

Scrutiny Review of the Changing Care Market: Information and Signposting

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The report of the Scrutiny Review of The Changing Care Market: Information and Signposting

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Recommendations

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1	Adult Social Care (ASC) should undertake additional engagement, ideally in partnership with an independent organisation, to gain a better insight into how well-informed people in East Sussex feel about social care support and funding arrangements. The engagement should include people who are not existing ASC clients and the findings should be used to inform ongoing ASC communications and information provision.	9
2	The Council's response to the anticipated Adult Social Care Green Paper should highlight the need for a national awareness campaign to improve the public's understanding of social care services and funding. In particular, how modern social care services work and how people can help themselves to stay independent and plan ahead for their future social care needs.	10
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8	ASC should engage with GP Practice Locality Groups and Patient Participation Group networks to promote the new digital offer, particularly self-assessment tools, and to refresh knowledge of Health and Social Care Connect. GPs should be encouraged to share this information with their practice staff.	14
9	Opportunities to align ESCIS and 1Space within available resources should be fully explored, for example co-locating links to the databases on the ESCC website. Opportunities to improve the way the directories are updated should also be explored.	15
10	All councillors should encourage local groups and organisations to ensure their entries on ESCIS are kept up to date. Councillors should also make use of the online reporting facility to flag out of date information relating to local organisations within their division.	15
11	The People Scrutiny Committee should further examine the role of social prescribing and how it is developing in East Sussex within the planned scrutiny review of community resilience and loneliness.	17
12	The ASC departmental guide for councillors should be updated to include links to useful information sources and to reflect the new digital offer. A briefing session for councillors should also be arranged to accompany the updated guide.	17

Introduction

1. Members of the People Scrutiny Committee are aware of a range of challenges facing the local care market. Some of these were highlighted in the 2018 Care Quality Commission Local Area Review of East Sussex; others are well known locally and nationally and are linked to increased demand for services and resources which are declining in relative terms. The Committee established a Scoping Board to explore these challenges, with the aim of identifying specific areas which would benefit from additional scrutiny. The Scoping Board found that the Adult Social Care department (ASC) has a range of initiatives in place to manage the immediate and short-term issues, particularly in terms of engagement with providers and the NHS to support the market and deliver appropriate and more integrated care. Work is also underway to address longer term challenges and this was the focus for scrutiny.

2. It was apparent to the Scoping Board that the care market will need to change significantly in the coming years to adapt to increasing demand, changing public expectations and the reduced resources available for statutory services. These challenges are particularly acute in East Sussex given the county's demographics. The level of anticipated future demand due to an ageing population requires a forward looking, innovative approach to how care is provided and a partnership with individuals and communities to increase resilience. As East Sussex has a high level of self-funders this needs to include engaging with the wider public about planning for the future care needs of individuals and the wider population and how people and communities can 'help themselves'.

3. The Scoping Board identified four key areas for scrutiny:

- Public understanding and expectations of social care
- Social care workforce challenges
- Developing care markets – to be informed by a markets review due to be complete by mid-2019
- Increasing community resilience, in particular addressing loneliness.

4. This Review addresses the first of these areas, public awareness, understanding and expectations, and is expected to be the first in a series of reviews by the People Scrutiny Committee which will look at the above challenges identified by the Scoping Board.

5. The Review Board recognised that many public perception issues related to social care are national ones which are difficult to address at an East Sussex level. The Board therefore focused on three key questions which specifically relate to the Council's responsibilities with regard to information and advice about services and whether any enhancements can be made to the way in which these duties are currently met:

- **Is the Council doing enough to signpost people to resources which will help them arrange and manage their own care?**
- **Could the Council do any more to inform people about how we support them, including the arrangements for funding their care?**
- **What is the Council's role, in the context of limited resources, in managing expectations regarding the provision of care?**

6. This report presents a summary of the Board's findings in relation to these questions and its recommendations. The Board focused on developing recommendations which are realistically achievable within the Council's sphere of influence and available resources. It should also be noted that the Board's enquiries focused on social care for older people, as this is the biggest and the fastest growing area of demand for Adult Social Care.

Background

Adult Social Care responsibilities

7. Under the Care Act 2014, Councils with responsibility for adult social care have a range of general duties including a duty to provide comprehensive information and advice about care and support services in their local area. This is to help people understand how care and support services work locally, the care and funding options available, and how to access services. The other general duties in the Care Act include: promoting individual wellbeing; preventing needs for care and support; promoting integration of care and support with health services; and promoting diversity and quality in provision of services (market shaping).

8. Local authorities also have a responsibility to assess an adult's needs for care and support, or a carer's needs for support, where they appear to have such needs. There is a national minimum threshold for eligibility. If someone is assessed as having eligible care needs, the local authority will work with them to consider what types of support might be provided to meet their needs. Some types of care and support are provided free such as short term respite services or equipment and minor adaptations to the home. Other types of care and support are subject to a charge; however, people are only asked to pay what they can afford. Sometimes the person will pay the full cost (self-funding) and sometimes the cost will be shared between the person and their local authority.

9. To decide what a person can afford to pay, a local authority will carry out a financial assessment. The local authority will consider the person's income and any assets they own, like a house or other investments. The local authority will then calculate how much the person can afford to pay towards their care and support costs. People in receipt of ASC-funded care and support receive support to organise that care, either through the Council arranging the care with a provider or through the provision of a direct payment which enables the client to arrange and pay for their own care. People who fund their own care and support usually arrange their own care independently of the Council, but may make use of information, advice and signposting services provided or commissioned by ASC. The Council can help people to arrange their care in some circumstances.

10. Homeowners moving into residential care can consider entering into a 'deferred payment agreement' with the local authority. This is an arrangement whereby the person agrees, with the local authority to pay some of their fees at a later date. This means they should not be forced to sell their home during their lifetime, to pay for their care. The person usually repays the local authority from the sale of their property or it is repaid from their estate.

11. Although the Council has statutory responsibilities the Board considers that individuals have an important role in taking responsibility for their own choices and planning for their potential future care needs.

12. In many cases, this will include making arrangements to fund the cost of care themselves as a relatively small proportion of people will receive care which is fully funded by the local authority. Indications are that East Sussex has a relatively high proportion of self-funders. For example, self-funding fees have been estimated to make up 76% of care costs in the residential care market in East Sussex.

Information, advice and signposting

13. The box below provides further detail on the Council's responsibilities specifically in relation to information and advice.

How does the Care Act improve information and advice?

Local authorities need to provide comprehensive information and advice about care and support services in their local area. This is to help people to understand how care and support services work locally, the care and funding options available, and how people can access care and support services.

The Act clearly sets out that they must provide information on:

- what types of care and support are available – e.g. specialised dementia care, befriending services, reablement, personal assistance, residential care etc
- the range of care and support services available to local people, i.e. what local providers offer certain types of services
- what process local people need to use to get care and support that is available
- where local people can find independent financial advice about care and support and help them to access it
- how people can raise concerns about the safety or wellbeing of someone who has care and support needs

All information and advice must be provided in formats that help people to understand, regardless of their needs. This may include a range of different types of information and include working with partners to provide information on different services together.

Source: Gov.uk Care Act Factsheet 1

14. There are a range of ways in which the Council meets the duty to provide universally available information and advice about social care services. These are set out in the ASC Information and Advice Strategy and include:

- **Health and Social Care Connect** – the single point of telephone contact for residents and professionals about social care services. The service provides information, signposting and advice over the phone and can be accessed direct by the public and professionals and take referrals from other services (see box below).
- Online information via the **ESCC website**. This includes:
 - the directory of care and support services **East Sussex 1Space** (run by ASC): Services listed on East Sussex 1Space have a care and support element directed at adults. Many services are accredited by Support with Confidence or other regulatory bodies, such as the Care Quality Commission or an organisation recognised by the Professional Standards Authority for Health and Social Care. Other services are listed on a case-by-case basis where they are determined to have met the required standards by the directory administrators.
 - the **ESCIS directory** (East Sussex Community Information Service – managed by the Library and Information Service) which provides listings for a wider range of community groups, organisations, information and events.
 - **online self-assessment tools**: these give users an indication as to whether they would be eligible for social care support, and signposts them to other sources of help.

- A range of **leaflets and factsheets** available in a variety of public places, downloadable from the website and provided direct to individuals.
- Via **front line staff** – a key role of front line staff involved in undertaking assessments or managing ongoing care is to provide information and signposting to appropriate services and support. Proactive awareness raising about local care, support and community services is also undertaken by staff including Locality Link Workers.
- **Services that the Council commissions** are asked to provide information and advice on behalf of ASC. For example, services commissioned from voluntary sector organisations such as Care for the Carers, Age UK East Sussex or Healthwatch East Sussex.



Health and Social Care Connect (HSCC) offers both the public and professionals a single point of access for adult health and social care enquiries, assessments, services and referrals. It offers a single phone number (0345 60 80 191) open from 8am to 8 pm, 7 days a week, including bank holidays.

This means adults in need of care and support, and their carers, receive faster access to the services they need at home or closer to home – this could be information and advice, social care support or a community health service.

HSCC was set up by bringing together three separate services (health referrals, social care assessments and a public adult social care helpline) into a single team able to deal with any health or social care enquiry from any source.

15. The Review Board considered how well these methods are meeting the Care Act duties in relation to information and advice and whether and how they can be enhanced.

Review Board findings

Public understanding of social care

The national picture

16. A range of national research has provided an insight into the level of public understanding of social care services. This consistently indicates a substantial lack of understanding about social care for older people, particularly in terms of how the system works and how care is funded.

17. The King's Fund report 'A fork in the road: Next steps for social care funding reform' (2018) states that the public has little understanding of how social care operates and even less on how it is funded. A report on research by the Health Foundation, published in May 2018, found that public understanding of social care is limited and there is a lack of clarity around the current offer. Those who have experience of using social care services, either for themselves or through friends and relatives, have more knowledge, but overall social care services are not well understood. People are also not clear about how to access social care and how services are managed.

18. Findings from the British Social Attitudes Survey 2017 suggests that there is no clear understanding of how social care is currently funded, with 34% believing that the government pays for care, whilst 12% believe the individual pays. 51% gave answers which reflect their belief that costs are shared between the government and the individual. Furthermore, people often struggle to distinguish between social care and the health services provided by the NHS. 63% of the people surveyed believed that the NHS provides social care for older people, whilst 47% believed that social care services are free at the point of need. Many people also assumed their GP is the entry point to the system.

19. In terms of information the statistics are more positive. A 2015 Department of Health survey found that three quarters (73%) of people aged 50 and over are confident that they would know where to find information about local care and support services if they needed to. However, this means a quarter are not confident and this figure is higher amongst some groups.

20. This widespread lack of understanding may be partly due to the relative complexity of the current funding arrangements, particularly compared to health services, and the fact that social care does not have the same national profile and brand as the NHS. These are not issues which can be addressed locally, but the Board recognised the significant impact of these factors on the Council's ability to communicate with the general public locally. The Board felt that a national awareness campaign should be organised to increase public awareness.

The local picture

21. There is no evidence to suggest that the level of public understanding in East Sussex is any greater than the national picture. The Board heard from Healthwatch East Sussex, Age UK East Sussex and Care for the Carers that their experience reflects the national statistics, with individuals expressing confusion about the health and social care system and in some cases believing that social care is free to all at the point of need in a similar way to the NHS. The Board heard from an independent financial advisor who specialises in advising people about care costs that, in his experience, people's understanding of social care costs and funding arrangements is very sketchy and there is no grasp of the detail.

22. Some additional insights did however emerge from the Board's research:

- The public's lack of familiarity with terms used by professionals such as 'social care' and 'carer'.

- The possibility of some fear amongst older people about contacting 'social services' due to concern about being 'put in a home' and losing their independence.
- Apparently very traditional views of social care services, largely restricted to traditional home care or care homes, both of which have negative associations for some people. There appears to be less awareness of newer forms of care such as personal assistants or supported housing and that there is now a broader spectrum of care and support options available.
- People have very limited understanding of the social care system until they, a family member or friend needs support. They then use a range of sources to find information and can find it difficult to navigate the information available.
- People tend not to plan ahead resulting in action often being taken in a 'crisis' situation.
- People often talk about a range of issues in their lives rather than identifying a specific social care need – this can emerge from an initial, more general conversation.
- A significant lack of awareness and understanding of specific aspects of social care funding such as how property assets are taken into account and the deferred payment option.

23. The Board recognised that this Review provided insights into local public awareness which could potentially inform future information and communications produced by ASC but that further research would be necessary to corroborate and deepen the evidence base. The Board also recognised that any significant shift in public perceptions and awareness would require national action.

Recommendation 1

Adult Social Care should undertake additional engagement, ideally in partnership with an independent organisation, to gain a better insight into how well-informed people in East Sussex feel about social care support and funding arrangements. The engagement should include people who are not existing ASC clients and the findings should be used to inform ongoing ASC communications and information provision.

Planning ahead

24. The 2015 Department for Health survey explored the perceptions and attitudes of people aged 50 and over in England towards health, ageing and care and support. The survey asked specifically about financial preparations. Around half (53%) of people aged 50 and over say they are preparing financially to pay for the care and support services they might need when they are older. However, a third (31%) say they have not made any preparations at all and 15% have made hardly any preparations. 52% of people aged 50 to 64 years and 46% of those aged 65 to 74 say they have made little or no preparation, compared with 35% of those who are 75 or older.

25. The Board explored with witnesses whether it would be possible to influence people to plan ahead for their potential future needs in old age, either financially or practically. ASC officers and voluntary sector representatives indicated a general unwillingness amongst the public to think about care needs until forced to do so, as well as a lack of understanding of the need to do this and how to go about it.

26. There are practical difficulties for individuals and families in planning ahead financially without knowing the type, length and therefore the likely cost of care that might be needed which can vary considerably. This uncertainty about cost, coupled with the high likelihood of needing some form of care, is reflected in the lack of available insurance or payment plan type products available on the market.

27. Witnesses indicated that it may be more realistic to expect people to plan when care needs begin to become apparent rather than attempting to engage the general public. Healthwatch indicated that people and families are likely to be more receptive to information and advice about planning for support and care costs when initial low-level needs emerge. This would potentially be a point at which ASC could be more proactive with information about planning ahead, for example if someone has experienced a first fall, or a period of reablement. Age UK East Sussex also suggested that the ideal approach would be proactive communication ahead of a point of crisis and ahead of the assessment stage. The additional engagement recommended above may be able to explore this approach further and inform what might be achievable within available resources.

28. Even when planning for care provision at a relatively late stage, for example on entering residential care, the Board heard that provision of good information can help individuals and families make more informed choices. For example, information on the standard fees the Council pays for residential care can help families know how likely it is that their choice of home will continue to be affordable if care becomes ASC funded in the future (if assets reduce to below the threshold for funding).

29. Access to accredited specialist financial advice can help people maximise the ability of their assets to fund their care for the full length of time it is needed. This has benefits for the individuals and families in providing greater choice and certainty and also reduces the likelihood of ASC funded care being needed. ASC offers the opportunity for independent financial advisors qualified to advise on care costs (such as those registered with the Society of Later Life Advisors) to become accredited with Support with Confidence. This makes them accessible via East Sussex 1Space, but take-up is limited. ASC also provides a range of sources of financial information and advice within factsheets and online. An alternative approach in West Sussex provides signposting to a number of accredited financial advisors through the Council's Carewise scheme. Given the potential benefits to individuals, families and the Council from better financial planning the Board recommends exploring whether the information already available in East Sussex could be built upon.

30. The Board heard significant evidence about the importance of encouraging individuals to plan for future care needs as early as possible. Witnesses indicated that there is currently a lack of incentive to encourage people to plan. The Board agreed that this is an issue but that there are benefits which could be highlighted to people, such as increased choice of residential care setting or how care is provided. The Board also accepts the practical difficulties of influencing people's willingness or ability to plan to any great extent locally.

31. A significant shift in attitudes would need to take place at national level, potentially linked with changes to social care policy, to make a significant impact on people's willingness and ability to plan ahead. In light of this, the Board believes that national policy across the political spectrum should reflect and support measures to encourage better planning for old age. The Board hopes the forthcoming Green Paper will address these issues.

Recommendation 2

The Council's response to the anticipated Adult Social Care Green Paper should highlight the need for a national awareness campaign to improve the public's understanding of social care services and funding. In particular, how modern social care services work and how people can help themselves to stay independent and plan ahead for their future social care needs.

Recommendation 3

ASC should publish information on standard local authority rates paid for care in East Sussex to help individuals and families make informed choices about care.

Recommendation 4

ASC should review the information on sources of financial advice provided online and in factsheets and consider whether signposting to accredited independent financial advisors could be improved.

Information provision**Quality of information provision**

32. Twice a year the department undertakes surveys of ASC clients and carers known to the service which include a question about how easily people are able to find the information they need. Responses from the most recent mailing (212 client responses) show that 50% of clients can 'always' find the information they need, 47% can 'sometimes' find it, and 2% can 'never' find it (this excludes people who haven't needed any information, chose 'not applicable' or didn't answer the question). The carer rating for finding information for the person they care for has stayed fairly consistent, also at around the 50% mark for 'always' being able to find information (102 carer responses). However, the rating for finding information for them as a carer is more mixed, with 44% saying they could always find the information they need (101 carer responses).

33. Nationally comparable data is available from the ASC annual survey of people in receipt of long term support services (that are funded or managed by the local authority following a full assessment of need), which is undertaken by all local authorities. The most recent results indicate that 78.6% of respondents stated they found it easy to find information about services. Although performance showed a slight decrease in 2017/18, and the Council's target of >79.4% was not met, performance is still high compared to other authorities, situated in the upper quartile of performance at the 22nd highest (best) performance out of 150 authorities.

34. The ASC Comments, Compliments and Complaints Annual Report 2017/18 identified that the third highest category of complaints related to 'information provision'. Further analysis reveals that this type of complaint most frequently relates to information about funding and charges. The number of complaints falling into this category totalled 41 of 420 and represents a very small number in comparison to the many thousands of contacts ASC has with clients and the public each year. The report also notes that many compliments are received in relation to information and advice each year.

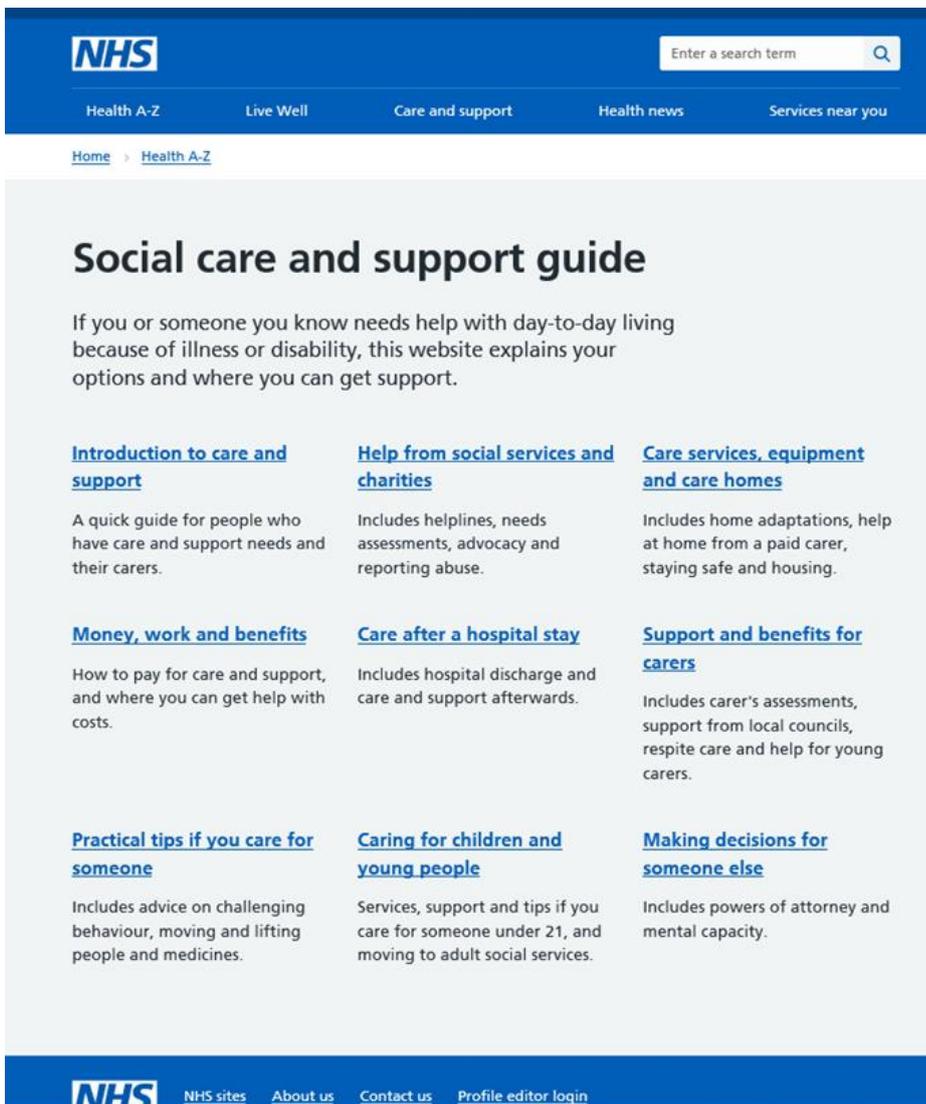
35. These indicators of satisfaction with ASC information provision suggest a relatively high degree of satisfaction, but also that there is room for improvement. The feedback mechanisms are largely limited to people already in contact with ASC services – as recommended above it would be helpful to have greater insight into the information needs of those with less direct experience of services.

Online information

36. The 'Adult Social Care and Health' section of the ESCC website is a significant information resource and makes a substantial contribution to meeting the authority's information and advice duties. It is also a very efficient way to provide information in comparison to the more resource intensive telephone and face to face methods. The website has been designed in line with the GOV.UK principles to make it as simple, readable and accessible as possible. The information has been tested with Google Translate and can be translated from English into the 12 next most commonly spoken languages within East Sussex. Work is currently in progress to produce a British Sign Language video to put on the website.

37. A digital project is underway to review and redesign the ASC section of the website, further developing the online offer available for clients and carers. As well as improving navigation, the redesign will support a move towards a 'self-serve' approach to helping the public. For example, it will enable individuals to complete an initial financial and needs self-assessment form online in their own time. This will give them a more tailored understanding of what care they may receive and the amount they may be required to contribute towards the costs of care. In turn, this will support them in making a decision as to next steps and whether they want to contact ASC for an assessment or look at options to meet their needs themselves. If they do wish to proceed to contact ASC they can choose to submit the online information already completed. The financial self-assessment tool is expected to be available from April 2019.

38. The digital project is also looking to provide clearer information on charges and financial criteria; make information directories (such as Support with Confidence and 1Space) more prominent; and to rationalise the information available, including by linking to national social care information provided by NHS Choices rather than creating duplicate local versions. The NHS website has been redeveloped in order to ensure it is compliant with the Care Act 2014. It contains a wide range of information relating to social care and support and the intention is that the ESCC website does not duplicate this information, instead linking to it and vice versa.



A screenshot of the NHS online social care and support guide

39. The improvements to the ESCC website will include synchronisation of the information available so that clients and carers can more easily access the information and advice they need. However, the Board identified some remaining areas of fragmentation, for example Disabled Facilities Grants are managed by district and borough councils rather than ESCC and this can lead to some inconsistency in the information provided in different parts of the county on the various council websites. The Board also had some concerns that using NHS branded pages could exacerbate the confusion (apparent from national and local evidence) between NHS and ASC services and how these are funded.

40. Overall the Board welcomed the digital transformation work and recognised that ASC is taking a proactive and best practice approach in this area.

Recommendation 5

ASC should ensure that the new digital content, particularly the availability of enhanced online self-assessment tools, is promoted to key groups who can support wider communication, for example voluntary and community sector organisations and county councillors.

Recommendation 6

Within the digital project particular attention should be given to the interface between the ESCC and NHS websites to ensure this is clear and seamless for users and minimises the risk of confusion.

Leaflets and factsheets

41. It is recognised that online information does not suit everyone and the Board welcomed the ongoing commitment from ASC to the provision of hard copy and telephone information and advice for those who need or prefer it. ASC produces a range of information leaflets which are available in libraries, pharmacies and GP surgeries and also distributed countywide once a year in the spring. These cover topics such as 'A guide to Adult Social Care', 'What you need to pay' and 'Do you look after someone?'. The department also produces a series of factsheets: in-depth documents which provide more detailed information on specific areas such as financial assessments, direct payments, mental capacity and advocacy and safeguarding. These are given out at an appropriate time, when people need them, and are publicly available on relevant webpages and upon request.

42. Printed leaflets are provided to people in contact with ASC who do not have access to or are unable to use electronic devices. These are available in larger print versions and can be produced in braille, audio and translated formats on request.

43. The ASC produced leaflets are available alongside a wide range of information leaflets available from other organisations which contain information relevant to social care services and support. Care for the Carers indicated that before making contact with ASC or other support organisations people may have accumulated a 'wheelbarrow of leaflets' (or their online equivalent) and that it can be hard for people to navigate through the substantial amount of information available. This highlights the importance of the signposting work discussed below.

Recommendation 7

ASC should check that leaflets are circulated to all community run libraries, as well as ESCC libraries.

Face to face/telephone information

44. ASC is aware that some residents do not have access to the internet or simply prefer to speak to someone direct. This was confirmed by Age UK East Sussex who indicated that personal contact (face to face or phone) remains the preferred method for many older people. As a result the single contact number for community health and social care services in East Sussex, Health and Social Care Connect (HSCC), features prominently in ASC information. The HSCC telephone number is at the top of the 'contact Adult Social Care' webpage, along with the phone line's opening hours, and above the 'applying for support' link. The HSCC number is also included on all the ASC leaflets and factsheets. The Board supports the efforts to make HSCC as prominent as possible.

45. HSCC is the entry point for anyone seeking advice or support in relation to adult social care. The HSCC access team gathers initial information from those making contact to understand their needs or the needs of the clients/carers they are referring. At this stage the individual may be signposted to services available within the community or given advice and guidance. If the information provided meets their needs they will then exit the ASC pathway. This can help to prevent further support needs or delay the need for a formal care package.

46. Feedback from voluntary sector organisations indicated that awareness of HSCC may not be widespread amongst the older population in East Sussex. People may instead make initial contact with a voluntary organisation known to them. This may also be because many people don't view their situation as a 'social care' need – they may be concerned about social isolation or a range of interlinked health, housing and social care issues. These organisations can then direct people to HSCC (and other agencies) if appropriate.

47. A large proportion of contacts with HSCC are via third party referrals from health professionals such as GPs and community nurses. The Board heard evidence from voluntary sector groups that the GP is often the first point of contact for people seeking support with care related needs. This emphasises the important role of health services in providing information and signposting in relation to care and support services. However, although ASC information is available in GP surgeries, it is impossible to know whether consistent information about social care is being provided by health colleagues. The standardised and Care Act compliant information now available on the NHS website may go some way to addressing this.

48. Raising awareness about costs and charging is key. The Board heard that information provided by staff about financial contributions towards care is continuing to develop. Conversations between professionals and people needing support are becoming even more open, which is enabling ASC to better manage expectations around the costs of care. For example, HSCC inform clients and carers early on in the conversation that they are likely to be expected to contribute towards their care costs, but that this is subject to an individual financial assessment. A standard letter is provided by ASC staff to summarise information about care costs which has been discussed verbally with people whilst in hospital. This enables it to be read by the person, their family or carer at a later date, recognising that information may be hard to take in at a stressful time. The new online financial assessment tool will give an idea of indicative costs – as well as being used independently by clients and carers it can also potentially be used by third parties or by ASC staff at to give an indication of charges before someone 'commits' to going down the assessment route.

Recommendation 8

ASC should engage with GP Practice Locality Groups and Patient Participation Group networks to promote the new digital offer, particularly self-assessment tools, and to refresh knowledge of Health and Social Care Connect. GPs should be encouraged to share this information with their practice staff.

Signposting to services

Directories

49. There are two local directories which hold information about different services available within East Sussex which may be able to meet care and support needs: East Sussex Community Information Service (ESCIS) and East Sussex 1Space. ESCIS provides links to community information, groups and events such as lunch clubs and football clubs and is managed by the Library and Information Service in the Communities, Economy and Transport department. East Sussex 1Space is a directory managed by ASC specifically for services which can meet local social care and support needs of adults, including providers approved through the Support with Confidence scheme. These directories are key resources both for the public (those in need of support, families and carers) and professionals looking to signpost people to available local community and support services.

50. ASC officers commented on the challenges of keeping the directories of services up to date. The Locality Link Workers based within ASC have carried out a large piece of work to update directories but ongoing maintenance remains difficult within available resources. Given the limited resource available from the Library and Information Service, community and voluntary sector organisations have a key role in maintaining the information available regarding their organisations available on ESCIS. There is an email update facility within the directory which organisations or individuals can use to flag outdated information to the administrators. There is more proactive management of the 1Space entries as the listings are reviewed annually and, where relevant and possible, accreditations are checked.

51. The Board received evidence that there is a degree of overlap between ESCIS and 1Space and that this can cause some confusion about their respective purpose and content. Although there are differences in terms of the scope of services covered (ESCIS is much wider than care and support) and level of checking or review carried out on services listed (which is significantly greater for 1Space), the overlap is an issue recognised by the department. ASC is currently working with the Library and Information Service to look at a closer collaboration between the two directories. This would make information more readily available for communities and fit for purpose for practitioners.

52. The Board explored whether it would be feasible to combine the two directories into one, which the Board regarded as the ideal situation. Challenges to achieving this may be the availability of the level of resource required or issues relating to the different procedures for checking information on the two sites which would need to be resolved. However, it may be possible to align the resources more fully, and this is being considered through the project to redesign the ASC webpages.

53. The Board received feedback that the information about services available from the directories does not give sufficient indication of the likely capacity of the service. However, the Board recognises that including such information would be challenging, particularly in terms of ongoing maintenance, and dependent on providers regularly reporting this information. The Board also suggests that any development or changes to the directories should be undertaken with feedback from end users, in line with current practice.

Recommendation 9

Opportunities to align ESCIS and 1Space within available resources should be fully explored, for example co-locating links to the databases on the ESCC website. Opportunities to improve the way the directories are updated should also be explored.

Recommendation 10

All councillors should encourage local groups and organisations to ensure their entries on ESCIS are kept up to date. Councillors should also make use of the online reporting facility to flag out of date information relating to local organisations within their division.

Signposting by frontline staff

54. Social care staff are increasingly focusing on a strengths-based approach i.e. concentrating on what the individual can do for themselves and encouraging independence. This approach links to the signposting of services available within the community. People can be signposted to services that may meet their needs without requiring traditional care, or which can help maintain independence and delay the need for ongoing formal care.

55. In a similar vein, the Board heard from voluntary sector witnesses that there is a need for a more holistic conversation about overall needs and the full range of services available in the community rather than a narrow focus on eligible needs. Care for the Carers also highlighted the importance of frontline staff having knowledge of and access to the range of information and services available and of consistency and effective communication between health, social care and voluntary sector organisations to minimise confusion and risk. In addition to ongoing work to develop more integrated health and social care services, a number of specific initiatives have been underway to develop the approach to signposting and the resources available to frontline social care and health staff.

56. Over the past two years eight Locality Networks have been established within East Sussex which have been jointly developed by the Locality Link Workers (based within ASC and funded through Public Health) and the three Voluntary Actions (RVA, HVA and 3VA). They aim to bring together practitioners from the community and voluntary, public, and independent sectors to share information and resources, to build relationships and to provide opportunities to support and strengthen community-based services. One role of these networks has been to map and connect existing local community organisations and to make them more easily accessible to individuals through signposting services.

57. The Locality Link Worker team has been commissioned to work with frontline health and social care professionals to better access community-based support for clients. Each locality has a designated Locality Link Worker responsible for collaborating and communicating with practitioners, voluntary organisations and individuals within the community using their extensive knowledge of the community assets available within their area. In addition to sharing their knowledge of these services, the workers are able to share information between the different localities and ensure common working practices across the County, as opposed to each locality working in silos. ASC assessors have a working relationship with the Locality Link Workers and can draw on their expertise to signpost people to appropriate services available within the community. The Locality Link Worker team is currently funded to the end of the 2019/20 financial year, and work is underway to look at how their activity can become embedded in practice after this time

58. The Board explored issues around signposting to services and risk. Due to data protection requirements it would not be appropriate for personal information to be given to community organisations which had not been accredited or commissioned to provide services by ASC. Where it has become apparent through assessment that a client may benefit from further support which could be delivered through the community, and the client has capacity, they will be signposted to that specific organisation rather than referred. This means that the client takes responsibility for contacting the organisation they have been signposted to. As well as addressing risk issues this is also about facilitating a language and cultural change amongst both staff and residents in relation to self-care and personal responsibility for choices. The statutory requirement to provide a formal care package where needed remains.

59. Social prescribing is an initiative to enable GPs, nurses and other primary care professionals to signpost patients to a range of non-clinical services which complement existing medical treatments to improve health and well-being. It was described to the Board by Age UK East Sussex as a 'pathway to help people navigate what's out there'. The approach has begun to be used in specific areas of East Sussex. A social prescribing steering group has now been set up to oversee and bring together the different models being used across the whole of the county, focusing on the Care Navigator role based in GP surgeries. A group of VCS organisations are involved in this work, including Care for the Carers and Age UK East Sussex. Social prescribing recently received national impetus through the government's Loneliness Strategy which states that, *"By 2023, government will support all local health and care systems to implement social prescribing connector schemes across the whole country, supporting government's aim to have a universal national offer available in GP practices"*. This review was not able to go into this initiative in any detail and it is at a relatively early stage. The Board recognised its potential importance and recommends further consideration by scrutiny in the future.

Recommendation 11

The People Scrutiny Committee should further examine the role of social prescribing and how it is developing in East Sussex within the planned scrutiny review of community resilience and loneliness.

The role of councillors

60. Councillors have an important role as community leaders in terms of local engagement and signposting to services, both generally within local communities and on an individual level in terms of managing enquiries and casework.

61. Having considered a wide range of evidence in the course of the review the Board concluded that county councillors, in their interactions with communities and individuals, have a role to play in improving understanding of social care services. This includes how services are changing, promoting realistic expectations of the services and costs and, where appropriate, encouraging people to 'help themselves' through signposting.

62. In order to do this, councillors themselves need to understand more about the social care system. Members of the Review Board have found through this review that there is a lot to learn and that councillors require a good understanding of the information that is available to refer to. For example, an awareness of the directories of services, the role of Health and Social Care Connect and the online and printed material available. Councillors can also use their local knowledge to feed into the mapping of local services.

Recommendation 12

The ASC departmental guide for councillors should be updated to include links to useful information sources and to reflect the new digital offer. A briefing session for councillors should also be arranged to accompany the updated guide.

Conclusions

63. The Board concluded that the limited public understanding of social care services, systems and funding is a very significant issue. This has a real impact on how people plan for their old age, their expectations and how they access services. Given the county's demographic, East Sussex is ahead in terms of the ageing population nationally and is therefore at the sharp end of pressures on older people's social care services. This makes it critical that East Sussex leads the way in the information and advice we provide. Good information and advice benefits individuals, families, communities and ultimately the Council as it helps people to help themselves.

Appendix:

Scope and terms of reference of the review

The Review was established to consider and make recommendations on the following:

Managing public understanding and expectations with the key questions being:

1. Is the Council doing enough to signpost people to resources which will help them arrange their own care?
2. Could the Council do any more to inform people about how we support them, including the arrangements for funding their care?
3. What is the Council's role, in the context of limited resources, in managing expectations regarding the provision of care?

Board Membership and project support

Review Board Members: Councillors Angharad Davies, Michael Ensor (Chair), Roy Galley, John Ungar and Jim Sheppard.

The Project Manager was Claire Lee, Member Services Manager, with project support provided by Hannah Matthews, Democratic Services Officer.

Bianca Byrne, Head of Policy and Strategic Development, Adult Social Care, provided ongoing support to the Board throughout the review.

Review Board meeting dates

First scoping meeting – 21 August 2018

Second scoping meeting – 6 September 2018

First formal meeting – 2 November 2018

Informal meeting – 8 November 2018

Informal meeting – 27 November 2018

Second formal meeting – 11 December 2018

Third formal meeting – 14 January 2019

Fourth formal meeting – 30 January 2019

Fifth formal meeting – 13 February 2019

Witnesses providing evidence

The Board would like to thank all the witnesses who provided evidence in person:

ESCC Officers.

Bianca Byrne, Head of Policy and Strategic Development

Samantha Williams, Assistant Director of Strategy, Commissioning and Supply Management

Kay Holden, Interim Assistant Director Planning, Performance and Engagement

Jacqueline London-Willis, Operations Manager – Operational Development Team

Alex Callaghan, Project Manager, Adult Social Care Web Transformation Project

Rebecca Earl, Customer Access Advisor, Health and Social Care Connect

Julian Fowler, Head of Organisational Development

Janette Lyman, Community Relations Manager

Rachael Toner, Locality Link Coordinator

Terry Hume, Community Resilience Programme Manager

Healthwatch East Sussex

John Routledge, Executive Director, East Sussex Community Voice
Elizabeth Mackie, Volunteer & Community Liaison Manager
John Curry, Healthwatch Volunteer

Care for the Carers

Jennifer Twist, Chief Executive Officer

Age UK East Sussex

Steve Hare, Chief Executive

Care Advice Service (Big River Ltd)

Tom Scott, Independent Financial Advisor

Evidence papers

Item	Date considered
Social care funding and paying for care – briefing paper, ASC	2 11 2018
Locality Link Worker case studies, ASC	11 12 2018
ESCC response to the LGA green paper for adult social care and wellbeing, ESCC, 2018	14 01 2019
County Councils Network (CCN) policy proposals, CCN, 2018	14 01 2019
Adult Social Care departmental guide for councillors, ASC, 2017	14 01 2019
Adult Social Care Comments, Compliments and Complaints – Annual report 2017-2018, ASC	30 01 2019
'A fork in the road: Next steps for social care funding reform', King's Fund, 2018 (extracts)	Various
British Social Attitudes survey 2017, National Centre for Social Research (extracts)	Various
Health, Ageing and Support: survey of views of people aged 50 and over. A study for the Department of Health 2017 (extracts)	Various

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