

Cabinet Response to the Health in Hackney Scrutiny Commission Review
into Supporting Adult Carers

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CABINET MEETING DATE	CLASSIFICATION	
17 September 2018	Open	
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All Wards		
CABINET MEMBER		
Cllr Feryal Demirci Health, Social Care, Transport and Parks		
KEY DECISION		
No		
GROUP DIRECTOR		
Anne Canning Children, Adults, Community Health		

1. Lead Member's Introduction

- 1.1. I would like to thank Members of the Health in Hackney Scrutiny Commission for its thorough and timely work on the subject of supporting adult carers. Carers make a huge contribution to the wellbeing of the borough and it is right that this role is recognised formally through the Care Act 2014, but also through the many enhanced services and initiatives delivered in Hackney, as detailed in the Commission's report, in this response, and I expect in future as the local offer is developed further in partnership with local carers.
- 1.2. This report is particularly timely due to two factors. Firstly, as noted throughout the report, a new model for supporting carers in Hackney is being developed and the findings of this report will provide vital insight into shaping that future model. In particular, I expect the principles for this service, as set out in section 5.23, to be fully reflected in the co-production process that will take place during 2018. Secondly, the Prevention Workstream has been tasked with developing a system-wide plan for health and social care organisations to work in a more integrated way to identify and support carers. This requirement is an indication of the high priority that local partners set on the role of carers, and I expect to see the findings and recommendations set out in this report reflected in that plan.
- 1.3. I commend this report to Cabinet.

2. Recommendation

2.1. The Cabinet is asked to approve the content of this response.

Executive Response to the Scrutiny Recommendations

Recommendation One

The Commission recommends the new model for supporting carers has built into it:

(a) a clear definition of the role of Care Co-ordinators in mental health services and when they are assigned and that this is better communicated to carers at the outset so they better understand roles and responsibilities.

(b) a clearer pathway to assist carers when they need to make a complaint about care, or the Care Co-ordinator and support in how to escalate a complaint and to feel confident in doing so.

(c) that clarity is provided on the division of labour between assigned social workers and carers in terms of co-ordination of care.

- (a) This recommendation is agreed. It is important to note that the role of a care co-ordinator may be different for different people. It may not be possible to provide one overall definition but the essence of the role will be defined, with an explanation and examples of where activities and responsibilities may differ. response to findings in the report (paragraph 5.6.4.), the new model will also set out the frequency of contact that can be expected from care coordinators.
- (b) This recommendation is agreed. All partner organisations represented on Hackney's Health and Wellbeing Board have agreed to a common complaints charter for health and wellbeing services across the borough. The Charter was developed by Healthwatch Hackney, and consulted on widely throughout 2017. This will form the basis of any pathway for complaints, including carers. Every carer will receive and have access to a copy of the complaints charter booklet.
- (c) This recommendation is agreed. If service users are on the Care Plan Approach they would receive a regular review that would include consideration of the relative roles of a social worker, carer, and other participants in a patient's care. integrated services care COordination would be assigned either social workers, occupational therapists or community mental health nurses and not carers that actually deliver care.

(d) a plan to develop the provision of advocacy support.

If the service user is not on the Care Plan Approach they may not necessarily have an allocated practitioner. In these instances any issues that require intervention will be raised with an appropriate service Duty Officer which, if necessary or complex, may trigger an allocation to a practitioner.

(d) This recommendation is agreed. Adult Services are currently introducing a new commissioned service for the provision of advocacy, to be delivered by The Advocacy Project and a network of local organisations. The service will include both statutory and nonstatutory advocacy.

Statutory advocacy means a person is legally entitled to an advocate because of their circumstances. This might be because they're being treated under the Mental Health Act or because they lack the mental capacity to make their own decisions. It also covers certain people who are in the care of the NHS or local authority, including prisoners.

Non-statutory advocacy services continue to play an important role, providing advocacy where vulnerable people fall outside the eligibility criteria for statutory provision.

Recommendation Two

The Commission recommends that the new model makes clear what formal respite care is available for the different categories of carers in Hackney and how officers are working with partners to increase the availability and flexibility of respite care. We also ask for clarification on how the cessation of the Independent Living Fund4 has impacted on availability of respite care.

This recommendation is agreed.

The new model will make clear what formal respite care is available for different categories of carers.

Cessation of the Independent Living Fund has had no impact on availability of respite care as this provision is based on carers needs. All former recipients of Independent Living Fund and their carers have been reassessed and subsequently if a need for respite had been identified

appropriate provision has been commissioned from a wide range of independent providers.

The type and frequency of respite required is discussed during carer assessments and support planning. It could be either through residential respite, a sitting service, a Direct Payment scheme, or day care provision, to enable carers to have a break. This could be a stand-alone provision or a provision that is built into a package of care.

Recommendation Three

The Commission recommends that the GP Confederation should:

- (a) Work with GPs and health practitioners to develop greater awareness of the signs of dementia.
- (b) Ensure greater uptake of existing local services for dementia sufferers.
- (c) Work closely with social services and voluntary and community sector to ensure an even engagement with the services across the borough as well as in the pockets where it is needed most.

This recommendation is partially agreed. The City and Hackney GP Confederation is a provider organisation and is not resourced to undertake tasks that are outside of its current contractual obligations.

However, the Confederation participates in, and supports the work of the Dementia Alliance Strategy Group. This Group is a local partnership of commissioner and provider organisations across Hackney and the City working to improve services for people diagnosed with dementia and their carers. The Alliance is using its resources to support carers, care mapping, care planning, and urgent and crisis care. As part of this work they are mapping the provision of assessments to identify barriers and gaps to access. The outcomes of this work will be reported to the Commission on its conclusion.

Recommendation Four

The Commission requests the CCG to give consideration to introducing new measurements to monitor how GPs are identifying and supporting carers to make sure carers are able to look after their own health, are listened to about the care of the person being cared for

This recommendation is partially agreed. As mentioned above in response to Recommendation 3, the City and Hackney GP Confederation is a provider organisation. It would need to be commissioned to carry out the monitoring work proposed in this recommendation.

and are supported to care well.

In order to take address the important point made in this recommendation the Prevention Workstream (which has a key objective regarding carers) will be asked to consider how this task might be implemented through existing or new contractual arrangements.

Recommendation Five

The Commission asks that East London NHS Foundation Trust works with their Carers Support Group to explore how a better balance can be struck between the need to maintain patient confidentiality for adults whilst acknowledging the problems created for carers when appointment letters are ignored or destroyed.

This recommendation is agreed.

If a patient has fluctuating conditions it is important to have a conversation when they are well so that expectations and arrangements are in place for when they're not well.

Regarding confidentiality, a useful example on which to build would be the Alzheimer's Society policy regarding patients coming into the system whereby the service user is asked to agree to share everything with their carer (or whoever is the right person depending on the circumstances).

Recommendation Six

The Commission requests that the new model includes an action plan detailing how it will attempt to reach 'hidden carers' e.g. carers of those with dementia not yet fully diagnosed, older carers and those carers who are trying to continue to work full time and do not have time to ascertain what support might be available.

This recommendation is agreed.

An Officer at the City and Hackney Carers Centre has recently started work on identifying hidden carers and the findings from this, and other research, will be built into the new model.

This work is especially applicable to communities and groups in which people don't recognise themselves as carers. The report leans towards people with dementia but there are other gaps too. For example, the Hackney Refugee Forum has very useful knowledge about hidden carers in that community.

Recommendation Seven

The Commission requests the Council and Healthwatch Hackney to detail

This recommendation is agreed.
As recommendation Four, the Prevention

what ongoing consultative mechanisms are in place within the borough which could benefit carers and to what degree local carers are included in such bodies? We also wish to know what will be the remit of the proposed Carers Board, how will carers be involved in co-production initiatives and what involvement carers will have in, for example, the Patient and Public Involvement elements of the Integrated 4 Commissioning Workstreams?

Workstream will take the lead for Carers within the integrated commissioning model. This will include defining the remit and monitoring progress of the proposed Carers' Board. This will include the elements of co-production and resident involvement referred to in the recommendation.

It is also proposed that both the Prevention Workstream and the Making It Real Board will consider and report back on the extent to which carers' voices are represented within governance structures across the emerging Integrated Care System.

Recommendation Eight

The Commission recommends that the Carers Information Support Programme (operated by Alzheimer's) should hold sessions which are more accessible to carers including outside of working hours. We request the Carers Centre and its partners to give consideration to how their services can provided flexibly more evenings and weekends and in a better coordinated way, ideally at a central one-stop-shop point. We would also ask that a coproduction approach is taken to the development of the offer.

This recommendation is agreed.

The points relating to flexible hours, location and coordination will also be a feature of the new model.

It should be noted that a central one-stopshop could have merits but can also be difficult for people with travel needs so access at different points in the borough, perhaps through Neighbourhoods, may be an alternative option. For some groups, this may not need to be a physical location. This will also be considered as part of the new model.

Recommendation Nine

The Commission requests that further engagement with service users and their carers is required to provide reassurance about the reconfigured Day Care Services at Oswald St and that a communications plan is implemented without delay

This recommendation is agreed.

As discussed with the Commission at its meeting on 14 February 2018 (see draft minutes paragraph 7.4(c)) a communications plan is being finalised (including a project with the Multi Media Group) and service users will be reassured that the services they were used to would continue.

As part of the Mobilisation Plan, Officers responsible for Day Care Services will contact carers of service users to make

sure they're aware of the change in location and continuity of provision.

Communications to service users and carers will be appropriate and sensitive to their particular needs.

Recommendation Ten

The Commission recommends that an awareness and development session, perhaps led by Alzheimer's Society, takes place with Hackney Mobility Service to ensure greater awareness of the needs of those patients affected by dementia, and that these are recognised and reflected in the Blue Badge application process.

This recommendation is agreed.

There is a national eligibility criteria for Blue Badges which is set by Central Government. Currently the criteria is predominantly based on mobility difficulty to mobilise.

However, each borough has a facility to award discretionary Blue Badges. Locally this enables Hackney to award a Blue Badge for those with more complex needs which are not necessarily functional needs (e.g. Alzheimer's, mental health conditions or learning disabilities).

These applications are often made by carers or relatives and applications are considered by the Council's Mobility Team which employs qualified therapists who are trained to make such decisions. Furthermore, in recognition of informal carers, Hackney Council is piloting discretionary resident parking bays for a nominated non-paid carer. This pilot has just commenced and once it reaches 50 carers, a review between Adult Services and Parking Services will be undertaken. Applications for these bays are made through parking services.

In addition, a national consultation is underway with regards to a review of Blue Badge eligibility which proposes to extend the criteria to those suffering conditions other than physical disabilities, such as autism, dementia and mental health difficulties.

Recommendation Eleven

The Commission recommends that in | This recommendation is agreed.

the new model consideration is given to improving access to the Carers Needs Assessment database for those assessors undertaking the assessments or to reconsider who carries out the assessments and that further consideration is given to how a more consistent quality of the assessments can be maintained.

For people diagnosed with Dementia, this work is being led by the Dementia Alliance Strategy Group. Through this work the Care Navigation Plan is to be linked to the Service User's Care Plan through the use of a national system called "Co-ordinate My Care"). The leads for "Co-ordinate My Care" are currently working with the Alzheimer's Society to finalise an information governance agreement and issue log-in details so that the plans can be uploaded. Discussion is also being finalised for Adult Social Care support plans to be uploaded.

Progress on this initiative will be reported to the Commission at a future date.

Recommendation Twelve

The Commission recommends that consideration is given to commissioning additional support locally to help carers apply for a Lasting Powers of Attorney and deal with issues around Wills and Trusts and that this be considered in any review of financial advice provision for Carers.

It is important that service users are able to receive information and advice at the right time. The City and Hackney Carers Centre has hosted a session with solicitors advising people about Lasting Power of Attorney. Consistent advice and a consistent approach are key as it can be difficult to go through the process at later stage and there can be significant costs.

As part of developing the new model, options will be explored for continuing to explain the importance of addressing Lasting Power of Attorney early. For example this could include work with Safeguarding Adults Board, utilising Age UK's "will writing week", and enhancing reference to the subject in local information and advice services.

Recommendation Thirteen

The Commission recommends that further efforts are made to train adult social care staff, in particular Care Coordinators, on Housing Needs Awareness and what it means for carers, so that they are in a better position to provide advice to worried carers.

This recommendation is agreed.

Officers from the Council's Benefits and Housing Needs team regularly provide training to internal colleagues and external partners on housing in Hackney, most recently regarding implications of implementing the Homelessness Reduction Act 2017. This training and

briefing will be extended to Care Coordinators.

Recommendation Fourteen

The Commission recommends that the Council's planning and other policies could be adapted to ensure that the Dementia Friendly issues are given a higher profile in planning and design.

This recommendation is agreed.

The Council is currently preparing a new Local Plan 2033 which provides opportunities to raise the profile and integrate issues around the needs of people living with dementia and other vulnerable groups into planning policies.

The planning system can influence certain aspects of the wider environment such as landscaping and the public realm allowing a greater emphasis on accessibility and usability of public spaces, and creating environments where people actively choose to walk, cycle and spend time. This will be translated into policies for geographical places such as Dalston, Hackney Central, Clapton, Stamford Hill and Shoreditch in more detailed Area Action Plans and master plans.. There is limited scope to address the interior environment of buildings.

The draft Local Plan 2033 currently contains a policy on Liveable Neighbourhoods (Policy 37) which seeks to transform Hackney's places and streets into one of the most attractive and liveable neighbourhoods in London.

Policy 16 (Housing Older and Vulnerable People) encourages development of housing aimed at meeting the specific needs of older people and vulnerable people. The policy references meeting any relevant guidance for the forms of accommodation proposed, and homes should be designed to be adaptable to assist independent living at home. Policies 16 and 37 and their supporting text could be expanded to include links to relevant good practice guides.

Health Impact Assessments and an Equality Impact Assessments will be undertaken to further ensure that the

policies promote health and wellbeing and equal opportunities. Major planning application schemes will also be required to submit Health Impact Assessments.

Another project which may contribute to the Council's understanding of this matter is the cross departmental Hackney An Accessible Place for Everyone project issues explored around inaccessibility of the public realm, public buildings and businesses, lack of courtesy towards disabled people and those with mobility difficulties in public spaces. The project also explored variable attitudes towards disabled people in shops and businesses, and the need to make Council services more welcoming to disabled customers; and disabled staff reporting lower satisfaction levels with Hackney as a place to work.

Recommendation Fifteen

The Commission requests a briefing from City and Hackney Carers Centre on how Hackney is benefiting from the Carers Trust 'Working for Carers' project which is a pan London project to assist carers back into employment.

This recommendation is agreed and a briefing will be provided to the Commission.

Recommendation Sixteen

The Commission requests that the current review of benefits and money advice services within the Community Grants Team underlines the centrality of these services for carers and that the Commission receives a briefing on its findings/recommendations and that this is taken into consideration by Adult Services in revising the new Model.

This recommendation is agreed.

The aim of the current systems review of advice is to understand how we can better meet the agreed purpose for advice to, "help people solve their problems by promptly giving the right advice, support and knowledge" and use this learning to re-design an advice model from April 2019.

The aspiration for the new model is an integrated debt and advice service which helps people resolve their problems at the earliest stage and find ways to help people address wider issues to help them live a happier more fulfilled life. Advice providers will work together to deliver a single

service, working across institutional boundaries.

The advice review so far has concentrated on the three principle funded advice providers, Citizens Advice, Hackney Community Law Centre and Hackney Advice Service. The next stage of the review involves working with the wider advice sector. This will help us to address access issues and reduce signposting by encouraging partnership working as well as ensuring we have the right mix of organisations to ensure the most appropriate, holistic and effective support. The Carers Centre will be working with us on this next stage.

A key feature of this way of working is for system leaders to study in the work, so they can understand the system from the perspective of people trying to get help and make informed choices about changes that need to be made when we co-design the framework for the Advice service from 2019.

By collaborating to learn a wholly different logic and approach to advice provision, providers, commissioners, as well as service providers will share responsibility for developing accessible and effective service responses, and the resource framework through which they can be provided.

Although we are happy to provide a briefing on our learning from the review, we have been working closely with Adult social care and invite then to be part of the observation and co- design process.