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HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

6 Healthwatch Report on Feedback from ICS Prototype Patients

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Report on feedback from ICS prototype patients

November 2014

Evaluation undertaken on behalf of



ICS Report on feedback from ICS prototype patients November 2014

1.Executive Summary

In August 2014 Healthwatch Shropshire was commissioned to undertake an evaluation of the patient / service user experience of the Integrated Community Services (ICS) prototype. The ICS prototype was set up in November 2013 and provided a new model of service provision to support discharge from the Royal Shrewsbury Hospital (RSH), contributing to a wider programme of work focusing on improving flow through the hospital. The prototype was specifically targeted at people living within the Shrewsbury and Atcham locality. During the 8 month period of the prototype 271 people received support from the service. A key driver of the evaluation was to gather patient feedback in order to inform future service delivery as part of a roll-out of ICS across Shropshire.

Telephone interviews were conducted with a sample of 122 patients¹ who had directly experienced ICS following their discharge from the RSH. This represents 45% of the total number of patients that went through the prototype.

“The ICS service was excellent, the people were trained to deal with my husband who has MS as well as Alzheimers...Whoever trains the ICS team knows what they are doing - they were all good but some were exceptional.”

77% of respondents said that this was the best way of meeting their needs on returning home from hospital and only 2% of patients felt that support could have been delivered in a better way

78% of people said that they felt supported at home from day one and a further 5% said that they felt supported ‘to some extent’.

When asked if staff treated the patient with respect 83% answered ‘yes’ and similarly when people were asked if staff treated their homes with respect 82% gave positive responses.

- Overall the majority of patients were highly satisfied with the service they received from ICS and felt this was the best way of meeting their needs on leaving hospital.
- Patients were generally very complementary about the ICS staff they came into contact with and acknowledged the professionalism and high quality of the care they received through ICS.

¹ In a minority of cases interviews were conducted with family members as opposed to the patients themselves due to issues of ill-health or their ability to accurately recall their experience.

- The most common issues raised in relation to the care received were the timing of support workers visits, the short duration of their visits and inconsistency in terms of patients being allocated regular carers.
- Most people were clear about the service's focus on regaining independence however for some with on-going care needs this had less resonance.
- Whilst many patients felt they had been involved in decisions regarding their support plan there were high levels of uncertainty and confusion regarding the specific tasks contained within their plan.
- Whilst most patients were clear that ICS was a short-term service many said that they weren't clear about when the help would finish or were informed of the service coming to an end at short notice.
- A significant number of patients stated that they were not clear about what was going to happen once ICS came to an end.
- Anecdotally the most common issues raised in relation to post ICS care were difficulties in getting the support needed which when raised frequently related to the affordability of on-going care and a perceived reduction in the quality of the care received.

2. Introduction

In August 2014 Healthwatch Shropshire was commissioned to undertake an evaluation of the patient / service user experience of the Integrated Community Services (ICS) prototype. Learning from the service provider perspective had been captured as part of an external evaluation undertaken during an earlier phase of the prototype.

The ICS prototype was set up in November 2013 establishing a locality based health and social care, community and voluntary sector integrated team with responsibility for complex patients who required support to prevent an acute hospital admission or to facilitate discharge from an in-patient bed. The prototype provided a new model of service provision to support discharge from the Royal Shrewsbury Hospital (RSH), contributing to a wider programme of work focusing on improving flow through the hospital. The ICS prototype focussed on patients living within the Shrewsbury and Atcham locality only. During the prototype 271 people received the service. A key driver of the evaluation was to gather patient feedback in order to inform future service delivery as part of a roll-out of ICS across Shropshire.

3. Methodology

Telephone interviews were conducted with a sample of 122 patients² who had directly experienced ICS following their discharge from the RSH. This

² In a minority of cases interviews were conducted with family members as opposed to the patients themselves due to issues of ill-health or their ability to accurately recall their experience.

represents 45% of the total number of patients that went through the prototype. 95% of respondents cases were complete and 5% were incomplete mainly due to re-admission to hospital. The sample included service users from across the three tranches of the prototype (21% from Tranche 1, 45% from Tranche 2 and 34% from Tranche 3).

Tranche 1 covered the period November 2013 – January 2014³

Tranche 2 covered the period February 2014 – April 2014

Tranche 3 covered the period April 2014 – June 2014

As part of the evaluation analysis was undertaken across the three tranches of the prototype to ascertain whether issues raised about the service were specifically related to the earlier phases of the roll-out and were related to the 'newness' of the service or whether these issues were consistent across all phases (see section 3.5).

4. Research Findings

Throughout the report headline statistics are provided to illustrate the key findings of the research. As such the figures within the narrative do not always equate to 100%. A full breakdown of statistics across the research and by tranche is included as Appendix A.

4.1 Feedback received from respondents about ICS prior to discharge

Questions about ICS prior to discharge were most challenging for people to answer. **65% of people said that they couldn't remember when they were first told about ICS (Question 4)**. Although supplementary questions were not asked about why they couldn't remember many respondents said that this had been a difficult time for them and the combination of taking painkillers or other medication with the stress of experiencing a hospital stay meant that their recollection was very poor. There was also quite a high number of respondents who seemed to be suffering from memory related conditions. This may account for the 3% of people who said that they weren't made aware of ICS whilst they were in hospital.

We recommend in the future that evaluation of the initial assessment takes place immediately following the assessment. For example, 2 or 3 questions could be asked about the patients understanding of ICS and the support that they will receive when they return home at the end of the initial assessment.

Although **65% of respondents answered 'I don't know' when asked whether the person who conducted the initial assessment introduced themselves (Question 5)**, this is understandable considering that 65% also don't remember having had the initial assessment in hospital. As suggested above a question relating to the patients understanding of who had

³ Across the tranches the dates refer to when cases started.

undertaken their initial assessment could be asked at the end of the initial assessment.

Similarly, **65% of respondents also answered 'I don't know' when asked if the initial assessment was done without delay (Question 7)**. It follows that if a high percentage of respondents could not remember the initial assessment taking place then it is to be expected that an equally high number of respondents will answer 'I don't know' when asked about the timing of the assessment. Significantly the same percentage of people that answered yes to remembering whether the person who did their assessment introduced themselves also answered yes to saying that the assessment was conducted without delay. From this it would be fair to conclude that the initially assessments are perceived to be done in a timely way and do not attribute to delaying patients discharge from hospital. It is worth noting here, however that anecdotally other reasons were given for the patients' discharge being delayed, most notably waiting for medication.

Although respondents' recollection of the specifics of the initial assessment were not strong, **45% of people said that they *did* feel well informed about ICS before leaving hospital (Question 6)**. A further 42% of respondents said they didn't know whether they felt informed and 13% said they didn't feel well informed. This suggests that despite people feeling generally confused about the specifics of whether or not an assessment had taken place, information about ICS is still being received by patients.

Encouragingly, before leaving hospital **63% of respondents said that they felt confident that they would receive the support that they needed when they returned home** and a further 13% said that they felt this to some extent (Question 8). Once again this demonstrates that although general recollection about ICS when people are in hospital is poor, overall sufficient information was being given to patients to make them feel confident that they would receive the support they needed when they returned home. However it is worth mentioning that the positive response to this question in some cases was reflective of the fact that respondents knew that they were going to be well supported by family members.

4.2 Feedback received from respondents about what happened when they returned home

Very positive responses were received about patients feeling supported at home straight away with **78% of people saying that they felt supported at home from day one** and a further 5% saying that they felt supported 'to some extent' (Question 9). Only 3% of people said that they did not feel supported at home immediately. Anecdotally, there was one example (from Tranche 2) of someone being discharged from hospital late which meant that the patient was not home in time for the evening visit from the ICS team. Consequently the ICS visit for the next morning was cancelled and the patient was left without care for a short time until a family member was able to contact the ICS team.

Whilst this is an isolated incident the example above highlights the need for communication between hospital staff and the ICS team, particularly in relation to discharge times. It also highlights the importance of ensuring that the patient is given contact numbers for the ICS team prior to being discharged as in that case it was difficult for the patient and his family member to find the ICS telephone number. The research also shows that ensuring that people have the relevant contact details could be an area for improvement overall with only **52% of people stating that they were sure that they had been given contact details and were clear about who to contact if they needed to speak to someone from the ICS team** (Question 10). Of the remaining respondents 35% said they were uncertain whether they had been given contact details and 12% said they had not received them.

We would recommend that communication procedures between the ICS team and hospital staff responsible for discharge arrangements are reviewed to ensure tighter communication.

We would recommend that patients and their carers are given ICS contact information prior to discharge.

Generally respondents were very complementary about the ICS staff. **72% said that staff introduced themselves and explained where they were from** (Question 11). **When asked if staff treated the patient with respect 83% answered 'yes' and similarly when people were asked if staff treated their homes with respect 82% gave positive responses** Notably nobody answered 'no' to either of these questions (Questions 12 & 13).

Expectations of ICS and what it would deliver seems to be relatively clear. **71% of respondents said that it was made clear that ICS was a short-term service** either completely or 'to some extent' (Question 14). 29% of respondents either said it wasn't made clear to them that ICS was a short-term service or they answered 'I don't know' when asked if it was made clear to them. This may account for some of the confusion people felt when ICS support was withdrawn, as discussed in section 3.3.

We would recommend that the ICS team review how they can re-inforce the short-term nature of ICS and raise awareness that support needs are under constant review.

73% of patients said that it had been made clear to them that the service was about trying to help them regain their independence with a further 7% stating that this had been made clear 'to some extent' (Question 15). Only 3% felt that this had not been made clear to them and 17% said they did not know. Complementary comments were received particularly in relation to the physiotherapy delivered under ICS.

"It's what you need something like that to get you to look forward and not back".

This feedback highlights that one of the services key principles of encouraging independence was in the majority of cases clearly communicated. However the extent to which people felt involved in agreeing the tasks they wanted to achieve in order to help them regain their independence is less clear **with 42% stating they had felt involved and a further 20% responding 'to some degree'** (Question 16). Significantly 27% said they 'didn't know' which probably reflects many patients poor levels of recall seen throughout the research. Alternatively it could be attributed to patients not relating the discussions they had with ICS staff with the allocation of specific tasks.

Just over a third of patients (37%) said they were clear about what these tasks were. 20% responded 'to some extent' and a further 33% said they didn't know (Question 17). The statistics and anecdotal evidence reflect high levels of confusion and uncertainty around the involvement in agreeing and allocating tasks and is an area where improvements could be made e.g. ensuring patients are aware that the folder they are left with contains a copy of their support plan highlighting the agreed tasks.

We would recommend that patients are encouraged to take greater ownership of their ICS folder and are encouraged to revisit their support plans and other information contained in the folder.

Anecdotally some patients already perceived themselves to be independent and therefore did not necessarily see this aspect of the service as relevant to themselves. Others commented that they had not been independent before they went into hospital and as such were unlikely to 'regain independence' regardless of the support they received. Furthermore due to the age of many of the patients the concept of user-centred services is one which is not necessarily recognised or understood. As such for many patients their expectation would be that they would be told what support they would receive and what tasks they would need to work towards.

25% of patients said they had been asked about the wider activities that they would like to return to doing e.g. attending church or making themselves a meal independently (Question 18). 20% said they had not been asked although many of these highlighted that long-term health problems prohibited them from engaging in wider activities both inside and outside of their homes. 38% of patients could not remember being asked.

When asked the broader question about **how involved they felt in deciding what their support plan should be 67% either said they did or did to some extent** (Question 23). Only 13% said they did not feel involved. Where patients had been supported by friends and family during the period immediately following their discharge from hospital **71% felt friends and family members had been involved in the process regarding their care** (Question 24). 6% felt they were not although no further questioning was pursued to ascertain the reasons for this.

Overall this suggests that the ICS ambition to instil a sense of ownership amongst patients of the process and what support they receive is in many cases being fulfilled. However this is still an area that could benefit from further improvement.

The ICS team review how they can instil a greater sense of ownership of the process and what support patients receive.

4.3 Feedback received from respondents about what happened post ICS

The feedback shows that the patient experience was most polarised in relation to when ICS support came to an end. **Whilst 50% stated that it had been made clear when support would be ending, significantly 21% said it had not been made clear** with some of these providing examples of support being terminated at very short notice with little time to consider alternative arrangements (*Question 19*). Anecdotally a small number of patients said that they had felt under pressure to agree to a reduction in the support they were receiving based on perceptions that they were performing daily tasks e.g. washing and getting dressed without external help. In these cases whilst patients had performed these tasks unsupported they had done so with difficulty and because the support needed had not been available at the required time.

In addition the issue about what would happen once ICS support ended elicited a wide range of responses with **40% stating it was clear to them what would happen post ICS** (*Question 20*). Of the remaining patients 35% said they were not clear or only partially clear and 25% could not remember. This highlights high levels of confusion associated with care and support needs following the cessation of ICS.

We would recommend that the ICS team review how they approach and communicate with patients about the transition on from ICS.

“I wish someone could have come round and had a cup of tea and explained to me exactly what was going to happen and what support I could expect.”

Anecdotally for some patients and their families this resulted in feelings of anxiety and stress and an increased sense of isolation.

“The carers were good but there was no follow up care put in place and I felt completely abandoned.”

“Quality of care has gone down hill since ICS. The social worker we had was brilliant and I really liked the fact dad had male carers. Existing support has not been so good. We haven't seen a social worker since and really need some advice and help about care homes for dad.”

A number of comments were also made in relation to the affordability of on-going care and how whilst patients still felt they needed support the cost of it prohibited them from accessing it. Just under a third of the patients interviewed did not have any support arranged for them post ICS. In the Claire Carter & Sarah Fishbourne, Impact Consultancy & Research on behalf of Healthwatch Shropshire

majority of cases this was because patients went on to self-care or be cared for by family members.

Where on-going support had been arranged post ICS **33% said they felt confident about what had been arranged for them** (Question 21). 17% said they did not feel confident or felt confident to some degree. A further 35% said that nothing had been arranged for them post ICS and therefore this question was not applicable. Anecdotally there were also examples of delays in physiotherapy treatment being delivered post ICS which patients believed had hindered their recovery.

We would recommend that the ICS teams' role in assessing the extent to which support needs of patients are being met post ICS is reviewed.

4.4 Feedback received from respondents about general impressions of ICS

“It was fantastic – I was so amazed at the support we received they were all marvellous.”

The research shows that general impressions of ICS and the service it provides are very good. **77% stating that this was the best way of meeting their needs on returning home from hospital and only 2% of patients felt that support could have been delivered in a better way** (Question 25). 65% thought that ICS had done what they thought it was going to do (Question 22). However 27% either didn't have any clear expectation about what the service was going to do or answered 'I don't know' when asked whether ICS had done what they thought it was going to do. This reflects the generally high levels of confusion surrounding ICS and the support it provided.

“They should have made more evident who they were and what they were representing - I had no idea what was going on.”

When patients were asked for more general feedback on the care they received through ICS and how this could be improved the most common issues raised were; the timing of support workers visits; the short duration of their visits and inconsistency in terms of patients being allocated regular carers. However many patients also acknowledged the limitations of the service and the challenges associated with resolving these issues.

5. Summary of Key Findings

- Overall the majority of patients were highly satisfied with the ICS and felt this was the best way of meeting their needs on leaving hospital.
- Patients were generally very complementary about the ICS staff they came into contact with and acknowledged the professionalism and high quality of the care they received through the ICS.

- The most common issues raised in relation to the care received were the timing of support workers visits, the short duration of their visits and inconsistency in terms of patients being allocated regular carers.
- Most people were clear about the services focus on regaining independence however for some with on-going care needs this had less resonance.
- Whilst many patients felt they had been involved in decisions regarding their support plan there were high levels of uncertainty and confusion regarding the specific tasks contained within their plan.
- Whilst most patients were clear that ICS was a short-term service many said that they weren't clear about when the help would finish or were informed of the service coming to an end at short notice.
- A significant number of patients stated that they were not clear about what was going to happen once ICS came to an end.
- Anecdotally the most common issues raised in relation to post ICS care were difficulties in getting the support needed which when raised frequently related to the affordability of on-going care and a perceived reduction in the quality of the care received.

6. Comparison of research findings across different tranches

Overall the responses received from people across the tranches do not appear to vary significantly. However it is worth noting the following:

- More people answered 'I don't know' to all questions in Tranche 1 than in Tranche 2 and Tranche 3. Similarly, across all questions (with the exception of 1) fewer people gave a positive 'yes' response in Tranche 1 than in Tranches 2 and 3. This reinforces the need to ensure that future evaluation is carried out soon after the support they receive from ICS comes to an end as both 'I don't know' and fewer people answering 'yes' are likely to be related to people not being able to remember.
- Significantly more people didn't know whether they felt informed about ICS before leaving hospital in Tranche 1 (60%) than in Tranche 3 (33%). In addition there was also a steady increase across the tranches in the number of respondents that said they were informed about ICS whilst in hospital. It is not clear whether this is related to a procedural change however it is likely to be due to patient's ability to recollect the information they were given.
- More people felt that they weren't supported at home from day one (8%) in Tranche 1 than in Tranche 3 (2%). This could be attributed to teething problems often associated with the delivery of a new service. This is also supported by an increase across the tranches in the number of respondents that said they did feel supported at home from day one.

- Broadly, for all questions there seemed to be an incremental increase in 'yes' responses from Tranche 1 to Tranche 3 and an incremental decrease in 'I don't know' responses from Tranche 1 to Tranche 3. However responses to questions 16 and 17 appear to go against this trend. These questions asked whether people felt involved in agreeing tasks to help them regain their independence and whether they were clear about what the tasks were. For both questions more people answered 'yes' for Tranche 2 than for Tranche 3 or Tranche 1. This could be because of a change in procedure during the period of Tranche 2, but more would need to be understood about the way that ICS was developing and any changes to implementation before this assumption could be made. Also it may be worth re-visiting this at a later stage to see whether there is a further decrease in people's understanding of this element of ICS.

The difficulty of interpreting the results of analysis between the Tranches is that this evaluation has been done in isolation of knowing what developments were taking place within ICS, which was subject to a rigorous continual improvement cycle. It is possible that an increase in positive responses is an indication that more people had a greater level of satisfaction with the service as it became embedded and are a result of positive changes that were being made to the way that the service was delivered. Equally it could just be that people in Tranche 2 and in particular Tranche 3, could remember the details of the service better.

7. Observations about the evaluation process

Across the evaluation there were issues relating to the patient's ability to recollect key aspects of the ICS process. This was particularly acute in relation to the period when they were still in hospital and the initial ICS assessment being done. This can be attributed to a range of factors; the number of different staff they encounter during their stay in hospital, age related confusion and memory loss compounded by the medication they are receiving at the time. It is also evident that Tranche 1 patients in particular couldn't remember much about the initial assessment process.

There were high levels of confusion amongst many patients about what ICS was and what support it provided. This was particularly an issue, although not exclusively, for patients who had continuing support post ICS or had more than one hospital stay or a period in residential care. Whilst some levels of confusion are to be expected due to the age of the majority of patients and the lapse in time between ICS support ending and feedback being collected the ICS team may want to consider how it can embed the collection of patient feedback into the ICS process as a way of addressing this issue.

We therefore wish to make the following recommendations relating to any future evaluation of ICS.

Feedback interviews are undertaken with ICS patients within a specified time of them being signed off from the service.

Consent to participate in the service evaluation is collected at the time of sign off and patients are informed that they will be contacted within the specified timeframe.

Where patients' health may preclude them from participating in the evaluation the option of nominating a family member should be given.

To aid patient recall evaluators are provided with basic details about the frequency and type of support provided and who this was provided by.

8. Conclusions & Recommendations

“The ICS service was excellent, the people were trained to deal with my husband who has MS as well as Alzheimers. However the agency staff who sometimes came instead of ICS were not good in comparison. Whoever trains the ICS team knows what they are doing - they were all good but some were exceptional.”

It is evident from patient feedback that overall the ICS prototype provided people with high quality support following their discharge from hospital. With a significant majority of patients stating that this was the best way of meeting their support needs on returning home. Furthermore, it was felt by the majority of respondents that ICS staff were professional and respectful and that the care they received was generally of a high quality.

77% of respondents said that this was the best way of meeting their needs on returning home from hospital and only 2% of patients felt that support could have been delivered in a better way.

83% of patients answered ‘yes’ when asked if staff treated them with respect.

As is common with all prototypes there are areas for refinement and review most notably in relation to the cessation and transition on from ICS support. Encouraging patients to take greater ownership of their care plans and engaging people in dialogue to determine the tasks they would like to achieve are also areas for review.

In addition to recommendations relating to future ICS delivery we have also included recommendations about the process for collecting ICS patient feedback in the future. Adoption of these recommendations should ensure that the collection of patient feedback is firmly embedded within the evaluation framework of the service as it is rolled-out.

The following are recommendations relating to the future delivery of ICS:

1. Patients and their carers are given ICS contact information prior to discharge.

2. Communication procedures between the ICS team and hospital staff responsible for discharge arrangements are reviewed to ensure tighter communication.
3. Patients are encouraged to take greater ownership of their ICS folder and are encouraged to revisit their support plans and other information contained in the folder.
4. The ICS team review how they can instil a greater sense of ownership of the process and what support patients receive.
5. The ICS team review how they can re-inforce the short term nature of ICS and raise awareness that support needs are under constant review.
6. The ICS team review how they approach and communicate with patients about the transition on from ICS.
7. The ICS teams role in assessing the extent to which support needs of patients are being met post ICS is reviewed.
8. Evaluation findings are shared with all ICS staff and staff are involved in reviewing areas for improvement and developing shared solutions.
9. Improvement targets are agreed against headline indicators.

The following are recommendations relating to the future collection of ICS patient feedback:

10. Feedback interviews are undertaken with ICS patients within a specified time of them being signed off from the service.
11. Consent to participate in the service evaluation is collected at the time of sign off and patients are informed that they will be contacted within the specified timeframe.
12. Where patients' health may preclude them from participating in the evaluation the option of nominating a family member should be given.
13. To aid patient recall evaluators are provided with basic details about the frequency and type of support provided and who this was provided by.

Appendix A

Survey questions and responses

A total of 122 interviews were undertaken during August 2014 – October 2014 representing 45% of the total number of patients that went through the prototype.

Of these 21% were patients from Tranche 1, 45% were Tranche 2 patients and 34% were Tranche 3 patients.

95% of cases were complete and 5% of cases were incomplete.

1. Respondent number

2. Which tranche of the pilot were you in?

3. Is your case complete or incomplete?

4. The following questions are about events whilst you were still in hospital. When were you first told about ICS?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Before they came to do the initial assessment	10%	4%	13%	7%
At the time of the assessment	23%	24%	23%	25%
I wasn't made aware	3%	4%	2%	3%
I can't remember	65%	68%	62%	65%

5. Did the person who completed your initial assessment in hospital introduce themselves to you and tell you where they were from?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	33%	20%	37%	38%
No	3%	4%	4%	2%
I don't know	65%	76%	59%	60%

6. Do you feel you were well informed about ICS?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	45%	36%	42%	55%
No	13%	4%	17%	12%
I don't know	42%	60%	40%	33%

7. When you were ready to leave hospital was the initial assessment done without delay?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	33%	28%	34%	38%
No	2%	0%	2%	2%
I don't know	65%	72%	64%	60%

8. Did you feel confident that you would receive the support you needed when you returned home?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	63%	56%	50%	85%
No	6%	12%	4%	2%
To some extent	13%	4%	27%	3%
I don't know	18%	28%	19%	10%

**9. The next questions are about when you returned back home.
Did you feel supported at home from day one?**

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	78%	68%	75%	88%
No	3%	8%	0%	2%
To some extent	5%	8%	8%	0%
I don't know	14%	16%	17%	10%

10. Were you given clear instructions about who to contact if you needed to speak to someone from the ICS team?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	52%	44%	52%	55%
No	12%	16%	11%	8%
To some extent	1%	0%	0%	2%
I don't know	35%	40%	37%	35%

11. Did staff introduce themselves to you and tell you where they were from?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	72%	64%	67%	80%
No	3%	4%	4%	3%
To some extent	5%	8%	8%	0%
I don't know	20%	24%	21%	17%

12. Were the staff you came into contact with respectful towards you?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	83%	76%	85%	85%
No	0%	0%	0%	0%
To some extent	3%	4%	2%	2%
I don't know	14%	20%	13%	13%

13. Did they treat your home with respect?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	82%	72%	85%	82%
No	0%	0%	0%	0%
To some extent	2%	4%	0%	3%
I don't know	16%	24%	15%	15%

14. Was it made clear to you that this was a short-term service?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	63%	64%	60%	62%
No	7%	0%	8%	13%
To some extent	8%	8%	10%	8%
I don't know	22%	28%	22%	17%

15. Was it made clear to you that the focus of the service was about helping you to regain your independence?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	73%	60%	75%	78%
No	3%	0%	4%	2%
To some extent	7%	12%	6%	8%
I don't know	17%	28%	15%	12%

16. Were you involved in agreeing what tasks you wanted to achieve to help you regain your independence?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	42%	21%	50%	45%
No	11%	8%	10%	8%
To some extent	20%	33%	13%	22%
I don't know	27%	38%	27%	25%

17. Were you clear about what these tasks were?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	37%	20%	46%	36%
No	10%	8%	10%	5%
To some extent	20%	24%	17%	23%
I don't know	33%	48%	27%	36%

18. Were you asked about the things that were important to you and how you might return to doing these, for example attending church or going

shopping?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	25%	20%	27%	25%
No	20%	24%	15%	25%
To some extent	17%	20%	15%	18%
I don't know	38%	36%	43%	32%

19. These questions are about what happened when ICS support came to an end.

Were you clear about when the help would finish?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	50%	44%	48%	58%
No	21%	16%	27%	15%
To some extent	10%	12%	6%	12%
I don't know	19%	28%	19%	15%

20. Were you clear about what would happen next?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	40%	28%	42%	43%
No	20%	20%	19%	22%
To some extent	15%	12%	15%	12%
I don't know	25%	40%	24%	23%

21. Did you feel confident about whatever had been arranged for you post ICS?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	33%	32%	25%	41%
No	5%	12%	4%	3%
To some extent	12%	8%	16%	10%
I don't know	15%	28%	14%	8%
Nothing was arranged	35%	20%	41%	38%

22. These questions are about your general impression of the ICS. Overall did ICS do what you thought it was going to do?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	65%	60%	62%	72%
No	2%	4%	2%	0%
To some extent	6%	8%	8%	2%
I don't know	13%	20%	13%	8%
I didn't know what it was going to do	14%	8%	15%	18%

23. Did you feel involved in the deciding what your support plan should be?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	51%	48%	48%	60%
No	13%	0%	17%	12%
To some extent	16%	28%	15%	10%
I don't know	20%	24%	20%	18%

24. If you have friends and family that support you were they involved in the process?

	All tranches	Tranche 1	Tranche 2	Tranche 3
N/A	7%	13%	6%	5%
Yes	71%	54%	73%	75%
No	6%	4%	0%	15%
To some extent	7%	8%	11%	2%
I don't know	9%	21%	10%	3%

25. Overall was this the best way to meet your needs on returning home?

	All tranches	Tranche 1	Tranche 2	Tranche 3
Yes	77%	64%	79%	80%
No	2%	4%	2%	3%
To some extent	6%	12%	4%	5%
I don't know	15%	20%	15%	12%

26. Do you any other comments you would like to make about the ICS?

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