RECOMMENDATION TRACKING SHEET - UPDATE REPORT as at 20 March 2015

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

The Provision Of Services To Adult Carers Of Adults In Cardiff' (May 2013)

Response from Cabinet: 9th October 2014

Response submitted to Scrutiny Committee: 5th November 2014

RECOMMENDATION **ACTION (Extracts from Cabinet Response)** Update as at 20 March 2015 R1. The Cabinet Member for **Partially Accepted** We have continued to work with University Health Board (UHB) to The HSC Directorate has been unable to Social Care, Health and Well improve strategies to develop services to support Carers. We have establish what the recommendation just completed work on a joint Cardiff & Vale Carers Strategy which Being (Adults) to explore with specifically means, even with health includes supporting preventative measures for Carers and will senior representatives from colleagues. However, the Directorate has been ensure that all staff (whether employed by the Health Board) or and continues to be working in close social care are very clear on the requirement to support Carers and the Cardiff & Vale University ensure that their needs are taken into account. partnership with the UHB and examples of this Health Board how to include the launch of the Older Person's maximise and best utilise the Framework (Meaningful and Purposeful Lives) gainshare flowing from 'invest and the Dementia Strategy and Plan. Preventative work within health (or prudent to save' proposals that seek health care as it is widely known) will mean to move spend towards more joined up working, better services for preventative health work. citizens and in particular a more personalised outcome focused care plan which will deliver for all citizens and their carers.

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R2	2. Task Adult Services		
	managers to:		
a.	ensure that staff raise,	2a) Accepted – we have ensured that staff	Staff continue to ensure that Carers are involved in relevant
	discuss and accurately	understand their responsibilities in terms of	discussions around respite care through either the Integrated Assessment process or Carers Assessment process.
	assess the carer's need for	having the relevant discussions with carers regarding respite, either via the Integrated	·
	respite provision during the	Assessment or Carer's Assessment. We will	Quality file audit is being adapted in time for the 2015 audit to include Carers.
	carer's assessment process,	include carers' issues in the quality case file	morade darore.
	either via a Carer's	audit that has been implemented to provide a	
	Assessment or via the Unified	clearer picture and evidence that this is usual practice within social care teams.	
	Assessment carer domain	practice within occiar care teams.	
b.	revisit the whole issue of		
	block-booking residential	2b) Accepted – current commissioning arrangements are being reviewed to inform the	The use of ProACTIS to commission residential and nursing respite care is well established within Health & Social Care. Choice is
	respite provision, with a view	future strategic commissioning plan and in	important and Carers are provided with a list of residential
	to bringing flexibility, choice	particular the use of the new 'proactis' system	placements that are available for respite care.
	and control into the process	to specifically commission respite care.	
	for the benefit of the cared-		
	for person and the carer.		
C.	examine ways to increase		Respite care for service users that meet eligibility criteria continue
	the quantity of supply of all	2c) Accepted – Health & Social Care continually review services that are available and look for opportunities based on service	to be met. In recommissioning Day Services, the needs of Carers will be taken into account. As part of this work, discussions have
	types of respite provision to		
	meet existing demand and	user and carer need. Respite services are	been taking place with 3 rd sector organisations to ensure that any opportunities available ensure Carer involvement where
	the likely future increase in	based on eligibility criteria and we are currently providing respite to all those who are eligible.	appropriate and in particular to identify opportunities for areas of good practice that we can adopt in Cardiff. Recommissioning will

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demand. d. work with field specialists to ensure that appropriate specialist respite provision is sufficiently available.	2d) Accepted – There is an ongoing process within Health and Social Care to ensure sufficient respite provision. Commissioning Strategies for client groups such as learning disability, physical disability and sensory impairment already reference identifying any gaps in provision and working with Health to make appropriate provision.	give us the opportunity to expand and develop further services for people with dementia and appropriate support for their Carers. A priority is respite care for Carers of people with dementia. We are reviewing current provision, and identifying areas of good practice across Wales and the UK. We have engaged with 3 rd sector organisations that specialise in the area of dementia care and are working in partnership with the UHB. H&SC have been using the Matrix APL system to procure respite domiciliary care for citizens where appropriate. This will often tend to be in the form of a "Sitting Service" as opposed to standard domiciliary care. The activities which take place when the sitting service is being undertaken will usually be negotiated between the Care Provider, the Carer and the service user.
R3. The Cabinet to ensure that the proposed pilot for a Carers One Stop Shop is not funded by re-directing existing Adult Service funding and so does not result in any cuts in funding to existing carer projects funded by the Council	Partially AcceptedWe are no longer able to pursue the original proposal as it would be unsustainable and are looking to find more cost-effective ways to ensure carers are able to obtain consistent advice and information from a variety of sources Work is currently being undertaken to identify how to make best use of the internet with development of a new information platform setting out the type of and availability of services on offer. This work is in conjunction with the development of the Community Hubs and Advice Hub We are also supporting the Information Centres in both Llandough and UHW. Officers are looking at how any	Work with the Community Hubs continues and H&SC has had agreement to have areas set aside in Hubs to hold Carers Information and literature. The development of a Cardiff & Vale Carers Internet portal is being discussed with the Carers Measure Working Group. It is hoped that this group can fund the initial design and set up the portal. We no longer support the Information Centre in UHW as the number of Carers accessing the centre was disproportionate to the time given. However, we now support a monthly stall in UHW concourse which has proved successful and identifies and engages with more Carers.

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	proposals complement the Gateway Strategy.	
R4. Task Adult Services to put in		
place effective monitoring and	Not accepted	No further action taken
evaluation processes for the	This is not accepted, as stated above, this	
pilot of the Carers One Stop	service will now not be commissioned as	
Shop, to include capturing the	originally proposed.	
views and experiences of all		
key stakeholders.		
R5. Task Adult Services officers	D (1)	Where possible, and within available resources, we work closely
to work with Health	Partially accepted	with UHB on various Carer support initiatives such as information provision and more recently Manual Handling training for Carers.
colleagues to explore the	While there is clearly potential to explore the	Joint work has led to funding 2 Carer Support Officers to support
feasibility and benefits of	improvement in how the varying elements of a	Carers in hospital settings.
packaging carer support,	health and social care service work together in a more person-centred manner, it is not clear	
domiciliary care and basic	how viable this option could be in the provision	The recommendation in relation to joint packages of care has been more difficult to achieve as the Health Board will supply nursing
health needs together, with	of a comprehensive package of care and	care and the social care is commissioned separately. However,
these being provided to a	support, requiring different agencies to deliver their own specialist services.	wherever possible the same agency which provides domiciliary care will most likely be the same agency to provide a sitting service.
family by the same	·	
organisation, enabling the	However, the proposed outcomes for citizens	
stepping up and down of care	arising from the work of the Community Resource Teams will make a huge difference.	
packages as needs fluctuate	Work has commenced on commissioning,	
and so reducing the number	together with UHB colleagues, a single pathway for individuals which will result in an	

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outcome of simplified process and more joined	
up services.	
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Not Accepted	No further action taken
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been unable to establish what the	
recommendation specifically means and in the	
light of current budgetary position it is not	
possible to make a commitment to this.	
	This is ongoing work with the Hubs and staff working within the
Accepted	Gateway (collaborative working across HSC and Housing & Communities) continues. The Benefits Team have been actively
Work on this is well underway. The Benefits,	encouraged to have a regular spot in the Carers Connect
Finance and Tenant Service developed a	newsletter to highlight relevant changes to Benefits etc.
	Benefits Advice and Tenant Support staff are to be invited to attend
	the Carers Week events being arranged for 2015.
(see R10). This service also ran a stall at the	
annual Carers Week event in 2013 and again	
in 2014, which was well received by carers.	
	A Carers A-Z Directory is already published via the Carers Measure
	outcome of simplified process and more joined up services. Not Accepted The Health and Social Care Directorate has been unable to establish what the recommendation specifically means and in the light of current budgetary position it is not possible to make a commitment to this. Accepted Work on this is well underway. The Benefits, Finance and Tenant Service developed a briefing sheet for carers to give advice on housing and benefits. The information from this will be reprinted in the carer newsletter (see R10). This service also ran a stall at the

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Services and Communications to work with Mental Health Forum staff to utilise Council resources to produce an up to date version of the Directions Directory.	It would be difficult to justify the use of staff and resources to update a publication aimed at one specific service user group. The partnership group leading on the implementation of the Carers Measure is looking at ways to map and share contact information electronically and make better use of technology which should benefit all carer groups we fund Nexus and they provide support and information for Carers of those with mental ill health, of all ages.	We envisage that the development of a Cardiff & Vale Information portal will allow for an electronic directory to be produced which will be a more efficient way of keeping up to date information. This can be printed off and given to people on request. This will ensure that all staff have ready access to up to date information to keep Carers informed about available services. It is acknowledged that not all Carers can or want to access the internet, but if the portal is developed, Carers who are unable to access it, will be signposted to the Community Hubs or C2C where staff will be able to access and print the appropriate information for the Carer or their case manager can support them.
R9. Task officers from Adult Services to simplify and bring clarity to the language used for respite provision to make it clear to understand which services are for the carer and which services are for the cared-for person.	Accepted We acknowledge that the subject of respite is often confusing although we must continue to follow legislative guidance, we can ensure that staff and carers have a clearer understanding of what respite is and who the service is for we are considering ways to simplify the process.	The process for accessing respite care has now been simplified and all respite care is funded from one budget. This has alleviated the issue of having to identify whether the service was for the service user or the Carer with no detrimental effect to the amount of respite provided.
R10. Task officers from Adult Services and Communications to prepare a high profile marketing	Partially accepted Communications have put together a Communications Plan for carers, including the	Communications have supported H&SC to put a "brand" in place. We have continued to use Communications when an event is being put together, including Carers Rights Day in November 2014.

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campaign that will:	development of a 'brand'.	As set out above - We are identifying space within most Community
a. raise awareness that there is	Communication colleagues have used social	Hubs specifically set aside for Carers where information is made
help for carers	media to raise the profile of events taking place in Carers Week.	available on various support options and services. These will be promoted through a leaflet to be distributed to venues such as GP surgeries, pharmacies etc. and via Capital Times and through
b. boost take-up of carer	A new quarterly newsletter specifically aimed	social media.
assessments, by signposting	at carers has been developed distributed to	The quarterly Carers Connect newsletter has continued and is sent
access to these and iterating	all carers on the CareFirst database copies in local venues such as Community Hubs	to all Carers identified via CareFirst. We are also setting up an electronic mailing list for professionals.
the immediate and long-term	produced electronically so distributed to	·
benefits of having an	organisations and placed on the internet.	We are identifying Carers known to us via CareFirst and require that all care managers ensure that Carers are informed of their right
assessment	Although we continue to encourage the uptake	to a Carers Assessment and offer to complete this with them at
c. explain how carers can	of Direct Payments for carers, due to limitations placed on us through legislation it	every opportunity when an assessment is undertaken or advice given.
access respite services and	means that carers cannot receive Direct	The issue around Direct Payments for Carers remains the same.
d. increase the numbers of carers utilising Direct	Payments for respite or employment of personal assistants. Due to these limitation uptake by carers for direct payments in their own right will never be as high as it is for	Care Managers continue to support Carers through both the Integrated Assessment process and the Carer Assessment process, and give Carers the information they need to make informed choices.
Payments.	service users.	
R11. Task the Director of		
Social Care and Health to	Accepted	Improvements are being made to the social care records
ensure that all Adult Services	HSC staff are aware that carers have a choice	database (Care First), ensuring that staff have easier ways to record offers of Carer Assessment and any Carer
staff are aware of the	of whether or not to continue to care or the level of care they want to providea	intervention

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requirement to adopt a	customer satisfaction survey is sent to the	
'choice and control' culture	carer asking questions based on their	
and a courteous, sensitive	experience of the carers assessment processresponses continually indicate a	
and supportive approach	high level of satisfaction from carers which	
when dealing with carers, at	shows that staff are providing a good standard	
all points of interaction with	of support when working with carers.	
Adult Services.		
R12. Task officers from		
Communities to work with Adult	Accepted	
Services officers to ensure all	As set out in many of the responses above, carer awareness is an important part of the Council's universal offer in all services and our aim is to ensure that we deliver better outcomes for carers, which includes access to	A basic electronic training presentation was sent to all Hub Managers to discuss with their staff before Carers Rights Day in 2014. The offer of further training by the Carers Policy & Development Officer was given to the Hub Managers on basic "Carer Awareness".
staff at the City Centre Hub are		
trained in carer awareness and		
that financial and benefit		
advice staff are aware of carer	appropriate advice and support.	
issues and able to provide		
appropriate advice and		
support.		
R13. The Cabinet Member for		
Social Care, Health and Well	Partially accepted The Cabinet Member will work with the UHB to encourage this proposal to be taken up, but it will be a matter for Health Services.	No further action taken
Being (Adults) to explore with		
senior representatives of the		
Cardiff & Vale UHB the		

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opportunities to take forward		
the recent Royal Council for		
General Practitioners		
proposal to have periodic		
mental health checks for		
carers.		
R14. Task Adult Services		
a. reaffirm to carers, cared-for people and third sector providers that Adult Services has responsibility for contract monitoring for domiciliary care and for contracts with care homes.	R14a – Accepted – the Directorate has a contract monitoring team and carers and cared-for people will be advised of their role to monitor the quality of services.	 The Contracts team continue to monitor the quality and delivery of domiciliary care. They do this via a number of different methods which include: Citizen consultation on an ad hoc basis i.e. inviting groups of service users to comments on the services they receive and which includes individual face to face consultation with service users Customer satisfaction surveys are sent out to service users on a quarterly basis to gather views and which are then acted upon in terms of following up any issues of concern Learning from complaints and acting upon that learning to improve service delivery Contract management activity which includes the current work on development of the provider quality scored with APL providers We also learn from and use for monitoring purposes the outcomes of any "Escalating Concerns" process Review of outcomes of care management review where the appropriateness of care delivered is reviewed for quality

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b.	effective system to respond to and deal with complaints relating to domiciliary care and care home service provision that fall within the terms of the Council's contracts with these bodies.	R14b - Accepted – The HSC Directorate is compliant with the national Listening and Learning guidance for the investigation and response to complaints. In addition, the contract monitoring team monitors care providers, both in terms of contract compliance and quality standards. Appropriate sanctions are put in place where this is required in response to inadequate service provision. Issues of concerns are also picked up at service reviews and dealt with appropriately.	This is an ongoing process and we continue to be compliant with relevant legislation.
KI	officers to:		
a.	construct a system which meaningfully and effectively captures data on carer needs	R15a – Accepted – the CareFirst database allows for the capture of carer data but opportunity for improvements in the analysis of this information is being explored.	A data cleansing exercise has just been completed to ensure, as much as possible, that Carer information on CareFirst is accurate. There are options for analysis of information as requested.
b.	collate and utilise the carer data to provide evidence to inform the shape of future provision of services for	R15b – Accepted – work is ongoing with system administrators and the Carers' Policy Officer to determine the type of data required and how it can best be utilised to inform future	Data can be reported upon as necessary when considering commissioning future services.

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carers.	service requirements.	
R16. Task Adult Services officers to map existing provision of services for carers, identify overlaps and gaps and look at more cost- effective ways of delivering desired outcomes for carers.	Accepted The Carers' Policy Officer is undertaking this work which will inform new commissioning arrangements as part of the future strategic commissioning plan. Consideration is being given to developing a joint carers' website for Cardiff and the Vale funded by the Carers Strategies (Wales) Measure but funding to ensure the sustainability of this site will need to be identified before it is taken forward.	Part of the development of a Cardiff & Vale Carers Information portal will support the mapping of services for Carers. This work is being taken forward by the Carers Measure Working Group, of which the Cardiff Council's Carers Policy Development Officer is a member. The one-off payments scheme that is available for Care Managers to access for Carers following a Carers Assessment has been refined to ensure that we have a standardised format for funding of regularly requested items e.g. white goods.
R17. Task Adult Services officers to ensure that, where it is the wish of the carer, there is intelligent co- ordination of domiciliary care packages and structured respite for carers.	Accepted This practice is already in place as part of the care management process.	This should be a continual process with care managers.

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R18. The Cabinet Member for Social Care, Health and Well Being (Adults) to consider aligning any relevant recommendations of the Social Care Task Force regarding domiciliary care to structured respite.	Partially Accepted The outcome of the Task Force has been considered by Scrutiny Members and Cabinet. The key outcomes have been to ensure that any commissioning model facilitates improved citizen-driven outcomes this is reflected in all commissioning models for all services across Health and Social Care. The Council's offer to carers is considered of significant importance and as such the Directorate's intention is to ensure clarity on the offer available to carers and improved advice, guidance and	Considerable work has been undertaken to ensure that it is easy for care managers to arrange structured respite care using the APL Matrix commissioning model.
	information. This includes the availability of structured respite care where this is appropriate.	