

Report to: **Adult Social Care and Community Safety Scrutiny Committee**
Date: **1 March 2012**
By: **Director of Adult Social Care**
Title of report: **Six month progress report: Scrutiny Review of Respite Care**
Purpose of report: **To inform the Committee of the progress made against the action plan resulting from the above Scrutiny Review.**

RECOMMENDATIONS

The Scrutiny Committee is recommended to:

- 1. consider the progress made against the Scrutiny Review action plan; and**
 - 2. request a further update in September 2012**
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1. Financial Appraisal

- 1.1 There were no specific financial implications arising from the review.

2. Supporting Information

- 2.1 Appendix 1 is the action plan arising from the Scrutiny Review of Respite Care. The right-hand column contains the February 2012 updates against the recommendations.
- 2.2 Appendix 2 is the Self Directed Rolling Respite for Carers & Service Users operational guidance. This relates to Action Plan point 9.
- 2.3 Progress in meeting the Action Plan recommendations continues. The outcome of a forthcoming Adult Social Care and Community Safety Scrutiny Review on Identifying Carers will link to this review.
- 2.4 The Strategic Commissioner for Carers left East Sussex in October 2011. A replacement commissioner should be in post by mid-April. This will enable added focus on the Scrutiny Action Plans for Carers.

3. Conclusion and Reasons for Recommendation

- 3.1 The Scrutiny Committee is asked to consider the progress against the recommendations and to request a further update in six months time.

KEITH HINKLEY, Director of Adult Social Care

Contact Officer: Barry Atkins
Local Members: All

Tel No. 01273 482308
Background documents: None

Appendix 1: East Sussex County Council Adult Social Care (ASC) Action Plan: Review of Respite Care

Scrutiny Recommendation	ASC response July 2011	Progress update February 2012
<p>1 That Adult Social Care rationalise the entire range of terminology it uses in association with carers and respite provision to ensure that it is clear, concise and consistent across all teams in the department, Health professionals and voluntary and community organisations.</p>	<p>We will undertake a review of terminology across the board, particularly focusing on the difference between “short breaks” for the cared for person and “respite” for the carer. This will need to include updating CareFirst and all operational guidelines, as well as external communications. A project group will be set up to take this forward, to report back by March 2012.</p>	<p>Contracts and Purchasing Unit (CPU) are now able to provide management information. Senior Operational Managers have stressed the importance of accurate coding and this has been reinforced at team level. Data cleansing continues to correctly code erroneous recording but this will take time to work through. A project group has not been set up as yet. However, the development of the Self Directed Support (SDS) Pathway in Assessment and Care Management acknowledges the issue.</p>
<p>2 Updated guidance on the Carers Personal Budget to be provided to assessors, carers and voluntary and community organisations so that it is clear how the scheme operates.</p>	<p>Updated guidance was provided to Carer Champions and rolled out to all operational staff in 2010 when the scheme was renamed. This guidance is now on the intranet and also is embedded within our e-learning course which is now mandatory for all operational staff and further specific workshops will be held to disseminate information to Carer Champions.</p>	<p>Updated guidance has been provided to assessors. Some misconceptions remain amongst service users (carers) with expectations of a recurrent cash figure. This will take time to address and will be discussed at the point of planned or unscheduled reviews. Current uptake of Carers Personal Budgets is operating slightly below that scheduled. As more carers are identified the demands in this budget will increase. Workshops are planned to (re) train assessor staff in the use of the Carers Personal Budgets in order to provide increased consistency across teams.</p>
<p>3 That the Carers' Partnership Board works in conjunction with health, perhaps via the Clinical Executive Group, to ensure that hospitals, health workers, GPs and other professionals that have contact with carers are able to recognise the needs of carers</p>	<p>The Carer Aware e-learning course is being promoted to GPs and health professionals in collaboration with voluntary sector colleagues, especially Care for the Carers, as part of their commissioned work. The Health and Wellbeing Board when it is formed will be invited to consider this issue, as well as the Clinical Executive Group.</p>	<p>Carer Aware continues to be used within the Adult Social Care department and forms part of the induction process for new staff. East Sussex Healthcare Trust and Sussex Partnership Foundation Trust are also eager to utilise this training package. Pharmacists will also be approached to offer this training.</p>

	and provide better signposting as to where support is available.		<p>Libraries are also undertaking the Carer Aware training as a precursor to introducing the Carer Discount Card and in order to be able to identify and signpost carers to carer aware and other support.</p> <p>Funding through a Department of Health (DoH) joint initiative with Carers UK and the Royal College of GPs is setting up carer ambassadors. These will improve information to carers at point of GP and raise awareness of GPs. 10 volunteers have been recruited. The objective is to inform general practice to support carers.</p> <p>A total of 269 ASC staff have 'passed' the Carer Aware training module as at February 1, 2012.</p>
4	That a cross county sample of carers are surveyed in 12 months to assess whether there has been an improvement with the way in which their contact with ASC has been established and maintained.	This has been initiated. A regular survey of carers in contact with ASC is being undertaken and the results will be fed back to the Carers Partnership Board on a quarterly basis. In addition, we are now contacting carers who may not be in contact with us themselves but whose cared for person may be receiving a service, to clarify their experience of ASC and how we might look at improvements in developing contact with them.	<p>Quarterly surveys of carers are undertaken through the 'Listening to You' engagement process. A specific DoH survey of carers will take place in September 2012.</p> <p>Care for the Carers provide regular feedback of their experience of working with carers. When Home Based Respite becomes chargeable in April 2012, work will track the take up of services.</p>
5	Senior officers and appropriate Adult Social Care staff should attend carers' events to not only give formal presentations but also to have informal discussions with carers about their experiences.	Carers Forums have been specifically commissioned since 2010/11 to ensure that carers have the opportunity to speak to senior managers and those responsible for service delivery. This will continue to be taken forward in 2011/12 and involve the voluntary sector and carers themselves.	<p>Keith Hinkley, Director of Adult Social care spoke at the last Carers Forum in January 2012. Both presentations and Q & A sessions responded to the areas of interest that carers had identified. Feedback from the Forum evaluation conducted by Care for the Carers indicated that attendees (carers) found this very helpful.</p>

6	<p>That prior to a telephone assessment being carried out the person being assessed is sent a brief outline of what will be covered in the assessment so that they can give it some thought and get together any paperwork they may need to aid the discussion.</p>	<p>We recognise that face to face assessments are the best way to support carers. However, this is not always possible in terms of resources. This suggestion is a practical alternative and will be an objective in the development of the new Self-Directed Support pathway, in order to mitigate the impact of the possible reduction in face to face assessments.</p>	<p>The use of assessor's time and a desire to provide the quickest route to a service or information are key to the development of the new SDS Pathway. Service users and Carers will be treated the same, providing the quickest way to a service. If a service user has never had a carer's assessment before, it will be conducted face to face.</p> <p>All guidance is being reviewed as part of Project Pathway. Flowchart has been updated to ensure carers are included in the full process. SDS information leaflets have been updated with additional information on carer's assessments with a link to 'Do you look after someone' leaflet.</p>
7	<p>That the evaluation of the LEAN pilot is scrutinised by the Adult Social Care Scrutiny Committee, with particular focus on the way in which carers' assessments via the telephone have been carried out.</p>	<p>This will be incorporated into the evaluation of the Lean prototype which is being tested out in Hastings and Rother. The findings from this evaluation will influence how this work is to be taken forward.</p>	<p>The Scrutiny Committee received a report on the evaluation of the LEAN pilot in September 2011 and will receive a further report on Project Pathway (through which LEAN is being taken forward) in June 2012.</p> <p>Whilst initial feedback from staff is positive, additional canvassing of carers is required and will be undertaken, possibly using a 'mystery shopper' approach.</p> <p>Carers Project Worker is on the SDS Pathway Tools Group reviewing all paperwork and tools.</p>

8	<p>That Adult Social Care should continue to maintain funding for respite services such as the sitting service and the Carers Breaks Project.</p>	<p>Respite for carers continues to be a priority for ASC, and funding for volunteer based services in East Sussex will be increased as a result of the commissioning prospectus from October 2011. We are working closely with the NHS to endeavour to sustain funding to the Carers Breaks project after March 2012, and are also continuing to pursue the issue of Government funding for carers breaks which has been provided to the NHS until 2014. In order to be able to spread the provision of home based respite as widely as possible to carers across the county we are looking at including this service in the Fairer Charging policy in due course.</p>	<p>In addition to the commitment given in the July update, and following dialogue with colleagues in NHS organisations, significant funds have been identified by health partners to support carers. The balance between Carers Personal Budgets, mainstream respite services, sitting services and the Carers Breaks Project continues to be monitored. Once the conditions of the health funding are clarified, work will be undertaken with carers to allocate additional funds to specific activity.</p> <p>Performance of the Carers Breaks Project continues to exceed targets.</p> <p>Performance against national indicator also improving and projected to hit our targets.</p>
9	<p>That Adult Social Care continues to make improvements to the system for booking rolling residential respite to ensure that carers are able to book beds in advance and, where possible, at a location of their choice.</p>	<p>The Service Placement Team continues to make progress with private care home providers to ensure that respite stay beds are frequently available. A new Rolling Respite process has been established whereby funding for an agreed number of weeks respite is funded in advance, so that carers may call down this funding when required, or alternatively, take the funding as a Direct Payment.</p> <p>It is not always possible to book beds months in advance. This is not due to capacity issues, more that individual needs and circumstances change. Carers will be recommended to identify two or three preferred homes, so that they are able to manage their respite bookings with confidence.</p>	<p>See Appendix 2.</p> <p>Increased numbers of service users and carers are using the process. As at January 2012 72 service users were accessing Rolling Respite through the attached process. This allows greater control and choice of the venue (care home) and timing of the respite provision.</p> <p>In addition, the Service Placement Team reports that increasing numbers of people are using personal budgets to access respite care.</p> <p>The independent sector demonstrates an increased willingness to provide respite care.</p>

10	That funding to support carers should continue to be prioritised when Adult Social Care and Health are setting budgets.	Cabinet have made it clear that ASC should continue funding levels for carers' services, and this will be maintained at least until 2013. It is understood that funding of preventative and supportive carers' services can actually reduce the need for intensive, crisis support to service users and carers, including nursing home and hospital admissions.	See Action Point 8 above. The continued and now increasing prioritisation and funding of support to carers is significantly enhanced by the allocation of NHS funds for supporting carers. Details in terms of criteria are soon to be finalised. A requirement of the NHS Operating Framework is that PCTs publish plans to allocate funds and provide an evidence base of needs.
11	That more support networks are developed across the county to empower carers to support themselves and others who carry out a similar caring role.	The commissioning grants prospectus includes clear objectives for the voluntary sector to support the setting up of peer support groups and volunteer-led training, resulting in the funding of voluntary organisations to lead on this work across the county, in urban as well as rural areas, and directed towards carers of specific care groups (e.g. substance misusers, those with dementia etc.)	Services commissioned through the Grants Prospectus commenced in October 2011. Care for the Carers lead on the countywide provision and continue to support the development of a wide range of support systems for carers. Specialist work with the Alzheimer's Society provides support through the dementia café model of support. The Carers Breaks (of people with dementia) Project has also developed groups supporting carers of people with dementia in several settings. Carers do not need to be a regular and substantial carer so this is a universal offer, funded by Adult Social care and not charged for by Care for the Carers.

Self Directed Rolling Respite for Carers & Service Users

Aim:

This process is to support carers and the person they care for to access rolling respite services in residential or nursing homes. The process gives carers and the person they care for greater autonomy in managing their own respite and reduces administration time required by Adult Social Care.

Method:

For the first period of respite a Social Care Practitioner assesses the service user and carer in line with existing procedures and the Service Placement Team provides respite placement options. If funding is approved for a series of rolling respite breaks then the carer has the option of booking respite periods directly with the agreed home. This relies on the Carer and Service Placement Team being informed of how many days/weeks of rolling respite have been approved. As the Service User uses their allocated amount of respite the care home informs the Service Placement Team; the Service Placement Team updates its records and triggers the process for writing an Individual Service Agreement to pay the home.

Benefits:

This process has the following benefits to the Carer, the person they care for and the Department of Adult Social Care:

- The Carer and Service User have greater control of the booking process for rolling respite;
- Respite dates often change due to changes in Carers' and Service Users' circumstances; the process for changing the required dates is quicker and more straightforward as Care Managers and the Service Placement Team no longer need to be involved;
- Adult Social Care staff spend less time involved in coordinating rolling respite periods.

Detailed Process:

1. Social Care Practitioner identifies the need for rolling respite (as a stand alone service or as part of the SDS pathway) and completes assessment and support planning documentation. If respite is required in a residential care home the Menu Pricing tool (CAMP) is completed to indicate the level of residential care required and determine the correct price for the service. This will only be completed until meaningful comparisons can be made between the CAMP and the RAS (Resource Allocation System), or until a decision has been made by OMT regarding the use of the CAMP scoring system. The Social Care Practitioner makes a referral for a Financial Assessment and requests respite placement options from the Service Placement Team. All required documentation is uploaded to Carestore.

2. A funding application is made in line with existing procedures indicating the number of days/weeks of respite that are required during the financial year. There are two funding event contexts that must be used. "(A) Carers Services Context" should be used where the respite is required for an identified Main Carer and "(A) Residential Context" should be used where the break is for a Service User without a Main Carer. Funding should be open ended for continuous service.
3. When funding has been approved, the Carefirst funding event should be assigned to team code *ACONPUR*. The Service Placement Team will confirm the arrangements in writing with the nominated care home and the Service User or Carer. A standard letter will detail the number of days/weeks funded and how these can be used. The Service Placement Team will send a copy of the Support Plan to the nominated care home.
4. The Service User or Carer is then free to book direct the days/weeks they would like with the agreed home. Should the Service User be unable to book a respite service on specific dates in the home of choice, they can contact Duty, who in turn will request SPT to find suitable alternatives. Care home staff will inform the Service Placement Team when the Service User has had a period of respite. The Service Placement Team update their records and an Individual Service Agreement is sent to the home for signature and return to enable payment.
5. It is the responsibility of the Service User/Carer and the care home to ensure that the Service User or Carer does not book more than the agreed days/weeks for the year. The home will only be paid for the number of days/weeks funded. If additional respite is required a Social Care Practitioner will need to reassess their situation and apply for further funding. Existing funding will be drawn down from the Personal Budget as detailed on Controcc, thereby enabling SPT to confirm with Social Care Practitioners whether or not funds remain.
6. If a residential home identifies that a Service Users needs have increased, they must advise the Service Placement Team at the earliest opportunity. The Service Placement Team will refer back to the appropriate Adult Social Care Team to respond.

Contents of Sample Service User/Carer Letter:

Dear

RE: Rolling Respite Booking for (Service User/Carer) at (Care Home)

We are pleased to advise you that your application for X days/weeks respite at your nominated care home has been approved. You may contact the home manager directly to arrange your stays with them throughout the year.

You must ensure that you do not use more than your approved number of days/weeks between (date) and (date). While staying at the home, you will be responsible for paying your assessed Client Contribution directly to the home. Your Client Contribution will be £110.30 unless you are advised otherwise by the Financial Assessment Team.

Should you have any questions, please do not hesitate to contact the Care Manager who assisted you with your booking. You will find the contact details below.

Yours sincerely

The Service Placement Team

Contents of Sample Provider Letter:

Dear

RE: Rolling Respite booking for (Service User) at (Care Home)

We are pleased to advise that funding has been approved for the named Service User above to be able to book X days/weeks respite with you at your care home between (date) and (date).

The Service User may book their stays directly with you. You will be responsible for:

- Advising the Service Placement Team immediately after the service user has had a period of respite so that a contract can be drawn up for payment
- Ensuring that the Service User pays their Client Contribution directly to you
- Ensuring that the Service User or their Carer does not exceed the number of allocated days/weeks between the dates shown

Should you have any questions, please do not hesitate to contact the Service Placement Team. You will find the contact details below.

Yours sincerely

The Service Placement Team