

Report to: **Adult Social Care and Community Safety Scrutiny Committee**

Date: **6 September 2012**

By: **Director of Adult Social Care**

Title of report: **Scrutiny Review of Respite Care: Twelve month progress report**

Purpose of report: **To inform Members of the progress made against the action plan resulting from the above Scrutiny Review.**

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## **RECOMMENDATIONS**

**The Committee is recommended to:**

- 1. Consider and comment on the progress made during the previous year.**
  - 2. Consider whether further progress reports are required.**
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### **1. Financial Appraisal**

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

### **2. Background and Supporting Information**

2.1 Appendix 1 is the action plan arising from the Scrutiny Review of Respite Care. Immediately following the review in July 2011, a report was received detailing the work underway in response to the review. A further update was provided in March 2012.

2.2 Good progress continues to be made against the body of recommendations.

2.3 Preparations for deployment of significant funding via the East Sussex Primary Care Trusts (PCTs) and in response to the NHS Operating Framework are underway. These will be confirmed during September 2012 and plans put in place to demonstrate what services these funds will deliver.

### **3. Conclusion and Reasons for Recommendation**

3.1 The Scrutiny Committee is asked to consider the progress against the recommendations as outlined in appendix 1 and to determine if subsequent six monthly updates will be required.

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Local member: ALL  
Background Documents: NONE



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

Scrutiny Recommendation	ASC response July 2011	Progress update February 2012	Progress Update August 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.</p> <p>A project group has not been set up as yet, however, the development of the SDS Pathway in Assessment and Care Management acknowledges the issue.</p>	<p><b>Respite sub group requested clarity on definitions and eligibility which will be discussed at September sub group meeting.</b></p> <p><b>Work is underway to recommission the Adult Social Care Client Database. Clarity over the distinction between respite and short breaks has been noted as an issue for resolution.</b></p> <p><b>The Carers Partnership Board has noted the elements of respite and work to achieve a common understanding of terminology.</b></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.</p> <p>Current uptake of Carers Personal Budgets is operating slightly below that scheduled. As more carers are identified the demands in this budget will increase.</p>	<p><b>As part of Project Pathway there will be a set of quick reference guides for practitioners that outline the access criteria for services in ASC which will include access to Carers Personal Budgets.</b></p> <p><b>Regular reports are delivered on the uptake of Carers Personal Budgets. These are generally used to support carers in their caring role but not necessarily by providing a respite break.</b></p>

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<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 and provide better signposting as to where support is available.</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.</p> <p>East Sussex Healthcare Trust and Sussex Partnership Foundation Trust are also eager to utilise this training package.</p>	<p><b>Care for the Carers using with GP Practices.</b></p> <p><b>Carer liaison posts within acute hospitals are being reconsidered.</b></p> <p><b>A report is being submitted the Joint Commissioning Board in September 2012, proposing deployment of PCT funds specifically to support carers. Significant funds have been designated by the PCTs for this purpose.</b></p>
<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.</p>	<p>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>	<p>Quarterly surveys of carers are undertaken through the 'Listening to You' engagement process. A specific DH survey of carers will take place in October 2012.</p> <p>Care for the Carers provides regular feedback of their experience of working with carers.</p>	<p><b>As part of the Public Health Needs Assessment, a Carers Questionnaire was developed &amp; circulated in July 2012. Feedback from this will be included in the final report.</b></p> <p><b>The ASC Carer survey (a national requirement) will be administered in autumn 2012.</b></p>
<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.</p>	<p>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>	<p>Keith Hinkley, Director of Adult Social Care spoke at the last Carers Forum in January 2012. Both presentations and Q &amp; 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>	<p><b>Councillor Bentley attends Carers Partnership Board meetings.</b></p> <p><b>Tamsin Peart, new Carers Commissioner attended June Carers Forum and gave brief presentation.</b></p>

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<p>6 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>	<p><b>A recent review of ASC services has resulted in significant changes to service delivery, with a restructure currently being implemented. Key to this is responsive, consistent and proportionate response to clients and carers making contact with us.</b></p> <p><b>As such all carers will be offered an immediate telephone assessment on contact with SCD, with a visit being scheduled where appropriate. This will ensure a faster response and more timely support for carers.</b></p>
<p>7 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 Self Directed Support (incorporating progress on LEAN) in June 2012.</p>	<p><b>The Scrutiny Committee received a progress report on Self Directed Support in June 2012.</b></p> <p><b>ASC will be working to have consistency for clients and carers and through a customer focused approach to service delivery in line with the Lean philosophy. Carers Assessment processes and outcomes will be monitored and evaluated to ensure appropriate and timely support for carers</b></p>

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<p>8 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 continue 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. Performance of the Carers Breaks Project continues to exceed targets.</p>	<p><b>Work is underway to develop valued breaks services county-wide including the free sitting service and short-term interventions.</b></p> <p><b>The Dementia Carers Breaks Service will be reviewed autumn 2012 and options for future development and revision will be considered following this evaluation.</b></p>
<p>9 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. 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>Increased numbers of service users and carers are using the process. As at January 2012 72 service users were accessing Rolling Respite through the new 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>	<p><b>Self directed rolling respite service users: as of 10.08.2012 there are 76 people who are active users of the service. A further 42 have subsequently gone into long term care or deceased.</b></p>

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<p>10 That funding to support carers should continue to be prioritised when Adult Social Care and Health are setting budgets.</p>	<p>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.</p>	<p>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.</p>	<p><b>Funding for carers services continues at the previous year level. As noted above, significant PCT funds are due to be transferred to ASC as the lead commissioner. These will be deployed over the following 3 years to support carers.</b></p>
<p>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.</p>	<p>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.)</p>	<p>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.</p> <p>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.</p> <p>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.</p>	<p><b>The need for additional peer support groups and training has been identified and will be addressed subject to available funding and confirmation in the Public Health Needs Assessment that is currently underway.</b></p>

