

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

Date: **7 March 2013**

By: **Director of Adult Social Care**

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

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

RECOMMENDATIONS

The Committee is recommended to:

- 1. Consider and comment on the progress made during the eighteen months.**
 - 2. Accept this as the final report on the Scrutiny Review of Respite Care**
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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 updated 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. Further updates were provided in March and September 2012.

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

2.3 In September 2012, to meet the 2012/13 NHS Operating Framework requirements, the Joint Commissioning Board agreed an updated Carers Plan and expenditure proposals for funding via the East Sussex Primary Care Trusts (PCTs) October 2012 to March 2013 of £1m. At that meeting the Board requested a refresh of the Carers Commissioning Strategy and expenditure proposals for 2013/14 and 2014/15.

2.4 The refreshed strategy and expenditure proposals will be considered by JCB on 20 March 2013.

2.5 The following proposals relating to respite care have been included in the Carers Strategy refresh

- Increase funding for respite to provide more flexible breaks including evenings, weekends and overnights – to be allocated through Adult Social Care on an individual basis
- Expansion of sitting services county-wide – current service available only in Hastings and Rother. The intention is to have service provision available county-wide.
- Review Dementia Breaks Service and explore options for extending this service to more people with dementia and people with other care needs
- Consider needs of people with young onset dementia

- Review access to emergency respite for carers of people not linked in to Adult Social Care or without current emergency support plan
- Healthcare Appointments Service for Carers – this is currently being piloted January-March 2013
- Develop opportunities for short breaks for carers away from their caring role

2.6 Further updates

- Hospital Liaison Service – has been remodelled and will be reinstated. This will provide carer awareness training, information, signposting, advice and support to NHS and ASC Staff through two posts, one based in each acute hospital with a focus on identification, involvement and support of carers of hospital in-patients through the discharge planning process.
- The development of a primary care pathway for carers to offer a single point of access for GPs to refer on to with a “prescription” identifying the carer’s particular needs.

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 agree that no further updates are required.

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Contact Officer: Tamsin Peart, Tel No. 01273 336195

Local member: ALL
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	Progress Update August 2012	Progress Update February 2013
<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>Respite sub group requested clarity on definitions and eligibility which will be discussed at September sub group meeting.</p> <p>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.</p> <p>The Carers Partnership Board has noted the elements of respite and work to achieve a common understanding of terminology.</p>	<p>A glossary of terminology is attached at Appendix 2.</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</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</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</p>	<p>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.</p>	<p>Information about Carers Personal Budgets is included in the booklet “Do you look after someone?” http://www.eastsussex.gov.uk/socialcare/aboutus/leaflets/carers.htm A review of staff guidance taking account of the</p>

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	scheme operates.	e-learning course which is now mandatory for all operational staff and further specific workshops will be held to disseminate information to Carer Champions.	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.	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.	experiences of Project Pathway guidance is planned shortly as is a review of the carers' pages on ESCC website.
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.	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.	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.	Care for the Carers using with GP Practices. Carer liaison posts within acute hospitals are being reconsidered. 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.	Hospital Liaison Service to be remodelled and reinstated which will provide carer awareness training, information, signposting, advice and support to NHS and ASC Staff in order to identify, involve and support carers of hospital in-patients through the discharge planning process Work on developing a "Carers' Prescription" which will provide a Primary Care Pathway for carers with information & signposting to appropriate services
4	That a cross county sample of carers are surveyed in 12 months to assess whether there has been an	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	Quarterly surveys of carers are undertaken through the 'Listening to You' engagement process. A specific DH survey of carers	As part of the Public Health Needs Assessment, a Carers Questionnaire was developed & circulated in July 2012. Feedback from	Summary of needs assessment attached at Appendix 3 Listening to you 3rd quarter

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	improvement with the way in which their contact with ASC has been established and maintained.	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.	will take place in October 2012. Care for the Carers provides regular feedback of their experience of working with carers.	this will be included in the final report. The ASC Carer survey (a national requirement) will be administered in autumn 2012.	summary – satisfaction levels increased in all areas see Appendix 4
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.	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.	Councillor Bentley attends Carers Partnership Board meetings. Tamsin Peart, new Carers Commissioner attended June Carers Forum and gave brief presentation.	February Carers Forum – Tamsin Peart and Barry Atkins both spoke at the meeting and met with carers informally afterwards Lead member regularly attends Carers Partnership Board meetings Three Carers Forums in Clinical Commissioning Group areas early spring will be attended by Tamsin Peart – remodelling of carer engagement – more local access to have voice heard and receive feedback /information etc Tamsin Peart in process of

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				attending all 13 carers support groups	
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.	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>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>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.</p> <p>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.</p>	<p>Operational guidance has been updated and will be reviewed again (see 2 above)</p> <p>The revised ASC offer to clients will result in a significant increase in the number of reviews including party and separate carers assessments</p>
7	That the evaluation of the LEAN pilot is scrutinised by the Adult Social Care Scrutiny Committee, with particular focus on the	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	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	<p>The Scrutiny Committee received a progress report on Self Directed Support in June 2012.</p> <p>ASC will be working to have</p>	Response times from referral to completed assessment for carers are recorded and recent analysis looking at data covering 2012 showed that

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	way in which carers' assessments via the telephone have been carried out.	influence how this work is to be taken forward.	(incorporating progress on LEAN) in June 2012.	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	85% of carers assessments were started within 28 days of the referral being made
8	That Adult Social Care should continue to maintain funding for respite services such as the sitting service and the Carers Breaks Project.	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	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.	Work is underway to develop valued breaks services county- wide including the free sitting service and short-term interventions. The Dementia Carers Breaks Service will be reviewed autumn 2012 and options for future development and revision will be considered following this evaluation.	Intend to commission sitting service for rest of county this year British Red Cross service now available throughout county providing short term and crisis intervention service for carers Dementia Breaks service has been reviewed & findings are being considered Healthcare Appointments Service currently being piloted provides replacement care to enable carers to attend healthcare appointments where cared for unable to be left alone – no charge to the client

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		including this service in the Fairer Charging policy in due course.			<p>Bereavement visits offered to carers by Home Based Respite providers following death of client or unplanned move to long-term care – no charge. Care for the Carers former carers information pack has been updated and printed to use with all former carers</p> <p>Within the revised ASC offer there will be a strong emphasis on use of Telecare which can have significant benefits for carers</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>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</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</p>	<p>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.</p>	<p>120 clients, 60 contracts & 62 via Direct Payments. Carers and clients do need to be flexible re provider and dates. User satisfaction survey is planned for this service</p>

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		<p>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>care.</p> <p>The independent sector demonstrates an increased willingness to provide respite care.</p>		
10	<p>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>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.</p>	<p>Funding for carers services will not be subject to savings targets over next 3 years in recognition of the impact of revised ASC offer on carers</p> <p>No decision to date re transfer of Clinical Commissioning Group funds for carers</p>
11	<p>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</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</p>	<p>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.</p>	<p>Funding for additional carers support groups and training has been committed for 2013/14</p> <p>Training:</p> <p>6 additional dementia training courses</p> <p>6 First Aid courses</p>

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		<p>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>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>1 x Personalisation 4 x Hands on Caring 3 x Creativity 6 x 11 week programme for carers of people with mental health issues</p> <p>Remodel engagement processes to reflect Clinical Commissioning Group boundaries and reduce travel time/enhance accessibility for carers</p>

Appendix 2

Glossary of terms

Respite	Temporary care of cared for person providing time off for their usual carer
Breaks	A break from caring means that the carer has time off from the responsibility of looking after the person's care needs. This can include spending time on activities or holidays with the person they care for. A carer's break can also be an activity aimed directly at the carer such as a pamper session or day out with other carers. The cared for person may not need anyone else to provide their care for that time.
Replacement Care	Temporary care of cared for person
Alternative Care	Temporary care of cared for person
Home Based Respite	A care worker comes into the home to look after the cared for person providing time off for their usual carer, usually a regular service for a few hours each week
Day Services	Building based services providing care for a few hours or the entire day. Day care centres also offer the chance to meet other people and take part in new activities.
Sitting Services	Befriending and sitting service provided by volunteers, currently available in Hastings and Rother through Association of Carers
Residential Respite	Temporary stay in residential care home for cared for person
Carers Dementia Breaks Service	Short term intervention providing assessment for carer and cared for and engagement with cared for to introduce them to activities and groups in the community which will then enable their carer to have some time off from caring
Carers Respite Scheme	Short-term practical and emotional support to carers, in their own home, to allow them to have a short break from caring through the British Red Cross.
Community Support/Outreach	One to one or small group support to access facilities and activities in the community

Appendix 3

Needs Assessment Key Recommendations

Identifying carers

Continue to commission services to identify carers, particularly targeting places where carers can be systematically identified e.g. health care providers

GP surgeries offer flexible appointments to carers to fit with their caring role

Support to adult carers to maintain their caring role

Ensure that services including telephone support, advice and information are widely promoted so that carers and professionals know this help is available

Target services to carers where the caring role has the most impact on the health and well being of the carer

Evaluate Healthcare Appointments pilot to inform future commissioning intentions

Work with health care service providers to consider fixed appointment slots where this is identified as a specific need for the cared for person

Advice and support for carers on issues relating to medication

Commission specific service/s to enable carers to use equipment safely and protect their own health e.g. back care

Commission managing stress training for carers

Commission specific training for carers of people with mental health issues

Carers need access to financial advice services

Carers breaks

Commissioners should ensure that a range of break opportunities continue to be available to carers and that carers are aware of them

Commissioners should continue to provide access to carers personal budgets to enable carers to purchase the support they need

Support to young carers to ensure their caring role is appropriate

Commissioners should ensure adequate access to an appropriate range of support services for young carers in settings that are accessible to them

Develop clear eligibility criteria and thresholds for access to young carers services

Young carers should be supported in the transition into adulthood

Schools and youth settings are able to identify when a young person is a carer and refer them to appropriate support

Continue to provide opportunities for young carers to socialise with their peers

Appendix 4

“Listening To You” extract October-December 2012

Satisfaction information – Carers

This section of the report focuses upon Carers in two areas:

- those who are assessed as carers in their own right
- where the cared-for person has received support from an Older People’s Directly Provided Service (OP DPS)

Carers – Assessment and Care Management Service (ACM)

Carers who receive an assessment or review are sampled every quarter and the results are available on a rolling 12 month basis. Questionnaires for carers in this target group are distributed and collated centrally and response rates are also available. Table 7 below shows these response rates.

Period	Sent Out	Received	Response Rate
January-March 2012	355	95	27%
April-June 2012	390	84	22%
July-September 2012	288	80	28%
October – December 2012	332	64	19%

Table 7: Rates of response for Carers (ACM)

Rates of response this quarter have shown a significant decrease over previous quarters, despite continually high numbers being sent out. This quarter shows the lowest level of response in the 12 month period; however the rate of response is still enough to prove robust for analysis.

Chart 6 below shows the 4 quarter period returns from Carers who have been assessed or reviewed.

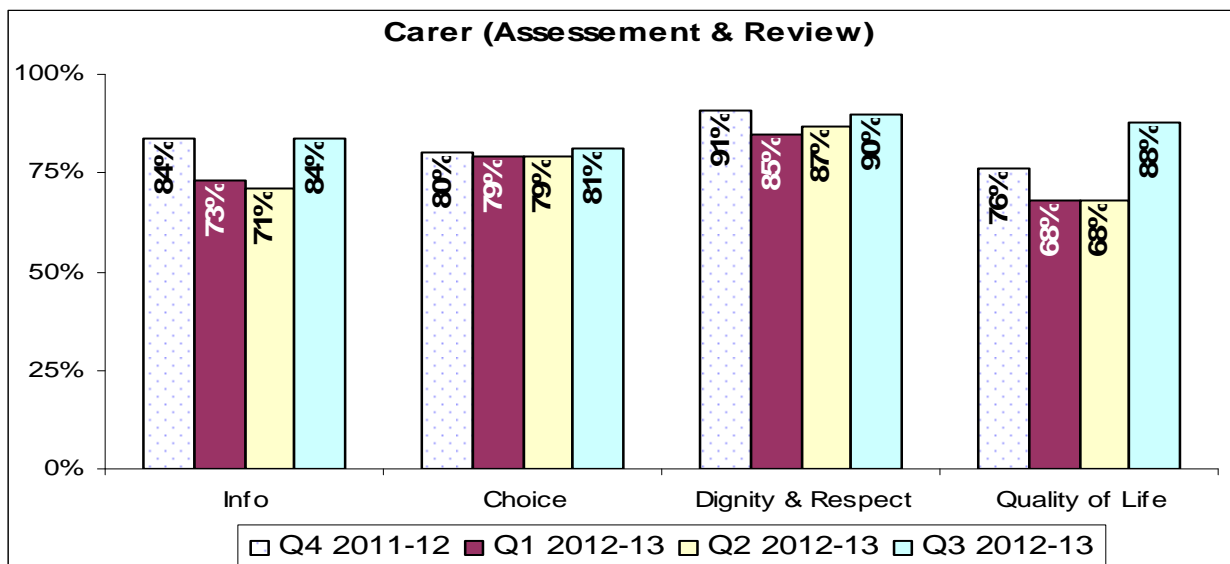


Chart 6: Carer (ACM) rates of satisfaction

Traditionally the levels of satisfaction among those who care for a friend or relative are lower than those for clients, especially in the area of Quality of Life. This quarter, however, has shown increases in all aspect measured, with the greatest increase being reflected in Quality of Life, with an increase of **20%** over previous quarters.

Carers are also asked how they feel their expectations have been met by the support they receive from ASC, the results of which are shown in Table 8 below.

The percentage of carers who feel that their expectations have not been met has decreased by **3%** from the previous quarter. This continues the positive trend shown this month in this area of support.

Period	Exceeded	Met	Not Met
January-March 2012	27%	55%	18%
April-June 2012	18%	62%	20%
July-September	29%	52%	19%
October – December	41%	43%	16%

Table 8: Carer (ACM) expectations

Carers who have been assessed for a grant or support have made comments about how they feel that the financial aspect of their support can lead to problems in their everyday caring role.

Carers – Older People’s Directly Provided Services (OP DPS)

When a client’s OP DPS service ends or service is reviewed they are asked to complete a questionnaire, the results of which are shown earlier in this report. At the same time the carer of the client has the opportunity to complete a questionnaire. Table 9 below shows an increase in the number of responses received for the previous 4 quarters.

Period	Received
January-March 2012	30
April-June 2012	21
July-September 2012	29
October – December 2012	48

Table 9: OP DPS Carer - Number of responses

October – December 2012 the highest number of returns for the 12 month period. Chart 7 shows the satisfaction responses for the outcome areas for Carers who have had a service from OP DPS.

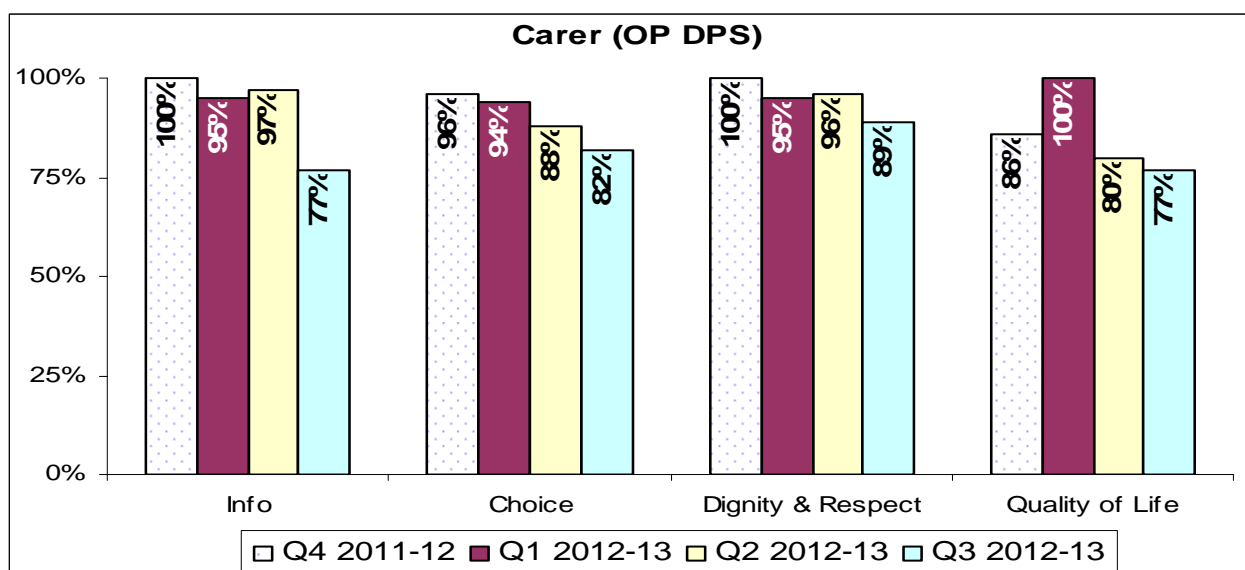


Chart 7: Carer (OP DPS) rates of satisfaction

There continues to be a decrease in all areas of satisfaction from the previous quarter, although the results can still be considered to be positive.

Carers who have been in contact with OP DPS service are also asked about their expectations of the service, the results of which are shown overleaf in Table 10.

Period	Exceeded	Met	Not Met
January-March 2012	54%	43%	4%
April-June 2012	50%	50%	0%
July – September 2012	46%	46%	8%
October – December	35%	50%	15%

Table 10: Carer (OP DPS) Expectations

Those who felt that their expectations were exceeded fell from last quarter, with a rise of 7% in clients who felt that the service did not meet their expectations.