

## **Building an Independence Service**

*How can the Council and its partners best support older people to remain in their own homes?*

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**The Social Care at Home Scrutiny Inquiry Panel**  
**City and County of Swansea - Dinas a Sir Abertawe**



December 2014

## Why This Matters by Councillor Uta Clay (Convener)



First, may I thank my predecessor, Councillor Jane Harris, for her commitment and work in chairing this scrutiny panel for almost a year, until her promotion to Cabinet. I thank my colleagues for trusting me to finalise this very comprehensive study of Social Care at Home.

Adult Social Care, together with affordable homes for all and fit for purpose public transport, has the greatest practical impact on the day to day lives of our people. The wonderful advances of medical care means that many more people live to a high age than a generation ago. This good bit of news has a sting: with more elderly people needing support to enjoy a good quality life, there is pressure for expansion of support services to enable people to remain independent for as long as possible and avoid having to be cared for in an institutional setting like a hospital or residential care.

However, at the very time of greater demand, local authorities are facing unprecedented pressure from the Westminster government (passed on by the Welsh government) to make deep spending cuts as a remedy to pay for the massive deficit caused by the banking crisis of 2008. This national policy of austerity places Swansea Council in an appalling situation where cuts have to be implemented whilst need is growing. In response the Welsh government and Swansea Social Services Department initiated a wholesale review of services and policy proposals for the transfiguration of Adult Social Care.

In preparation for these changes this panel looked at how social care is presently delivered to people who wish to remain in their own homes. We received information from our officers, we invited voluntary organisations to offer their perspective, we spoke to professionals both in health and social care, we heard from private providers, we spoke to older people at day centres and in their own homes and we listened to carers and their support organisations.

We were impressed with the dedication of professionals we met, we recognise initiatives which work well, we have highlighted areas that need to be improved but also some that don't work well and need to be replaced. We encountered a great deal of goodwill from all parties, both in-house and external, but this was an inquiry into a complex area and it was not always easy to find the information we needed.

Last but not least I wish to pay tribute to the thousands of 'informal carers' (family, friends, neighbours) without whose commitment our services could not cope, whose never ending work is often overlooked and whose needs are frequently not recognised.

I thank all panel councillors for the sustained work over 12 months, the contributions that brought personal insights to this process and the diligent scrutinising of details that culminated in a report which, I am certain, will be an indispensable contribution to the new TASS panel and will inform the changes necessary for Swansea to maintain social care for adults which are affordable and realistic.

## **Summary of Conclusions and Recommendations**

### **Building an Independence Service**

How can the Council and its partners best support older people to remain in their own homes?

#### **Conclusions**

1. Build an independence service to replace the current care service
2. Put tackling loneliness at the heart of our prevention agenda
3. Make sure there is help for cleanliness and hygiene where needed
4. Improve access to the information and help that people need
5. Make the most of the first contact
6. Roll out the Gower model
7. Work with external care providers as partners
8. Invest in the paid carers
9. Care for the unpaid carers
10. Ensure that the voices of older people can be heard
11. Build a 'community of support'

#### **The Panel recommends that Cabinet:**

##### *1.1 Long term challenges*

1. Expands and enhances the reablement service
2. Moves the social care at home service from 'time and task' to an outcome based system
3. Implements the Gower model across the Swansea area as planned
4. Protects day centres and respite services wherever possible

##### *1.2 Medium term improvements*

1. Includes social contact as an element of care plans
2. Includes cleanliness and hygiene as an element of care plans
3. Undertakes a review of the information provided on the Council's website with carers and service users
4. Expands the role of the intake to team to be an 'independence advice team'
5. Reviews the assessment process including the training needs and qualifications of the Intake Team
6. Ensures that local ward councillors are effectively engaged in locality approaches such as the Gower Model
7. Involves external providers when any significant aspects of the service are redesigned

8. Adopts and implements the UNISON Ethical Care Charter
9. Stipulates living wage in contracts
10. Reviews the use of zero hours contracts
11. Holds a stakeholder conference for all partners and providers to discuss the future of social care at home and shared principles going forward – models of home care

### 1.3 *Quick wins*

1. Publishes a simple 'map' of the home care process on the Council's website that can be downloaded and printed
2. Provides a simple up to date list of who to contact when you need help on the Council's website that can be downloaded, printed and circulated
3. Ask the Health Board to review the system for providing basic support items e.g. incontinence pads
4. Holds local events for community connectors to network with councillors and other informal connectors
5. Investigates the delays between assessment and brokerage while broader changes are being considered
6. Checks whether all unpaid carers are receiving their assessments and annual reviews
7. Ensure that complaints information is easy to find on the Council website

## Contents

<b>1</b>	<b>Why We Produced This Report</b> .....	<b>1</b>
1.1	Overview .....	1
1.2	Selecting the topic .....	1
1.3	Moving to a new model.....	2
1.4	Intended contribution .....	4
1.5	Use of key words and phrases .....	4
<b>2</b>	<b>Evidence</b> .....	<b>5</b>
2.1	Evidence Collected.....	5
<b>3</b>	<b>Conclusions</b> .....	<b>6</b>
3.1	Build an independence service to replace the current care service.....	6
3.2	Put tackling loneliness at the heart of our prevention agenda .....	8
3.3	Make sure there is help for cleanliness and hygiene where needed .....	9
3.4	Improve access to the information and help that people need .....	10
3.5	Make the most of the first contact.....	11
3.6	Roll out the Gower model .....	12
3.7	Work with external care providers as partners.....	13
3.8	Invest in the paid carers .....	13
3.9	Care for the unpaid carers .....	14
3.10	Ensure that the voices of older people can be heard.....	15
3.11	Build a 'community of support' .....	16
<b>4</b>	<b>Recommendations</b> .....	<b>17</b>
4.1	Long term challenges .....	17
4.2	Medium term improvements .....	17
4.3	Quick wins .....	18
<b>5</b>	<b>Further Scrutiny Needed</b> .....	<b>19</b>
<b>6</b>	<b>Acknowledgements</b> .....	<b>20</b>
<b>7</b>	<b>About the Inquiry Panel</b> .....	<b>21</b>

## 2 WHY WE PRODUCED THIS REPORT

### 2.1 Overview

2.1.1 In selecting this topic and producing this report we wish to underline both the significance of social care at home services and the challenge that comes with ensuring that they are effective. We recognise that work is ongoing in this area and that a major transformation programme is underway. Nevertheless, as a Panel we believe that we can make a valuable contribution both to service improvement and more generally to the way in which the independence of older people is supported across the City and County of Swansea.

### 2.2 Selecting the topic

2.2.1 The Inquiry into Social Care at Home was proposed by the Annual Scrutiny Work Planning Conference in May 2013 and was subsequently included in the scrutiny work programme by the Scrutiny Programme Committee.

2.2.2 This topic was chosen firstly because providing social at home (or domiciliary care as it is sometimes known) is a significant service area for the Council. Up to 1800 people may receive social care at home at any one time and while less than 30% receive an ongoing home care service directly from the Council, the City and County of Swansea nevertheless has overall responsibility for all of the care provided.

2.2.3 Supporting older people to live at home is also one of the Council's corporate objectives. The Council wants to ensure that: *'People are safe, well and supported to live independently'*. Within this objective the Council has agreed to: *'Increase the percentage of people that are supported to be independent'*.

2.2.4 Furthermore, promoting the independence of older people is one of the 21 challenges contained in the One Swansea Plan. Specifically it includes the aspiration to increase the percentage of people supported in their own home, rather than in residential care, to 85%. Swansea's performance for 2012/13 was 80.2%.

2.2.5 As a Council we want our older people to be able to live independently in their own homes, not just because it costs us less than residential care but also because we respect that this is the choice that the vast majority of people would make for themselves.

2.2.6 As well an issue of strategic importance for the Council and its partners, providing social care at home in order to support independence is an issue of concern. Increasing demand as a consequence of an aging population coupled with the drastic reductions in public funding mean that the old ways of doing things are no longer fit for purpose. Business as usual is not an option.

2.2.7 Older people are not the only group to receive social care at home. The Panel agreed to focus on older people during this inquiry, but to recommend to the Scrutiny Programme Committee that further work should be carried out

in the future with other groups requiring social care at home. These could include people with physical and learning disabilities, including children and young people, as these are considered by the Panel to be equally as important. The Panel felt that it was necessary to focus on only one of these areas, in order to produce a clear and meaningful report.

### 2.3 *Moving to a new model*

2.3.1 The Council recognises that a new model for providing this service is needed. This is being delivered through the Transforming Adult Social Services (TASS) Programme. This programme, which has been developing over the last three years, is underpinned by the Council's Policy Commitments, the Sustainable Swansea initiative and the requirements of the new Social Services and Wellbeing (Wales) Act 2014. Each will be briefly outlined in turn.

2.3.2 'Standing up for High Quality Health and Social Services' is one of the Council's Policy Commitments includes the following themes:

- Prevention, not failure
- Localising Services
- Working Together
- Public Interest above Private Profit
- Invest in our People

2.3.3 Since we started our Inquiry and as part of the two year review of the Policy Commitments presented to Council in August 2014, the following was also highlighted:

- **Support independent living; provide improved options for older people.** We have commissioned, engaging with other stakeholders, an independent review of Older People's services with a view to developing a sustainable options for older people

2.3.4 The outcomes of this review were not available before the conclusion of the evidence gathering for this Inquiry.

2.3.5 Sustainable Swansea – fit for the future, is the long term plan for change being developed by the Council in order to address the financial, demographic and social challenges facing Swansea. The savings of £70 million that will need to be achieved over the next three years illustrates the scale of this challenge and why change will need to be radical and far reaching.

2.3.6 Sustainable Swansea has four workstreams, all of which are relevant to social care at home. These are:

- Efficiency
- New models of service delivery
- Prevention

- Stopping services
- 2.3.7 Further information about Sustainable Swansea can be found at: [www.swansea.gov.uk/sustainableswansea](http://www.swansea.gov.uk/sustainableswansea).
- 2.3.8 The Social Services and Wellbeing (Wales) Act 2014 received Royal Assent on 1st May 2014 and will be implemented in April 2016. Under the Act each local authority, working with partners, must ensure people have the information and advice that they need (including support for carers), and, where appropriate, help and assistance<sup>1</sup>. The Council will need to provide:
- The first point of entry
  - Information to help people understand how the care and support system operates within their area
  - The service to all citizens
  - Citizens with the opportunity to begin the discussion of their care and support needs and to identify what they want to achieve
  - Options and signpost citizens towards appropriate care and support, including advice on the range of preventative services available in the community
  - Where appropriate, active assistance for people to help them access services
  - A service that is accessible/understandable to individuals
- 2.3.9 As a Panel we hope that our recommendations will support the Council in meeting these requirements of the Act.
- 2.3.10 In response to the Council's Policy Commitments, the Sustainable Swansea Programme and the requirements of the Social Services and Wellbeing (Wales) Act, the TASS Programme has three strands:
- Redesigning the operating model towards wellbeing, prevention and self-managed care
  - Reshaping and remodelling services – services are commissioned to be more person centred, flexible, innovative and better value for money
  - Refocusing on communities to ensure that we are linking citizens into local resources and networks
- 2.3.11 The TASS programme is now moving into a new phase in order to implement the new Act. Specifically it will be:
- Working regionally through the Western Bay Regional Health and Social Care Programme
  - Operating in partnership with Health and the Third Sector

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<sup>1</sup> Factsheets about the Act can be found on the Welsh Government Website at: <http://wales.gov.uk/topics/health/publications/socialcare/guidance1/factsheets/?lang=en>



- Engaging with citizens, service users, carer and staff about a future model of social care.

## 2.4 *Intended contribution*

2.4.1 As a Panel we believe that we can make a valuable contribution to this process of transforming the Social Care at Home service. We recognise that the challenges are deep seated and often complex. We also believe that, while no one has all of the answers, success will only come from a conversation that everyone is able to contribute to. It is in this spirit that our conclusions and recommendations are offered.

2.4.2 Specifically this report aims to contribute to this vital debate by:

- Drawing together some general principles for the development of the home care service
- Offering proposals for improvement in the long, medium and short term
- Providing a councillor perspective on how well the service is working
- Pointing to good practice examples
- Sharing the views of different people within the home care 'system'

2.4.3 We are also happy to recognise the limitations of the inquiry. Given the complexity of the topic and the time that we had this report necessarily provides a broad view. We simply did not have the time to go into issues in depth.

2.4.4 Finally, many of our conclusions are in line with the Council's current direction of travel and these are offered in order to provide reassurance. Other may be either additional or contrary to what has already been agreed. These are intended to offer challenge and to stimulate debate. Where we have made recommendations these are intended to help improve the service.

## 2.5 *Use of key words and phrases*

2.5.1 We found a number of terms that were used to mean different things or that may not be known to the lay person. In writing this report we have used a number of terms as follows:

- We have distinguished clearly between paid and unpaid carers although we found that not everybody does. Paid carers are those employed to visit people's homes to perform tasks, unpaid carers are family and friends or other volunteers providing support.
- Brokerage is a term that can either refer to the Council's system of allocating care packages to private providers or more generally to helping people to access services. Here we use the term brokerage to mean the narrower first definition.
- Reablement is a term that can refer to a medical intervention such as physiotherapy required to support independence or may also be used more generally to mean any process that supports independence such as

the provision of a handrail for example. Here we use the term more generally and use 'physical reablement' when appropriate.

### **3 EVIDENCE**

#### *3.1 Evidence Collected*

3.1.1 Evidence was collected between January and September 2014. In total 17 evidence gathering activities were undertaken by the Panel as follows:

- a. Q&A with Head of Adult Social Services and Lead Officer
- b. Home Care Good Practice Case Studies
- c. Roundtable with representatives from ABMU Health Board, 50+ Network and Age Cymru Swansea Bay
- d. Q&A session with Internal Provider, Legal and Procurement
- e. Q&A Session with External Providers
- f. Visits to Day Centres to Meet Service Users
- g. Survey of Service Users
- h. Questions in Swansea Voices
- i. Q&A with Cabinet Member, Contracts Officer and Internal Provider
- j. Presentation from Unison about their Ethical Care Charter
- k. Presentation from the Gower Integrated Care Team
- l. Q&A with the Head of Adult Social Services
- m. Presentation from Swansea Carers Centre
- n. Further information from Social Services
- o. Presentation from the British Red Cross
- p. Visits to Meet Service Users and Carers in Their Homes

3.1.2 For full details of how the evidence was gathered including details of all of the findings from each session please see the findings report for this inquiry. This report can be downloaded at [www.swansea.gov.uk/scrutiny](http://www.swansea.gov.uk/scrutiny).

## 4 CONCLUSIONS

### 4.1 *Build an independence service to replace the current care service*

- 4.1.1 The TASS programme aims to ensure that services should focus on outcomes and independence. We wholeheartedly agree that this is the right direction and we support the Council's Policy Commitment to focus on prevention. However, aspects of the Social Care at Home Service remain out of step with this aspiration; in particular the 'time and task' model and the brokerage system. We believe that this model should be replaced with one that has outcomes rather than tasks at its heart.
- 4.1.2 The Domiciliary Care Assessment Service provides a six week period of 'reablement' for most of the older people receiving support from social services in order to help them regain their independence<sup>2</sup>. This service works with the individual to achieve the outcomes that are important to them and to help them to be as able as possible to look after themselves. As a Panel we believe that this is the right approach and should be the way that services are provided even after the initial six week period. Currently, after the Domiciliary Care Assessment Service has finished with a person, and where required, a long term care package is put in place through the brokerage system. This care is provided through a time and task approach.
- 4.1.3 As a Panel we believe that the time and task system, in other words allocating paid carers specific tasks to do in people's homes, has serious limitations and does not provide acceptable care for all. We are concerned that 20 minute packages of care may not be sufficient to meet people's needs. We heard evidence from Age Cymru Swansea Bay that a paid carer had been witnessed arriving at their destination, assisting the client, completing the relevant paperwork, making the call to the office to report their presence and leaving. Out of a total of twenty minutes, only twelve minutes were spent with the client. As councillors we have heard similar accounts that, while anecdotal, suggest that some care packages may not be adequate for many older people.
- 4.1.4 While the Council, which provides in house support for 29% of those receiving social care at home, is able to provide a better service than external providers, the higher cost of this service means that it cannot be available for all. Indeed, the current system seems to offer the Council an impossible choice between providing a higher quality service for fewer people or a lower quality service for more. We do not believe that a model that has such a tension at its heart can be defended in the long term (see also 4.8.4). [reference ought to be 4.8.4?]
- 4.1.5 A further shortcoming of time and task is the inflexibility of the system. In our opinion assessment should be a three way ongoing conversation between the client, the provider and the Council that continues after the initial six week 'reablement' period. This is the approach in Councils such as Thurrock and

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<sup>2</sup> <http://www.swansea.gov.uk/article/3915/The-Domiciliary-Care-Assessment-Service-DCAS>

for third sector organisations such as the British Red Cross, for example. With the current system, however, once packages of care have been allocated they can be difficult to change. We heard from external providers that while they undertake their own assessments these are not recognised by the local authority. We understand from Social Services that where a provider indicates that someone's needs have changed then a review will be triggered and that the initial assessment process through the Domiciliary Care Assessment Service is intended to ensure that the care that is commissioned is appropriate to meet the support needs agreed with the person. Nevertheless, we had indications that, if the assessment does not get it right then there is a wait of 12 months to the review. While we accept that providers may have their own incentives for changing care packages but we are still concerned that a lack of flexibility may be detrimental to the service.

4.1.6 We found that the current brokerage system is not well suited to providing a good service. Once people have had their needs assessed and been through the Domiciliary Care Assessment Service if referred there, a care package is may be designed for them. This package is then offered to care providers through the brokerage system. This is a list that all providers have access to and, if they can meet the needs of the client, they can make a claim for that work.

4.1.7 We want to highlight a number of difficulties associated with the brokerage system:

- The time it takes from intake to any support being received is a cause for concern. It can certainly take up to six or seven weeks or, according to anecdotal evidence that we heard, significantly longer than this. While we understand that people should remain with the Domiciliary Care Assessment Service if there is any delay in securing a provider, we are concerned that this may not always be the case based on the evidence that we heard.
- There are examples when no providers want to take up a particular package if it is seen as unattractive
- At the time we collected our evidence packages were being offered city wide. This makes it difficult to group clients together in areas so that paid carers could work to patches and have less travel time.
- There are a limited number of providers in the social care market. Apart from the Council there are four external care providers delivering the majority of packages locally.

4.1.8 The Council clearly acknowledges these difficulties and is taking steps to address them. We heard from officers that a patch based approach to allocating care packages is being developed but also that the weak state of the social care market means that this cannot always be achieved.

4.1.9 We also heard from the previous Cabinet Member that he wanted to see a greater diversity of providers in order to increase resilience to market failure

and to raise standards. We support in particular the aspiration to bring more voluntary agencies and co-operatives into the market. We felt that the Sunderland Home Care Associates was a particularly good example to look at. At the same time we are concerned about the lack of progress in this regard.

4.1.10 Ultimately, however, we question whether a 'market place' approach to delivering long term care packages is the right one. We argue instead that the Council needs to move from a time and task system to a system that focuses on positive outcomes for the citizen; from a system that is concerned primarily to assess eligibility to one that seeks to understand what people need to enable them to stay independent. Such a service would move away from just the allocation of personal care tasks, important as they are to support independence, and allow much greater flexibility for paid carers to work with their clients on a range of issues.

4.1.11 We believe that such a service is achievable. We know that many voluntary organisations work on this basis and were impressed with the evidence we heard from the British Red Cross about their approach. This involves working holistically with the client to negotiate and achieve three independence goals. We heard that Social Services are trying to work with private sector providers to encourage more independence work to take place as part of long term care packages but we also understand that there are a number of issues to be tackled including staff training, cultural issues and commissioning issues. While we endorse this aspiration we wonder how achievable it is within the current 'time and task' framework.

4.1.12 We also collected evidence about other authorities who employ an outcomes approach such as Wiltshire and Essex Councils. Wiltshire County Council has established a framework of outcomes relating to both 'reablement' and 'maintenance'. Care plans based on these outcomes are person centred and negotiated between the service user, provider and the local authority. Similarly Essex County Council have moved from 'time and task' to a system that pays for outcomes rather than activities. This approach has resulted in savings for the Council as well as a stabilised providers market where competition takes place primarily on the basis of quality rather than cost.

4.1.13 Getting people up on their feet after a fall or other health problem, is an essential part of supporting independence. As a Panel we believe that this part of the social care at home service should be developed and enhanced.

4.1.14 The central recommendation of this report is, however, that the Council should move from providing a care service based upon 'time and task' to an independence service based upon positive outcomes for our older people. The remainder of the report deals with a number of issues linked to this proposal.

## 4.2 *Put tackling loneliness at the heart of our prevention agenda*

4.2.1 As a Panel we felt strongly that emotional wellbeing should be a core element of support for independence. We believe that the effects of loneliness and

social isolation can have a negative impact upon people's physical and mental health and therefore undermine independence.

- 4.2.2 We know that this is already an issue for many working in the sector. Gwalia's Extra Care scheme, for example, is a flexible model that provides people with the comfort and security of a personally owned home but with the added benefit of a wider community of support at hand. The Council's Community Connector scheme is another good example of how social isolation can be tackled.
- 4.2.3 Nevertheless we would like to see a greater emphasis on this issue and it playing a greater part in the mainstream provision of social care at home. This would include recognition that the paid carers who work in people's homes provide a vital source of social contact for many. Social contact should therefore be considered as a key element of social care at home care plans.
- 4.2.4 As a Panel we also wish to stress the importance of day centres and respite services in this regard. We also want to recognise all of those, whether voluntary, community based or private sector, who provide people with opportunities for social contact.
- 4.2.5 In this context we also believe that the Council should explore alternative approaches to housing, such as Gwalia's Extra Scheme, although this is only one example. This is an issue that is, however, beyond the scope of this report. We would therefore like to suggest that it is picked up by the Scrutiny Programme Committee as part of the scrutiny work programme.
- 4.3 *Make sure there is help for cleanliness and hygiene where needed*
  - 4.3.1 One strong concern we had as a Panel was that the 'basics' such as a cleanliness and hygiene should be important considerations for the social care at home service. We understand that cost constraints mean that it is no longer possible to provide services such as cleaning directly but we feel that any service should be doing as much as possible to help people to access these services by other means. We believe that it is detrimental to ignore this because it could lead to deterioration in physical health but also many people may become depressed if they have to live in poor conditions. More fundamentally we believe that everyone is entitled to the dignity that comes with basic cleanliness and hygiene.
  - 4.3.2 One issue linked to this that we concerned about was the availability of incontinence pads. We believe that it is more difficult than it should be to get access to these vital support items and we would urge the Cabinet Member to ask the Health Board to look at whether the current system can be improved.
  - 4.3.3 As a panel we recommend that issues of cleanliness and hygiene are monitored and reported by paid care staff in a way that will allow early intervention and support to be provided.

#### 4.4 *Improve access to the information and help that people need*

- 4.4.1 As the service moves from providing care to supporting independence so the provision of information and the signposting of services will become more and more important. We note also that this is a central component of the Social Services and Wellbeing (Wales) Act 2014. While we understand that the service is being expanded with the help of Welsh Government Grant Funding we believe that the Council needs to invest more in this aspect of the service in order to support independence and reduce demand for services further down the line.
- 4.4.2 Better information starts with information about the social care at home system itself. During our inquiry we were unable to find a concise and clear explanation of the process that we were able to fully understand. Given that we spent many months exploring these issues we suspect that ordinary members of the public will certainly struggle. Given this difficulty and given that this is a requirement of the Act we ask that a simple map of the process is produced and published as soon as is reasonable.
- 4.4.3 The second issue is the provision of basic information about the service. While we recognise that everything that needs to be is published we also believe that this information could be presented in a simpler and more accessible way than through the use of fact sheets, as is currently the case. In the short term we suggest that a simple, short list of contacts is published on the website so that it can be downloaded and used in doctors' surgeries, by councillors etc. In the medium term we recommend that the website is redesigned following a review of user needs of the type conducted by the Government Digital Service. Such a review should also ensure that the needs of all communities in Swansea are being met particularly those BME communities that we understand are not accessing services to the same degree as others.
- 4.4.4 Third issue is that of active signposting that, again, is a requirement of the Social Services and Wellbeing (Wales) Act. This is clearly an issue that the Council has been working on and as a Panel we fully endorse the Community Connectors as a way to link older people to relevant initiatives in their communities. We also heard from the Carers Centre that the Connectors were a 'brilliant addition' and 'very effective'.
- 4.4.5 However, and while we recognise that this is a challenging issue, we believe that awareness of many services is still low. Members on the Panel, for example, were previously unaware of the SPICE project, provided through the health service, to support end of life care. While this is of course one anecdotal example we feel that steps need to be taken in order to ensure that awareness of services is widespread. We expect that future joint working with health will go some way to support this.
- 4.4.6 There is a wider point here about end of life care that we wish to stress. We are concerned that information about available services is not easy to access and we would urge the Cabinet Member to look into this as a matter of urgency.

- 4.4.7 While welcoming the Community Connectors initiative we wish to point to its limitations. It cannot be a replacement for other services and we do not expect that a large number of voluntary connectors will come forward to support the paid staff.
- 4.4.8 We also believe that more information needs to be provided about the Community Connectors themselves and that they could have better links with councillors and other 'unofficial' connectors. Our suggestion is that events are held regularly to allow relationships to be built in this regard.
- 4.5 *Make the most of the first contact*
- 4.5.1 We believe that support for independence should be the primary concern at in all aspects of the social care at home services and that this starts with the first contact. Currently this first contact is with the Council's Intake Team whose role is to assess the eligibility of potential new clients and either refer them into the system or signpost them elsewhere. We believe that this first contact could be made better.
- 4.5.2 First we think that the emphasis of the intake team could be shifted to more of an advice and signposting role. While this may mean added investment this could provide major support for prevention and reducing service demand if done well. We heard about Neath Port Talbot's placement of a voluntary sector advisor in their equivalent team, for example, and feel that this is an option worth pursuing. Such a team should be the single point of contact for all independence enquiries.
- 4.5.3 We would also suggest that the name of the team is changed. The current name of 'intake team' is far from user friendly and does not describe the kind of service we believe should be provided. Any new name should reflect that the team provides advice on independence issues first and foremost. This change would signal the new role and should provide a more positive face to the public.
- 4.5.4 We are concerned about the use of telephone assessments by the intake team. We do not think that these can be effective and in many cases may gather incorrect or insufficient information from unpaid carers or clients. The assessment process that the British Red Cross uses, for example, is face to face and seeks to build up an understanding of the person's issues and needs over more than one meeting. We appreciate that there may be cost implications associated with introducing such an approach but, as before, we feel this will lead to better outcomes and savings in the longer term.
- 4.5.5 To support such an approach it is important that those in the intake team have the right skills and training. One concern we had, for example, was the lack of qualified social workers in the intake team. This is an important issue given the nature of the assessments. We recommend therefore that the skills and training needs of the intake team are reviewed.
- 4.5.6 One further issue to note at this stage is the delays between assessment and brokerage. As mentioned above, people can wait up to seven weeks, and sometimes longer, from first contact to receiving their care package. We



would like to see the Cabinet Member undertake an urgent investigation of this issue to see what short term improvements might be made.

#### 4.6 *Roll out the Gower model*

- 4.6.1 One particularly positive development that we learnt about was the Integrated Gower Team. This is a pilot scheme that brings together Council domiciliary care staff with health professionals in order to support independence. We understand that further evaluation is being undertaken and we do not therefore want to go into too much detail. There are however some points that we would like to make.
- 4.6.2 The presentation that we received from those involved convinced us that the pilot is working very well and this is therefore an approach we want to endorse. It is an approach based on outcomes that uses face to face assessments and is open to anyone to 'refer in'. It is therefore consistent with other arguments in this report.
- 4.6.3 A clear strength of the model is the locality approach. The focus on localities for social care services is a Council policy commitment and rightly so. By focusing on one geographic area it allows for a more compact and cost effective service to be provided. Professionals working with the team are able to build up good local knowledge and understanding of the local community. The compatibility of this approach with the Community Connectors initiative is also obvious. Another opportunity associated with this approach is that of utilising unused community buildings and we urge the Cabinet Member to ensure this is looked into.
- 4.6.4 A second strength is the close interaction between different professionals particularly between council and health staff. We heard about a range of benefits associated with a multi agency team including shared knowledge, shared training and improved access between professionals. We welcome any initiatives that can foster closer working with health and particularly with GPs.
- 4.6.5 For these reasons we are pleased to hear about the development, through the Western Bay Regional Partnership, of an intermediate care tier. We believe that this scheme, funded through a Welsh Government grant, can offer citizens a simpler, more seamless way to access local health and social care services. Positive aspects of the scheme include the plans for a shared access point, three network hubs and multi agency teams as is the case in Gower.
- 4.6.6 In rolling out these plans we ask the Cabinet Member to ensure that local ward councillors are able to engage and contribute. Councillors have an important role in terms of signposting and advocacy and this needs to be recognised.
- 4.6.7 In terms of social care at home, however, the challenge for this model as it is rolled out, is that of working with external providers. Currently the Integrated Team provides care directly through council staff and, given the apparent

higher costs associated with Council compared with private provision, this will not be possible on a bigger scale.

#### *4.7 Work with external care providers as partners*

- 4.7.1 After listening to the views of external providers we believe that they can have a positive role not just in delivering the service but in improving it as well. We wish to acknowledge the difficulties that these providers have given the low hourly rates paid by the local authority and the fact that these rates have not increased over a number of years.
- 4.7.2 We were impressed that the private providers were interested in the wellbeing of their clients and the quality of the service as much as any potential profit. There was a general feeling among the external providers that we spoke to that the delays between assessment and brokerage were too long and that the time and task system needed to be replaced by an outcomes approach. As a Panel we endorse the policy commitment to put 'public interest above private profit' in this context but do not see the pursuit of private profit as being of major concern.
- 4.7.3 We were concerned to hear that the external providers felt that the local authority did not listen to their concerns and that communications with social workers seemed to be poor. We believe that an effective transformation of the service will require meaningful input from all stakeholders. We recommend, therefore, that the Cabinet Member looks at good practice examples such as Thurrock and Wigan where aspects of the service have been co-designed with the providers.

#### *4.8 Invest in the paid carers*

- 4.8.1 The quality of the social care at home service and the effective of prevention and independence initiatives will be dependent upon the staff working with older people on the frontline. Decent pay and conditions as well as appropriate training for paid carers, regardless of employer, are a pre condition of an effective service.
- 4.8.2 As a Panel we want to acknowledge that providing social care at home can often be a difficult job in difficult circumstances. This is a role that attracts neither the recognition nor the rewards that it deserves. We note that one of the fundamentals of the TASS programme is a new model of social work. We suggest that there also needs to be a new model of social care work. We hope that this is an issue that can be picked up by the Cabinet Member.
- 4.8.3 One further cause for concern is the difference in pay and conditions between the Council and other providers when it comes to paid carers. External providers told us that it was difficult to retain staff when positions at the Council were more attractive. While we are certainly not suggesting that Council conditions are reduced we do recognise that this difference causes a staff retainment problem that is ultimately detrimental to the quality of care provided.

- 4.8.4 Linked to this we wish to highlight the difficulties we had in obtaining detailed information about how the costs for paid carers were broken down. We had difficulty in particular clarifying how travel costs in different areas affected the rates for council paid staff and this made it difficult to get a true picture of the difference between council and external provision.
- 4.8.5 We heard evidence from UNISON about their ethical care charter that seeks to ensure that staff are able to provide quality care. We believe that the charter is entirely consistent with the principles set out in this report and would therefore urge the Cabinet Member to consider whether the Council could sign up. At the same time we believe that all care staff, whether employed by the Council or otherwise, should be entitled to a living wage. We would ask that this point is also considered by the Cabinet Member.
- 4.8.6 On the issue of zero hours contracts the Panel felt that, broadly speaking, they should not be used if possible. However, while some Panel members wished to see the use of such contracts ruled out in any circumstance, others felt that there were occasions when they could be of benefit to both employer and employee.
- 4.9 *Care for the unpaid carers*
- 4.9.1 Beyond the paid carers we need to recognise the army of family, friends, neighbours and other volunteers who make independent living possible for many older people. These unpaid carers also need support if they are to continue caring.
- 4.9.2 The recently introduced focus on unpaid carers in the assessment process is a positive step that we would like to recognise. We also heard from the Carers Centre that the intake team were 'excellent to deal with' in this regard. However, the 'pre-set script' used by the team was raised as a limitation especially when carers were talking to the team directly. As with client assessments we believe that face to face conversations will always be preferable to phone contact and checklists. A concern we identified is that carers often feel guilty about asking for help because that could suggest that they cannot cope, and this does not get picked up by phone.
- 4.9.3 While we welcome the introduction of assessments for all carers we heard some evidence to suggest that not all carers are being assessed and that not all annual reassessments are being carried out. We therefore ask that the Cabinet Member checks the extent to which this is the case.
- 4.9.4 One important issue raised by the Carers Centre was that of respite and the closure of day centres. We recognise that the provision of day centres and similar services has a double benefit. They not only provide a benefit for the older people that attend them but also provide an often essential break for their unpaid carers. We urge the Cabinet Member to consider this when making decisions about such services in future.
- 4.9.5 Unpaid carers are important stakeholders and need to be involved in improving the service. We understand that the Council already has

arrangements for consulting and involving unpaid carers and we hope that these continue to be utilised and enhanced.

- 4.9.6 We support the Council's relationship with the Carer's Centre and hope that it can continue to be meaningful. We also recognise, however, that this organisation does not represent all carers and that the the Council needs to ensure that consultation and engagement is advertised more widely.

#### *4.10 Ensure that the voices of older people can be heard*

- 4.10.1 Having discussed various stakeholders in the social care at home system we now come to the most important group of all – the older people who receive the service. Ensuring that older people have a voice in the system is another clear requirement of the Social Services and Wellbeing (Wales) Act 2014. We spoke to a small number of older people both in day care settings and in their own homes. While this was too small a sample from which general conclusions can be reached, combined with the rest of the evidence we collected it allows a number of conclusions to be reached.

- 4.10.2 Two routes through which the voice of older people can be heard are advocacy and complaints. We believe that, for the system to be effective, both routes need to be working well.

- 4.10.3 Advocacy means having someone on your side; someone who can represent you views and interests, access information for you and make sure your rights are being defended.

- 4.10.4 We fully support the advocacy work being conducted in the voluntary sector by organisation such as Age Cymru Swansea Bay and the Carers Centre. We hope that advocacy initiatives such as these can be supported and maintained. The presentation we heard from the British Red Cross suggested that all of their work contained an element of low level advocacy. We believe that this principle could be extended as the social care at home service is developed so that advocacy for older people is everybody's business.

- 4.10.5 We heard from Age Cymru Swansea Bay that they had received such a high number of concerns that they are now about to embark upon a campaign to highlight complaints made about domiciliary care. Most of the concerns have been in relation to cuts in time spent with clients associated with 'time and task'.

- 4.10.6 We found it difficult to understand the complaints system and in particular found it unhelpful that a different process existed depending on whether someone received their care from the council or from an external provider. We note, however, that people have the choice of which complaints process to use. We were also concerned that information about complaints did not seem to be routinely shared between different parts of the system. In particular we think that social services should be aware of all relevant complaints. We believe, therefore, that the complaints system should be subject to a wider, more detailed review than we are able to provide while appreciating that national bodies such as CSSIW would need to be involved. In the short term we ask the Cabinet Member to review the information

provided to the public about making a complaint to ensure that it is fit for purpose.

#### *4.11 Build a 'community of support'*

- 4.11.1 During the course of our inquiry we spoke to a wide range of people all of whom had a genuine commitment to providing the best for our older people and all of whom recognised the importance of supporting older people to be independent on their own terms.
- 4.11.2 What is missing, we feel, is a strong sense of community amongst the various stakeholders in the system. We also came across stakeholders who felt that communication with the council could be improved or that they were not being listened to.
- 4.11.3 We believe that it will only be possible to achieve the system we need to support independence for older people if all stakeholders are actively involved in building it. To this end we propose that the Cabinet Member actively builds a 'community of support' around social care at home services. We suggest, as a first step, that a conference is held for all stakeholders, including councillors and trade unions, to discuss how we support older people and to jointly establish some principles going forward. Trafford Council provides an example of this type of approach.

## 5 RECOMMENDATIONS

The Panel commends Cabinet to consider all issues and ideas raised by this inquiry and, in particular, the recommendations set out below.

The Panel recognises that the Authority

- (a) will need to ensure that any subsequent actions are legal and meet the requirements of any relevant legislation;
- (b) has a responsibility to make the best use of limited resources and that any additional costs will need to be considered carefully as part of the annual budget setting process.

The Panel has kept these principles in mind in the course of its investigations.

### **The Panel recommends that Cabinet:**

#### *5.1 Long term challenges*

- 5.1.1 Expands and enhances the reablement service
- 5.1.2 Moves the social care at home service from 'time and task' to an outcome based system
- 5.1.3 Implements the Gower model across the Swansea area as planned
- 5.1.4 Protects day centres and respite services wherever possible

#### *5.2 Medium term improvements*

- 5.2.1 Includes social contact as an element of care plans
- 5.2.2 Includes cleanliness and hygiene as an element of care plans
- 5.2.3 Undertakes a review of the information provided on the Council's website with carers and service users
- 5.2.4 Expands the role of the intake to team to be an 'independence advice team'
- 5.2.5 Reviews the assessment process including the training needs and qualifications of the Intake Team
- 5.2.6 Ensures that local ward councillors are effectively engaged in locality approaches such as the Gower Model
- 5.2.7 Involves external providers when any significant aspects of the service are redesigned
- 5.2.8 Adopts and implements the UNISON Ethical Care Charter
- 5.2.9 Stipulates living wage in contracts
- 5.2.10 Reviews the use of zero hours contracts

5.2.11 Holds a stakeholder conference for all partners and providers to discuss the future of social care at home and shared principles going forward – models of home care

### 5.3 *Quick wins*

5.3.1 Publishes a simple 'map' of the home care process on the Council's website that can be downloaded and printed

5.3.2 Provides a simple up to date list of who to contact when you need help on the Council's website that can be downloaded, printed and circulated

5.3.3 Ask the Health Board to review the system for providing basic support items e.g. incontinence pads

5.3.4 Holds local events for community connectors to network with councillors and other informal connectors

5.3.5 Investigates the delays between assessment and brokerage while broader changes are being considered

5.3.6 Checks whether all unpaid carers are receiving their assessments and annual reviews

5.3.7 Ensure that complaints information is easy to find on the Council website

## **6 FURTHER SCRUTINY NEEDED**

As well as our recommendations for the Cabinet we have also come across a number of issues that we believe may require further scrutiny. We propose to the Scrutiny Programme Committee, therefore, that it examines:

- 6.1.1 The break down of costs for the Council associated with directly providing paid care and why these differ from the costs associated with external providers
- 6.1.2 Alternatives to residential and home care and how the Council might provide these alternatives
- 6.1.3 The brokerage system for social Care at home (should the time and task approach be retained)
- 6.1.4 Social Care at Home for groups of people other than older people



## **7 ACKNOWLEDGEMENTS**

The Panel is very grateful to everyone who contributed to the inquiry.

Particular thanks go to the service users and their carers who kindly allowed panel members to talk to them in their homes and to the service users and staff at Norton Lodge Day Centre and Rose Cross Day Centres.

Also to Nicola Russell-Brooks (Age Cymru Swansea Bay) who acted as an expert witness for a number of the evidence gathering sessions.

The Panel would like to thank Councillor Mark Child (Cabinet Member for Wellbeing), Carol Rea, Director of Adult Services, Paul Littlewood, Senior Principal Officer and Fiona Broxton, Contracting Officer, for all of their help and for the information provided.

The Panel would like to record its thanks to the following people who came and gave evidence:

Ali Williams (Contracting Manager, Social Services)  
Alison Ransome, Community Nursing Network Manager (ABMU)  
Alison Thomas (Alpha Homecare)  
Amanda Lince (Crosshands Home Services)  
Anne Williams (50+ Network CCOS)  
Bill Williams (UNISON)  
David Tovey (Coastal Housing)  
Deborah Denis (Intake Team Manager)  
Emma Lewis (Village Homecare)  
Helen Carmichael (Aylecare Nursing Services)  
Ian Millington (GP)  
Jan Worthing (ABMU)  
Janet Hooper (Directorate Lawyer-Social Services & Education)  
Janet John, Senior Services Manager (British Red Cross)  
Julia Crawley (Principal Officer Community and Intermediate Care)  
Karen Gronert (ABMU Health Board)  
Kathryn Chapman, Deputy Director (Swansea Carers Centre)  
Linda Hughes (Senior Care Worker), Carol Rea, Head of Adult Services  
Mark Hopkins (Family Housing Association)  
Mark Parker (Home Care)  
Mary Pitson (CEX Age Cymru Swansea Bay)  
Rachel Brooks (Lawyer)  
Shirley Bowen, Director (Swansea Carers Centre)  
Stephen Francis (Home Comforts)  
Stuart Bryce-Jones (Alpha Homecare)

## **8 ABOUT THE INQUIRY PANEL**

The **Social Care at Home Scrutiny Inquiry Panel** is a team of Councillors who are not members of the Cabinet. Their role is to examine a strategic issue of concern and to make recommendations about how policies and services can be improved.

### **Members of the Panel**

Uta Clay (Convener)

Jane Harris (Convener until September 2014)

Ann Cook

Jan Curtice

Chris Holley

Paxton Hood-Williams

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