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Adult Social Services Scrutiny Performance Panel

Date: 14 December 2016 **Time:** 4pm

Venue: Committee Room 3B, **GUILDHALL**

Summary: This is an agenda pack for a meeting of the Adult Social Services Scrutiny Performance Panel taking place on the 14 December 2016. The main item is the Social Care at Home Scrutiny Inquiry Follow-up Report.

Members of the Panel:

Uta Clay (CONVENER) Paxton Hood-Williams Yvonne Jardine Geraint Owens Paulette Smith Peter Black	Chris Holley Jeff Jones Sue Jones Gloria Tanner Tony Beddow
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AGENDA

No.	Item										
1.	Apologies										
2.	Notes of meeting held November 23 2016										
3.	Social care at home scrutiny inquiry – follow-up and impact report										
4.	<u>Timetable of work</u> <table border="1"><tr><td>11/01/17</td><td>Mental health – care management & assessment mental health measure & primary care</td></tr><tr><td></td><td>Performance of mental health services – ABMU perspective</td></tr><tr><td>08/02/17</td><td>Adult services performance management report</td></tr><tr><td>08/03/17</td><td>Performance of Western Bay regionally provided services</td></tr><tr><td>05/04/17</td><td></td></tr></table>	11/01/17	Mental health – care management & assessment mental health measure & primary care		Performance of mental health services – ABMU perspective	08/02/17	Adult services performance management report	08/03/17	Performance of Western Bay regionally provided services	05/04/17	
11/01/17	Mental health – care management & assessment mental health measure & primary care										
	Performance of mental health services – ABMU perspective										
08/02/17	Adult services performance management report										
08/03/17	Performance of Western Bay regionally provided services										
05/04/17											

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Adult Services Scrutiny Panel 23 November

Summary of actions and panel's views

This is a summary of agreed actions and the key views and ideas of the panel (the full set of notes is in appendix A).

Actions	
Arrange pre-meetings for December and January meetings	DD
Uta to review letter from November meeting	UC
Inclusion of trended performance data in future reports	AW
Cover report to highlight specific areas of performance	AW
Adult services to learn lessons from the way child and family services has developed its presentation of performance monitoring data	AW
Add the following data to mental health referral performance reporting: the length of time taken for a person to be allocated a mental health social worker, the length of time taken to complete an assessment is completed, the length of time that a case is unallocated, length of time of involvement of the social worker	AW
Invite Cabinet Member to December panel meeting	DD
Send panel Social care at home inquiry report	DD
Invite Dai Roberts, Dir Mental health and Learning Disabilities, ABMU to January meeting	DD
Invite Steve Rees to February meeting	DD
March meeting - focus on Western Bay intermediate care project	AW
Vicky Warner to be invited to March meeting	
Follow up on integrated work report that TASS had - HUBS, management structure, all the interactions.	AW
Contact appropriate person for the Contract and Procurement Project for March meeting	DD
Invite Sarah Harvey to provide an overview of the Intermediate Care Project march meeting	DD
2pm start for this meeting	DD

Issue	Panel's views and ideas
Presentation of performance management report	<ul style="list-style-type: none"> The panel felt that the report as it was presented monitored activity rather than performance. The panel's view was that a performance monitoring report should present information that helped it understand how services operated and were used, and how services performed and the outcomes they produced. The panel therefore felt that it would require more performance management data in future reports to help it monitor performance. The panel felt that overall the presentation of the data was

	<p>difficult to understand and members suggested that the inclusion of trended data could help improve understanding.</p> <ul style="list-style-type: none"> • The panel felt that a cover report to highlight specific areas of performance would be helpful for the next report.
Local Area Co-ordination	<ul style="list-style-type: none"> • The report did not show the caseloads of the local area coordinators – the panel thought that the inclusion of this data would be beneficial; officers said that this would be developed over time.
Target Setting	<ul style="list-style-type: none"> • There was a disagreement between the panel and officers over the usefulness of performance indicators. The panel felt that a performance indicator with a red or green status was a clear indication of how well or not so well a service performed. However officers stated that the PIs in the report were statutory PIs that needed to be collected and weren't necessarily a good or comprehensive reflection of the local picture and did not cover all of the activity in adult services. • The panel suggested that Adult Services learn from how the performance management and monitoring data was developed in Child and Family Services and use this to develop its data as this would help improve the panel's understanding of the data.
Delayed transfers of care	<ul style="list-style-type: none"> • The panel felt that more qualitative data needed to be included such as how long people had been delayed and were waiting for a transfer of care.
Mental health referrals	<ul style="list-style-type: none"> • To improve the panel's understanding of performance in this area it made a number of suggestions for additional performance data: the length of time taken for a person to be allocated a mental health social worker, the length of time taken to complete an assessment is completed, the length of time that a case is unallocated, length of time of involvement of the social worker.

Adult Services Scrutiny Panel 23 November

Pre-meeting

ACTIONS

Organise pre-meetings for December and January panel meetings.

Send Uta the letter from the last meeting to review.

MEETING

No letter for this meeting just action points and notes.

PERFORMANCE MANAGEMENT FRAMEWORK

The following points were noted:

- This framework is work in progress. The department has been identifying what kind of data it needs. Fully formed version will take some time. This framework will enable the department to assess what's doing well, not so well and where improvements can be made.
- Head of service has monthly meetings with POs to go through performance data to help understand how their areas are performing and what needs to change to improve.
- Head of service welcomed panel's views on how to develop the data and report and learn lessons from the CFS panel.
- **The panel felt that overall the presentation of the data was difficult to understand and members suggested that the inclusion of trended data could help improve understanding.**
- **The panel felt that the report as it was presented monitored activity rather than performance. The panel's view was that a performance monitoring report should present information that helped it understand how services operated and were used, and how services performed and the outcomes they produced. The panel therefore felt that it would require more performance management data in future reports to help it monitor performance.**
- Common Access Point
 - Shows how referrals are dealt with and where they end up and how the department manages business. Good performance would mean closing down more referrals at the front door.
 - Referrals come from everyone – self, carer, GP, cllr, professionals, health
 - The report will eventually show the data from hospitals.
 - Tried having one front door for social care and hospital didn't work so now there are 2 front doors and a small social work team at the hospital has been reinstated to manage discharge and cases.
- Local Area Co-ordination
 - The report currently shows the number of people who have been introduced to a local area co-ordinator each month in the areas that have LACs.

- The report did not show **the caseloads of the local area co-ordinators – the panel thought that the inclusion of this data would be beneficial; officers said that this would be developed over time.**
 - Only have a current budget for 6 LACs, the new budget will propose funding for 2 more in next financial year, taking the number to 8. The Council would like to expand but there are financial constraints. If partners were to come forward with funding then things may be different.
 - The Swansea University evaluation will look at return on investment.
 - Issues of ISOLATION were dealt with on a case by case basis. Local Area Coordinators works with individuals for as long as they need support. All individuals who have help and support are provided with ongoing support until the co-ordinator judges that the client no longer needs them.
- Target setting and performance indicators
 - The department has not yet set targets because it needs a greater understanding of the current position. This will be done by tracking performance over time before clear targets are set.
 - When setting targets next year the department will have a years worth of benchmarking to help set indicators
 - The process for target setting is: Officers will advise and the Cabinet Member will then agree. CMT would discuss first and then discuss with the cabinet.

The panel had a debate about the merits of Performance Indicators and their role in performance management . There was a disagreement between the panel and officers over the usefulness of performance indicators. The panel felt that a performance indicator with a red or green status was a clear indication of how well or not so well a service performed. However officers stated that the PIs in the report were statutory PIs that needed to be collected and weren't necessarily a good or comprehensive reflection of the local picture and did not cover all of the activity in adult services

The panel suggested that Adult Services learn from how the performance management and monitoring data was developed in Child and Family Services and use this to develop its data as this would help improve the panel's understanding of the data.

- Delayed transfers of care
 - Majority of delays were not related to social care.
 - Slight increase in October related to social care which was a consequence of failure of a domiciliary care provider. The panel was informed that performance in November had recovered and would be an improvement on October.
 - Delays due to social care assessments were low, delays were usually caused by organising arrangements.
 - The performance data showed that delays due to residential and nursing care placements were low which demonstrated that there was not a problem with capacity in this area.

- **The panel felt that more qualitative data needed to be included such as how long people had been delayed and were waiting for a transfer of care.**
- The performance information on delayed transfers of care doesn't take account of double counting. The panel felt that this needed to be looked at.
- The system is a failure based system and doesn't record the number who had been successfully transferred.
- Primary cause of delays is home care –the commissioning reviews will enable department respond to this and help change and develop the market.
- Caseloads
 - The department needs to ensure it has accurate mechanisms to capture and record caseload information. Around 30 is an acceptable caseload but the department thinks social workers are carrying around 40 cases. However some of these could be cases that needed to be down.
 - Data was not being recorded properly in PARIS which made it difficult to say with accuracy the actual numbers of cases held by social workers.
 - A culture of performance needs to be developed and this includes ensuring that the PARIS recording system is kept up to date with accurate information and data.
 - A joint recording system will go live in February 2018
- Mental health referrals
 - Adult services has to have a mental health referral from secondary care before it can be accepted by the team. This is the picture across ABMU.
 - Services the department provided would depend on the individual and could range from day services to supported living to help with living arrangements.
 - **To improve the panel's understanding of performance in this area it made a number of suggestions for additional performance data: the length of time taken for a person to be allocated a mental health social worker, the length of time taken to complete an assessment is completed, the length of time that a case is unallocated, length of time of involvement of the social worker.**
 - Officers agreed with the panel's suggestions and said that mechanisms to collect this type of data would be developed so that it could be included in a future iteration of the performance monitoring framework.
 - The panel was concerned about those people who needed mental health support but who would not qualify for a referral. Officers told the panel that this is where prevention and early intervention services would step to help prevent the escalation of need and therefore a referral.
- User feedback
 - The panel supported the idea of capturing user feedback and using it to improve the way the department plans and delivers services. This is an area of development for the department.

- Next steps for development
 - Key areas are: areas where the department is experiencing an increase in demand which is having impact on the budget. These are: residential care and domiciliary care, mental health and learning disability packages of care
 - The department needs to focus on how we manage entry to the front door, the review process once people are in the system and how demand is managed.
 - Since migration to hubs demand for services has increased because the patient flow system has improved and the FACS panels were removed. Some management action is needed to help manage the demand.

- Budget – historically there has been a culture of overspend but this can no longer be the position and the head of service is working to change this culture so that in the future the department will work within budget or under budget. Waste remains an issue in the adult services budget and the department needs to get better at managing demand. Some areas are doing well – internal service provision is underspending but in other areas the department is not seeing that progress.

- Domiciliary care packages
 - There has been a growth in the size of domiciliary care packages – there was a change 12 months ago to focus in-house provision on reablement and complex care and this has meant more intense support like double handed calls.
 - The department has had investment from the Intermediate Care Fund to increase the workforce to help deliver more hours of care.
 - The rural areas are still served by the in-house team. The Commissioning review is considering area based commissioning where different rates of pay could be paid to attract providers to hard to reach rural areas. This would need some market development to achieve this.

- Day services
 - The panel saw that there was unallocated capacity at the Hollies and Rose Cross because they were not getting the referrals. This will be considered in the commissioning review process.

- Direct Payments
 - Officers said that work needed to be carried out in this area. If there was an increase in the uptake of direct payment this should lead to a decrease in demand for other services but this is not happening in Swansea.

WORKPLAN

December meeting

- social care at home follow up
- invite cabinet member
- send inquiry report to the panel.

January meeting - Mental health Focus

- input from ABMU – how is mental health measure working out in terms of mental health measure.
- Invite Dai Roberts Director of Mental health and Learning Disabilities.
- Second half of session will be care management and assessment (Alex) – similar approach to last time with learning disabilities.

February meeting - performance

- Quarterly performance report and objective setting (Steve Rees)

March meeting - focus on Western Bay intermediate care project

Vicky Warner – Alex will co-ordinate this

Contract and Procurement Project – can Alex contact the person who could attend for this issue

an overview of the programme provided by Sara Harvey

Follow up on integrated work report that TASS had – Alex to provide this, HUBS, management structure, all the interactions.

April – local area co-ordination evaluation report

2pm start for this meeting

Report of the Cabinet Member for Adults and Vulnerable People

ADULT SOCIAL SERVICES – 14/12/2016

IMPACT REPORT: SCRUTINY INQUIRY INTO SOCIAL CARE AT HOME

Purpose	To help the Scrutiny Panel to assess the impact of the recommendations that emerged from the Scrutiny Inquiry into Care At Home
Content	This report deals with three questions related to the impact of the inquiry: <ol style="list-style-type: none"> 1. What has changed since the report was presented to Cabinet? 2. Have the agreed recommendations been implemented? 3. What has been the impact of the Scrutiny Inquiry?
The Scrutiny Inquiry Panel are being asked to	<ul style="list-style-type: none"> • Consider the contents of the report • Reach conclusions about the impact of the Inquiry
Lead Councillor(s)	Cabinet Member for Adults and Vulnerable People, Councillor Jane Harris
Lead Officer(s)	Alex Williams, Head of Adult Services
Report Author	Fiona Broxton, Contracting Officer (Domiciliary Care)

1. Introduction

- 1.1 The Care At Home Scrutiny Inquiry Panel undertook an in-depth inquiry between January and September 2014. The final report is attached at Appendix A with the Cabinet Member response which was agreed in August 2015.
- 1.2 The final stage of the Scrutiny Inquiry process is the follow up. It is at this point that the original panel reconvenes in order to assess the impact of the work.
- 1.3 The purpose of this report is to assist the panel as it seeks to answer the following three questions, each of which will be dealt with in detail below:
- What has changed since the report was presented to Cabinet?
 - Have the agreed recommendations been implemented?
 - What has been the impact of the Scrutiny Inquiry?

1.4 To summarise, the Panel made the following recommendations to Cabinet:

- Expands and enhances the reablement service
- Moves the social care at home service from 'time and task' to an outcome based system
- Implements the Gower model across the Swansea area as planned
- Protects day centres and respite services wherever possible
- Includes social contact as an element of care plans
- Includes cleanliness and hygiene as an element of care plans
- Undertakes a review of the information provided on the Council's website with carers and service users
- Expands the role of the intake to team to be an 'independence advice team'
- Reviews the assessment process including the training needs and qualifications of the Intake Team
- Ensures that local ward councillors are effectively engaged in locality approaches such as the Gower Model
- Involves external providers when any significant aspects of the service are redesigned
- Adopts and implements the UNISON Ethical Care Charter
- Stipulates living wage in contracts
- Reviews the use of zero hours contracts
- 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
- Publishes a simple 'map' of the home care process on the Council's website that can be downloaded and printed
- 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
- Ask the Health Board to review the system for providing basic support items e.g. incontinence pads
- Holds local events for community connectors to network with councillors and other informal connectors
- Investigates the delays between assessment and brokerage while broader changes are being considered
- Checks whether all unpaid carers are receiving their assessments and annual reviews
- Ensure that complaints information is easy to find on the Council website

2. What has changed since the report was presented to Cabinet?

2.1 Re-Design of the Adult Services Model

2.1.1 A new model to reshape services giving adults more choice, control and independence by ensuring they get the right kind of support at the right time to help them maintain control over their lives has been designed.

2.1.2 It represents a new approach to providing social care in Swansea based on four tiers of support ranging from simple advice networks to providing 24-hour residential care for those with complex needs.

- 2.1.3 It will improve services for people by giving them early help to retain their independence and a better assessment of what is available to meet their needs.
- 2.1.4 Through joint-working with health and other agencies these integrated services will be more accessible, co-ordinated and cost effective and will offer residents personal choice, independence and control over their lives.
- 2.1.5 The proposals are currently out to public consultation until 10th February 2017. The consultation documents are available on the Council's website at the following link <http://www.swansea.gov.uk/adultservicemodelreview> .

2.2 Commissioning Review of Domiciliary Care Service for Older People

- 2.2.1 The research and evidence from the Inquiry into Social Care at Home have informed the review and the development of a future delivery model for domiciliary care for older people.
- 2.2.2 The future model incorporates:-
- A re-designed short-term reablement service which helps people to do things for themselves by learning or re-learning the skills necessary for daily living, for example after a stay in hospital. This will mean fewer people needing long term domiciliary care services, and addresses the financial pressures that the Council faces.
 - A re-designed long term service to incorporate rapid response and specialist dementia services, resulting in improved health and wellbeing and maximised opportunities for individuals' independence through a greater choice of services. It will enable people to remain living at home for as long as it is feasible and, by reducing demand for more expensive residential forms of care, will contribute to savings across other areas of Adult Service provision.
 - Geographically commissioned services to ensure that the same service can be delivered no matter where a person lives in Swansea as well as reducing the amount of travelling time for care workers.
- 2.2.3 The proposals are currently out to public consultation until 10th February 2017 <http://www.swansea.gov.uk/domcarereview>

2.3 Restructure of the Adult Services Intake Team

- 2.3.1 Following in-depth review, the team has been re-named the Access and Information Team and a new multi-disciplinary structure (containing health and social care professionals and a third sector broker) has been implemented. This is now the single access point for all services relating to older people, people with physical disabilities and learning disabilities in the community. The access point for those in hospital is the Hospital Social Work Team.

2.3.2 In line with the requirements of the Social Services and Wellbeing Act, the team is better able to offer information and advice, ensuring individuals are signposted at the earliest opportunity to services and support, that promote health, wellbeing and independence.

2.4 Local Area Coordination

2.4.1 Local Area Coordination has been introduced and expanded within the City & County of Swansea.

2.4.2 The City and County of Swansea has been divided up into 17 Local Area Coordination Areas. 6 of these areas currently have a Local Area Coordinator and these areas include Bonymaen and St Thomas, Central Swansea, Uplands, Sketty, Loughor, Gorseinon and Pontarddulais and surroundings.

2.4.3 These Coordinators work in geographical communities to enable individuals and families / carers to:

- Stay strong, safe and connected
- Be heard, be in control and make choices
- Find practical (non-service) ways of doing the things they want or need to do
- Develop and use personal and local networks
- Be part of, and contribute to their community.

2.5 Delays in Care Pathways

2.5.1 Engagement with key stakeholders has created a better understanding of the underlying issues contributing to delays in sourcing packages of care for individuals with an assessed need.

2.5.2 A Community Discharge Liaison Nurse post has been created within the hospitals to facilitate a co-ordinated and timely discharge home with a package of domiciliary care delivered in the community. There are currently no waiting lists for the internal service.

2.5.3 Responsibility for domiciliary care brokerage (commissioning of care to the private sector) has been re-assigned from within the Intake Team to the Contracting Officer (Domiciliary Care). This has facilitated the creation and maintenance of improved working relationships with social care management, hospitals, the integrated reablement and long term complex care teams, and the external domiciliary care sector resulting in reductions in unnecessary delays in securing a package of care. The numbers awaiting care has significantly decreased, but there is still work to do to allow for optimum flow through the system.

3. Have the agreed recommendations been implemented?

- 3.1 In responding to the inquiry an action plan was drawn up showing what steps would be taken to implement all of the scrutiny recommendations agreed by Cabinet (Appendix B).
- 3.2 The table at Appendix C shows progress against each recommendation and specifically:
- the Cabinet decision in respect of each recommendation
 - the action taken / proposed to implement the recommendations
 - the responsible officer(s)
 - timescales involved.
- 4. What has been the impact of the Scrutiny Inquiry?**
- 4.1 The inquiry has provided useful research and evidence. The findings have helped inform the service design of the proposed overarching model for Adult Services and the development of service delivery options for the commissioning reviews of day, domiciliary care and residential services.
- 4.2 The inquiry has improved general awareness and understanding of a complex topic amongst Councillors and Officers and helped to promote constructive debate amongst wider stakeholders as part of the commissioning review process.

Background Papers: None.

Appendices:

Appendix A: Scrutiny Inquiry Report and Agreed Cabinet Member Response

Appendix B: Updated Action Plan

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

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

1.0 Introduction

- 1.1 The Report of the Social Care at Home Scrutiny Inquiry was submitted to Cabinet on the 20th 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 20th 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

Recommendation 1
Expands and enhances the reablement service
Relevant Policy Commitments:
Action already being undertaken: <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>
New actions following from the recommendation: <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

<p>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.</p>
<p>Recommendation is AGREED</p>

<p>Recommendation 3</p>
<p>Implements the Gower model across the Swansea area as planned</p>
<p>Relevant Policy Commitments:</p>
<p>Action already being undertaken:</p> <p>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.</p>
<p>New actions following from the recommendation:</p> <p>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.</p>
<p>Cabinet Member Comments:</p> <p>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.</p>
<p>Recommendation is AGREED</p>

Recommendation 4
Protects day centres and respite services wherever possible
Relevant Policy Commitments:
<p>Action already being undertaken:</p> <p>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.</p>
<p>New actions following from the recommendation</p> <p>Incorporate day services and respite services as part of the Commissioning Review.</p>
<p>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.</p>
Recommendation is AGREED

Recommendation 5
Includes social contact as an element of care plans
Relevant Policy Commitments:
<p>Action already being undertaken:</p> <p>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.</p>

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,

<p>accessible to everyone, and offers links and signposts to alternative support websites (see recommendation 17).</p>
<p>Cabinet Member Comments:</p> <p>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.</p>
<p>Recommendation is AGREED</p>

<p>Recommendation 8</p>
<p>Expands the role of the intake team to be an “independence advice team”.</p>
<p>Relevant Policy Commitments:</p>
<p>Action already being undertaken:</p> <p>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.</p>
<p>New actions following from the recommendation</p> <p>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.</p>
<p>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.</p>
<p>Recommendation is PARTIALLY AGREED</p>

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

Relevant Policy Commitments:
<p>Action already being undertaken:</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>New actions following from the recommendation:</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>Cabinet Member Comments:</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 AGREED</p>

Recommendation 11
<p>Involves external providers when any significant aspects of the service are redesigned</p>
Relevant Policy Commitments:
<p>Action already being undertaken:</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:
<p>Action already being undertaken:</p> <p>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.</p> <p>Consultation commenced with key stakeholders on implications of adopting Unison’s Ethical Care Charter.</p>
<p>New actions following from the recommendation</p> <p>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.</p>
<p>Cabinet Member Comments:</p> <p>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).</p>

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:
<p>Action already being undertaken:</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>New actions following from the recommendation</p> <p>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.</p>
<p>Cabinet Member Comments:</p> <p>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</p>

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**

Recommendation 16
<p>Publishes a simple “map” of the home care process on the Council's website that can be downloaded and printed.</p>
<p>Relevant Policy Commitments:</p>
<p>Action already being undertaken:</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>New actions following from the recommendation</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>Cabinet Member Comments: 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 AGREED.</p>

Recommendation 17
<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>Relevant Policy Commitments:</p>
<p>Action already being undertaken:</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:
<p>Action already being undertaken:</p> <p>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.</p> <p>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.</p>
<p>New actions following from the recommendation</p> <p>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.</p>

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

<p>Check whether all unpaid carers are receiving their assessments and annual reviews.</p>
<p>Relevant Policy Commitments:</p>
<p>Action already being undertaken:</p> <p>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.</p> <p>There are a number of research projects around Carers and their Caring Role (including Young Carers, Spousal Carers and ‘ Carers in work).</p>
<p>New actions following from the recommendation</p> <p>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.</p> <p>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.</p>

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 (6th – 12th 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 1st 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

Building an Independence Service

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

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

1	Why We Produced This Report	1
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
2	Evidence	5
2.1	Evidence Collected.....	5
3	Conclusions	6
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
4	Recommendations	17
4.1	Long term challenges	17
4.2	Medium term improvements	17
4.3	Quick wins	18
5	Further Scrutiny Needed	19
6	Acknowledgements	20
7	About the Inquiry Panel	21

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.
- 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 assistance¹. 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

¹ 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.

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 independence². 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

² <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

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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

Lynda James

Yvonne Jardine

Susan Jones

David Lewis

Hazel Morris

Gloria Tanner

Ceinwen Thomas

Linda Tyler-Lloyd

The inquiry was supported by Juliet Rees, Rosie Jackson and Dave Mckenna from the Council's Scrutiny Unit.


For further information contact:

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Scrutiny Manager

City and County of Swansea

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**Scrutiny Inquiry of Social Care at Home–
Cabinet Action Plan for Supporting Older People to Remain in their Own Homes**

Recommendation	Action already being undertaken	New Action Proposed	Timescale	Responsible Officer
<p>1. Recommendation 1 Expands and enhances the reablement service Outcome Timeframe:</p>	<p>Implementation of the Intermediate Care Fund has resulted in additional people receiving reablement and an increase in the number of beds in Bonymaen residential homes with dedicated support from nurses, therapists and social workers. Training has been provided for the statutory and private sector.</p> <p>Electronic Call Monitoring and a new management structure along with proper 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>Evaluate 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 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 and to address hospital discharge pressures.</p>	<p>The work plan for this will be the next 12 months</p> <p>December 2015</p>	<p>Head of Integrated Community Services</p> <p>Head of Integrated Community Services</p>
<p>COMPLETED – Progress:</p>				

Recommendation	Action already being undertaken	New Action Proposed	Timescale	Responsible Officer	
2.	<p>Recommendation 2 Moves the social care at home service from “time and task” to an outcome based system. Outcome: Timeframe:</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. A recent Provider Forum has been used to consult with existing domiciliary care providers on alternative models of delivery (including outcomes based delivery models) and to identify examples of best practice elsewhere to inform practice and the commissioning review.</p>	<p>Conclude commissioning review of domiciliary care, which has, as its scope, the reshaping and remodelling of domiciliary care services.</p>	<p>Commissioning review Timescale is November 2015.</p>	<p>Head of Adult Services & Commissioning Officer Domiciliary Care</p>
COMPLETED – Progress:					
3.	<p>Recommendation 3 Implements the Gower model across the Swansea area as planned Outcome: Timeframe:</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.</p>	<p>To effectively monitor and review impact of integrating services geographically, and on staff, to ensure the integrated services deliver outcome based services that promote safe health and social independence.</p>	<p>Ongoing</p>	<p>Head of Integrated Community Services</p>
COMPLETED – Progress:					

Recommendation		Action already being undertaken	New Action Proposed	Timescale	Responsible Officer
4	<p>Recommendation 4 Protects day centres and respite services wherever possible Outcome: Timeframe:</p>	Both Day services and respite services are subject to ongoing review although priority has been given for the next 6 months to a review of domiciliary care services	Review day services and respite services as part of phase II of the commissioning review.	Start c. November 2015	Head of Adult Services & PO Service Provision
COMPLETED – Progress:					
5.	<p>Recommendation 5 Includes social contact as an element of care plans Outcome: Timeframe:</p>	<p>Social Contact should be included in care plans where required. Council signposts to a number of befriending schemes to promote social contact. New service developed in conjunction with a voluntary sector organisation to reduce isolation. Local Area Coordinators and Community Connectors are increasingly contributing to the development and support of these social support systems.</p>	<p>Continue to signpost and make use of Local Area Coordinators and Community Connectors to develop and grow voluntary support. Subject to the outcome of the Intake Team review, amend staff composition to create a multi disciplinary team to signpost appropriately.</p>	Ongoing	PO Prevention & Wellbeing
COMPLETED – Progress:					
6.	<p>Recommendation 6 Includes cleanliness and hygiene as an element of care plans. Outcome:</p>	Cleanliness and hygiene are included in care plans where required in order for an individual to achieve their desired outcomes.	Will form part of service specification arising from the commissioning review of domiciliary care services which includes personal and	November 2015	Head of Adult Services & Commissioning Officer Domiciliary Care

Recommendation	Action already being undertaken	New Action Proposed	Timescale	Responsible Officer	
Timeframe:		practical care in its scope.			
COMPLETED – Progress:					
7.	Recommendation 7 Undertakes a review of the information provided on the Council’s website with carers and service users. Outcome: Timeframe:	The City & County of Swansea website has been updated and re-launched (September 2014). Consultation with existing and potential clients and carers on the content and accessibility of the Social Services web content is ongoing.	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.	Ongoing	Corporate Communications & Public Information Officer
COMPLETED – Progress:					
8.	Recommendation 8 Expands the role of the intake team to be an “independence advice team”. Outcome: Timeframe:	-	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.	August 2015	Head of Adult Services & PO Prevention & Wellbeing
COMPLETED – Progress:					
9.	Recommendation 9 Reviews the assessment process including the	A third sector broker has been recruited and sits within the Intake Team to signpost individuals to the	An in depth review of the current Intake function will be	August 2015	Head of Adult Services & PO Prevention &

Recommendation	Action already being undertaken	New Action Proposed	Timescale	Responsible Officer
training needs and qualification of the Intake Team Outcome: Timeframe:	voluntary sector. This role will be evaluated and the impacts realised prior to November 2015. Three social workers have been placed back into hospitals to undertake assessments and reduce delayed transfers of care.	undertaken to ensure that it is 'fit for purpose' and delivers on the prevention strategy. Consideration be given to the inclusion of duty Health and Social Care Professionals within the Intake Team.		Wellbeing & Head of Integrated Community Services
COMPLETED – Progress:				
10. Recommendation 10 Ensures that local ward councillors are effectively engaged in locality approaches such as the Gower Model Outcome: Timeframe	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.	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.	No later than September 2015	Head of Integrated Community Services
COMPLETED Progress:				
11. Recommendation 11 Involves external providers when any significant aspects of the service are redesigned Outcome Timeframe:	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	Commissioning review to consult with stakeholders including staff and managers and/or their representatives throughout the review process.	November 2015	Head of Adult Services & Commissioning Officer Domiciliary Care

Recommendation		Action already being undertaken	New Action Proposed	Timescale	Responsible Officer
		domiciliary care providers on alternative models of delivery and to identify examples of best practice elsewhere to inform the commissioning review.			
COMPLETED Progress:					

Recommendation		Action already being undertaken	New Action Proposed	Timescale	Responsible Officer
12	<p>Recommendation 12 Adopts and implements the UNISON Ethical Care Charter</p> <p>Outcome:</p> <p>Timeframe:</p>	Consultation commenced with key stakeholders on implications of adopting Unison's Ethical Care Charter.	<p>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.</p> <p>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</p>	November 2015	Director of People Chief Operating Officer, Social Services

Recommendation	Action already being undertaken	New Action Proposed	Timescale	Responsible Officer	
		job they do is valued.			
COMPLETED – Progress:					
13.	Recommendation 13 Stipulates living wage in contracts Outcome: Timeframe:	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.	To incorporate the implications of adopting 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.	November 2015	Director of People Chief Operating Officer, Social Services
COMPLETED – Progress:					
14	Recommendation 14 Reviews the use of zero hours contracts Outcome: Timeframe:	Survey conducted with existing domiciliary care providers to establish current usage of zero hours contracts. Consultation with existing providers on relationship between procurement methods and the terms and conditions of care staff and the recruitment and retention	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	November 2015	Head of Adult Services & Commissioning Officer Domiciliary Care

Recommendation	Action already being undertaken	New Action Proposed	Timescale	Responsible Officer	
	of those staff in the sector. Consultation commenced with key stakeholders on implications of adopting Unison's Ethical Care Charter.	domiciliary care.			
COMPLETED – Progress:					
15.	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. Outcome: Timeframe:	APSE workshop held to develop the scope of a commissioning review of domiciliary care. Provider Forum used to consult with existing providers on alternative models of service delivery.	Commissioning review to consult with stakeholders and/or their representatives throughout the domiciliary care review process.	November 2015	Head of Adult Services & Commissioning Officer Domiciliary Care
COMPLETED – Progress:					
16.	Recommendation 16 Publishes a simple “ map “ of the home care process on the Council’s website that can be downloaded and printed . Outcome: Timeframe:	New domiciliary care project group to streamline internal processes and improve existing care pathways.	Develop simple user-friendly map of home care process following the interim revision of care pathways in to a domiciliary care service. Once the commissioning review of domiciliary care, which incorporates Carers in	November 2015	Head of Adult Services & Commissioning Officer Domiciliary Care

Recommendation	Action already being undertaken	New Action Proposed	Timescale	Responsible Officer	
			its scope, is concluded review and update map accordingly.		
COMPLETED – Progress:					
17.	<p>Recommendation 17 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>Outcome: Timeframe:</p>	<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/contact/socialservices</p>	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.	Ongoing	Corporate Communications & Public Information Officer
COMPLETED – Progress:					
18.	<p>Recommendation 18 Ask the Health Board to review the system for providing basic support items eg. Incontinence pads.</p> <p>Outcome: Timeframe:</p>	<p>The integration of Community Services, bringing together Health and Social Care, has resulted in a new referral process via the Intake Team.</p> <p>Continance products are currently assessed and prescribed by a district nurse and more complex continence issues are managed by the HB wide Continance service. There are no proposed changes to this process at this point</p>	Monitor and review the effectiveness of the new referral process and service.	Ongoing	Head of Integrated Community Services

Recommendation	Action already being undertaken	New Action Proposed	Timescale	Responsible Officer	
COMPLETED – Progress:					
19.	Recommendation 19 Holds local events for community connectors to network with councillors and other informal connectors Outcome: Timeframe:	Community Connectors already hold local networking meeting which local councillors have been invited to, albeit not routinely or across all areas	Ensure that councillors and other informal connectors are invited routinely to local network meetings. 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.	Ongoing	Head of Prevention & Wellbeing Local & Local Area Coordination Implementation Manager
COMPLETED – Progress:					
20.	Recommendation 20 Investigates the delays between assessment and brokerage whilst broader changes are being considered. Outcome: Timeframe	New dom care project group is looking to reduce delays in an individual's care pathway.	Conclude commissioning review of domiciliary care, which has, as its scope, the reshaping and remodelling of domiciliary care services. In the interim, amend pathway into a domiciliary care service to incorporate findings from the domiciliary care project group to reduce unavoidable delays.	November 2015	Head of Adult Services & Commissioning Officer Domiciliary Care
COMPLETED					

Recommendation	Action already being undertaken	New Action Proposed	Timescale	Responsible Officer	
Progress:					
21.	Recommendation 21 Check whether all unpaid carers are receiving their assessments and annual reviews Outcome: Timeframe:	Research into Carers and their Caring Role is underway.	Conclude commissioning review of domiciliary care which incorporates Carers in its scope. Review of information on the web site will be pursued using information from new research if necessary.	November 2015	Head of Adult Services & Commissioning Officer Domiciliary Care
COMPLETED – Progress:					
22.	Recommendation 22 Ensure that complaints information is easy to find on the Council website Outcome: Timeframe:	The City & County of Swansea website has been updated and re-launched (September 2014). The Corporate Complaints Process was reviewed and a new policy ratified by Cabinet in March 2015 which meets the new Social Services Complaints regulations.	Discussion to be had between Complaints Manager and Webmaster regarding ownership and administration of all complaints pages. Ongoing monitoring and review of accessibility of complaints information on the Council's website.	September 2015	Corporate Complaints Manager
COMPLETED – Progress:					

APPENDIX B

Scrutiny Inquiry of Social Care At Home – Updated Cabinet Action Plan

	Recommendation	Action already being undertaken	New Action Proposed	Timescale	Responsible Officer
1.	Recommendation 1 Expands and enhances the reablement service	Conclude the commissioning review of domiciliary care		June 2017	Head of Adult Services Head of Integrated Community Services Contracting Officer (Domiciliary Care)
<p>COMPLETED – In progress</p> <p>Progress: A review of the functions and roles of the current reablement service has been undertaken as part of the commissioning review of domiciliary care and to address hospital discharge pressures. This review has informed the development of options for future service design and delivery as part of the commissioning review. These proposals are currently out to public consultation until 10th February 2017 http://www.swansea.gov.uk/domcarereview.</p>					
2.	Recommendation 2 Moves the social care at home service from “time and task” to an outcome	Conclude commissioning review of domiciliary care, which has, as its scope, the reshaping and remodelling of domiciliary care services.	Develop and implement outcomes assessment framework Social Services and Well-being (Wales) Act training	June 2017 Ongoing	Head of Adult Services Principal Officer Prevention, Wellbeing & Commissioning Head of Integrated Community Services Contracting Officer (Domiciliary Care)

COMPLETED – In progress

Progress: Following on from the APSE facilitated event on 15/07/2015, further stakeholder and co-production workshops were held on 09/11/2015, 28/04/2016 and 07/06/2016, in addition to the quarterly strategic domiciliary care provider forum activity, to inform the service design and delivery models of a future domiciliary care service as part of the commissioning review of domiciliary care. A review of Homecare in the UK and national commissioning practice in Wales suggests that incremental change is required in order to successfully migrate from time and task to outcomes based commissioning however work on developing and implementing an outcomes-focussed assessment framework and multi-agency training on the Social Services and Well-being (Wales) Act should facilitate the transition.

3.	Recommendation 3 Implements the Gower model across the Swansea area as planned	Conclude commissioning review of domiciliary care		June 2017	Head of Adult Services Head of Integrated Community Services Contracting Officer (Domiciliary Care)
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COMPLETED – YES

Progress: 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. The commissioning review is now consulting on geographically commissioning externally provided services in order to promote improved integrated multi-disciplinary partnership working across the whole sector.

4.	Recommendation 4 Protects day centres and respite services wherever possible	Conclude commissioning review of domiciliary care which has in its scope Respite at Home services Conclude commissioning review	Pilot community hub based day service	June 2017	Head of Adult Services Principal Officer Prevention, Wellbeing & Commissioning Planning Officer (Older Persons)
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		of day services Conclude commissioning review of residential care services	provision		Contracting Officers (Domiciliary Care) and (Residential Care)
COMPLETED – In progress					
Progress: The commissioning reviews of day services and residential services have now commenced and work on the development of options for future service design and delivery are underway.					
5.	Recommendation 5 Includes social contact as an element of care plans	Continue to signpost and make use of Local Area Coordinators to develop and grow voluntary support.		Ongoing	Principal Officer Prevention, Wellbeing & Commissioning Principal Officer Professional Social Work Lead
COMPLETED – YES					
Progress: Social contact is included in care plans where required. The Council signposts to a number of befriending schemes to promote social contact see http://www.swansea.gov.uk/article/8518/Befriending-Services . Signposting opportunities have improved with the restructure of the Intake Team and the inclusion of a Third Sector in the renamed Access and Information Team. Local Area Coordinators are increasingly contributing to the development and support of these social support systems.					
6.	Recommendation 6 Includes cleanliness and hygiene as an element of care plans.	Develop service specification for domiciliary care service Conclude commissioning review of domiciliary care		June 2017	Principal Officer Prevention, Wellbeing & Commissioning Principal Officer Professional Social Work Lead

					Contracting Officer (Domiciliary Care)
COMPLETED – YES					
Progress: Cleanliness and hygiene are included in care plans, where required, in order for an individual to achieve their desired outcomes.					
7.	Recommendation 7 Undertakes a review of the information provided on the Council's website with carers and service users.	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. Consultation with existing and potential clients and carers on the content and accessibility of the Social Services web content is ongoing.	Incorporate feedback from the corporate web user survey.	Ongoing	Corporate Communications & Public Information Officer
COMPLETED – YES					
Progress: Review concluded and website content updated. Content and web design subject to ongoing review and update.					
8.	Recommendation 8 Expands the role of the	Monitor and evaluate work of the Access		Ongoing	Principal Officer Prevention, Wellbeing &

	intake team to be an “independence advice team”.	and Information Team			Commissioning
COMPLETED – YES					
<p>Progress: Concluded in-depth review into the Intake Team function to ensure that it is ‘fit for purpose’ and delivers on the prevention strategy as well as the information, advice and assistance requirements of the Social Services and Wellbeing Act. Following review, the team has been re-named the Access and Information Team and a new multi-disciplinary structure (containing health and social care professionals and a third sector broker) has been implemented.</p>					
9.	Reviews the assessment process including the training needs and qualification of the Intake Team	Develop and implement an outcomes assessment framework Social Services and Well-being (Wales) Act training		Ongoing	Head of Adult Services Principal Officer Prevention, Wellbeing & Commissioning Principal Officer Professional Social Work Lead
COMPLETED – YES					
<p>Progress: Following an in-depth review, the team has been re-named the Access and Information Team and a new multi-disciplinary structure (containing health and social care professionals and a third sector broker) has been implemented. This, combined with additional training and ongoing development work on an focussed assessment framework, means that the local authority is well placed to be compliant with parts 2 and 3 of the Social Services and Wellbeing Act which deal with the provision of information, advice and assistance and assessing the needs of individuals respectively.</p>					
10.	Ensures that local ward councillors are effectively	Councillors to be invited to stakeholder		Ongoing	Head of Adult Services

	engaged in locality approaches such as the Gower Model	workshops as part of the commissioning review of domiciliary care Conclude commissioning review of domiciliary care		June 2017	Contract Officer (Domiciliary Care)
COMPLETED – YES					
<p>Progress: 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. The commissioning review is now consulting on geographically commissioning externally provided services in order to promote improved integrated multi-disciplinary partnership working across the sector. Members have been invited to the various stakeholder workshops and wherever possible we work with local ward members to encourage them to signpost queries via the Access and Information Team.</p>					
11.	Recommendation 11 Involves external providers when any significant aspects of the service are redesigned	Ongoing consultation as part of the commissioning review of domiciliary care Conclude commissioning review of domiciliary care		June 2017	Head of Adult Services Contracting Officer (Domiciliary Care)
COMPLETED – YES					
<p>Progress: Following on from the APSE facilitated event on 15/07/2015, further stakeholder and co-production workshops were held on 09/11/2015, 28/04/2016 and 07/06/2016, in addition to the quarterly strategic domiciliary care provider forum activity, to inform the service design and delivery models of a future domiciliary care service as part of the commissioning review of domiciliary care. The consultation has been widely promoted to providers as well and their views will be incorporated in the final recommendations made to Cabinet.</p>					

12.	Recommendation 12 Adopts and implements the UNISON Ethical Care Charter	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. Conclude commissioning review of domiciliary care.	Develops and implements a Swansea Care Charter	June 2017	Director of People Chief Operating Officer, Social Services Head of Adult Services Contracting Officer (Domiciliary Care)
<p>COMPLETED – In progress</p> <p>Progress: Consultation undertaken with stakeholders on the implications of adopting the Ethical Care Charter. The findings of which will inform the work of a co-production task and finish group to be established to develop a Swansea Care Charter. This group will include wider union representation, providers from across the care sector (and not just domiciliary care), carers and individuals in receipt of care.</p> <p>Revised timeline for the commissioning review of domiciliary care has led to delays in developing and implementing a Swansea Charter which will form part of the future service specification of contracts and service level agreements for the provision of domiciliary care in Swansea.</p>					
13.	Recommendation 13 Stipulates living wage in contracts	Continue to monitor terms and conditions of domiciliary care workforce.	Undertake 2016 survey of care worker terms and conditions amongst existing domiciliary care providers	Ongoing	Head of Adult Services Contracting Officer (Domiciliary Care)

			Develops and implements a Swansea Charter	June 2017	
COMPLETED – NO					
<p>Progress: This action was <i>not agreed</i>, however we continue to monitor the terms and conditions of the domiciliary care workforce of contracted providers through a survey of care worker terms and conditions (undertaken every two years since 2012) and through provider completion of the Western Bay Cost model in order to better understand provider costs and the pressures of the implementation of the national living wage on their cost base.</p> <p>Revised timeline for the commissioning review of domiciliary care has led to delays in developing and implementing a Swansea Charter which will form part of the future service specification of contracts and service level agreements for the provision of domiciliary care in Swansea.</p>					
14.	Recommendation 14 Reviews the use of zero hours contracts	Continue to monitor terms and conditions of domiciliary care workforce.	Undertake 2016 survey of care worker terms and conditions amongst existing domiciliary care providers Develops and implements a Swansea Charter	Ongoing June 2017	Head of Adult Services Contracting Officer (Domiciliary Care)
COMPLETED – YES					
<p>Progress: The Contracting Team has undertaken 2 surveys over the last 4 years amongst its existing domiciliary care provider base. Undertaken in the last week in November, the survey permits the team to monitor usage of zero hours contracts. And, whilst their use has diminished over time, most providers continue to offer them alongside fixed and variable contacts for those staff who would prefer the flexibility that such a contract affords them.</p> <p>Revised timeline for the commissioning review of domiciliary care has led to delays in developing and implementing a Swansea</p>					

reablement service and long term complex care service although distributed widely amongst health and social care partners, it has yet to be published on line. Work on integrating this flow chart into one that shows all domiciliary care pathways is currently underway. Factsheets are available however for the public giving an explanation of what types of care can be provided.

17.	<p>Recommendation 17 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>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.</p>		Ongoing	<p>Corporate Communications - Public Information Officer</p>
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COMPLETED – YES

Progress: A contact list can be found via www.swansea.gov.uk/Contactsocialservices and essential Social Services contacts are already widely available in Swansea (including in libraries and GP surgeries). In addition the website contains links to care and support services via the <http://www.swansea.gov.uk/olderpeople> web page including links to the <http://www.swansea.gov.uk/caredirectory> and the external Care Choices website <http://www.carechoices.co.uk/region/wales/swansea/>

18.	<p>Recommendation 18 Ask the Health Board to review the system for providing basic support items e.g. Incontinence pads.</p>	<p>Evaluation of referral process and eligibility.</p>		Ongoing	<p>Head of Integrated Community Services</p>
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COMPLETED – YES

Progress: The integration of Community Services, bringing together Health and Social Care, resulted in a new referral process via the Intake Team. A request was made via the Head of Integrated Community Services as requested and the referral process and eligibility is subject to ongoing review. The Continence service is now being run on a Health Board wide basis which will allow for a more efficient service to be provided.

19.	Recommendation 19 Holds local events for community connectors to network with councillors and other informal connectors	Continued networking between Local Area Coordinators and Councillors		Ongoing	Principal Officer Prevention, Wellbeing & Commissioning Local Area Coordination Manager
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COMPLETED – YES

Progress: Councillors are recognised as vital connectors and sources of knowledge and information. There are no longer Community Connectors in post, but Local Area Coordinators are now established in 6 of the 17 designated areas of the City and County. When in post, Local Area Coordinators meet with local Councillors at events, provide updates to them and in some cases work alongside them with people introduced from the community.

Meetings are convened for all local Councillors in Local Area Coordination areas to inform them about the expansion of the scheme and recruitment of new Coordinators.

More information on the scheme can be found at www.swansea.gov.uk/localareacoordination

20.	Recommendation 20 Investigates the delays between assessment and brokerage whilst broader changes are being considered.	Conclude commissioning	New pilot for brokering external domiciliary care	May 2017 June 2017	Head of Adult Services - Contracting Officer (Domiciliary Care)
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		review of domiciliary care			
COMPLETED – YES					
<p>Progress: In spite of a revised timeline for the commissioning review of domiciliary care, work on care pathways continue. Changes have been, and continue to be, made to processes and streamlining the pathway itself in order to reduce unavoidable delays. A new Community Discharge Liaison Nurse post has been created in the hospitals. Their role is to identify the most appropriate route for discharge home, and through better joint working with the Integrated Community Reablement, Long Term Care Teams and the Brokerage Officer for external domiciliary care, delayed transfers of care (for social care reasons) are reducing. A new Brokerage pilot is also seeking to address delays between a provider being sourced and a package of care starting for all long term maintenance packages of care irrespective of where an individual is waiting (i.e. in the community or in hospital).</p> <p>Revised timeline for the commissioning review of domiciliary care.</p>					
21.	<p>Recommendation 21 Check whether all unpaid carers are receiving their assessments and annual reviews</p>	<p>Awareness raising amongst Carers in Swansea via e.g. via local authority website, ongoing support of activities in Carers Week and on Carers Rights Day (21/11/16)</p> <p>Conclude commissioning review of domiciliary care which incorporates Carers in its scope and the</p>		<p>Ongoing</p> <p>June 2017</p>	<p>Head of Adult Services</p> <p>Principal Officer Prevention, Wellbeing & Commissioning</p> <p>Contracting Officers (Carers & Third Sector) and (Domiciliary Care)</p>

		continued offer of a Respite At Home service in the preferred options for long term domiciliary care.			
COMPLETED – YES					
<p>Progress: Further information on support for Carers can be found at http://www.swansea.gov.uk/carers. A very high proportion of carers (circa 95%) are now being offered a carers assessment.</p> <p>Revised timeline for the Commissioning Review of Domiciliary Care.</p>					
22.	Recommendation 22 Ensure that complaints information is easy to find on the Council website	Ongoing monitoring and review of accessibility of complaints information on the Council's website.		Ongoing	Corporate Complaints Manager
COMPLETED – YES					
<p>Progress: New web link as follows: http://www.swansea.gov.uk/complaints</p>					