

Client experience of Croydon's Personal Independence Coordinator Programme



Background

Since 2018, the One Croydon Alliance has commissioned Age UK Croydon to deliver the Personal Independence Coordinator (PICs) programme. The clients were previously regular attendees at GPs or hospital services. The aim of this service to help clients become more independent.

PICs work for people between 8 and 16 weeks depending on the complexity of the person and their situation. Initially the contractual agreement was an intervention of 12 weeks for each client. A complexity tool was developed in 2019 and the flexible working timeline was introduced in agreement with CCG to respond to an issue when some clients clearly needed more than a standard 12-week intervention for them to really benefit from the service. Equally some clients only required 8 weeks or 12 weeks depending on their situation, their goals, and their health conditions.

The service is now being reviewed through an evaluation programme to see what impact it has had on clients and suggest improvements to further enhance the programme.

Objective of project and methodology

- To gain the views of clients on the impact of having a PIC and what could be improved as it moved forward.
- Working with Age UK Croydon, Healthwatch Croydon identified clients who were telephoned interviewed between August and September 2021.
- To avoid any issues of GDPR, all clients were asked to give the consent to comment and then their details were shared with Healthwatch Croydon to undertake the telephone interviews via their Healthwatch Hub team.
- The aim was to undertake 100 of these representing the six localities and approximately 2 for each GP surgery.

- To avoid any recall bias, clients were only contacted within six months of completing the programme.
- This is an initial report to give initial headlines. A further version will be produced with more client views and some additional analysis.

Limitations

- **Original sample:** There were only so many clients who we could ask who give their views, based on time since they had used the service. We wanted to avoid recall-bias and so limited recruitment to those who had finished using the service in the last six months. This is a small number as a representation of all those who had used the PICS service since it began in 2018.
- **Completed sample:** 64 interviews were completed. This is significantly below the number planned for, but there were challenges in recruiting clients to contribute within the limits of time-constraint for the project and those who had used the service in the last six months.
- **Selection bias:** To avoid any GDPR issues all clients needed to gain their consent. The most effective way to do this was by their PIC contacting them. This meant that those likely to be recruited may well have had a positive experience with their PIC. Some of those with a more challenging experience may not have consented to this.
- **Difficulties with some of the questions:** The question concerning whether clients had increased confidence in using health and care services was not effectively answered by 31%.

Overall insight and recommendations

- Physical and mental health issues and managing finance were key issues for clients. Signposting, support, and advice were two of the top areas where people needed help. Issues such as improving homes with facilities to make it easier for clients wanted to live were important, as well as financial issues.
- Once clients had finished the programme, most found that financial issues had improved, and they had support over the physical health issues. Clients also had reduced loneliness and increased confidence as well as reduce stress. However, nearly one in six (15.3%) said they had no improvement.
- 78% of those asked had felt some significant long-term impact of PICS some months after the programme finished.
- 55% said they could not suggest improvements. Of those who could those most wanted extra support (19%) or contact (12%).
- 42% said their confidence had increased; 20% said they had seen no change.

Recommendations

- For one in six, there was no improvement. While it expected that it would not work for all, an analysis of why they have not seen improvement would be useful to ensure this service works as well as it could for all.
- Some clients feel they needs more time with their PIC. Could the initial assessment of complexity underestimate the time needed to help them? It may also be that they need more encouragement to be more independent and further post PIC interventions are needed to support this.
- Some were confused why they could not go back to Age UK Croydon for PICS. A clearer explanation of the fact that this is a referred service from GPs would manage expectations.

Statement and actions

Sanjay Gulati, Chief Executive, Age UK Croydon said:

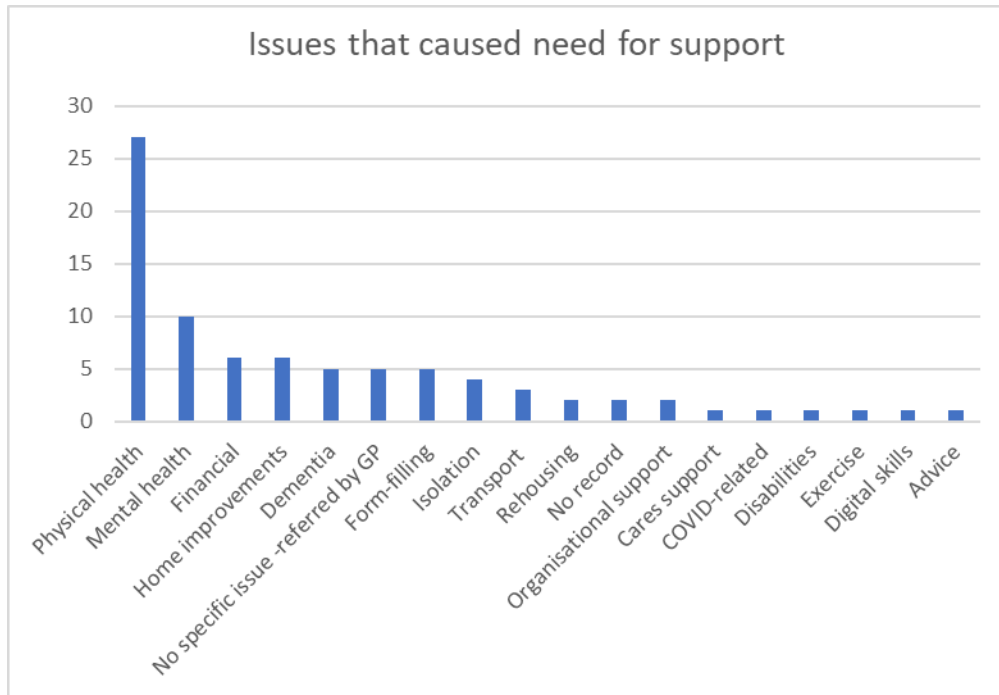
“Age UK Croydon commissioned an independent evaluation of the Personal Independence Coordinator (PIC) service in Summer/Autumn 2021 with the final evaluation produced in November 2021. Alongside this, Healthwatch Croydon were commissioned to conduct an independent survey of PIC clients, and the results of that are published here.

“This Healthwatch survey achieved the objective of gaining the views of clients on the impact of having a PIC and what could be improved as it moved forward. It has enabled the voice of the older person to come through very clearly alongside the detailed evaluation. It helpfully reinforces the detailed recommendations of the independent evaluation.

“We are working with SWL CCG on the PIC development plan to take forward all recommendations from the independent evaluation and the Healthwatch Survey and Report over the next few months. This includes analysing our data to understand the different outcomes and impact for older people engaging in the service, we have introduced a new outcomes tool to support this analysis and we are developing the volunteer support for a more structured termination of the PIC engagement to provide person centred continued support as appropriate for the PIC person. We will report on the progress against our development plan later in 2022.”

Insights

1) What issues did clients have?



N=83

- Physical health at 33% was by far the largest issue, followed by mental health (13%) and then issues to do with financial issues.
- There was a wide range of other issues but with smaller numbers.

Views

“I was having a lot of medical problems and <<PIC>> has been giving me help and advice.”

“I live on my own and I got very low during the pandemic. I don't have any family.”

“Wife full time carer and <<PIC>> helped with filling in forms and finding people to do work for, and equipment as husband not mobile. Health and safety advice and extra equipment.”

“My house was cluttered.”

“My dentist took out all teeth and she helped get the hospital appts needed. A whole year without teeth and very helpful to have her support. Had stroke previously and nervous about treatment as gums now out of shape.”

“Dentists messages to hospital not recognised/responded to.? PIC chased and will attend along with me.”

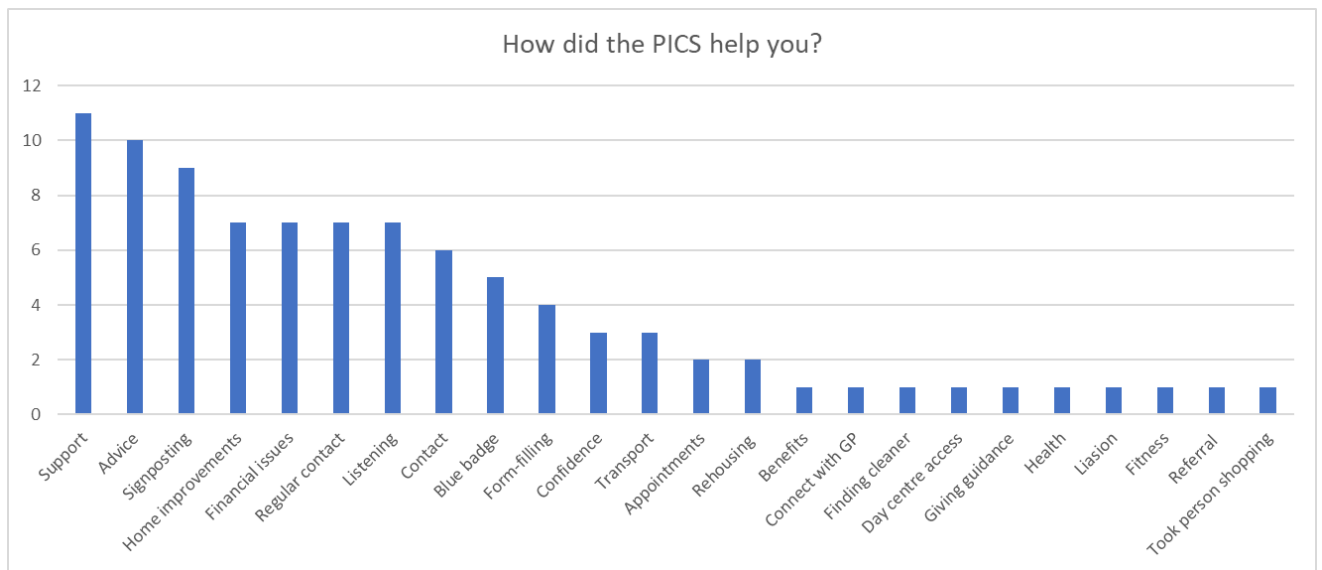
“My wife has dementia. We've used <<PIC>> twice and the last time was to try and find my wife a day centre as the last one closed down during the pandemic.”

“I was having so much family issues. I felt lonely, sad and depressed. The referral came through my GP.”

“I don't know how I got <PIC> but I think through the GP. I'm 81 and live by myself. I live in a large house with lots of stairs - I think that's why my GP referred me.”

“I needed some of my papers sorted out. I can't read and write very well - she read for me and did this and that to-do with paperwork.”

2) How did the PICS help clients?



N=93

- Support was first followed by advice and signposting as the top areas where people needed help.
- Issues such as improving homes with facilities to make it easier for clients wanted to live were important, as well as financial issues.
- Listening and contact was also very important for some.
- PICS also helped with a range of administrative support such as form-filling and benefits issues. blue badges and other transport like dial-a-cab and supporting appointments.
- Some enjoyed being taken shopping showing the breadth of help.

Views

“Guidance helped a lot helped changed my life.”

“Helped me to stop worrying. Very kind and caring and tried her best to deal with my issues. She kept in touch. She was excellent but some things were out of her field of expertise like financial matters so she had to pass me to other people, but she did the best she could. She facilitated on advice and pointing me in the direction of people who could help further.”

“In a number of ways. When she visited, she was able to see my situation where I was trying to support another person. Her knowledge and contacts and the support of another member of Age UK helped me get in touch with the Staying Put service and they were able to give me names of reliable and trustworthy tradespeople that they had worked with previously and the Age UK staff member was able to support me in my home in dealing with the tradespeople after a difficult experience for which I was very grateful.”

“She got me help with a rent rebate and council tax.”

“She was a tremendous support. Any problems and I know I can call, and she’ll help me and give me advice. She’ll just be there for me. Several times she has contacted the Dr for me when I was unable to do this. She has looked after my medical needs.”

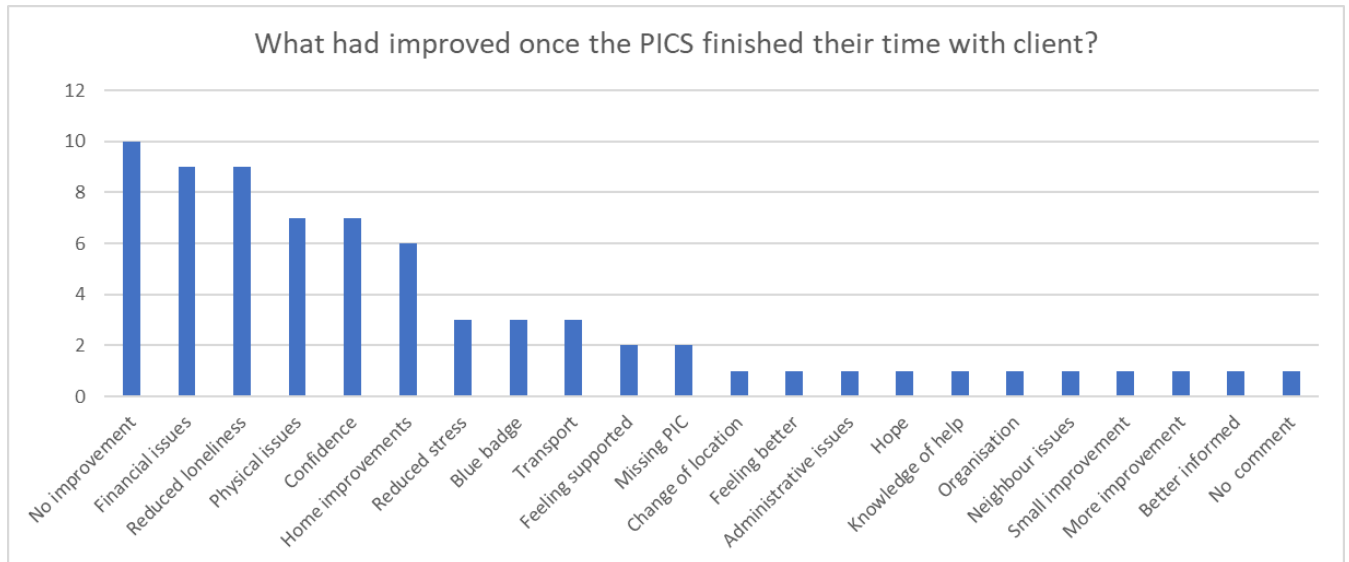
“Tremendous help! Applied for blue badge for son to help him.”

“She managed to get my house cleared. She really put my mind at ease. It was embarrassing but I didn’t feel it with her. She’s very supportive and is the bees’ knees!”

“I needed help with forms and stuff like that. I’m a disabled person, a wheelchair user with cerebral palsy and dyslexia. I don’t have any family, so it is very difficult.”

“She took me shopping for shoes. Helped take me to the bank. Helped me in every way I wanted.”

3) What had improved for clients once PICS finished their time with them?



N=72

- Most found that financial issues had improved, and physical health issues had been supported.
- Clients also had reduced loneliness and increased confidence as well as reduce stress.
- Not health issues such as home improvements, gaining blue badges and arranging transport also made a difference.
- Ten of the 65 felt they had no improvement.
- Four were missing their PIC at the end of the course.
- Four stated they had no improvement.

Views

“I am able to organise more. I'm able to declare about what I am not doing.”

“A lot of things - got a bit of confidence that someone was here to help.”

“We now have people who come and do the shopping and prepare food.”

“She helped to explain things and now I feel more confident.”

“Nothing has improved health wise, but he has been helpful with supporting me in my benefits.”

“I can't honestly answer that - some things have not changed.”

“All was going very well after <<PIC>> finished her time with me but then I had another death in the family which set me back.”

“Only the financial side of things.”

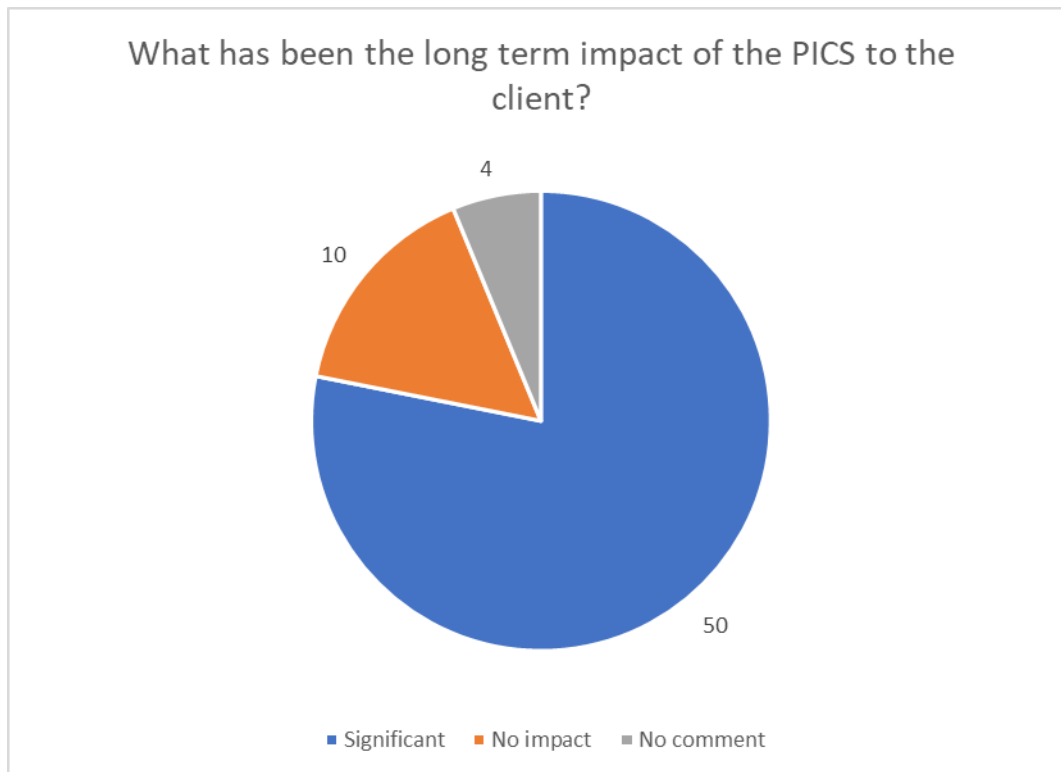
“I have started volunteering chatting with people. We set up Zoom together and I joined a chair exercise classes. I never knew that it would feel so good - I felt so lonely before. I got to see people and interact with them.”

“I was very sad that the time with <<PIC>> stopped.”

“I don't know if a lot has improved, and I have missed her coming.”

“The problems are still there, and I would like help with counselling.
I feel a bit better but would like ongoing support.”

4) What has been the long-term impact of PICS to the client?



N=64

- 78% of those asked had significant long-term impact of PICS some months after the programme finished.
- Only 16% said there had been no impact.

Views

“Talking with her was very beneficial.”

“<PIC> put me in touch with social services so I now have a shower chair. I don't feel as lonely as I did before. I'm also hoping to move to a semi assisted scheme and she helped me think about this.”

“Contact we hope continues but all benefit from these forms and outcomes.”

“I enjoy being at home now all the clutter has been removed.”

“Will be helped at appt and be able to feel much better.”

“There is nothing long term that has helped but <<PIC>> does have a cheery persona.”

“Not really know how to answer but felt better.”

“Made things easier, less to worry about because of her help.”

“Not much impact due to the ongoing needs I have. I would like ongoing support.”

“He has me now to help care for him. <<PIC>> helped to give us both information. I know that I can talk to him.”

“I still need help.”

“Not a lot and I am lonelier then before.”

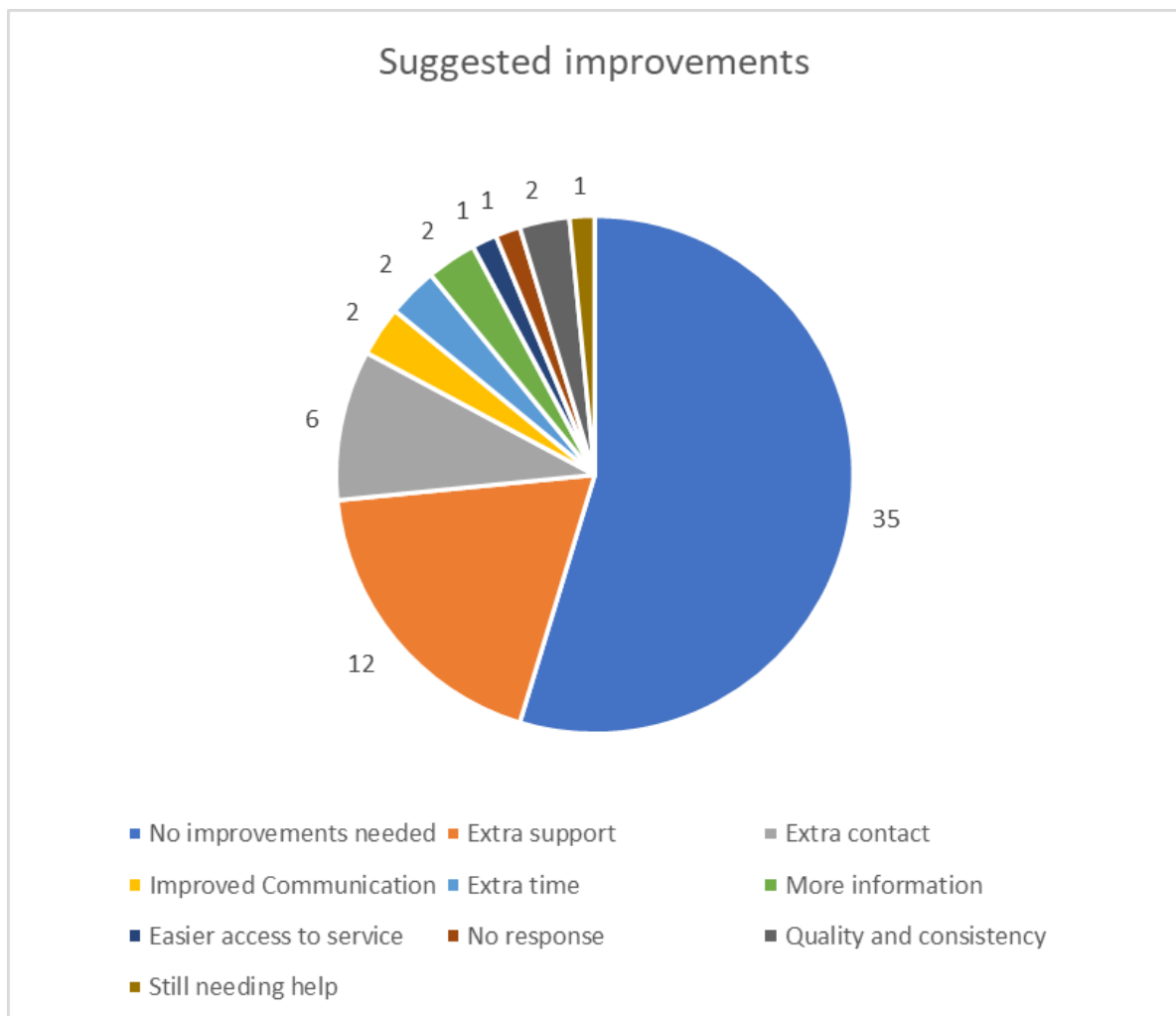
“I've learnt to put things away and have some order.”

“She referred me to a lady for counselling. Going to look into that now and maybe group counselling.”

“I have never had any experience before of AGE UK and I am happy to have my card.”

“She actually phones me to check that I'm ok. Sometimes she thinks I have fallen behind and helps me. I feel supported.”

5) What improvements could be made to the service?



N=64

- 55% said they could not suggest improvements.
- Of those who could those most wanted extra support (19%) and contact (9%) time (12%).
- Some wanted extra time at the end of the programme or more information.

Views

“I would have liked a longer time with <PICS> so she could have helped more.”

“I asked about kitchen repairs as I have a big hole in my kitchen and someone from social services was supposed to come to help but they haven't. I have been on the phone all morning trying to get through to them. I still need help.”

“To be perfectly honest, I don't think there is anything else they could have done. Just being available was so important.”

“I will never run <PIC>> down, she was a lovely woman.”

“I don't know if there could be any improvements. I'm not going start walking much better or running but at least I'm managing now.”

“She still needs help with filling out a pension form.”

“I can't think of anything.”

“Would have liked to talk to her for longer and I miss her.”

“I hope that they all do the job like <<PIC>>. She does the best she can. I don't think it can be improved - if everyone is like her. Brilliant service.”

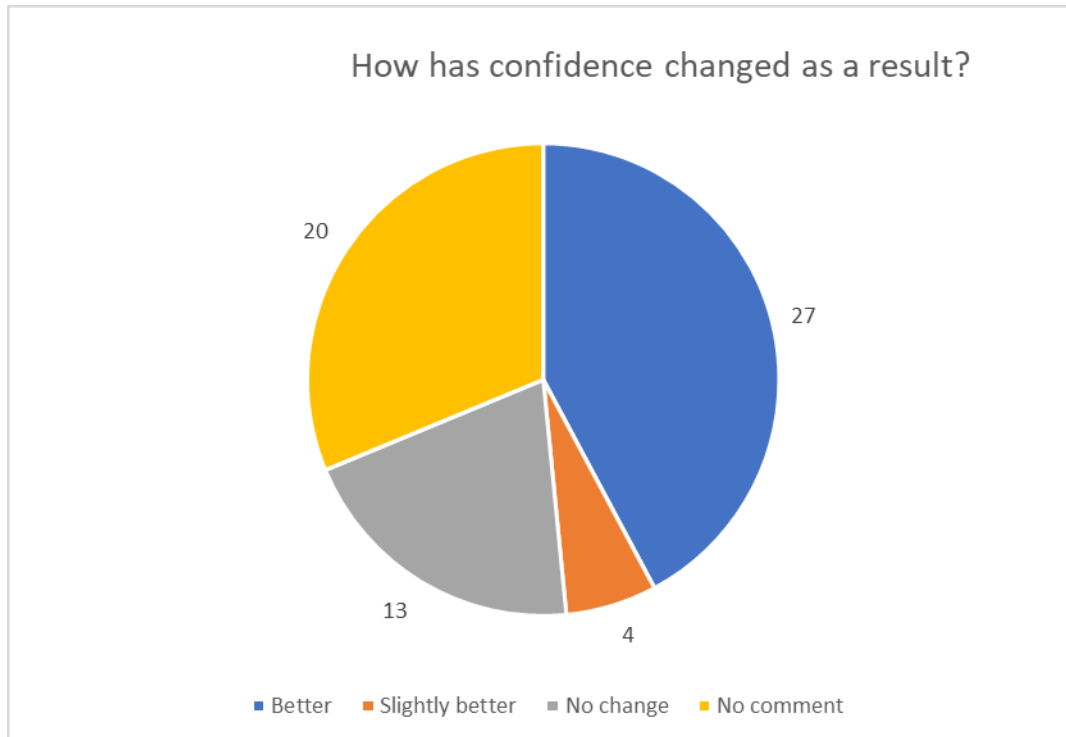
“120/100 for <<PIC>>. Please make sure she knows it.”

“Yes please. <<PIC>> left after a while and I had someone else help me. I would have liked it to progress.”

“Well, I would like to see that people who have computer or reading/ Disability issues have additional and ongoing help. Nobody has helped me with it (PC) and I have phoned various people and they cannot help. I have other things that need looking at like health appointments, grass needs cutting, I live by myself so I can get lonely - would like someone to come in and help with those things.

“No and we both like the service. “Would have liked Emmanuel to spend more time with me. I don't have anyone to talk to. I can't breathe very well because of the smell.” (Interviewer wasn't quite sure what she was referring to, but something is setting off her asthma in her flat or near her flat).”

6) How has client confidence changed as a result?



N=64

- 42% said their confidence had increased and 6% had seen their confidence increase slightly.
- 20% said they had seen no change.
- 31% had no comment on confidence.

Views

“Yes, she was always boosting my confidence and encouraging me.”

“I think it was a wonderful service and I would recommend it to friend. My confidence has improved.”

“My confidence is ok.”

“No difference. feeling more confident in all areas.”

“I feel the same. I don't say anything if I don't feel confident in saying it.”

“Not much in other services.”

“Age UK have been wonderful and not so confident with other services.”

“I am more confident but it's a nightmare trying to access community services, it's hard to contact a human being.”

“Most definitely my confidence has improved. Despite everything going on out their people are there that care. It's reassuring”.

“Because of Alzheimer's that's 'tricky to answer,' but family felt confident in reaching out to other services.”

“I'm very confident now and I can now speak up!”

“No, I haven't reached out and don't feel confident. I still feel very cut off.”

“He is a bit more confident.”

“Yes, I feel confident and if it were possible to reach out I would.”

“I need to see the dentist and have tried to reach out to them.”

“I have not reached out to other services, but I feel more confident.”

Quality assurance

Does the research ask questions that?

Are pertinent? Yes, these asked services users how the experience of using the service and the impact of using it in improving their situation as a result.

Increase knowledge about health and social care service delivery? This research helps AGE UK as delivers of the service and One Croydon Alliance commissioners understand the impact of an innovative new service. This could also be used to help create new services both with Croydon and beyond/

Is the research design appropriate for the question being asked?

a) Proportionate: The specifications aimed for 100 responses, including 16 across each locality and 2 in each surgery, so reflect the project across Croydon.

b) Appropriate sample size: Has any potential bias been addressed? As above, 100 was considered a suitable number of recent service users.

Have ethical considerations been assessed and addressed appropriately? Yes, we are interviewing very fragile and vulnerable adults, some who may have dementia. It was designed that they would be asked if they would like to contribute to the study by their PICs and if they agreed their details would be shared with Healthwatch. We also decided that the Hub would undertake telephone interviews as they are specifically trained to take calls like this. If respondents chose to refuse, this was accepted but also recorded.

Has risk been assessed where relevant and does it include?

a) Risk to well-being: None.

b) Reputational risk: That the data published is incorrect and not of a high-quality standard. We publish the full transcript and show where we have made inferences, based on what was said.

c) Legal risk: Have appropriate resources been accessed and used to conduct the research? There was no need to refer to legal resources for this research.

Where relevant have all contractual and funding arrangements been adhered to?

This has been funded by a grant from AGE UK Croydon after an invitation to work on this project. All contractual and funding arrangements have been adhered to. Healthwatch Croydon received £2,000 to complete this work.

Data Collection and Retention

Is the collection, analysis and management of data clearly articulated within the research design? Yes, the data would be collected within Smart Survey and then analysed and coded manually.

Has good practice guidance been followed? Yes.

Has data retention and security been addressed appropriately? Yes.

Have the GDPR and FOIA been considered, and requirements met? Yes.

Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? i.e., the Mental Capacity Act. None required for this research, beyond what is stated above.

Has appropriate care and consideration been given to the dignity, rights, and safety of participants? Yes. Participants were recruited and supported throughout the process. Details were only shared after agreement with client. Healthwatch respected the right to refuse an interview.

Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity? These were made clear throughout the process.

Collaborative Working

Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement? There was an agreement with Age UK on what was expected and when.

Have any potential issues or risks that could arise been mitigated? These are shown below:

Risk factors	Level of risk	Contingency
Cannot get enough participants	Medium	Look to recruit more through AGE UK
Question set does not work with group	Low	Questions and themes were agreed and could be revised if they did not work
Data is seen as being out of date	Low	Report to be completed within two months of insight undertaken.

There was a limitation in this process in that only 64 of the 100 were received. The timescale for delivery as well as availability of relevant respondents meant this was shorter than planned.

In terms of objectiveness, the fact that every respondent was being recruited by the same PIC whose service was being evaluated meant that there could be a conflict of interest, particularly if the rapport between service user and PIC was not positive or service user had a very negative experience which means they may not want to engage at all.

However, in terms of trust and working ethically, recruiting through the PICS seemed the most logical and effective way of recruiting respondents and so this process was agreed, taking into consideration the points above as limitations.

Has Healthwatch independence been maintained? Yes, this research is shared with Age UK Croydon before publication for their comment, but only factual inaccuracy would be reviewed. This does not affect the comments of experiences we receive.

Quality Controls

Has a quality assurance process been incorporated into the design? Yes, we assured the process at the beginning.

Has quality assurance occurred prior to publication? Data collection was checked and re-checked.

Has peer review been undertaken? No peer review was undertaken. It was not required for this research project.

Conflicts of Interest

Have any conflicts of interest been accounted for? This project was an agreement between Healthwatch Croydon and the AGE UK Croydon on behalf of the One Croydon Alliance

Does the research consider intellectual property rights, authorship, and acknowledgements as per organisational requirements? The research is owned by Healthwatch Croydon, who are managed by Help and Care. It is intended that this will be joint published with the One Croydon Alliance after consideration by relevant boards and committees.