

# Report of the Cabinet Member for Services to Adults and Vulnerable People

Cabinet – 20 August 2015

## RESPONSE TO THE REPORT OF THE SOCIAL CARE AT HOME SCRUTINY INQUIRY PANEL

<b>Purpose:</b>	To outline a response to the Scrutiny Recommendation and to present an action plan for agreement.
<b>Policy Framework:</b>	Council Constitution
<b>Reason for Decision:</b>	To consider the Cabinet Member's response to the Scrutiny Inquiry Panel's recommendations.
<b>Consultation:</b>	Legal, Finance and Access to Services
<b>Recommendation:</b>	It is recommended that the response to the recommendations as outlined in the report and related action plan attached at Appendix B be agreed.
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<b>Finance Officer:</b>	C Davies
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### 1.0 Introduction

- 1.1 The Report of the Social Care at Home Scrutiny Inquiry was submitted to Cabinet on the 20<sup>th</sup> January 2015 after the Social Care at Home Inquiry Panel completed a detailed inquiry into improving Social Care at Home. A copy of the Cabinet report dated 20<sup>th</sup> January 2015 is attached at Appendix A.
- 1.2 Having considered the contents of the scrutiny report, and specific recommendations made, advice to Cabinet on whether it should agree, or not agree, with each recommendation is detailed in this report.
- 1.3 Cabinet is also asked to consider, for each of the responses, any relevant policy commitments and any other relevant activity.

## 2.0 Response to Scrutiny Recommendations

<b>Recommendation 1</b>
Expands and enhances the reablement service
<b>Relevant Policy Commitments:</b>
<b>Action already being undertaken:</b>  <p>An outcome of the Intermediate Care Fund was to give us additional staff in health and social care to expand and enhance the reablement service.</p> <p>Implementation has resulted in additional people receiving reablement and an increased number of beds in Bonymaen residential home with dedicated support from nurses, therapists and social workers. Reablement training has been provided for both the statutory and private sector.</p> <p>Electronic Call Monitoring (ECM) and a new management structure coupled with therapy led Reablement programmes in the Integrated Care Teams will improve outcomes for people and increase our ability to respond in a more timely way.</p> <p>Rota planning will be undertaken by dedicated 'Planners' which will free up the Senior Community Care Assistants to work with more service users thereby reducing waiting times. ECM will identify where support can be reduced as individuals are reabled and can do more for themselves. ECM records will also evidence that reablement is being achieved as call durations reduce as independence is regained.</p>
<b>New actions following from the recommendation:</b>  <p>Evaluate the need for an out of hours reablement service and redevelop commissioning approaches and training programmes to improve access and ensure that skills are developed across both the statutory and private sectors.</p> <p>Review the functions and roles of the current reablement service as part of the commissioning review of domiciliary care to address the needs of those people who require discharge to their own homes from hospital, in a timely fashion, thus freeing up beds for other patients.</p> <p>We will consult with all key stakeholders on any existing and proposed new approach as part of the commissioning review for domiciliary care.</p>

**Cabinet Member Comments:**

There is a need to have access to this service out of hours and for all domiciliary agencies to provide reablement and promote resilience and independence.

Recommendation is **AGREED**

**Recommendation 2**

Moves the social care at home service from “time and task” to an outcome based system.

**Relevant Policy Commitments:**

**Action already being undertaken:**

An initial workshop, facilitated by APSE and attended by key stakeholders, has been held to develop a scope for a commissioning review of domiciliary care.

A recent Provider Forum has been used to consult with existing domiciliary care providers on the benefits of alternative models of delivery and improved commissioning that would address the expectations that people have that they will regain their health, skills and independence and experience positive outcomes. The Forum also identified examples of best practice elsewhere which will inform practice and the commissioning review.

**New actions following from the recommendation**

Conclude commissioning review of domiciliary care, which has, as its scope, the reshaping and remodelling of domiciliary care to deliver effective and efficient services and ensure the availability of quality, flexible and relevant interventions.

**Cabinet Member Comments:**

There may be a number of tasks that are identified as being required /requested in order to help an individual to achieve their outcomes (for safe independence). How these tasks are then planned for and delivered needs to balance: what would be seen as helpful for an individual (including the initial timing and frequency of an intervention) and the

benefit of helping staff to use most of their time for client work rather than travelling between clients; the proposed changes in the help provided as the person redevelops skills and requires more community based activities. It is important that we get the Swansea model right to ensure a sustainable and high quality domiciliary care service that promotes effective help and positive outcomes for the independence of the residents of the City & County of Swansea both now, and in the future, in an economic, timely and effective way.

Recommendation is **AGREED**

### **Recommendation 3**

Implements the Gower model across the Swansea area as planned

#### **Relevant Policy Commitments:**

#### **Action already being undertaken:**

The Integration of Community Health and Social Care help now means that services are being delivered geographically across the 3 hubs of Swansea, Central, North and West in conjunction with the 5 community network hubs and the in-patient services.

#### **New actions following from the recommendation:**

Given the recent significant changes to service delivery there is a need to continuously, and effectively, monitor and review the impact of integrating services geographically, and on staff, to ensure these integrated services deliver outcome based help that promotes safe social and health independence.

#### **Cabinet Member Comments:**

The process of integration will bring significant benefits and will require appropriate and ongoing support for staff as they change working practices to address the health and social care needs of our service users.

Recommendation is **AGREED**

**Recommendation 4**

Protects day centres and respite services wherever possible

**Relevant Policy Commitments:**

**Action already being undertaken:**

Day centres and respite services are both subject to reviews to ensure that, where required, developments can occur, however priority has been given for the next 6 months to a review of domiciliary care services.

**New actions following from the recommendation**

Incorporate day services and respite services as part of the Commissioning Review.

**Cabinet Member Comments:** It is necessary to consider how day services can help promote independence to enable people to remain at home in their local communities.

Recommendation is **AGREED**

**Recommendation 5**

Includes social contact as an element of care plans

**Relevant Policy Commitments:**

**Action already being undertaken:**

The Intake Team function is being reviewed and will be further developed so that initial signposting and /or intervention addresses the social context and contact within which people function. The delivery of a care plan will need to include all facets of the system, including where possible, and acceptable the involvement of family, community, the third sector as well as trained and qualified staff as appropriate. It is important to address isolation to promote health, well being and independence.

Signposting to a number of befriending schemes to promote social contact is already available and new services are continuously being developed in conjunction with voluntary sector organisations to reduce isolation. Local Area Coordinators (LAC) and Community Connectors are increasingly contributing to the development and support of these social support systems.

Further developments will be available as the health and social care sectors continues to develop directories allowing for better awareness of the public and the opportunity for self referral.

### **New actions following from the recommendation**

Subject to the outcome of the Intake Team review, we will amend staff composition, creating a multi-disciplinary team, to signpost and make use of Local Area Coordinators and Community Connectors. We will also work with the Local Area Coordinators and Community Connectors to develop and grow voluntary support.

### **Cabinet Member Comments:**

We have to be mindful of an individual's right to freedom of choice and to prioritise the decisions they make. An individual's care plan is developed with each individual and should identify what support is required in order for that individual to achieve their desired outcomes. Social contact may be an integral part of a care plan to help an individual to achieve their desired outcomes.

Recommendation is **PARTIALLY AGREED**

### **Recommendation 6**

Includes cleanliness and hygiene as an element of care plans.

**Relevant Policy Commitments:** NA

### **Action already being undertaken:**

As indicated in Recommendation 5 above, cleanliness and hygiene are included in care plans in order for an individual to achieve their desired outcomes.

**New actions following from the recommendation**

Will form part of service specification arising from the commissioning review of domiciliary care services which includes personal and practical care in its scope.

**Cabinet Member Comments:**

We have to be mindful of individual's right to freedom of choice and to prioritise the decisions they make. An individual's care plan is developed with each individual and should identify what support is required in order for that individual to achieve their desired outcomes. Cleanliness and hygiene would therefore be included if it helps an individual to achieve their desired outcomes.

Recommendation is **PARTIALLY AGREED**

**Recommendation 7**

Undertakes a review of the information provided on the Council's website with carers and service users.

**Relevant Policy Commitments:**

**Action already being undertaken:**

The City & County of Swansea website has been updated and re-launched (September 2014) since the evidence gathering by the Scrutiny Panel concluded.

Some consultation work has already been undertaken both with a carers group and also a "Readers and Reviewers" group reviewing social care content.

The Social Care and Wellbeing (Wales) Act 2014 emphasises the importance of providing up to date information to service users and carers.

**New actions following from the recommendation**

To continue to monitor and review information on the Council's website to ensure that there is sufficient detail written in a form that is accurate,

accessible to everyone, and offers links and signposts to alternative support websites (see recommendation 17).

**Cabinet Member Comments:**

We also need to be mindful that not everyone has access to online technology and that the same information in alternative formats is equally as accessible.

Recommendation is **AGREED**

**Recommendation 8**

Expands the role of the intake team to be an “independence advice team”.

**Relevant Policy Commitments:**

**Action already being undertaken:**

As single point of contact for Health and Social Care, it is the Intake Team’s role to signpost, depending on need, to organisations who can advise. A third sector broker has been recruited and sits within the Intake Team to signpost individuals to the range of third sectors.

**New actions following from the recommendation**

An in depth review of the current Intake function will be undertaken to ensure that it is ‘fit for purpose’ and delivers on the prevention strategy. Where there is signposting to the third sector/ independent advice there will be a feedback loop to ensure appropriate and prompt intervention.

**Cabinet Member Comments:** At different stages of the care pathway that focuses on promoting safe independence there is a need for communication, negotiation, respect and joint working.

Recommendation is **PARTIALLY AGREED**



**Recommendation 9**

Reviews the assessment process including the training needs and qualification of the Intake Team.

**Relevant Policy Commitments:**

**Action already being undertaken:**

As single point of contact for Health and Social Care, it is the Intake Team's role to signpost, depending on need, to a relevant service or professional to assess. A third sector broker has been recruited and sits within the Intake Team to signpost individuals to the range of third sectors.

Three social workers have been placed back into hospitals to undertake assessments and reduce delayed transfers of care.

**New actions following from the recommendation**

An in depth review of the current Intake function will be undertaken to ensure that it is 'fit for purpose' and delivers on the prevention strategy. This review will take into account the national integrated assessment document and how best to utilise it to identify and meet need and trigger timely service intervention.

As the review will place an emphasis on getting the right skills mix to commence the assessment process more expediently, and improve the client care pathway, consideration will be given to the inclusion of duty Health and Social Care professionals within the Intake Team.

**Cabinet Member Comments:** It is important that appropriately trained and qualified staff are present at the right time and, to ask the right questions, in order to signpost promptly and effectively.

Recommendation is **AGREED**

**Recommendation 10**

Ensures that local ward councillors are effectively engaged in locality approaches such as the Gower Model

<b>Relevant Policy Commitments:</b>
<p><b>Action already being undertaken:</b></p> <p>The Integration of Health and Social Care now means that Integrated Community Services are being delivered geographically across the 3 hubs of Swansea, Central, North and West. Bearing in mind that these services commenced in April 2015 and require time to bed in, there is a need to support the public and the staff, and ward councillors are an important part of this process.</p>
<p><b>New actions following from the recommendation:</b></p> <p>To arrange a presentation for Councillors on the new Integrated Community Services and the plans that are in place regarding the continuing evaluation of outcomes.</p>
<p><b>Cabinet Member Comments:</b></p> <p>Engagement with councillors and other formal/informal connectors (see recommendation 19) is key to building community networks that support our most vulnerable clients in the community in order that they may remain in that community. Given the importance of this development, feedback an annual feedback mechanism to Councillors will be developed.</p>
<p>Recommendation is <b>AGREED</b></p>

<b>Recommendation 11</b>
<p>Involves external providers when any significant aspects of the service are redesigned</p>
<b>Relevant Policy Commitments:</b>
<p><b>Action already being undertaken:</b></p> <p>An initial workshop, facilitated by APSE and attended by key stakeholders, has been held to develop a scope for a commissioning review of domiciliary care.</p>

A recent Provider Forum has been used to consult with existing domiciliary care providers on alternative models of delivery and to identify examples of best practice elsewhere to inform the commissioning review.

**New actions following from the recommendation**

Commissioning review to consult with all stakeholders including staff and managers and/or their representatives throughout the review process.

**Cabinet Member Comments:**

It is important that we engage not only with our existing external supplier base (be it private or voluntary/third sector) but also with the wider market to ensure that we achieve sustainable and quality service delivery that meets the needs of our existing and future clients in the most effective, and efficient way. The model of delivery may include a mix of public sector (e.g. Integrated Community Care Service) and external provision.

Recommendation is **AGREED**

**Recommendation 12**

Adopts and implements the UNISON Ethical Care Charter

**Relevant Policy Commitments:**

**Action already being undertaken:**

Consultation commenced with key stakeholders on implications of adopting elements of Unison's Ethical Care Charter.

**New actions following from the recommendation**

Subject to further discussions, incorporate agreed aspects of Unison's Ethical Care Charter in the commissioning review, and any subsequent procurement of domiciliary care, in order to develop and procure sustainable service delivery.

Continued monitoring of domiciliary care against agreed standards, developed as part of the commissioning review of domiciliary care, to ensure that care delivered, is of a quality standard and is provided by staff

who have the skills to deliver the service and that feel that the job they do is valued.

**Cabinet Member Comments:** Standards formulated and agreed as part of the commissioning review of domiciliary care and included in the commissioning documentation could form part of a Swansea Care Charter.

Recommendation is **Partially Agreed**

### **Recommendation 13**

Stipulates living wage in contracts

#### **Relevant Policy Commitments:**

#### **Action already being undertaken:**

Survey conducted with existing domiciliary care providers to establish current rates of pay of care workers in the sector.  
Consultation with existing providers on relationship between procurement methods, the terms and conditions of care staff and the recruitment and retention of those staff in the sector.

Consultation commenced with key stakeholders on implications of adopting Unison's Ethical Care Charter.

#### **New actions following from the recommendation**

Subject to further discussions, incorporate agreed aspects of Unison's Ethical Care Charter in the commissioning review of domiciliary care in order to develop sustainable service delivery and procurement models for domiciliary care.

#### **Cabinet Member Comments:**

We acknowledge the importance of recognising and rewarding staff that deliver care to some of our most vulnerable adults in the community. However we need to be cognisant of the additional financial burden on the Local Authority against a backdrop of increased demand and efficiency savings (budget cuts).

A Living Wage would not be affordable in the current economic climate without reshaping and remodelling our current domiciliary care provision.

Recommendation is **Not Agreed**

#### **Recommendation 14**

Reviews the use of zero hours contracts.

#### **Relevant Policy Commitments:**

#### **Action already being undertaken:**

A survey conducted with existing domiciliary care providers to establish current usage of zero hours contracts concluded that few only offered zero hours contracts, with most employing a mix of contract types with their workforce.

A recent domiciliary care provider forum considered the relationship between the Local Authority's existing procurement arrangements for domiciliary care and the recruitment and retention of care staff. The forum discussed different procurement methods which could be employed by the Local Authority to aid providers with workforce planning and permit the recruitment of staff on minimum hours or guaranteed hours contracts.

Consultation has commenced with key stakeholders on the implications of adopting Unison's Ethical Care Charter which states that zero hours contracts will not be used routinely.

#### **New actions following from the recommendation**

To incorporate the findings in respect of the use of zero hours contracts in the commissioning review of domiciliary care in order to develop sustainable service delivery and procurement models for domiciliary care.

#### **Cabinet Member Comments:**

Whilst it is acknowledged that widespread use of zero hours contracts may have a detrimental impact on the recruitment and retention of care staff in the sector, as well as continuity of care for our domiciliary care clients, we need to be mindful that for some individual carer workers, a zero hours or relief contract is preferable. Consideration should be given

to capping the proportion of a provider's workforce that is on zero hours contracts as part of any future procurement exercise.

Recommendation is **AGREED**

### **Recommendation 15**

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.

#### **Relevant Policy Commitments:**

#### **Action already being undertaken:**

An initial workshop, facilitated by APSE and attended by key stakeholders, has been held to develop a scope for a commissioning review of domiciliary care.

A recent Provider Forum has been used to consult with existing domiciliary care providers on alternative models of delivery and to identify examples of best practice elsewhere to inform the commissioning review.

#### **New actions following from the recommendation:**

Commissioning review to consult with stakeholders and/or their representatives throughout the domiciliary care commissioning review process.

#### **Cabinet Member Comments:**

We recognise the need for, and importance of, reshaping and remodelling our domiciliary care service model to develop a sustainable service which meets the needs of the residents of the City & County of Swansea both now and in the future.

Recommendation is **AGREED**

<b>Recommendation 16</b>
<p>Publishes a simple “map” of the home care process on the Council's website that can be downloaded and printed.</p>
<p><b>Relevant Policy Commitments:</b></p>
<p><b>Action already being undertaken:</b></p> <p>Following the integration of Health and Social Care, a ‘dom care’ project group has been established to look at streamlining internal processes which will seek to improve existing care pathways.</p>
<p><b>New actions following from the recommendation</b></p> <p>This project group will feed into the overarching commissioning review of domiciliary care, which has, as its scope, the reshaping and remodelling of domiciliary care services.</p> <p>Following the interim revision of care pathways into a domiciliary care service, consideration be given to developing a user-friendly “map’. This latter to be reviewed and updated accordingly following conclusion of commissioning review of domiciliary care.</p>
<p><b>Cabinet Member Comments:</b> It is important that this map, including the review process, is developed and in place by the end of the year.</p>
<p>Recommendation is <b>AGREED</b>.</p>

<b>Recommendation 17</b>
<p>Provide 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.</p>
<p><b>Relevant Policy Commitments:</b></p>
<p><b>Action already being undertaken:</b></p>

The City & County of Swansea website was re-launched in September 2014 post evidence gathering by the Social Care At Home Scrutiny Inquiry Panel. There is a list, as described in the report available at <http://www.swansea.gov.uk/contactsocialservices>.

Essential Social Services contacts are already widely available in Swansea (including libraries and GP surgeries) through the "Information for Carers in Swansea" leaflet.

**New actions following from the recommendation:**

To continue to monitor and review information on the Council's website to ensure that there is sufficient detail written in a form that is accurate, accessible to everyone, and offers links and signposts to alternative support websites (see recommendation 7).

**Cabinet Member Comments:** The councils website offers an important access point to information that could stimulate good practice and offer additional opportunities to help carers from the range of developing websites such as 111 and those from third sector provision.

Recommendation is **AGREED**

**Recommendation 18**

Ask the Health Board to review the system for providing basic support items eg. Incontinence pads.

**Relevant Policy Commitments:** NA

**Action already being undertaken:**

The integration of Community Services, bringing together Health and Social Care, has resulted in a new referral process for continence products via the Intake Team. Continence products are currently assessed and prescribed by a district nurse and more complex continence issues are managed by the Health Board-wide Continence Service. There are no proposed changes to this process at this point.

**New actions following from the recommendation:**

Monitor and review the effectiveness of the new referral process and



service.

**Cabinet Member Comments:** Ongoing evaluation of the new referral process is required given continued concerns and, to ensure that the eligibility process is not only effective but communicated more widely.

Recommendation is **AGREED**

### **Recommendation 19**

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

#### **Relevant Policy Commitments:**

#### **Action already being undertaken:**

One of the Community Connectors key functions is networking and getting to know their patch by building bridges between people and organisations in the community. One of the ways they do this is to hold local networking events in each of the 5 general practice areas – these have been running for over a year and they provide the opportunity for key individuals within the community, both formal and informal, to get together on a regular basis to build networks, local knowledge and an understanding of what works well and what needs to be improved in each area. Local councillors have been invited and involved but not necessarily across the five areas or routinely.

The Community Connectors will be part of a range of preventative services such as Local Area Coordination, Third Sector Brokerage and Adult Family Group Conferencing.

#### **New actions following from the recommendation**

Ensure that councillors and other informal connectors are invited routinely to local network meetings and that there is a focus on co-ordinating activities across the range of voluntary agencies to ensure that there are an appropriate variety of places, groups and activities for users to be involved in, further develop, and maintain.

**Cabinet Member Comments:**

We acknowledge that part of the role of a Community Connector is to develop and maintain links with other formal /informal connectors and organisations to facilitate signposting of individuals to services who may be able to offer support and to develop sustainable support groups within communities, where needed.

Recommendation is **AGREED**

**Recommendation 20**

Investigates the delays between assessment and brokerage whilst broader changes are being considered.

**Relevant Policy Commitments:**

**Action already being undertaken:**

A 'dom care' project group has been established to look at internal data and performance requirements as well as streamlining internal processes to reduce any delay in an individual's care pathway irrespective of whether they require long term care.

**New actions following from the recommendation**

This project group will feed into the overarching commissioning review of domiciliary care, which has, as its scope, the reshaping and remodelling of domiciliary care services.

In the interim, there is a commitment to amend the pathway into the domiciliary care service to incorporate findings from the domiciliary care project group to reduce unavoidable delays.

**Cabinet Member Comments:**

Recommendation is **AGREED**

**Recommendation 21**

Check whether all unpaid carers are receiving their assessments and annual reviews.

**Relevant Policy Commitments:**

**Action already being undertaken:**

In response to feedback received from various historical consultations with Carers across the UK, a pilot is to be established with the Carers Centre in Swansea undertaking Carers assessments.

There are a number of research projects around Carers and their Caring Role (including Young Carers, Spousal Carers and ' Carers in work).

**New actions following from the recommendation**

Implementation of the Social Care and Wellbeing (Wales) Act 2014 will consolidate the need to ensure carers are offered the right to an assessment in their own right. Despite the offer of an assessment many carers wish to manage their own caring role and only want help when they want it. Knowing where to access help when and if required is important with access to advice from existing carers and with that in mind a review of information on the web site will be pursued using information from new research if necessary.

We need to be mindful of the impact of efficiency savings and budgetary constraints on protecting front line services which is one of the reasons for reviewing our existing respite/ sitting services. This review will also feed in to the commissioning review of domiciliary care which includes all client groups and Carers.

**Cabinet Member Comments:**

Recent Census data would suggest that there are over 30,000 unpaid carers and not all of them are known to Social Services. Swansea has an exceptional record for identifying and offering Carers assessments to eligible Carers (currently defined as those Carers that are providing regular and substantial care). Some Carers will of course decline the offer although they are advised that they can request an assessment at any time. Furthermore, not all Carers who receive an assessment will receive services as a result of that assessment. We acknowledge that all assessments should be reviewed annually or as the need arises.

In order to raise the awareness amongst, and profile of, Carers in Swansea, the City & County of Swansea actively promotes Carers Week (6<sup>th</sup> – 12<sup>th</sup> June 2015) and Carers Rights Day in November taking the opportunity to run a series of events involving multiple organisations that support Carers in Swansea.

We acknowledge that further work may be required to actively engage with Carers in the care planning process. How this can be achieved may form the basis for some further research with the University.

Recommendation is **PARTIALLY AGREED**

**Recommendation 22**

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

**Relevant Policy Commitments:****Action already being undertaken:**

The City & County of Swansea website was re-launched in September 2014 post evidence gathering by the Social Care At Home Scrutiny Inquiry Panel. Furthermore, new Social Services Complaints regulations became effective from the 1<sup>st</sup> August 2014 and the Corporate Complaints Process was reviewed and a new policy ratified by Cabinet in March 2015.

**New actions following from the recommendation**

All complaints, compliments and comments made should follow the same process and channelled by the Complaints Team for central recording,

monitoring and analysis.

Ongoing monitoring and review of accessibility of complaints information on the Council's website.

**Cabinet Member Comments:**

We acknowledge that the user friendliness of the new website needs further fine tuning however it is possible to make a complaint, comment or compliment within 2 clicks on the new site.

<http://www.swansea.gov.uk/article/7192/Comments-compliments-complaints>

We also need to be mindful that not everyone has access to online technology and that the same information in alternative formats is equally as easy to find.

The complaint process will be a mechanism to identify key issues where practice has fallen below standard.

Recommendation is **AGREED**

**3.0 Equality and Engagement Implications**

3.1 There are no specific equality and engagement implications at this time.

**4.0 Legal Implications**

4.1 There are no specific legal implications at this stage.

**5.0 Financial Implications**

5.1 Financial implications of individual proposals will require consideration at the appropriate time.

Background Papers: None

Appendices: Appendix A – Final Inquiry Report  
Appendix B – Action Plan