQC's review

2.1 About the CQC's review

The CQC's review focused on the 'first contact' people have with an English local authority about adult social care. They defined 'first contact' as the point when a person had the opportunity to discuss their needs following an initial review. It was not necessarily the first conversation he or she had with the council but it would be the first opportunity to discuss their needs, and the point at which the local authority decided whether to:

- refer the person on for further assessment
- commission services in response to the person's needs
- 'signpost' the person to further information or services.

The review covered:

- first or initial contacts from or on behalf of people aged 18 or over
- information, advice and support provided at first contact
- processes for following up and monitoring those people who were not given a full assessment or were found not to meet the council's local eligibility criteria and who had been signposted to other services and providers.

It did not consider:

- contact from people already receiving council-funded or council-provided community social care services (or any contact about people living anywhere other than their own or their family home)
- decisions already made about eligibility
- contacts relating to safeguarding issues
- complaints
- the initial information available to people before they first contacted social services.

The review comprised:

- an initial online data collection completed by councils, used to map the routes by and frequency with which people come into contact with their council, from December 2009 to February 2010
- a mystery shopping exercise, with pilot calls in February 2010 and the main work completed between March and August 2010
- a second online data collection in the form of an online survey completed by councils, focusing on arrangements in place to follow up and monitor people signposted to other services (collected between July and August 2010).

2.2 Mystery shopping

The bulk of the review's findings were drawn from the results of the mystery shopping exercise, commissioned by the CQC and undertaken by an external agency. During this exercise, two councils raised queries with the CQC as a result of which all authorities were told at the end of the call that this was a mystery shopping exercise for the CQC so as to avoid authorities spending time trying further to contact or pursue cases involving fictitious people.

The mystery shopping exercise involved interviewers telephoning with initial queries taken from a series of nine scenarios or situations. There were seven versions of seven scenarios,

and two versions each of the remaining two scenarios. Different versions of scenarios were used during the mystery shopping exercise according to a pre-determined date order. All but one of the scenarios involved someone telephoning on behalf of another person. All but one of the scenarios involved either older people or people with mild learning disabilities: this one scenario related to a person with speech and/or hearing difficulties. Callers recorded their experiences using a pro forma covering over 40 questions including asking how the call had been approached, such as any accent used and the manner they had assumed.

2.3 The mystery shopper scenarios

The CQC summarised the scenarios as:

- **A:** calling on behalf of an older relative losing independence due to decreasing mobility and who either lacks confidence or gets muddled easily, and has an additional physical condition eg diabetes/asthma/high blood pressure
- **B:** calling on behalf of an older relative who has dementia/Alzheimer's Disease and needs day to day support
- **C:** calling on behalf of a neighbour who has recently become bereaved, with concerns that neighbour could be isolated due to lack of mobility and communication difficulties as they do not speak English well
- **D:** calling on behalf of a younger adult relative (usually a daughter) who has a young child, has speech and/or hearing impairment, and need help to become more independent
- **E:** calling on behalf of a younger adult relative (usually a son or daughter) who has mild learning disabilities; caller is/has been unwell and needs more support to care for son/daughter
- **F:** caller is an older person whose rheumatoid arthritis makes it difficult to move around and do normal everyday things, and who has communication difficulties eg hard of hearing/forgetful within the telephone conversation/speaking limited English
- **G:** calling on behalf of an adult relative (usually a brother or sister) who has a learning disability and where the main carers - the sibling's parents - are getting older and starting to struggle with the sibling's care needs
- **V:** older person calling on behalf of their spouse who has lost a lot of independence due to either a lack of mobility or dementia; caller under stress as spouse's condition occasionally causes them to act unpleasantly towards caller
- **W:** calling on behalf of an older relative who has diabetes or high blood pressure and needs help to manage their condition; caller speaks little English, is unfamiliar with British culture and has themselves recently been hit hard by a bereavement.

As the data published by the CQC amalgamated results arising from all scenarios, it was not possible to identify specific results by client group or by individual scenario. As the descriptions of the scenarios make clear, the vast majority of calls related either to an older person needing care and/or to older family carers needing support.

Box 1. Issues arising from the scenarios

The concentration within the review of people making calls on behalf of others (rather than calling about their own care needs) within this study raises an important aspect of information, advice and advocacy work that is well-known but its significance in terms of the potential impact for those on whose behalf an enquiry is being made is not always addressed.

This is a two-way issue. Firstly it is that, if information and advice is given to a third party, it must be sufficiently well understood by those calling for them to be able to explain it in turn to the person in need of support. Secondly, that the person calling is in receipt of all the necessary facts at that time and can therefore accurately portray the situation to the member of staff. Otherwise, by the time any information and advice or decision reaches the person in need, it may be of a lesser quality and with elements potentially missing, misunderstood, misconstrued, or misrepresented. This makes ensuring that the caller has accurately understood what has been discussed, and the call handler being satisfied they have explored the situation and been given all the necessary insights, particularly important.

A second issue related to the provision of information and advice to self-funders. Various background details were provided to interviewers for them to draw on when making calls about different scenarios - for example, the type of house or flat in which someone was living, or details about their savings and income. But not every detail was given for every scenario. Where scenarios did not cite specific levels of savings, for example, mystery shoppers were encouraged to say either that they did not know but believed there were very few savings, or that they did not want to get involved in the person's finances.

Where information about savings was included, though, none of the scenarios involving older people included their having savings above or close to either the upper capital (or savings) means-test threshold in England of £23,250 or the lower limit of £14,250. The highest amount of savings suggested, £12,000, was made in one version of scenario V (an older person ringing on behalf of their spouse who has dementia): moreover, if this were jointly held by the couple then only half this sum would likely be included in any means test. As no scenario appeared to include anyone who would pay for their own care in full, this situation remained untested. This issue is raised particularly in terms of the current policy context and expectations around local authorities' future responsibilities towards self-funders.

2.4 Analysis of indicators in this report

Independent Age identified six indicators from the CQC's review that they felt most strongly emphasised the role of information and advice. These were indicators 4.1, 5.1, 7.1, 7.2, 7.3, and indicator 8. Results for and scores awarded to these indicators by the CQC were based on information gleaned only through the mystery shopping exercise (therefore excluding the online survey details). Scores for these six indicators were attributed by the CQC to determine whether, on each indicator, authorities had performed to a level that was:

1. excellent
2. good
3. average
4. weak
5. very poor.

For each indicator, the CQC published the standard that the best performing authorities would have met: there was no corresponding information for other levels of performance.

Indicator 4.1

Exploration of needs at first contact or offer of further discussion/assessment

Question: Are all callers a) given a full opportunity to outline their needs before a decision is made on their eligibility OR b) offered a further opportunity to discuss their needs (eg a further telephone call or an appointment for a face-to-face assessment)?

Best performance means:

Callers are, at initial contact, always provided with a full opportunity to outline their needs (either in this call or in a subsequent discussion).

Council scores well on the following specific caller satisfaction measures:

- iv) listening and helping with all aspects of the caller's situation
- v) giving the caller the time they need without rushing.

Scores were awarded by the CQC to data obtained for 150 English local authorities. Of these only three scored 'Excellent' (*Cambridgeshire County Council, LB Hackney, South Tyneside Council*). In addition:

- two scored 'Good' (*South Gloucestershire Council, Sunderland City Council*)
- one hundred and thirty seven scored 'Average'
- two scored 'Weak' (*Trafford Metropolitan Borough Council, LB Bromley*)
- six scored 'Very Poor' (*St Helens MBC, Sefton Council, LB Waltham Forest, Kingston upon Hull City Council, East Riding of Yorkshire Council, City of Wakefield Metropolitan District Council*).

These results are particularly relevant to ensuring that sufficiently reliable information is gathered from callers at this critical part of the initial or first contact stage. As the CQC's most recent annual report shows¹⁷, increasing numbers of people are contacting social services departments in order to seek help. This growing demand may make it harder for authorities to ensure that individuals are given sufficient time when they first get in touch.

In situations where this aspect is poorly handled and people feel they have not been listened to or given sufficient time, they may be put off from pursuing social services' involvement now or in the future. This is a particular concern if people are not immediately eligible for support but may become eligible in the future: both for the person in making sure they access the help for which they are eligible, and for local authorities to plan ahead. Although very few authorities scored poorly on this indicator, very few scored well. This would suggest that few people are receiving the best quality information - or potentially the most appropriate advice or decision, if their situation has not been properly established and therefore accurately addressed.

Indicator 5.1

Appropriate sequencing of questions relating to needs and financial circumstances

Question: Does the council explore and/or assess needs without first referring to the financial circumstances of the person whose case is being discussed?

¹⁷ CQC (2011). HC 1487. *The state of health care and adult social care in England: an overview of key themes in care 2010/11*

Best performance means:

Callers are never asked about their financial circumstances or resources prior to a discussion about their needs.

On this indicator, results were noticeably polarised: of 150 English local authorities, 30 authorities (20%) scored 'Excellent' (none scored 'Good') whilst at the other end of the scale 19 (13%) scored either 'Weak' or 'very Poor':

- 30 (20%) scored 'Excellent' (*Barnsley; Calderdale; City of Wakefield; Coventry; Durham; Essex; Hampshire; Knowsley; Leeds; Liverpool; LB Hounslow; LB Lambeth; LB Tower Hamlets; Newcastle; LB Newham; Peterborough; Rochdale; Salford; Sandwell; Sefton; Sheffield; South Tyneside; Stoke-on-Trent; Sunderland; Tameside; Thurrock; Warwickshire; Wigan; Wirral; Worcestershire*)
- no authorities scored 'Good'
- 101 authorities scored 'Average'
- 3 scored 'Weak' (*Bath and North East Somerset Council, Borough of Poole, Gloucestershire County Council*)
- 16 (nearly 11%) scored 'Very Poor' (*LB Barnet, Bexford Borough Council, LB Brent, Cheshire East Council, Devon County Council, Dorset County Council, Herefordshire Council, Leicester City Council, LB Bromley, LB Enfield, Northamptonshire County Council, Redcar and Cleveland Borough Council, RB Windsor and Maidenhead, Shropshire Council, Warrington Borough Council, West Sussex County Council*).

This is an important issue because it lies at the heart of the way in which the current system of adult social care is expected to work. Legislation, further tested in the courts, established the process by which local authorities must make decisions about the provision or funding by them of adult social care, namely that there must be a clear separation between the different stages:

1. the assessment of care needs (for those eligible for assessment, as also defined in legislation)
2. the comparison of assessed needs against published local eligibility criteria
3. the decision that assessed needs meet the criteria and the identification of agreed outcomes for the person
4. the decision about the services and/or funding that will be provided to meet needs and identified outcomes, including details of the agreed personal budget and offer of the option to take this as a direct payment
5. the financial assessment of the individual's income and capital - in which the authority establishes how much, if anything, the person will contribute towards the overall cost of any services or funding from social services (using locally determined charges for care at home and including sheltered/extra care housing; and a national means-test for permanent care and nursing home places).

Case law has further determined that, even if someone is assessed financially at the last stage as paying in full for their care, if there is no one to arrange this care for them and they are unable to do so themselves the local authority retains a duty to make those arrangements (and recoup the full cost from the person). It is essential that this process is followed, not just because the law requires it but because it provides safeguards for those people who do need advice and information regardless of their own financial situation; it also guards

against turning away otherwise vulnerable people, or people who are in fact eligible but where incorrect financial details have been inadvertently given at an earlier stage by a third party. Entitlement to assessment for care is not affected by someone's financial situation. Although nearly one-third of authorities scored well on this indicator, given that this is a well-established part of the current care process and that nearly one-fifth scored poorly, these results are disappointing. It places a further, albeit unintentional, burden on older people and others seeking information if they - new to the care system and unaware of its details - are given incorrect advice.

One further concern already raised (Box 1) relates to the fact that none of the scenarios used by the CQC included details of anyone with sufficient savings to fund their own care. Even when callers were wrongly asked about finances first (rather than needs first) their making clear that the person was not self-funding would most likely have led the call handler to continue in the call. If anyone had instead been identified as self-funding (or potentially self-funding) the call might either have been ended or followed a different route. The person's needs may not necessarily have been fully explored and/or they may have been left without sufficient advice or information but still needing to arrange possibly high levels of care. The results from this indicator suggest that including a 'self-funding' scenario may have been particularly revealing especially if this led to 'first contacts' ceasing prematurely.

Indicators 7.1 - 7.3

7.1 Assessment process explained to the callers, including whether the initial call formed part of the process

7.2 Call handlers check that the callers understood what steps were going to be taken next and that the caller was happy with these

7.3 Call handler made clear to the caller the outcome of the call

Question: Does the council ensure that people understand the assessment process, the initial conversation and what happens next?

Best performance means:

Call handlers routinely check that callers understand the assessment process, the outcome of the initial conversation, and the next steps in the process.

The scores given by the CQC for these indicators have been grouped together because of the clear links between these three elements. What is striking about these results is that despite these links and the overlap in the 'best performance' measure outlined above, no authority scored 'Excellent' or 'Good' on all three. The best performing authorities on this indicator were Central Bedfordshire and Portsmouth (both of which also featured on the list of overall Best performing authorities - see Box 4) each scoring Excellent on two indicators and Average on the third. Worst performing was the Isle of Wight (and on the list of overall Least Well performing authorities, see Box 4), which scored Very Poor on two and Weak on the third. Total scores for these indicators were:

- Indicator 7.1 - Excellent (8); Good (6); Average (120); Weak (5); Very Poor (11)
- Indicator 7.2 - Excellent (4); Good (6); Average (128); Weak (6); Very Poor (6)
- Indicator 7.3 - Excellent (6); Good (6); Average (126); Weak (8); Very Poor (4)

Box 2. Scored 'Excellent' or 'Good' (authorities in bold scored at this level in at least two of the three indicators)

7.1 Excellent	Central Bedfordshire; Leicestershire; LB Richmond-upon-Thames; North Tyneside; Oldham; Portsmouth; Rutland; Warwickshire
7.1 Good	Bath and North East Somerset; Dudley; Lancashire; LB Merton; LB Southwark; Oxfordshire
7.2 Excellent	Central Bedfordshire; Leicester City; LB Hillingdon; LB Tower Hamlets
7.2 Good	Darlington; Devon; Essex; Leicestershire; LB Richmond-upon-Thames; Reading
7.3 Excellent	Kent; North Yorkshire; Portsmouth; Sefton; Somerset; West Sussex
7.3 Good	Leicester City; LB Enfield; Medway; RB Windsor and Maidenhead; Sunderland City; Warwickshire

Box 3. Scored 'Very Poor' or 'Weak' (authorities in italics scored at this level in at least two of the three indicators)

7.1 Very Poor	<i>Barnsley; City of Wakefield; Isle of Wight; LB Barking and Dagenham; LB Barnet; LB Bexley; LB Hammersmith and Fulham; LB Havering; LB Waltham Forest; Trafford; Wirral</i>
7.1 Weak	<i>Bury; Herefordshire; LB Harrow; LB Newham; Staffordshire</i>
7.2 Very Poor	<i>City of York; Hertfordshire; Isle of Wight; LB Hammersmith and Fulham; Milton Keynes; Newcastle City</i>
7.2 Weak	<i>Birmingham City; Derby City; LB Sutton; Northumberland; Oldham; Slough</i>
7.3 Very Poor	<i>Derbyshire; LB Wandsworth; Kingston upon Hull</i>
7.3 Weak	<i>City of Wakefield; Cumbria; Isle of Wight; LB Barnet; LB Hackney; LB Hounslow; Redcar and Cleveland; Staffordshire</i>

These scores suggest there may be a large number of callers who reach the end of first contact calls unclear as to some aspect of what has just been discussed, what this signified, and what will happen next. This has implications for what they then describe and explain to someone else if they have rung on their behalf, as well as any contact they have with any other source of help. If the general public's understanding of the care system is as poor as recent reports suggest - and there is little reason to doubt those findings - then encountering any of this information for the first time may mean it is difficult completely to understand it all at first. In this respect, it is the scores for indicator 7.2 that are particularly pertinent since these involve the member of staff handling the call checking that the person making the call feels they have understood. This highlights an important aspect of all care provision: it is not necessarily that staff, familiar with the system within which they work, need be satisfied that something has been adequately explained and understood; rather the more important factor lies in checking and ensuring that information and advice has been correctly interpreted and therefore understood by the person concerned.

Indicator 8

Provision of clear information enabling further action

Question: Does the council ensure that people making contact are given the information they need to make any future follow-up contact, with the council or with other services, as smooth as possible?

Best performance means:

Callers are routinely provided with the information they need to make any future or follow-up contact with the council or with other services, as smooth as possible.

Out of 150 results, 132 local authorities scored 'Average'. Of the remainder:

- five local authorities scored 'Excellent' (*Cambridgeshire County Council; Central Bedfordshire Council; LB Bromley; Southend-on-Sea Borough Council; West Sussex County Council*)
- three scored 'Good' (*Medway Council; Stockport Metropolitan Borough Council; Wirral Metropolitan Borough Council*)
- four were 'Weak' (*East Riding of Yorkshire Council; LB Hammersmith and Fulham; Peterborough City Council; Salford City Council*)
- six scored 'very Poor' (*Bracknell Forest Borough Council; Cheshire West and Cheshire Council; Derby City Council; LB Hounslow; North Tyneside Council; Sefton Council*).

These scores show the majority of callers were not routinely receiving the information they needed to make future or follow up contact with the council or other services. This is likely to add to people's sense of frustration in trying to obtain appropriate support, and assistance to do so. It may mean that further contact with the council or other organisations is inefficient if people are unsure as to who they are to contact next and, crucially, why, and need to spend time exploring the initial concerns again. People may also lose confidence in their authority's ability to help, or even doubt their intentions of doing so: this may adversely affect their overall sense of wellbeing and, if it results in not contacting the council or other services as discussed, may mean that some who might benefit from help or support do not go on to access this.

Best and Worst Performing Authorities

As well as scores for each indicator, the CQC awarded an overall score to 150 councils, using the following scale:

1. Best performing = 26 councils (17%)
2. Better performing = 55 councils (37%)
3. Fair performing = 49 councils (33%)
4. Least well performing = 20 councils (13%).

In total, 81 councils (54%) met the Best or Better performing score; the remaining 69 (46%) met the Fair or Least well performing score. A full list of indicators and a brief description of the scores is set out in Appendix A.

Box 4. Best and Least well performing councils (alphabetically, by type)

Type of authority	Best performing	No.	Least well performing	No.
London Boroughs	Hillingdon	1	Bexley Hammersmith and Fulham Havering Lambeth RB Kingston upon Thames Sutton Waltham Forest	7
County Councils - two-tier authorities	Cambridgeshire Dorset East Sussex Hampshire Lancashire Norfolk North Yorkshire Nottinghamshire Oxfordshire Somerset	10		0
Unitary authorities - Metropolitan Borough Councils; City Councils; Non-metropolitan counties	Blackburn with Darwen Bristol City Calderdale MBC Central Bedfordshire Darlington BC Durham Knowsley MBC Leeds City Council North Tyneside Council Portsmouth City Council Rotherham MBC South Gloucestershire Telford and Wrekin Thurrock Council Wigan Council	15	Barnsley MBC Birmingham City Council Herefordshire Isle of Wight Council Kingston upon Hull Redcar and Cleveland MBC Rochdale MBC Solihull MBC Swindon Borough Council Torbay Borough Council Trafford MBC Walsall MBC City of Wakefield MBC	13
	Total	26	Total	20

As Box 4 sets out, Best performing authorities were more likely than Least well performing to include rural areas; Least well performing authorities tended to be found amongst

conurbations and urban areas. There was a greater geographical spread for Best performing authorities, of which there was at least one in every region. Some Best performing authorities were next to each other (for example, Cambridgeshire and Norfolk); in other areas, Best and Least well performing authorities were adjacent (for example, Oxfordshire and Swindon).

Perhaps more important is that both the Best and the Least well performing authorities were awarded a range of scores across all the indicators. Looking at the scores for ten (half) of the Least well performing authorities (choosing a broad range of location and type of authority where possible) revealed some aspects of this variation in more detail (Box 5).

Box 5. Scores of 10 Least Well performing authorities, by indicator

Authority	1.1	1.2	2.1	2.2	2.3	3.1	3.2	4.1	4.2	4.3	5.1	6.1	6.2	7.1	7.2	7.3	8	9.1	9.2
LB Bexley	Av	E	VP	Av	W	Av	Av	Av	Av	VP	Av	Av	Av	VP	Av	Av	Av	VP	G
City of Wakefield	Av	Av	Av	VP	VP	Av	E	VP	VP	VP	E	VP	Av	VP	Av	W	Av	VP	G
Isle of Wight	VP	Av	W	VP	VP	Av	E	Av	W	VP	Av	Av	Av	VP	VP	W	Av	Av	G
Kingston upon Hull	G	VP	VP	VP	VP	Av	E	VP	W	VP	Av	Av	Av	Av	Av	VP	Av	W	Av
LB Lambeth	Av	VP	W	W	VP	Av	Av	Av	VP	VP	E	VP	Av	Av	Av	Av	Av	Av	G
Redcar and Cleveland	Av	VP	Av	VP	Av	Av	G	Av	VP	VP	VP	Av	Av	Av	Av	W	Av	VP	Av
RB Kingston upon Thames	VP	VP	Av	VP	VP	G	Av	Av	VP	Av	Av	VP	Av	Av	Av	Av	Av	VP	Av
Solihull	VP	VP	Av	Av	Av	Av	Av	Av	Av	W	Av	VP	Av	Av	Av	Av	Av	VP	Av
Swindon	Av	Av	Av	VP	VP	Av	Av	Av	VP	VP	Av	VP	Av	Av	Av	Av	Av	VP	Av
Trafford	G	E	VP	VP	VP	E	E	W	VP	VP	Av	Av	Av	VP	Av	Av	Av	VP	G

As Box 5 illustrates, performance amongst the Least well performing authorities was extremely varied with a lot of it at a Very Poor level. Solihull and Swindon did not perform above the level of Average on any indicator; Redcar and Cleveland (3.2) and RB Kingston upon Thames (3.1) did slightly better than that by performing at the level of Good on one indicator each. In contrast, Trafford (5 in total), City of Wakefield (3), LB Bexley (2), Kingston upon Hull (2), LB Lambeth (2), Isle of Wight (2) each had at least one indicator scored at Excellent and one at Good. Trafford also had 6 indicators scored at Very Poor (and one at Weak), and the City of Wakefield had 8 indicators scored at Very Poor.

These scores represent an amalgamation of the calls made through the mystery shopping exercise and also, on four indicators an online survey completed by authorities (indicators 3.1 and 3.2 included both the mystery shopping exercise and online survey; indicators 9.1 and 9.2 used only the online survey results). These varied scores do not mean therefore that this would necessarily be the experience of all callers. Where these scores are important, though, is the extent to which the quality of information, advice and assistance for anyone enquiring

about adult social care and support might vary significantly within one call, and so have important implications for the outcome.

Trafford's scores offer a good example to use to explore this point, simply because it has a varied mix of scores at all five levels - Excellent, Good, Average, Weak and Very Poor. This example is given to provide some narrative as to what these scores might mean for individuals if their experience on contacting a social services department followed the scores given by the CQC. It is not meant to in any way suggest that this would definitely happen: but it is a way of better understanding what this variation might mean in terms of outcomes for individuals, and helps to explore some of the ways in which good and poor quality information and advice impacts on people's lives and on social services and other agencies and providers (Box 6).

Box 6. What might happen if someone's experience of 'first contact' with Trafford social services replicated the CQC's scores?

The caller got through to the right person (but it may have taken slightly more than two attempts - 1.1, Good) and there were no more than two transfers on the successful call (1.2, Excellent); but the council didn't make the person feel respected and valued (2.1, Very Poor), didn't provide reassurance (2.2, Very Poor), and didn't give the caller confidence in their ability to help (2.3, Very Poor). However, the council did very well in making advocacy and support (including support for communication) available (3.1, Excellent) and people with additional communication or advocacy need were also very well supported by the council (3.2, Excellent). On the other hand, the caller wasn't provided with a full opportunity to outline their needs (4.1, Weak) and the call handler didn't listen and help with all aspects of the caller's situation (4.2, Very Poor) or give the caller the time they needed without rushing (4.2, Very Poor). The councils were Average (5.1) on the correct order of questions relating to the need and financial circumstances of the caller (or the person they were calling about); Average on asking questions or given information about carer's circumstances (6.1) and also Average on asking questions about family members, dependents and others affected by the situation. The council was Very Poor at explaining the assessment process to the caller, including whether this initial call formed part of the process (7.1); Average on checking the caller understood what steps were going to be taken next and that the caller was happy with these (7.2); and Average on making clear to the caller the outcome of the call (7.3). The council was Average on providing clear information to the caller enabling further action by them (8); Very Poor on monitoring the outcomes experienced by the caller being signposted to other services or sources of help and advice (9.1) - but Good at monitoring and assuring the quality of information and advice provided to people at the first contact stage (9.2).

Best performing authorities also showed variation in scores for each indicator although as would be expected with few scores at the Very Poor level. Box 7 sets out scores for half (13) of this group - as for the Least well performing group set out in Box 6, these authorities were chosen only to show a variety of locations and authority type.

Box 7. Scores of 13 Best performing authorities, by indicator

Authority	1.1	1.2	2.1	2.2	2.3	3.1	3.2	4.1	4.2	4.3	5.1	6.1	6.2	7.1	7.2	7.3	8	9.1	9.2
Calderdale	Av	E	E	Av	E	G	G	Av	Av	E	E	Av	Av	Av	Av	Av	Av	VP	Av
Central Bedfordshire	Av	VP	E	G	Av	Av	Av	Av	Av	Av	Av	Av	E	E	E	Av	E	VP	Av
East Sussex	E	E	Av	E	Av	G	E	Av	E	G	Av	Av	Av	Av	Av	Av	Av	VP	Av
Knowsley	E	E	Av	Av	E	Av	Av	Av	Av	Av	E	Av	Av	Av	Av	Av	Av	Av	G
Lancashire	E	Av	Av	Av	Av	Av	Av	Av	Av	Av	Av	Av	E	G	Av	Av	Av	Av	G
Leeds	Av	E	Av	E	E	Av	E	Av	Av	Av	E	Av	Av	Av	Av	Av	Av	VP	E
Norfolk	E	Av	E	Av	G	Av	Av	Av	Av	E	Av	Av	E	Av	Av	Av	Av	VP	G
North Tyneside	G	G	Av	E	E	Av	Av	Av	E	E	Av	E	Av	E	Av	Av	VP	G	G
Nottinghamshire	VP	W	G	G	Av	Av	Av	Av	Av	Av	Av	Av	Av	Av	Av	Av	Av	VP	Av
Portsmouth	Av	Av	G	G	Av	Av	Av	Av	E	Av	Av	Av	G	E	Av	E	Av	VP	W
South Gloucestershire	E	E	Av	E	Av	Av	E	G	Av	E	Av	Av	Av	Av	Av	Av	Av	W	G
Telford and Wrekin	Av	E	E	E	E	G	Av	Av	E	E	Av	Av	Av	Av	Av	Av	Av	Av	VP
Thurrock	E	Av	Av	Av	Av	E	Av	Av	E	Av	E	Av	Av	Av	Av	Av	Av	VP	Av

This selection of Best performing authorities again demonstrates significant variation. Of this group, only Knowsley and Lancashire score at least Average on all indicators; all others score at least one Very Poor or one Weak. At the other end of the scale, Leeds and Telford and Wrekin have the highest number of Excellent scores (6 each), with Telford and Wrekin also scoring one indicator at Good. Of this group, Nottinghamshire has the lowest scores, with no score of Excellent, two at Good, one at Weak and two indicators scoring Very Poor.

Results set out in Box 6 and Box 7 illustrates the extent of poor performance across authorities regarding indicator 9, especially 9.1.

For Best performing authorities, East Sussex's scores are used as the further example since this authority recorded a selection of scores across the Excellent, Good, Average and Very Poor levels (Box 8).

Box 8. What might happen if someone's experience of 'first contact' with East Sussex social services replicated the CQC's scores?

The caller got through to the right person in two attempts or fewer - (1.1, Excellent) and there were no more than two transfers on the successful call (1.2, Excellent). The council were Average at making the person feel respected and valued (2.1), but Excellent at providing reassurance (2.2), and then Average at giving the caller confidence in their ability to help (2.3). However, the council did well in making advocacy and support (including support for communication) available (3.1, Good) and people with additional communication or advocacy need were also very well supported by the council (3.2, Excellent). The caller was provided with an opportunity to outline their needs (4.1, Good) and the call handler listened and helped with all aspects of the caller's situation (4.2, Excellent) and the caller wasn't particularly rushed (4.2, Good). The council were Average (5.1) on the correct order of questions relating to the need and financial circumstances of the caller (or the person they were calling about); Average on asking questions or given information about carer's circumstances (6.1) and also Average on asking questions about family members, dependents and others affected by the situation. The council was Average at explaining the assessment process to the caller, including whether this initial call formed part of the process (7.1); Average on checking the caller understood what steps were going to be taken next and that the caller was happy with these (7.2); and Average on making clear to the caller the outcome of the call (7.3). The council was Average on providing clear information to the caller enabling further action by them (8); Very Poor on monitoring the outcomes experienced by the caller being signposted to other services or sources of help and advice (9.1); and Average at monitoring and assuring the quality of information and advice provided to people at the first contact stage (9.2).

Looking briefly across all the indicators and the scores recorded for all authorities it is also worth noting that:

- in one indicator there were almost as many 'Very Poor' (48 authorities, or 32%) as 'Excellent' (56 authorities, or 37%) - a significant polarisation of results. This was for indicator 1.2, number of times the caller was transferred until they were speaking to the correct person
- in one indicator more local authorities scored 'Excellent' (60 authorities, or 40% than for any other indicator. This was indicator 3.2, availability of information in different accessible formats
- in one indicator, more local authorities scored 'Very Poor' (86 authorities, or 57%) than for any other individual indicator. This was indicator 9.1, action taken to monitor the outcomes experienced by people who are signposted to other services or providers. This was also the only indicator in which no authority scored 'Excellent' - see Box 6 and Box 7.

This last bullet point is especially significant in circumstances where more and more people fail to meet increasingly tightening local eligibility criteria and are instead making their own arrangements. It is also important because of the growing numbers of people who do meet eligibility criteria but who are, because of the effect of means-testing, self funding - and are therefore currently very likely to be arranging as well as paying for their own care and support. Failure to monitor outcomes means local authorities are missing opportunities to know more about individual choices, and to shape the broader market. Failing to keep 'tabs' on those who may become eligible for financial support in the future in their area reduces the accuracy of plans for future demand and expenditure.

Conclusion

This report offers a brief analysis of some aspects of the scores given by the CQC to 150 English local authorities in its 2010 review of people's 'first contacts' with social services. It also looks at some of the implications. Although its full analysis was not published as originally intended, the CQC highlighted two specific areas for improvement:

1. carers
2. those signposted to other sources of support, including self-funders.

It is clear that expectations on local statutory information, advice and assistance are growing and developing, and that social services' roles have and continue rapidly to expand to include anyone and everyone who might benefit from personalised social care help and support. From the brief analysis given here, this will involve authorities significantly improving their ability to inform, advise and assist those who do not meet local criteria on the basis of their needs but who may still benefit from services, support or suggestions, as well as those who meet needs criteria but will self fund. One major area in this regard is the monitoring of outcomes for those signposted to other organisations or sources of help and support. Expectations that information and advice will help shape the local market and will also play a role in preventative public health and broader wellbeing measures, should in turn support this primary role of providing timely, accessible and good quality information, advice and assistance to all locally who might benefit from it.

Appendix A - CQC's Indicators

A total of 19 indicators were used, divided into three themes (Box 9).

Box 9. Indicators and themes

Indicator number	Indicator data	Theme
1.1	Number of attempts to get through before caller got through to right person	Access and facilitation
1.2	Number of times transferred (on the final successful call)	
2.1	Caller ratings for call handler 'making them feel valued and respected'	
2.2	Caller ratings for call handler 'providing reassurance'	
2.3	Caller ratings for call handler 'giving you confidence in their ability to help'	
3.1	Availability of advocacy and support (including support for communication) in making first contact	
3.2	Availability of information in different accessible formats	
4.1	Exploration of needs at first contact or offer of further discussion/assessment	Exploring and assessing needs
4.2	Caller ratings for call handler 'giving you confidence in their ability to help'	
4.3	Caller rating for call handler 'giving you the time you needed without rushing'	
5.1	Appropriate sequencing of questions relating to needs and financial circumstances	
6.1	Callers were asked questions or given information about carers' circumstances, needs and rights	
6.2	Callers were asked questions about family members, dependants and others affected by the situation	
7.1	Assessment process explained to the callers, including whether the call formed part of the process	
7.2	Call handlers checked that the callers understood what steps were going to be taken next and that the caller was happy with these	
7.3	Call handler made clear to the caller the outcome of the call	
8.1	Provision of clear information enabling further action	
9.1	Action taken to monitor the outcomes experienced by those people signposted to other services or sources of help and advice	
9.2	Action taken to monitor and assure the quality of the information and advice provided to people at the first contact stage	

For each indicator, scores were given using a pro forma record of the mystery shopping interviews and, in the case of 9.1 and 9.2, online data provided by local authorities. Individual scores for each indicator were then 'normalised', using a statistical formula, which allows the creation of a 'standard' score against which any variations (either more or less) can be measured. This is sometimes also called a z-score. For example, in indicator 1.1 the standard score consists of the number of times when callers contacted any individual local authority that those callers were able to speak to the correct person in one attempt - so, for 1.1, the normalised, standard or z-score was being able to speak to the right person on the first call. Once a z-score has been established, it is possible to gauge the extent to which individual authorities deviate from this - either better or worse. The performance of authorities on each indicator is then further scored using a scale of 1 to 5, in which 1 is Very Poor Performance, 2 is Weak, 3 is Average, 4 is Good and 5 is Excellent.

Within each theme scores were then added together and divided by the number of indicators in that theme to give a sub-total for each of the three themes; the three sub-totals were then added together and divided by 3 to give a final 'score' of:

1. Best performing (a total score of 3.30 and above).
2. Better performing (a total score of at least 3.00 but less than 3.30).
3. Fair performing (a total score of at least 2.7 but less than 3.00).
4. Least Well performing (a total score of less than 2.7).

Appendix B - About the Author

Lorna Easterbrook has worked with and for older people for over 20 years, starting as a professional theatre stage manager taking community shows into arts venues, long stay hospital wards and care homes. An independent consultant since 2000, she was previously the community care expert at Age Concern England (now Age UK) where she wrote factsheets on all aspects community and NHS continuing health care and dealt with thousands of telephone queries; she was also Fellow in Community Care at the King's Fund, and worked for a Home Improvement Agency in the South Wales valleys. Her work ranges from policy analysis, desk and field research, writing and editing, lecturing, training, information-giving and public speaking, to service design, evaluation, and community development.

Lorna's main interest lies in working directly with older people to explore and support solutions that ensure later life is as positive as possible, especially if this includes illness and/or disability. She is an Associate of: the Centre for Research on Ageing at the University of Southampton, the National Development Team for inclusion (NDTi), and Community Catalysts; and a Trustee of Care & Repair England, and of the Beth Johnson Foundation.



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